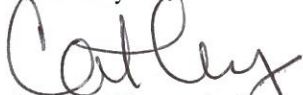


NOTICE OF MEETING

MEMBERS OF THE BOARD OF TRUSTEES

The Gulf Coast Center Board of Trustees meeting for the month of May will be held on Wednesday, **May 23, 2018** at **6:15 p.m.** at the **Brazoria County Community Service Center**, located at **101 Tigner, Angleton, Texas**.

Thank you,



Cathy Claunch-Scott
Secretary to the Board of Trustees

cc: May Board of Trustees File



"Better community healthcare promoting healthy living."

1. **Call To Order**..... Jamie Travis, Board Chair
2. **Citizens' Comments**
3. **Program Report**
East Texas Behavioral Health Network.....Linda Bell, General Counsel
 - RPNAC Review and Comment on ETBHN Community Hospital Survey **(Pg. 1-17)**
4. **Board Member Reports**
 - a. Texas Council of Community Centers Jamie Travis, Board Chair
 - b. Texas Council Risk Management Fund Mary Lou Flynn-Dupart, TCRMF Board Chair
(Pg. 18-19)
5. **CEO Report** Melissa Tucker, CEO
 - a. Certified Community Behavioral Health Center Model
 - b. Grant Application Status Update
 - c. IDD Legislative Update
6. **Operations Report**
 - a. IDD Services update..... Jamie White
7. **Budget, Finance and Admin Reports** Rick Elizondo, CFO
 - a. Financial & Operational Monthly Report & YTD Summary **(Pg. 20-22)**
 - b. Sale of Property Update
8. **Consent Agenda**..... Linda Bell, 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 April 25, 2018 board meeting minutes. **(Pg. 23-28)**
 - b. Review and approval of April 2018 check register.
9. **Action Items**..... Linda Bell, JD

- a. Consider the approval of Amendment #5 to the FY18 HHSC (OSAR) Outreach, Screening, Assessment, and Referral Contract #2016-048253-003. This amendment increases the value of this contract by \$17,517 for the provision of (TTOR) Texas Targeted Opioid Response services and adds two TTOR performance measures.
- b. Consider the approval of Amendment #4 to the FY18 HHSC HIV Outreach Contract #2016-048182-003. This amendment increases the value of this contract by \$12,975 for the provision of (TTOR) Texas Targeted Opioid Response services.
- c. Consider the approval of the FY19 Holiday Schedule. **(Pg. 29)**
- d. Consider approval of the following revisions to the Recovery Programs Policy Manual:
 - XVII. Drug Screen Collection. The Recovery Program offers two options for collecting drug screen collection, urine and oral swab collection through a lab, Redwood Toxicology. (Previous XVII only referenced urine drug screen not oral swab)
 - XXVII. Seclusion and Restraint. The Center and the Recovery Program prohibit the use of restraint or seclusion, except as it relates to court commitment clients. (newly added section)
 - XXXII. Search Policy: The outpatient Recovery Program does not conduct personal searches of client who are in the program. Specific items outlined in the Recovery Program Client Handbook identify that illicit substances are prohibited weapons are not permitted on the premises. (newly added section).
- e. Consider ratification of the renewal agreement with **Soluta, Inc.** for comprehensive psychiatric and mental health services and pharmacy services in the Galveston County Jail. Term: November 1, 2017 to October 31, 2018. Total Amount not to exceed \$14,166.67/mo. (No change).
- f. Consider approval of the renewal agreement with **King Consulting** to assist the Center in securing grant opportunities. Term: July 1, 2018 to June 30, 2019. \$25/hr for relationship building, networking, etc. \$500 flat fee for technical work of writing and submitting grants.
- g. Consider approval of A RESOLUTION OF THE GULF COAST CENTER BOARD OF TRUSTEES AGREEING TO BE THE DIRECT RECIPIENT OF FEDERAL AND STATE RURAL TRANSIT FORMULA FUNDING APPROVED BY THE TEXAS DEPARTMENT OF TRANSPORTATION COMMISSION FOR GALVESTON COUNTY.
- h. Consider the approval of the FY18 Provider Contracts for the IDD NON-TRADITIONAL PROVIDER NETWORK with the 5 below identified individuals for the provision of respite, community support, Community First Choice Transportation, and/or Independent Living Skills (ILS) for nursing facilities.

