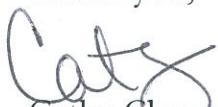


NOTICE OF MEETING

MEMBERS OF THE BOARD OF TRUSTEES

The Gulf Coast Center Board of Trustees meeting for the month of January will be held on Wednesday, January 25, 2017 at 6:30 p.m. at the **Brazoria Community Service Center**, located at **101 Tigner, Angleton, Texas**.

Thank you,



Cathy Claunich-Scott
Secretary to the Board of Trustees

cc: January Board of Trustees File

THE GULF COAST CENTER

Regular Board of Trustees Meeting
Brazoria Community Service Center
101 Tigner, Angleton, TX 77591
Wednesday, January 25, 2017
6:30 pm



"Better community healthcare promoting healthy living."

1. **Call To Order**.....Jamie Travis, Board Chair
2. **Citizens' Comments**
3. **Program Report**
 - Facility Services PresentationTom Writer & Kim Burrows
 - Audit Presentation.....Davis, Kinard & Co.
4. **Board Member Reports**
 - a. Texas Council of Community CentersJamie Travis, Board Chair
 - b. Texas Council Risk Management Fund..... Mary Lou Flynn-Dupart, TCRMF Board Chair
5. **CEO Report** Melissa Tucker, CEO
 - a. Transition Update / CQI Team Progress Summary
 - b. 1115 Waiver Status Report
 - c. Communication, Legislative & Community Development Efforts
6. **Operations Report**.....
 - a. IDD Services.....Jerry Freshour
 - b. Adult Mental Health.....Sarah Holt
 - c. Recovery Services.....Melissa Tucker
 - d. Child & Adolescent Services.....Amy McMahon
 - e. MIS.....Pam Melgares
 - f. Connect.....Rick Elizondo
7. **Budget, Finance and Admin Reports**
 - a. Financial Board Monthly & YTD Summary.....Rick Elizondo
 - b. Financial & Operational Highlight – Managed Care.....Rick Elizondo

- c. Corporate Compliance Annual Report FY16 (**Pg. 1-6**).....Linda Bell
- d. Balance Scorecard Quarterly Report Fy17 1st QTR (**Pg. 7-9**).....Melissa Hollman
- e. Quality Management Plan Update.....Melissa Hollman

8. Consent Agenda.....Linda Bell, RN JD
Consideration and Approval of Recommendations and Acceptance of Consent Agenda Items.
(Consent agenda items may be pulled from this consideration for individual action or presentation.)

- a. Review and approval of December 7, 2016 board meeting minutes (**Pg. 10-15**)
- b. Review and approval of December 2016 check register

9. Action Items.....Linda Bell, RN JD

All Action items terminate at the end of FY 2017 unless indicated otherwise

- a. Consider the approval of a decrease in the Center's mileage reimbursement rate from \$0.54/mile to \$0.535/mile effective January 1, 2017 for any mileage paid on or after this date. This revised rate is consistent with the IRS allowable mileage rate for use of personal vehicle, as well as the State of Texas travel policy, both which were revised effective January 1, 2017 for the \$0.535 per mile rate.
- b. Consider the acceptance of the FY2016 Financial and Compliance Audit.
- c. Consider approval of the Centers updated Quality Management Plan revised December 2016. (**Pg. 16-21**)
- d. Consider approval of the new IDD Intake and Assessment Network agreement with **Devon Superville, Ph.D.** Term: January 1, 2017 to August 31, 2017
Amount: \$350 per completed determination of eligibility assessment; \$50 reimbursable for no shows
County of Service: Galveston and Brazoria
Description: To provide Determination of Eligibility for individuals with intellectual and developmental disabilities, Autism, and other related diagnosis services for individuals seeking services within its service area.
- e. Consider ratification of the extension of the Interlocal Agreement with **Galveston County** for Saturday transit services provided by Connect Transit in Galveston County. Term: December 23, 2106 to August 31, 2019. Funding: Texas Commission on Environmental Quality's Local Initiative Project grant program. Current funding to Galveston County through the LIP Program is \$310,536.02 through August 31, 2019.

- f. Consider ratification of the new agreement with **Secant Technologies for BusinessCloud Hosted Services**. The Center will reimburse 1/6th of the cost associated as a participant of the TxAce Hosted Server environment. \$1,451.20 monthly
- g. Consider the approval of the Addendum for the lease of the suite at 309 E. Main, League City ending March 31, 2017 with **8601 Southwest Freeway LP**, to be extended four and a half months to August 15, 2017 at the same third year monthly rate of \$16,502.00. Addition to contract of \$74,259.
- h. Consider the approval of the Addendum for the lease of the suite 303 E. Main, League City ending December 31, 2017 with **8601 Southwest Freeway LP**, to be reduced for and a half months to August 15, 2017 at the same monthly rate of \$13,125.75. Reduction to contract of \$59,065.88.
- i. Authorize CEO or designee to survey, list and sell 15 or more acres of Lone Oak ranch.
- j. Authorize CEO or designee to hire Tramonte Realty to list and sell 3509 and 3511 Broadway, Galveston (one property).
- k. Consider approval of the Access and Easement Agreement with **Revesco (USA) Properties of Dickinson, LP** located at 3410 Gulf Freeway, Dickinson, Texas. Term: Year to Year basis
- l. Consider the approval to declare surplus and dispose of the following Connect Transit vehicles with repair costs no longer cost-effective for continued use: Veh#2400 2010 Ford Goshen 15 passenger van 295,725 miles; Veh#2404 2010 Ford Goshen 15 passenger van 165,859 miles; Veh#2647 2008 Ford E-450 20 passenger van 293,462 miles; and Veh#3476 2007 Ford E-450 20 passenger van 246,962 miles **(Pg. 22)**
- m. Consider approval of the Resolution Work Order #6-Gulf Coast Center General Transit Planning with The Goodman Corporation. The total estimated cost to complete the proposed Scope of Service over two years is \$440,000.00. **(Pg. 23)**

10. Pending or Revised Action Items.....Linda Bell, RN JD

Pending or revised items are those items which were on a prior board agenda but not completely resolved or there has been a revision since approval. The items may be listed for update purposes or final action by the Board.

11. Calendar.....Jamie Travis, Board Chair

Date	Event	Time	Location
Feb 8, 2017	Mental Health Day		Capital - Austin
Wed, Feb 22, 2017	Board Meeting	6:30 pm	Texas City
Wed, March 22, 2017	Board Meeting	6:30 pm	Angleton
Wed, April 19, 2017	Board Meeting	6:30 pm	Texas City
April 26-29, 2017	Texas Council		Austin
Wed, May 24, 2017	Board Meeting	6:30 pm	Angleton

Page 3 of 4

If you need additional assistance to effectively participate in or observe this meeting please contact (409) 763-2373 at least 24 hours prior to the meeting so that reasonable accommodations can be made to assist you.

June 28-30, 2017	Texas Council Conference		Moody Gardens, Galveston
July 19, 2017	Board Meeting	6:30 pm	Texas City
August 23, 2017	Board Meeting	6:30 pm	Angleton

12. Executive Session

As authorized by Chapter §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at any time during the course of this meeting to seek legal advice from its Attorney about any matters listed on the agenda.

13. Action Regarding Executive Session

14. Adjourn

Gulf Coast Center

Corporate Compliance Annual Report

Fiscal Year 2016

Submitted by:
Cindy Kegg, Corporate Compliance Officer
Gulf Coast Center
January 2017

Gulf Coast Center
Corporate Compliance Annual Report
Fiscal Year 2016

“Program integrity must be a top priority as HHS programs grow in size and complexity and incorporate new paradigms focused on value, quality, and patient-centered care.”

Inspector General, Daniel R. Levinson’s above proclamation from the *Fall Semiannual Report to Congress* (April 1, 2016 – September 30, 2016) clearly conveys the government’s continuing emphasis on ensuring the integrity of federally funded healthcare programs, especially in light of the changing healthcare environment. Likewise, the Gulf Coast Center continues to demonstrate the organization’s commitment to reducing the risk of improper, unethical or unlawful conduct through the strategies and expectations established in the Compliance Plan and Business Code of Conduct. This report reflects key components of the Center’s compliance program with corresponding activities of fiscal year 2016, as well as comparison figures from FY 2002 through FY 2016 where indicated. The report also includes a summary of accomplishments from the federal fiscal year (October 2015 – September 2016) as reported by The Office of the Inspector General and The Department of Justice.

Corporate Compliance Training

Education on the procedures, laws and expectations associated with compliance is an essential component of the Gulf Coast Center’s overall compliance strategy and is achieved through regular, ongoing training. During FY 2016, mandatory compliance training was again required of all staff to help ensure that an acceptable level of knowledge is maintained throughout the organization. In addition, annual training affords an important opportunity to both reinforce the Center’s firm commitment to ethical and legal conduct and to promote a culture of compliance within the organization.

The Compliance Officer and/or Center Attorney provided thirteen (13) Corporate Compliance Trainings during FY 2016, including seven (7) trainings in New Employee Orientation. A total of two-hundred and eighty (280) individuals received training during FY 2016. An additional fifty-four (54) eligible staff¹ opted to take the exemption test in lieu of attending a scheduled training and passed with the required score of 80% or better. Human Resources staff and the Compliance Officer continue to work collaboratively to ensure that all staff register, participate, and receive proper credit for attendance/testing. Both departments also retain training documents as evidence of staff’s compliance with this mandatory requirement.

¹ 1) have been employed with the Center at least 5 years (60 months); 2) have not been the subject of a compliance investigation; and 3) have not caused a payback of greater than \$50

Reports / Investigations

The Center's Compliance Officer received one hundred and twelve (112) compliance concerns impacting two hundred (200) individuals during FY 2016. One hundred and eleven (111) reports were related to confidentiality/HIPAA violations; the remaining issue reflected concerns with documentation/billing.

The below table denotes the number and type of compliance concerns reported to the Compliance Officer since the initiation of the compliance program in FY 01 / FY 02.

(Numbers in parenthesis represent incidents resulting in a refund. For example: 2 (1) reads 2 investigations, 1 of which resulted in a refund. Similarly, the *Medicaid Refund* column denotes in parenthesis the number of incidents responsible for the refund for that fiscal year).

FY	Confidentiality	Billing/ Documentation	Credentials	Fraud Allegations Unconf. / Conf.		Contract/ Other	TOTAL	Medicaid Refund
2002	0	2 (1)	2 (1)	0		2	6	\$9,821.31 (2)
2003	1	3 (1)	3 (1)	0		1	8	\$3,654.20 (2)
2004	11	2 (1)	0	3 (1)	1 (1)	0	17	\$15,437.36 (3)
2005	14	2	0		1 (1)	0	17	\$17,699.55 (1)
2006	8	3 (1)	0	1 (1)		0	12	\$12,471.46 (2)
2007	11	3 (2)	0	0		0	14	\$14,994.83 (2)
2008	5	0	0		2	0	7	(0)
2009	5	2	0		3 (3)	0	10	\$27,672.28 (3)
2010	4	0	0	3 (3)	1 (1)	0	8	\$22,168.46 (4)
2011	7	0	0	0		1	8	(0)
2012	22	2 (1)	0	1		1	26	\$46.76 (1)
2013	18	1	0		1 (1)	2	22	\$275.22 (1)
2014	22	0	0	0	0	0	22	(0)
2015	18	2	0	0	0	0	20	(0)
2016	111	1	0	0	0	0	112	\$2,585.28 (1)
Total	257	23	5	8	9	7	309	\$126,826.71 (22)

The majority of the HIPAA violations were related to unencrypted emails (101 of 111 incidents) with each occurrence generally impacting only 1-2 individuals. One notable exception is an unencrypted email which included an attached spreadsheet containing the names of fifty (50) clients. The remaining ten (10) HIPAA incidents related to faxes (4); verbal releases (3); and written information (2). The final issue was the discovery of client information being added to a staff's personal Google calendar.