Brazoria County	Galveston County	
Devyn Lemons	Jennifer Vincent	

	Matthew Bell	REIMBURSEMENT RATES	
	Marlina Delgado	Respite	Standard base level = \$10/hr; Medical/Behavioral need = \$15/hr
	Jennifer Taylor	Community Support	Standard base level = \$13/hr
		Skills Training Nursing Facility	Independent Living Skills \$18/ hr
		Mileage	0-5=\$3; 6-12=\$6; 13-20=\$9; 20-25=\$15; 33-40=\$18

10. Pending or Revised Action Items.....Linda Bell, 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
June 20-22, 2018	TX Council Conference		Sheraton, Dallas
July 25, 2018	Board Meeting	6:30 p.m.	Administration (Mall of the Mainland) Texas City
August 22, 2018	Board Meeting	6:30 p.m.	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

REGIONAL PLANNING AND NETWORK ADVISORY COMMITTEE

EVALUATION OF SERVICES

SERVICE: COMMUNITY HOSPITALIZATION SURVEY

LOCAL AUTHORITY: GULF COAST CENTER

EXECUTIVE SUMMARY:

It is the policy of GULF COAST CENTER to have a procedure in place for the systematic and objective evaluation of services on a routine basis and that best use of public money is considered in Network Development. To ensure this, GULF COAST CENTER will assure that each of its decisions involving Network Development and Provider Procurement considers the results of service evaluations. In general, a service evaluation determination is an evaluation of the overall worth of a service. Many subjective elements are involved in such an assessment, but it is the role of the Center Board, the Center staff, and the Regional Planning and Network Advisory Committee (RPNAC) to attempt to quantify and qualify various aspects of services into objective measures that can be applied to all services and providers.

In general, the RPNAC will make reports to each East Texas Behavioral Health Network (ETBHN) members' board/governing body regarding planning, development, design, management, and evaluation of the local provider network, including but not limited to:

- Client care issues;
- Consumer choice;
- Ultimate cost-benefit issues; and
- Best use of public money.

The FY 2018 Department of State Health Services and Department of Aging and Disability Services Performance Contracts requires that each Local Authority have a process to establish outcome and reporting requirements. For the Member Centers of ETBHN, the Regional Planning and Network Advisory Committee is charged with this required evaluation. The ETBHN Regional Oversight Committee selects the services for evaluation. The final recommendations from the RPNAC are compiled for distribution to the respective Centers' Board of Trustees.

This evaluation represents part of an ongoing effort to gather information to assure the Local Authority Management Team and Board of Trustees that any problems identified are properly understood and addressed. While the purpose of these evaluations is to examine the Local Authority's needs and capabilities of the current system, it is also important to note that, in time, this process will also allow Local Authorities to utilize trends in provider services and consumer utilization. In turn, a Local Authority can use this data to ensure the proper capacity of its provider network to ensure the best interests of the consumers are met.

The Regional Planning and Network Advisory Committee is comprised of members representing each of the eleven Centers of the East Texas Behavioral Healthcare Network, appointed by the Local Authority Board/Governing Body of each respective Member Center.

SERVICE DEFINITION:

The Community Hospitalization Survey was an attempt to gather information from each ETBHN Member Center on factors that may impact the hospitalization rate and length of care of consumers in that Center's local area. Many factors were considered in developing and carrying out this assessment. The mission was to gather information that may be helpful to Community Centers, as used in comparison to other Centers. These factors should not be taken as "causation", but merely information to help make more informed decisions or to further explore.

REVIEW METHODOLOGY:

The RPNAC Center Representatives each filled out the attached survey and presented it to the RPNAC members. The RPNAC members determined the data necessary to evaluate the service.