In December 2015 the Center's MIS department implemented a "HIPAA filter" in an effort to identify, address and ultimately reduce the number of unencrypted email violations. The filter reviews outgoing Center emails for potential violations and serves to identify breaches that were not previously self reported to the Compliance Officer. One such discovery led to further review and the subsequent finding of an additional seventy-six (76) individual breaches between 6/11/2015 – 1/19/2016. The emails pertained to medications sent to the ETBHN Pharmacy and although encrypted, protected health information was included in the subject line which *does not* encrypt. The MIS Director and Compliance Officer met with staff of IDD, MH and Recovery services in January and February 2016 to explain the new filter, review recently discovered violations/consequences (a written warning was issued if the staff had not

self reported the breach), and to clarify information and expectations regarding encryption. After the initial breaches discovered upon implementation, the filter identified only one additional breach during FY 2016.

Annual Compliance Survey

The annual *Corporate Compliance Survey* was distributed to all staff in September 2016. The survey serves as a follow-up to the FY 2016 compliance training and evaluates staff competency on basic compliance information. The survey further evaluates staffs' perception of the compliance plan through questions related to the successful resolution of reported concerns, if applicable, as well as management support. In addition, the survey provides another mechanism for staff to identify compliance issues or concerns that were not previously reported. Overall survey responses indicated that staff were satisfied with the manner in which reported issues were handled during FY 2016. One respondent did reference ongoing, unresolved interpersonal relationship issues with another program's staff. Staff and managers of both programs convened with the Compliance Officer on 12/16/16 to discuss the concerns and review the expectations of professional conduct as defined in the Business Code of Conduct. Overall the meeting seemed to go well and all agreed to commit to better communication.

Corporate Compliance Committee

The Corporate Compliance Committee meets regularly and continues to advise and assist the Compliance Officer with monitoring the compliance program and ensuring that the Center's compliance efforts are both effective and responsive to the needs of the organization. The committee convened quarterly during FY 2016 with meetings on September 21, 2015; December 14, 2015; March 21, 2016; and June 13, 2016.

Although the majority of committee participants remained constant during FY 2016, two new members were appointed. Long standing committee member Cindy Carpenter retired in early FY 2016 and was replaced with Mary Diaz, the interim Recovery Administrative Assistant. Melissa Tucker, who previously represented Child and Adolescent Services, became the Center's Chief Operations Officer in May 2015. The new Child and Adolescent Director, Amy McMahon was therefore appointed to represent this division. Executive Director, Mike Winburn approved the new committee appointments on February 29, 2016.

Membership during FY 2016 is as follows and is reflective of the major service areas:

Cindy Kegg, Corporate Compliance Officer
Cindy Carpenter, Administrative Assistant Substance Use Recovery Services (retired)
Mary Diaz, Interim Administrative Assistant, Substance Use Recovery Services
Donna Gordon, Reimbursement Coordinator
Melissa Hollman, Contract Manager/QM Supervisor
Melissa Tucker, Chief Operations Officer
Casey Duty, Utilization Manager
Pam Melgaras, Director of Information Services

Nola Graham, IDD Service Coordination Manager
Amy McMahon, Director of Child and Adolescent Services

In addition to addressing and responding to any specific concerns identified during the quarterly meetings, the committee routinely reviews:

- Compliance reports and incidents
- Compliance investigations
- Business Code of Conduct Violations
- Overpayments / refunds / fee collection
- Audit findings
- Quality Management activities
- Drug and alcohol testing (Connect Transit and other Center programs)
- Licensure / website verifications / exclusion lists / background check issues
- HITECH Breach Notification issues
- The Compliance Plan, Compliance Procedures and Business Code of Conduct
- Risk and Compliance Annual Assessment
- MIS Security Risk Assessment

Fiscal Audit

The Center's Annual Financial and Compliance Audit for the year ending August 31, 2016 was completed by Davis Kinard during August and October 2016. Although the final report had not been received by the date this Annual Compliance Report was submitted, per Chief Financial Officer, Rick Elizondo, we anticipate no Federal or State compliance findings and potentially, one management comment regarding the Center's low fund balance. The audit will be presented to the Center's Board of Trustees for review and approval on January 25, 2017.

Compliance – A Federal Perspective

On November 30, 2016 the Health and Human Services (HHS) Office of the Inspector General (OIG) posted the OIG's Semi-Annual Report to Congress covering April 1, 2016 – September 30, 2016. The report highlighted the achievements of the 2016 Federal fiscal year (October 1, 2014 through September 30, 2016) and included the below accomplishments:

- expected recoveries of more than \$5.66 billion, consisting of nearly \$1.2 billion in audit receivables and about \$4.46 billion in investigative receivables
- exclusions of 3,635 individuals and entities from participation in Federal health care programs
- 844 criminal actions against individuals or entities that engaged in crimes against HHS programs

- 708 civil actions, which include false claims and unjust-enrichment lawsuits filed in Federal district court, CMP settlements, and administrative recoveries related to provider self-disclosure matters.

On December 14, 2016, a press release from the *Office of Public Affairs* reported that The Department of Justice (DOJ) recovered more than \$4.7 billion in settlements and judgments from civil cases involving fraud and false claims against the government in the fiscal year ending Sept. 30, 2016. This is noted to be the third highest annual recovery in False Claims Act history, bringing the total recovery since fiscal year 2009 to \$31.3 billion. Accomplishments highlighted in the DOJ report include:

- \$2.5 billion (of the \$4.7 billion) came from the health care industry, including drug companies, medical device companies, hospitals, nursing homes, laboratories, and physicians.
- Whistleblowers filed 702 *qui tam*² suits in fiscal year 2016 and the department recovered \$2.9 billion in these and earlier filed suits this past year. Whistleblower awards during the same period totaled \$519 million.

According to the press release, the department has recovered nearly \$19.3 billion in health care fraud between January 2009 and the end of fiscal year 2016 – 57% of the health care fraud dollars recovered in the 30 years since the 1986 amendments to the False Claims Act.

Conclusion

The Gulf Coast Center recognizes that although a compliance program may not entirely eliminate improper activities, a firmly established and effectively communicated commitment to compliance may significantly reduce the risk of improper, unlawful and unethical conduct within the organization. Through the expectations set forth in the Compliance Plan and Business Code of Conduct, the Center continues to demonstrate a good faith effort to promote honest and responsible behavior by educating staff, conveying clear expectations of conduct, detecting errors and correcting identified problems. The Compliance Officer, Compliance Committee, Legal Counsel and Executive Management will continue to work collaboratively to support and maintain a compliance strategy that is responsive to the changing healthcare environment while effectively promoting the highest standards of professional conduct.

² *Qui tam*, provisions allow private citizens to file suits alleging false claims on behalf of the government. If the United States prevails in the action, the whistleblower, known as a relator, receives up to 30 percent of the recovery.



FY17 DSHS 10% Withhold Performance Measures

MH Adult

Employment
 Housing
 Community Tenure
 Improvement
 Monthly Service Provision (Engagement)

MH Child

Juvenile Justice Avoidance
 Community Tenure
 Improvement
 Monthly Service Provision (Engagement)

Crisis

Hospital
 Jail Diversion
 Effective Crisis Response
 Frequent Admissions
 Access to Crisis Services

1st Quarter Performance

Measure	Description	Target	Actual
Effective Crisis Response	% of crisis episodes followed by hospital admission w/in 30 days	75.1%	71.03%

Notes/Action Plan:

- Increase F-T-F contact following crisis episode, increase utilization of crisis respite, link individuals to telemedicine providers, rapid engagement following hotline call.

2nd Quarter Performance

Measure	Description	Target	Actual Qtr	Actual 6 month	Est. Penalty

Notes/Action Plan:

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FY17 Performance Summary by Service Area

MH Adult Services

Measure	Target	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 4 (FY16)
Waiting List		0				
Total Served	2,572	2,632				
Patient Assistance Program (PAP) - # Rx Provided		1,091				
PASRR Evaluations	As assigned	26				
Veterans Total Served		2,278				
Community Linkage (Crisis Services-Annual)	23%	31.1%				

MH Child/Adolescent

Measure	Target	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 4 (FY16)
Total Served	255	314				
Avg. Days for Intake Admission (Brazoria/Galv. County)		36/96				
Family Partner Support Services	>=10%	6.5%				

IDD Services

Measure	Target	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 4 (FY16)
GR Interest List		339				
HCS Interest List		1,818				
TxHml Interest List		1,347				
Monthly Average (GR)	145	138				
Permanency Plans	95%	100%				
PASRR Evaluations	As assigned	15				
PASRR Caseload		62				

Recovery Services

Measure	Target	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 4 (FY16)
Adult Waiting List: Outpatient/Residential						
Adult Total Served: Outpatient/Residential						
Adult Total Served: Grant Programs						
(AIR) Adolescents In Recovery Total Served						

8

TCOOMMI

Measure	Target	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 4 (FY16)
Assessments (Eligibility Determination)		39				
Intakes		30				
Brazoria County Caseload		25	17/24			
Galveston County Caseload		25	21			
Galveston County Caseload (Probation/Parole)	25	24				

Regional Hospital (St. Joseph)

Measure	Target	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 4 (FY16)
Total Admissions		180				
Utilization Rate (CARE)	90%	90%				
Avg. Length of Stay		10.46				
Avg. number of bed days		20.58				
Readmissions w/in 30 days		15				
Transfers to State Hospital	<=10	1				

Connect Transit

Measure	Target	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 4 (FY16)
Demand Response: Total Trips (one-way)	Open	12,354				
Fixed Routes: Total Trips (one-way)	Open	59,589				
Park-n-Ride Routes: Total Trips (one-way)	Open	21,418				

Risk/Liability/QA: 1st Quarter

Type	Total	Description
On-the-job Injuries	0	
Consumer Complaints	6	
Compliance/Code of Conduct Violations	12	11 HIPPA violations (8 encryption, 2 verbal, 1 fax) 1 code of conduct (improper billing, misuse of corporate resources)
Staff Turnover	6%	
Training Non-compliance	0	



"Better community healthcare promoting healthy living."

Minutes

1. **Call To Order**– Jamie Travis, Board Chair of the Board of Trustees, convened the regular meeting on Wednesday, December 7, 2016 at 6:32 p.m. at the Mainland Community Service Center located at 7510 FM1765, Texas City, Texas.

The following Board Members were present: Mary Lou Flynn-Dupart; Jaime Castro, Linda Coleman and Caroline Rickaway

The following Board Members were absent: Trey Picard, Excused; Vivian Renfrow, Excused

Also present were: Melissa Tucker, CEO – Gulf Coast Center, Chris Cahill – Mills, Shirley and other Center staff.

2. **Citizens' Comments:** None

3. **Program Report:**

HUD Update: Melissa Hollman, Contract Manager reported that as of January 31, 2017 Transitional Housing will be completed and closed as of February 2017. Melissa introduced Jason Murphy; Program Director who stated that he will be following up with clients to make sure the transition is going smoothly. Staff update Betty Lacy will be retiring after twenty-three years with the center and one case manager will transfer to Permanent Housing.

4. **Board Member Reports:**

- a. Texas Council of Community Centers: None
- b. Texas Council Risk Management Fund: Mary Lou Flynn-Dupart, TCRMF Board Chair gave a brief update on the Fund. Good news was the council made money.

5. **CEO Report:** Melissa Tucker, CEO introduced the new Chief Operating Officer, Jerry Freshour. Melissa informed the board that the Center is putting together a CQI Team. Recovery Services has two interim directors – Sandy Patterson for Brazoria County and Cheryl Folkes for Galveston County. Leigh Saunders with IDD will be retiring and Jerry Freshour will be acting interim director as well as MCOT and Veterans. The CQI team will consist of four areas – Productivity, Manage Care, Provider Services and Suicide Prevention. Laurie Medina will be monitoring the ten projects with 1115 Waiver. Legislative Forum went really well. Capital Day is February 8 and NAMI will have a bus.

- a. Transition Update / CQI Team Progress Summary
- b. 1115 Waiver Status Report
- c. Communication, Legislative & Community Development Efforts

6. **Operations Report:** Jerry Freshour, COO gave a brief update regarding the program changes and finalizing teams; leadership and communication.