Both center liaisons and ETBHN staff compiled this information and the RPNAC completed its evaluation of services. Please find attached the results of the survey that was completed by each Center. Committee members and center liaisons identified outliers and preferred practices based on the outcomes of the evaluation.

FINDINGS AND STATISTICS:

Findings for FY17 were compiled in spreadsheet. Survey results are attached. Please note that all Centers participated in the survey; however, some data was difficult to gather on this survey.

RECOMMENDATIONS:

There were no direct recommendations made as a result of the surveys; however, the data proved very useful and deserves further exploration by each Center. There were several best practices noted by the RPNAC for some Centers. Following is a list of some of those notations:

- Some Centers offer regular clinic hours past 5:00pm. It was noted that this can be very helpful in child and adolescent services.
- Telemedicine seems to be an answer to some issues that arise after hours, especially for crisis. This is, also, very useful in jails and hospitals. It was noted that many Centers have difficulty with credentialing psychiatrists with local hospitals. Telemedicine can be

a help with this, if the E.R. doctor receives consult, but does not use the Psychiatrist to write the prescription.

- Safety issues were discussed when seeing consumers in their home or locations outside of E.R. or local law enforcement offices. Most of the Centers have a good relationship with their local law enforcement, with some having MCOT located in that location. Also, some have their MCOT team located in local Emergency Rooms. Spindletop was commended for this.
- The information of how many private hospitals are located in a Center's catchment area or close by was useful. It was a widespread concern about fluctuating costs of contracts with private hospitals for consumers with no funding.
- Crisis Stabilization Units have proven very useful in reducing hospitalizations.
- Almost all Centers have some good relationships with private providers in the community.
- "Urban sprawl" was a common issue with Centers located close to a metropolitan area. The movement of consumers in and out of catchment areas is a common issue and population growth was noted as a cause of sometimes having consumers hospitalized without knowing those consumers – new to that area in many cases.
- Mental Health Deputies have been found to be extremely useful to help assure safety and assistance.
- Dual diagnosis of mental health issues and substance abuse is becoming more common. Opioid abuse is on the rise, as reported by most Member Centers, just as it is a national trend.

RPNAC Center Hospitalization Survey Comparison

1. What is the overall population of your Center's catchment area?

- Access: 109,122
 - Bluebonnet: 982,095 total
 - Bastrop- 91,637
 - Burnet- 49,390
 - Caldwell- 45,569
 - Fayette-27, 147
 - Gonzales- 21,615
 - Guadalupe- 166,027
 - Lee- 18,373
 - Williamson- 562,337
 - Burke: 381,589
 - Community Healthcore: 454,061 total
 - Bowie- 93,860
 - Cass- 30,375
 - Gregg- 123,745
 - Harrison- 66,534
 - Marion- 10,147
 - Panola- 23,492
 - Red River- 12,207
 - Rusk- 52,732
 - Upshur- 40,969
 - Gulf Coast: 604,475 total
 - Galveston County- 291,309
 - Brazoria County- 313,166
 - Lakes Regional: 291,528 (GR counties only)
 - Pecan Valley: 428,059
 - Spindletop: 350,000
 - Tri-County: 709,391 total
 - Montgomery County- 556,203
 - Liberty County- 81,704
 - Walker County- 71,484
- (Numbers based on MBOW 2016 LMHA population and stats.)