- a. IDD Services: Jerry Freshour, COO gave a brief update regarding the program changes and finalizing teams, leadership and communication. Focus on bringing case loads down. Leigh Saunders is retiring and Jerry will be the Interim IDD Director.
- b. Adult Mental Health: Sarah Holt, Director of Mental Health Adult Services gave a brief update on MH Adult 1115 Telemedicine. The MH Adult Intakes Services will merge with the clinics.
- c. Recovery Services: Sandy Patterson, Director of Mainland Community Service Center gave a brief update on her leadership role with the Recovery Program in Brazoria County as Interim Director. The Recovery Program will integrate with MH Adult Services.
- d. Child & Adolescent Services: Amy McMahon, Director of Child and Adolescent Services gave a brief update on integrating Children Services programs.
- e. MIS: Melissa Tucker, CEO stated that Streamline will go live in March. Training should be completed in February and Helen Farabee will be the first center to go live in January.
- f. Connect: Rick Elizondo, CFO stated that he will be asking the board for approval of the revised Fare Policy for both counties at the next board meeting.

7. **Budget And Finance Report**

- a. Financial Board Monthly & YTD Summary: Rick Elizondo, Chief Financial Officer, reported that for the month of October the Center preliminarily recognized year-to-date operational expenses \$5,721,409.90 and operational revenue of \$2,924,175.91; for an operational deficit of \$26,208.85.
- b. Financial & Operational Highlight – Managed Care: Rick Elizondo, CFO stated that the CQI Team is in place and doing well.

8. **Consent Agenda.....Linda Bell, RN JD**
Consideration and Approval of Recommendations and Acceptance of Consent Agenda Items. *(Consent agenda items may be pulled from this consideration for individual action or presentation.)*

- a. Review and approval of October 19, 2016 board meeting minutes:
 On motion by Mary Lou Flynn-Dupart, seconded by Jaime Castro, the board voted to approve the October 19, 2016 board meeting minutes. The motion carried with all members voting in favor.
- b. Review and approval of October and November 2016 check register:

On motion by Mary Lou Flynn-Dupart, seconded by Jaime Castro, the board voted to approve the October and November 2016 check registers. The motion carried with all members voting in favor.

9. Action Items.....Linda Bell, RN JD

All Action items terminate at the end of FY 2017 unless indicated otherwise

- a. Consider approval of the renewal agreements with **Kimberly Covert** (Galveston County) and **Charles Robert III** (Brazoria County) for the provision of respite and/or community support services/skills training for nursing facilities and mileage rates.

REIMBURSEMENT RATE	
Respite	Standard base level = \$10/hr; Medical/Behavioral need = \$15/hr
Community Support	Standard base level = \$13/hr
Skills Training Nursing Facility	Independent Living Skills \$18/1 per hr
Mileage	0-5=\$3; 6-12=\$6; 13-20=\$9; 20-25=\$15; 33-40=\$18

On motion by Mary Lou Flynn-Dupart, seconded by Linda Coleman, the board voted to approve the new agreements with Kimberly Covert and Charles Robert III. The motion carried with all members voting in favor.

- b. Consider approval of the FY17 Addendum with **TWG Investments, LTD dba The Wood Group** to provide crisis respite services for individuals with co-occurring diagnosis. Amount not to exceed: \$13,500.00.

On motion by Mary Lou Flynn-Dupart, seconded by Linda Coleman, the board voted to approve the FY17 Addendum with TWG Investments, LTD dba The Wood Group to provide crisis respite services for individuals with co-occurring diagnosis. The motion carried with all members voting in favor.

- c. Consider approval of the agreement with **East Texas Behavioral Healthcare Network** to provide 24 hour crisis telemedicine services for individuals with co-occurring diagnosis. Reimbursement Rate: \$175/per hr Mon-Fri 8AM-5PM; \$225/per hr Mon-Fri 5PM-8AM "On Call".

On motion by Mary Lou Flynn-Dupart, seconded by Linda Coleman, the board voted to approve the agreement with East Texas Behavioral Healthcare Network to provide 24 hour crisis telemedicine services for individuals with co-occurring diagnosis. The motion carried with all members voting in favor.

- d. Consider approval of the new agreement with **Pamela Edson** and **Kendra Satterfield** to provide specialized therapies – behavior support for both Galveston and Brazoria counties. Amount not to exceed: \$10,000.00

On motion by Mary Lou Flynn-Dupart, seconded by Linda Coleman, the board voted to approve the new agreements with Pamela Edson and Kendra Satterfield to provide

specialized therapies – behavior support for both Galveston and Brazoria counties. The motion carried with all members voting in favor.

- e. Consider approval of the revised Resolution “Adoption Agreement for Eligible Governmental 457 Plan”.

On motion by Mary Lou Flynn-Dupart, seconded by Linda Coleman, the board voted to approve the revised Resolution “Adoption Agreement for Eligible Governmental 457 Plan”. The motion carried with all members voting in favor.

- f. Consider approval of the rate changes and amount not to exceed for the Recovery Services Contract listed in the table below:

	TRA-Detox	TRA-Intensive	TRA-Supp	TRF-Detox	TRF-Intensive	TRF-Supp
Revised Rates	\$191.00	\$73.00	\$35.00	\$191.00	\$78.00	\$68.00
Santa Maria	\$10,000.00	\$10,000.00	-	-	-	-
ADA	-	\$130,624.90	\$4,063.00	-	\$123,893.92	\$46,375.00
BARC	\$78,000.00	\$83,624.69	\$28,309.00	-	-	-
ADAPT	\$322,378.00	\$231,254.69	\$11,500.00	\$99,129.00	\$4,221.51	\$30,625.00
On the Path To Recovery	-	\$603,623.68	\$58,328.00	-	-	\$25,000.00

On motion by Mary Lou Flynn-Dupart, seconded by Linda Coleman, the board voted to approve the rate changes and amount not to exceed for the Recovery Series Contract listed in the above table. The motion carried with all members voting in favor.

- g. Consider approval to authorize the Center’s CEO to negotiate for adequate Administration Services lease space with 2015 Shops on the Mainland LLC.