2. Does your Center have any after-hours Crisis program other than Crisis Hotline and Hospital Screening?

- Access: Yes- 24/7 MCOT; IDD Crisis; Crisis Respite

- Bluebonnet: Yes- San Gabriel Crisis Respite; La Esperanza Crisis Respite; San Gabriel Crisis Extended Observation Unit; Seguin Crisis Extended Observation Unit
- Burke: Yes- Mental Health Emergency Center
- Community Healthcore: Yes- MCOT 24/7; 2 Crisis Centers (CSU and CRU) in Kilgore and Atlanta
- Gulf Coast: Yes- ACT Team & Mobile Crisis Outreach Team both offer services after-hours through on-call response when called upon; Center's 10-bed Crisis Respite facility is available and occasionally utilized after-hours for short-term, continued crisis stabilization; Center's contracted 20-bed Community Mental Health Hospital is utilized for individuals requiring inpatient psychiatric services
- Lakes Regional: Yes- We have MCOT and Crisis Respite for IDD
- Pecan Valley: Yes- Crisis Respite Unit; MCOT; on-call after-hours/holiday crisis workers
- Spindletop: Yes- ACT; CSU; Crisis Respite; Residential; MCOT
- Tri-County: Yes- 24 hour crisis stabilization unit and extended observation unit housed at their Psychiatric Treatment Center; MCOT; Crisis Intervention Response Team (CIRT) available most days from 11am-11pm

3. What are your Center's Clinic hours?

- Access: Monday-Friday 8am to 6pm; MCOT coverage on holidays and weekends
- Bluebonnet: Monday-Friday 8am to 5pm excluding 11 days for Holiday observance
- Burke: Monday-Friday 7:30am to 5:30pm in some locations and some Saturday Clinics
- Community Healthcore: Monday-Friday 8am to 5pm; MCOT available after 5pm, holidays and weekends
- Gulf Coast: Monday-Friday 8am to 5pm
- Lakes Regional: Mostly 8am to 5pm with a few up to 7pm hours, after hour appointments are available upon request; MCOT services are available 7 days a week/24 hours a day
- Pecan Valley: Monday-Friday 8am to 5pm at Stephenville, Mineral Wells, Somervell; Monday 8am to 7pm and Thursday 8am to 6pm at Weatherford; Monday 8am to 7pm and Tuesday 8am to 7pm at Granbury.
- Spindletop: Monday-Friday 8am to 5pm
- Tri-County: Monday-Friday 8am to 5pm in addition, we have evening hours for our Conroe Child and Adolescent Unit on Mondays 5-7pm. The crisis services at the Psychiatric Emergency Treatment Center run 24/7 including holidays. (This includes MCOT.)

4. Do you have after-hours Telemedicine Services? If so, is it utilized for prescribing medications to individuals in crisis and are not hospitalized?
- Access: No
 - Bluebonnet: Yes- The Center contracts with ETBHN to provide after-hours telemedicine services at our Seguin Crisis Extended Observation Unit, and is available for MCOT to use as needed for medication management on a case-by-case need. MCOT utilization is low while EOU utilization is much higher.
 - Burke: Yes
 - Community Healthcore: No- However, the Regional Crisis Response Centers (RCRC) have telemedicine for those admitted into the facility.
 - Gulf Coast: No- Not at this time. However, around the clock telemedicine services were previously offered in 2 Emergency Departments in our local service area 1 year ago as a result of 1115 Waiver funding; Gulf Coast Center embedded case workers facilitated this 24/7 service. However, due to cost/sustainability concerns, this service ended in August 2016.
 - Lakes Regional: No
 - Pecan Valley: Yes- During extended clinic hours. On-call doctor available for MCOT for consultation services.
 - Spindletop: Yes- The CSU and on-call doctors for MCOT if assessment/information need
 - Tri-County: Yes- Our EOU and CSU use an on-call system with our prescribers for those who are admitted, but do not prescribe medication for those who are not in crisis.
5. Where are face-to-face crisis screenings held after-hours for your Center (this may be multiple places)?
- A) What percentage of your overall screenings occur in-home. Place of Service for a crisis screening would be designed as "home".
- B) What percentage of the overall screenings occur in the Emergency Room?
- Access: Screenings are done at local ERs but also occur, accompanied by Police Department, wherever needed in the community: Clinic, School, Jail, Home, Nursing Facility, State Hospital, other community settings.
 - A) 3%
 - B) 53%
 - Bluebonnet: After-hours screenings are determined by client need and client and screener safety. These screenings may take place in the following locations: Client home, Local emergency room or hospital waiting room, San Gabriel Crisis Center Clinic, or any location that can be determined to be a community safe location (i.e. police station, fire station)