On motion by Mary Lou Flynn-Dupart, seconded by Linda Coleman, the board voted to authorize the Center’s CEO to negotiate for adequate Administration Services lease space with 2015 Shops on the Mainland LLC. The motion carried with all members voting in favor.

10. Pending or Revised Action Items.....Linda Bell, RN JD

Pending or revised items are those items which were on a prior board agenda but not completely resolved or there has been a revision since approval. The items may be listed for update purposes or final action by the Board.

- a. Rate Change Only for Lifetime Homecare HCS, LLC to \$275/day instead of \$350/day.

On motion by Mary Lou Flynn-Dupart, seconded by Jaime Castro, the board voted on the rate change only for Lifetime Homecare HCS, LLC to \$250/day. The motion carried with all members voting in favor.

11. Calendar.....Jamie Travis, Board Chair

Date	Event	Time	Location
Thurs, Nov 10, 2016	Legislative Forum	7:00 pm	Lake Jackson Civic Center, 333 Hwy 332 E, Lake Jackson
Wed, Jan 25, 2017	Board Meeting	6:30 pm	Angleton
Jan 18-21, 2017	Texas Council		Austin
Wed, Feb 22, 2017	Board Meeting	6:30 pm	Texas City
Wed, March 22, 2017	Board Meeting	6:30 pm	Angleton
Wed, April 19, 2017	Board Meeting	6:30 pm	Texas City
April 26-29, 2017	Texas Council		Austin
Wed, May 24, 2017	Board Meeting	6:30 pm	Angleton
June 28-30, 2017	Texas Council Conference		Moody Gardens, Galveston
July 19, 2017	Board Meeting	6:30 pm	Texas City
August 23, 2017	Board Meeting	6:30 pm	Angleton

12. Executive Session: Linda Bell, Director of Legal Affairs informed the board that as a result of the reduction in force related to the restructuring/reorganization of the 1115 programs, one of the staff who lost her position has obtained an attorney and filed a pregnancy discrimination claim with the Department of Labor. The staff person was in the IDD Crisis Respite program which had only three staff; the filing staff was the last hired. Ms. Bell assured the board that the financial concerns of the 1115 programs as presented at previous board meetings not her pregnancy status was the reason for reducing the program staff. Ms. Bell also pointed out there was another staff who was pregnant or recently have birth from another 1115 program who also was included in the reduction. She concluded by stating the claim has been forwarded to Bill Helfrand and an arbitration agreement is in place.

Pursuant to Texas Government Code §551.071 the Board will convene in closed session to discuss legal matters with its Attorney related to open DOL claim and pending or contemplated litigation.

As authorized by Chapter 551 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at any time during the course of this meeting to seek legal advice from its Attorney about any matters listed on the agenda.

13. Action Regarding Executive Session: None

14. Adjourn:

There being no further business to bring before the Board of Trustees the meeting was adjourned at 7:12 p.m.

Respectfully,

Cathy Claunch-Scott

Secretary to the Board of Trustees

Approved as to Content and Form,

Jamie Travis

Board Chair



Quality Management Plan FY2017-2018

I. Overview

The Gulf Coast Center offers a comprehensive service array to help meet the growing needs of the community. The Center works to ensure that clients and family members receive the quality care and support needed to improve health outcomes. All Center programs adhere to quality standards and commit to continuously improve performance of client services, management activities, and administrative activities.

The Quality Management Plan describes the methods by which Center-wide quality management activities are performed to evaluate and continuously improve operations in support of the Center's mission and vision.

Mission Statement

Provide accessible, efficient and quality services to support the independence and healthy living of those we serve.

Vision Statement

Better community healthcare promoting healthy living.

II. Quality Management Program Structure

The Quality Management Program ensures Center-wide implementation of processes designed to identify quality indicators, assess program performance, implement corrections when needed, and continuously evaluate and monitor improvement. The Gulf Coast Center's Board of Trustees approves the Quality Management Plan and the leadership staff of the Center is entrusted with plan implementation. Leadership oversees the collection and evaluation of feedback from stakeholders which includes assessing and approving actions related to stakeholder's satisfaction with services provided. Leadership evaluates performance indicators and uses data to drive decisions regarding service outcomes, financial responsibility, and organizational efficiency.

The Center's leadership staff entrust the responsibility for oversight of the Quality Management Plan to the Quality Management Supervisor and assure that sufficient resources are allocated

to make improvements necessary throughout the Center. The Quality Management Supervisor reviews the plan annually, solicits input from Executive Management Team (EMT) members as well as other staff and stakeholders, and updates the plan as needed.

Leadership entrusts program managers with assuring that all staff participate in the Quality Management Plan by being aware of the outcomes of quality assurance activities in their service areas. The Center supports a multidisciplinary approach to address improvement through the use of Continuous Quality Improvement Teams designed to manage special projects identified as priorities by the Executive Management Team.

III. Quality Management Activities

Quality management activities emerge from a systematic and organized structure for improvement. This structure is adopted by leadership staff and utilized throughout the organization as a result of continuous education and involvement of staff at all levels. Quality management activities are devised to measure and assess performance through the collection and analysis of data by comparing the data collected with established targets set by oversight agencies as well as other contractual requirements. The Quality Management Department conducts quality assurance activities at all levels of the organization to include oversight and monitoring of provider functions. The review process may be initiated by oversight agencies, the QM department, or leadership staff. The QM department also conducts ongoing program audits which supplement QA activities performed within a service area. The data collected from QA activities is then used to implement quality improvement initiatives designed to enhance the quality of operations. QM activities focus on: service delivery, adherence to evidenced-based practices, utilization management, data integrity, consumer satisfaction, and risk management processes as further described below.

A) Consumer Satisfaction- Consumer satisfaction is assessed with standardized tools and comparative benchmarks are employed when available. Client satisfaction with Telemedicine Services is assessed daily through the use of telemedicine satisfaction surveys offered to adult service recipients and child/LAR upon completion of each telemedicine appointment. Client satisfaction with Substance Use Recovery Services is assessed regularly through the use of client satisfaction surveys offered to service recipients upon completion of service encounters. Throughout the year program specific surveys may be offered to service recipients when a need is identified or by request from leadership staff. The survey results are reviewed by the Quality Management Department and leadership staff to evaluate the effectiveness of authority functions, identify areas of exceptional service and opportunities for improvement.