6

- A) 8% from 11/1/2016 to 10/30/2017
- B) 28% from 11/1/2016 to 10/30/2017
- Burke: Mostly hospitals and jails
 - A) 1%
 - B) 95%
- Community Healthcore: After hours screenings are conducted predominantly at ERs and some at jails.
 - A) 1%
 - B) 95%
- Gulf Coast: At this time, most after-hours screenings are conducted in the emergency department in hospital setting, although Mobile Crisis Teams are prepared to conduct screenings elsewhere if called upon.
 - A) 20%
 - B) 80%
- Lakes Regional: Crisis screenings are conducted in the community and staff is deployed to the location of the individual in crisis.
- Pecan Valley: Hospitals, jails, residences, location of crisis (in Community).
- Spindletop: Jails, and 3 ERs, 2 in Beaumont and 1 in Port Arthur
 - A) 3%
 - B) 90%
- Tri-County: Our MCOT team can deploy to anywhere in the community as long as it is a safe location. This includes going to homes, schools, nursing homes/hospice centers, college campuses, shelters, etc. The majority of screenings are conducted at the PETC or office settings.
 - A) 2%= 93/4090 provided in home
 - B) The combined total of assessments completed in the ER and Hospital is 28%= 1144/4090

6. How many private hospitals are in the catchment area of your Center? Of these, how many does your Center have direct contracts?

- Access: 1; contract with the 1 – PRMC
- Bluebonnet: 2 (Georgetown Behavioral Health Institute (GBHI) and Rocksprings Hospital) though 5 others are within close proximity and lay just outside our catchment area lines (Austin Lakes, Austin Oaks, Cedar Crest, Cross Creek, Scott and White Temple); The center currently contracts with 1 private hospital, GBHI, to host our EOU within their hospital. BTCS only has beds within this private hospital setting and does not contract other beds where EOU services are not utilized.
- Burke: 0

- Community Healthcore: 2- Magnolia Behavioral Hospital and Oceans Hospital; Contract with Magnolia
- Gulf Coast: 21 (with psychiatric beds); Contracted with 1 hospital for Center's Community Mental Health Hospital for 20 dedicated inpatient beds (St. Joseph Behavioral Health Hospital)
- Lakes Regional: None in the GR catchment area; contract with 3; There are not many private psychiatric hospitals in our GR catchment area, however, we have state funds for private psychiatric beds. We contract with Glen Oaks in Greenville, ETMC-BHC in Tyler, and Texoma Medical Center- Behavioral Health in Sherman which are not in our catchment area.
- Pecan Valley: 0
- Spindletop: 3; contract with 2
- Tri-County: We currently contract with 3 psychiatric hospitals. 2 are located in Harris County and 1 hospital is located in Montgomery County. There is another hospital located in Montgomery County that we do not contract with but the population they serve are individuals that are incompetent to stand trial.

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7. What is the distance of the designated State Hospital for your Center?

- Access: 15 miles
- Bluebonnet:
Note: Austin State Hospital (ASH) and San Antonio State Hospital (SASH)
Bastrop- 37 miles to ASH
Burnet- 57 miles to ASH
Caldwell- 40 miles to ASH
Fayette- 71 miles to ASH
Gonzales- 74 miles to SASH
Guadalupe- 37 miles to SASH
Lee- 54 miles to ASH
Williamson- 33 miles to ASH
- Burke: 41 miles from Nacogdoches
44 miles from Lufkin
67 miles from Livingston
- Community Healthcore: Rusk State Hospital
64 miles from Longview
147 miles from Texarkana
- Gulf Coast: Austin State Hospital 3.5 – 4 hours
- Lakes Regional:
From Mt. Pleasant to Terrell State Hospital (TSH) is approximately 100 miles
From Sulfur Springs to TSH is approximately 60 miles



From Paris to TSH is approximately 85 miles

- Pecan Valley: 140 miles from North Texas State Hospital
- Spindletop: Rusk State Hospital – 152 miles; ASH- 241 miles
- Tri-County: Rusk State Hospital – 125 miles; ASH- 168 miles

8. What is the distance to the nearest State Hospital to your Center?

- Access: 15 miles
- Bluebonnet:
Bastrop- 37 miles to ASH
Burnet- 57 miles to ASH
Caldwell- 40 miles to ASH
Fayette- 71 miles to ASH
Gonzales- 74 miles to SASH
Guadalupe- 37 miles to SASH
Lee- 54 miles to ASH
Williamson- 33 miles to ASH
- Burke: 41 miles from Nacogdoches
44 miles from Lufkin
67 miles from Livingston
- Community Healthcore: Rusk State Hospital – 64 miles
- Gulf Coast: Rusk State Hospital – 3.5 hours
- Lakes Regional:
From Mt. Pleasant to TSH is approximately 100 miles

From Sulfur Springs to TSH is approximately 60 miles

From Paris to TSH is approximately 85 miles

- Pecan Valley: Terrell State Hospital – 103 miles
- Spindletop: Rusk State Hospital – 152 miles
- Tri-County: Rusk State Hospital – 125 miles is closest; ASH- 168 miles

9. What is the average length stay for consumers served by your Center in hospitals?

- Access: Private- 3 days (Note: This number only includes hospitalizations in which Access paid for beddays.)
State- 83.27 days
- Bluebonnet: Private- this data is not available
State- Austin State Hospital- 24 admissions (Average LOS 69.57 days)
San Antonio State Hospital- 6 admissions (Average LOS 74.5 days)
- Burke: Private- 10 days
State- 24 days

- Community Healthcore: Private- 3 days; this is for contract placement only
State- 67 days; this is for persons in state hospitals
- Gulf Coast: Private- unfunded 3-7 days; funded varies 7+ days (approximate)
State- At Center's contracted/HHSC funded Community Mental Health Hospital
8- 10 days
- Lakes Regional: Private- 4 days
State- 45 days (This average includes individuals that have been in the state hospital over 365 days.)
- Pecan Valley: no data
- Spindletop: Private- 7 days
State- 30 days
- Tri-County: Private- (Individuals who have private insurance typically go straight to the hospital and bypass our crisis services.) For the individuals that we paid for beddays in a private hospital the length of stay were as follows:
10.21- Adults
6.23- Children
23- State
(Note – this number includes our local contracted State hospital diversion beds.)

10. Does your Center have Continuity of Care designated staff that work directly with your local State Hospital?

- Access: Yes
- Bluebonnet: Yes. At this time, we have 1 FTE who is employed by BTCS, and is located on the ASH campus. Plus we have other staff visit both SASH and monthly to coordinate care.
- Burke: Yes
- Community Healthcore: Yes
- Gulf Coast: Yes, continuity of care workers (1 full-time/1 part-time) embedded on inpatient unit at contracted CMHH; COC worker makes quarterly trips to Austin State Hospital to coordinate care, participate in IDT meetings, and facilitate discharge back to community.
- Lakes Regional: Yes, MCOT and Clinic Team leads work with the hospitals.
- Pecan Valley: Yes, 1 QMHP-CS
- Spindletop: Yes
- Tri-County: Yes.

11. Do you have any way of pulling a count of how many individuals that you serve that were hospitalized in a private hospital from your Center over the past year (September 2016 thru August 2017)? (hint: you may get this number from aftercare appointments)

If so:

- A) How many Children/Adolescents (under 18 years of age) were hospitalized in a private hospitals during this time period?
- B) How many Adults (18 years and older) were hospitalized in private hospitals during this time period?
- C) How many dual diagnosed individuals were hospitalized in private hospitals?
DD and MH? Substance abuse and MH?
- D) How many of these did your Center screen before admission?
 - Access: 154 (Note: This number only includes hospitalizations in which Access paid for beddays.)
 - Bluebonnet: No. During this time frame we do not actively collect data on individuals that were hospitalized in private facilities. We have plans to obtain this data in the future.
 - Burke:
 - A) 17
 - B) 357
 - C) DD and MH- 4 individuals; Substance abuse and MH- 107 individuals
 - D) Approximately 97%
 - Community Healthcore: The data available is MCOT screenings.
 - A) 209
 - B) 820
 - C) No data
 - D) 100%
 - Gulf Coast:
 - A) YBS had 4 beds paid for by Bromberg Foundation for uninsured youth
 - B) Data only available for contracted CMHH = 653
 - C) Data currently not available
 - D) Approximately 75 – 80 %; All 4 youth were screened by SLECT (1115 Waiver program for youth in crisis) staff prior to hospitalization.
 - Lakes Regional:
 - A) As part of the new 1115 quality measures we will be tracking both private and state hospitalizations.
 - B) No data
 - C) No data
 - D) We rarely screen those individuals that are hospitalized in private hospitals, with the exception of the Private Psychiatric beds that are state funded.
 - Pecan Valley:
 - A) 116
 - B) 480