B) Fidelity Monitoring- Regular monitoring is conducted to verify evidenced-based practices (EBPs) are being provided in accordance with the specified fidelity requirements. Monitoring includes a quarterly or annual quality assurance review designed to measure, assess, and improve service access and delivery. The review process and frequency varies by service area. All reviews are conducted with the use of standardized audit tools. Select reviews are completed by program staff and service area managers. All review findings are analyzed by the Quality Management Supervisor so data can be compiled and reports developed to measure

and track improvement. Data is shared with service area managers and leadership staff as appropriate.

C) Crisis Response Services- Monitoring of Crisis Services is conducted to evaluate the quality of service provision and the accessibility of services. Quality assurance activities include evaluation of: the Mobile Crisis Outreach Team (MCOT), after-hours crisis response services, outpatient crisis service provision, inpatient crisis services, IDD Crisis Intervention Specialist functions, and MH/IDD Crisis Respite Services. QM reviews consist of documentation audits, monitoring of crisis performance measures in MBOW, and evaluation of quarterly crisis reports. Data collected is assessed and measured by evaluating compliance with performance measure achievement and other contractual requirements.

D) Data Analysis- The QM department utilizes data collected in the EMR to monitor provider performance. The department also collects data from state reporting systems such as MBOW, CMBHS, and CARE to further evaluate authority functions and identify areas of exceptional service and opportunities for improvement. Data is reviewed regularly by the Quality Management Supervisor, Utilization Manager, MIS, leadership staff, and service area managers. The data is analyzed and compared to established targets set by the organization and oversight agencies. Once data has been analyzed, reports are generated so action plans can be developed to address findings.

E) Utilization Management- QM works collaboratively with the Utilization Manager to develop methods to measure, assess, and improve adherence to evidenced-based practices, service capacity, and access to services through regular evaluations and ongoing monitoring of the following:

- Data integrity
- Authorizations and reauthorizations for outpatient services
- Authorizations of inpatient admissions to state and community hospitals
- Verification and documentation of medical necessity
- Over/under utilization
- Appeals and denials
- Waitlist management

F) Billing/Claims Oversight- Ongoing audits of Medicaid and other claims are completed to assure data quality and billing accuracy. Audits focus on the use of incorrect service codes, denied claims, unauthorized services, and lost revenue. These findings are used to improve billing systems and data reporting.

G) Risk Management- QM works collaboratively with the Corporate Compliance / Rights Protection Officer to measure, access, and reduce incidents of client abuse, neglect and exploitation and improve the client rights protection process. QM is also involved in the evaluation of critical incident data to include: consumer incidents, client and employee injuries, vehicle accidents, medication errors, and deaths. In addition, the Quality Management

Supervisor serves as the back-up Rights Officer as needed.

F) Monitoring of External Service Providers- Provider agencies agree to participate in and comply with QM activities and standards to objectively monitor and evaluate service delivery and provider performance. The QM department supports provider QA activities by evaluating adherence to service requirements and identified quality standards. The QM department's primary methods for evaluating service delivery of providers is through client service records and data acquired from state reporting systems.

IV. Improvement and Tracking

The QM department is responsible for evaluating data collected from quality assurance activities, identifying and prioritizing areas of risk, and developing and implementing improvement initiatives that will be monitored and tracked. The Center utilizes various continuous quality improvement methodologies to carry out these functions.

The Quality Management Supervisor is charged with making recommendations for corrective action plans to address deficiencies identified in QM reviews. Preliminary findings are reviewed with leadership staff and service area managers. Once the QM review findings have been finalized and disseminated, leadership staff and service area managers are empowered to make changes that foster improvement. The QM department provides ongoing monitoring of identified issues and evaluates the effectiveness of corrective action plans by assessing for a reduction or elimination of deficiencies and determining when additional action is needed. The Quality Management Supervisor also utilizes performance reports to assess if corrections have been sustained. Data is collected and stored for tracking purposes and shared with EMT and select committees when applicable.

V. Committees

Quality Management functions are accomplished in collaboration with activities performed by specified committees. The following committees meet quarterly and require ongoing communication between members to ensure that actions are addressed in a timely manner. The actions taken in the following committees are recorded and shared with EMT, the Board of Trustees, and stakeholders as appropriate to drive decisions that support continuous quality improvement initiatives.

The Utilization Management Committee

Established as a regional committee within the East Texas Behavioral Health Network (ETBHN), the primary function of the UM committee is to monitor utilization of clinical resources to assist the promotion, maintenance and availability of high quality care in conjunction with effective and efficient utilization of resources.

The objectives of the UM committee includes processes to:

- Evaluate the overall integrity of the utilization management process to include timely and appropriate assignment of services.
- Approve and oversee the appeal system for adverse determination decisions.
- Analyze utilization patterns and trends throughout the ETBHN region, to include

gaps in services, rates of no-shows for appointments/services, billing issues, under developed frequently requested services, existing services that are under- and over-utilized, and barriers to access.

- Establish mechanisms to report quantitative and qualitative information on service utilization and service delivery to ETBHN Regional Oversight Committee members, Center staff, the Board of Trustees, and providers.

The Regional Planning and Network Advisory Committee (RPNAC)

This committee is charged with ensuring that local stakeholders have direct input and involvement in assessing and determining the mental health and IDD service needs of the Center. This is accomplished through identifying the most important needs in the community, evaluating cultural and ethnic issues, and assessing progress towards implementation of the Local Plan. The committee is also charged with overseeing the objectivity in the procurement of services and the definition of best value in public mental health and IDD services. They review processes and make recommendations to the Board as to whether management has been fair and objective in reviewing services. The RPNAC is comprised of Center liaisons, community liaisons, and members who are representative of people with mental illness and IDD and/or family members, local practitioners, and other interested members of our community. The purpose of the committee is to advise the Board of Trustees on planning, contract issues, and needs and priorities for the region. Activities include surveys, needs assessments, and assistance in the development of goals and objectives in the Local Planning process for Gulf Coast Center.

The Safety Committee

This committee is charged with insuring the health and safety of consumers and employees. Their purpose is to develop and establish procedures and requirements for the prevention of accidents. This is accomplished through regular meetings and the analysis of data related to consumer incidents/injuries, vehicle accidents, employee injuries, medical incidents (including illness), hospitalizations, infectious diseases and deaths. Data is also analyzed from environmental/Americans with Disabilities Act audits. Membership consists of the Safety Director and representatives from the various programs in both counties including direct care, management and support services staff. Information is reviewed by the Executive Management Team.

The Human Rights Committee (HRC)

This committee is chaired by the Rights Protection Officer and convenes on a quarterly basis. The committee is charged with promoting, protecting and ensuring the rights of individuals served as well as providing due process when a limitation of an individual's rights is being considered. The committee routinely examines complaints, rights restrictions, rights violations, (including allegations of abuse neglect/neglect/exploitation), critical incidents and behavior management plans to ensure compliance with appropriate policies and procedures, evaluate trends, and formulate recommendations for improving the rights protection process. HRC membership is comprised of staff from varied service areas/disciplines and may include

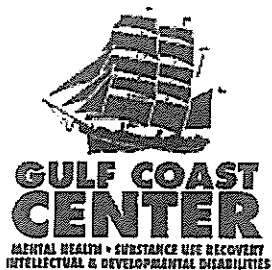
consumers served by the local authority and/or LAR's or family members of a person served. The Rights Protection Officer also provides rights protection training for employees on an annual basis as well as for new hires through New Employee Orientation.

The Corporate Compliance Committee is comprised of representatives from clinical and administrative services and serves to assist and advise the Corporate Compliance Officer in the implementation and monitoring of the Center's Corporate Compliance Plan. The Committee's responsibilities include:

- Analyzing the organization's regulatory obligations
- Assessing existing policies and procedures that address these areas for possible incorporation into the compliance monitoring program
- Working with employees to adhere to standards of conduct and policies and procedures that promote compliance
- Recommending, developing and/or monitoring internal systems and controls to carry out Center standards, policies and procedures as part of the Center's daily operations;
- Determining the appropriate strategy and approach to promote compliance and detection of potential risk areas through various reporting mechanisms;
- Assisting with the development of preventive and corrective action plans as appropriate;
- Developing a system to solicit, evaluate and respond to complaints and problems; and monitoring findings of internal and external reviewing bodies for the purpose of identifying risk areas or deficiencies requiring preventive and corrective action.

The Corporate Compliance Committee is chaired by the Corporate Compliance Officer and convenes on a quarterly basis. The committee routinely reviews:

- Compliance reports and incidents;
- Compliance investigations;
- Business Code of Conduct Violations;
- Overpayments / refunds / lost revenue / fee collection;
- Audit findings;
- Quality Management activities;
- Drug and alcohol testing (Connect Transit and other Center programs);
- Licensure / website verifications / exclusion lists / background check issues;
- HITECH Breach Notification issues;
- The Compliance Plan, Compliance Procedures and Business Code of Conduct; Risk and Compliance Annual Assessment; MIS Security Risk Assessment



Memo

To: Cathy Scott – Board Secretary
From: James Hollis – Director of Transportation
CC: Linda Bell
Date: January 13, 2017
Re: Bus Auction

Consider the approval to declare surplus and dispose of the following Connect Transit vehicles with repair costs no longer cost-effective for continued use:

- Vehicle 2400 a 2010 Ford Goshen 15 passenger van with 295,725 miles
- Vehicle 2404 a 2010 Ford Goshen 15 passenger van with 165,859 miles
- Vehicle 2647 a 2008 Ford E-450 20 passenger van with 293,462 miles
- Vehicle 3476 a 2007 Ford E-450 20 passenger van with 246,962 miles

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www.GulfCoastCenter.org

Our mission is to enable and empower individuals and families to live quality lives



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MEMO

To: Rick Elizondo
From: The Goodman Corporation
Date: January 16, 2017
Re: Resource Allocation for 2017-2018 TGC General Transit Planning Scope of Services

The proposed General Transit Planning Scope of Services (Work Order #6) for the February 2017 – August 2018 timeframe totals **\$440,000**. The tasks, allocated amounts, and funding resource allocation by urbanized area and funding source are as follows:

Table 1 – Total Resource Allocation for 2017-2018 TGC General Transit Planning Scope of Services								
					S. 5307		S. 5339	
Task	Description	Task Budget	Federal Share	Local Share	TXC	LJA	TXC	LJA
1	Transit Operations & Capital Planning	\$80,000	\$64,000	\$16,000	\$25,600	\$38,400		
2	Brazoria County Operational & Capital Improvements	\$50,000	\$40,000	\$10,000	\$16,000	\$24,000		
3	Federal and State Grant Management & Compliance	\$20,000	\$16,000	\$4,000	\$6,400	\$9,600		
4	Procurement Assistance	\$70,000	\$56,000	\$14,000	\$ -	\$ -	\$28,000	\$28,000
5	Transit Asset Management Plan	\$60,000	\$48,000	\$12,000	\$19,200	\$28,800		
6	Funding Pursuit and Post-Award Technical Support	\$55,000	\$44,000	\$11,000	\$17,600	\$26,400		
7	Short and Long Range Planning Coordination	\$70,000	\$56,000	\$14,000	\$22,400	\$33,600		
8	Separation of Connect Transit from GCC Analysis	\$35,000	\$28,000	\$7,000	\$11,200	\$16,800		
	Total	\$440,000	\$352,000	\$88,000	\$118,400	\$177,600	\$28,000	\$28,000

TGC has identified the planning funds that are programmed in the FY13 and FY14 Section 5307 grants for Lake Jackson/Angleton and FY15 and FY16 Section 5307 grants for Texas City/LaMarque and Lake Jackson/Angleton. Current planning fund balances, planning resource requirements for the Texas City Capital Improvement Program, as well as pending invoices have been taken into account. TGC has confirmed that the use of these resources will not interfere with the capital funds programmed in the FY11/12 grant for construction of the Texas City Administration Facility.