- C) 19 approximately- 9 or 10 placements facilitated by PVC
- D) No data
- Spindletop:
 - A) 4
 - B) 214
 - C) DD and MH- 1%; Substance abuse and MH- 60%
 - D) 90%
- Tri-County:
 - A) 55 Children (Contract hospital admits that Tri-County paid for beddays); We tracked 164 children who went to hospitals on their own insurance (this number does not include individuals who had private insurance and went around the Center into a private hospital).
 - B) 89 Adults (Contract hospital admits that Tri-County paid for beddays); We tracked 238 adults who went to private hospitals on their own insurance (this number does not include individuals who had private insurance and went around the Center into a private hospital).
 - C) Unable to get this number.
 - D) We screen all individuals for which we facilitate hospitalization (546) but are unable to provide a total percent of those hospitalized in our area since we do not have data on how many individuals went around our Center into a private hospital on their own insurance.

12. How many state hospitalizations has your Center had during this time period?

- Access: 50
- Bluebonnet: 36 total admissions from 11/1/2016 to 10/31/2017 at our 2 state hospital facilities.
- Burke: 152
- Community Healthcore: 162
- Gulf Coast: Total = 59 (excludes PPB and CMHH hospitalizations – only captures hospitalizations at state operated facilities)
- Lakes Regional: 130
- Pecan Valley: no data
- Spindletop: 89
- Tri-County: Tri-County sent a total of 6 adults to Rusk State Hospital during FY 17. A total of 9 that were admitted were identified as being in our catchment area, but were sent by other entities (such as jails).

13. Does your Center have a contract with any private hospitals in your area that you pay for people to be admitted?

If so:

A) What number of beds are contracted by your Center?

B) How many individuals were hospitalized in the last 12 months utilizing these private beds?

- Access: Yes
 - A) Don't contract for specific beds, contract for Access
 - B) 154
- Bluebonnet: No
- Burke: Yes
 - A) Use on "as needed basis"
 - B) 374
- Community Healthcore: Yes
 - A) We contract for days, not specific beds
 - B) No data
- Gulf Coast: Yes
 - A) For youth, YBS had 1 contract last fiscal year for \$540 flat rate bed day for uninsured youth. This fiscal year, we have 3 contracts with flat rate for bed day for any uninsured in which we approve use of bed. 2 contracts are \$600/day and 1 contract is \$572/day.
 - B) Last fiscal year = 4 youth; This fiscal year to date we have admitted 2 youth assessed by SLECT crisis team (1115 Waiver program for youth in crisis)
- Lakes Regional: We only use state funds for contracted private hospitals.
 - A) 0.9 beds per state contract spread over 3 contracted facilities: Glen Oaks, Texoma Medical Center Behavioral Health, and ETMC Behavioral Health
 - B) No data
- Pecan Valley: No PPBs; PESC funded/contracted beds only.
- Spindletop: Yes
 - A) 9
 - B) 273
- Tri-County: Yes, we have contracts with 3 private hospitals in our area that we pay for beds at.
 - A) We contract on a per day payment process. We pay for certain services and a day rate.
 - B) We sent 337 individuals to the hospital this year on state or GR funding. Of the number, 282 were adults and 55 were youth.

14. Does your Center have other outpatient providers of mental health services in your catchment area (for example FQHC's or other indigent providers)?

If so, do you have issues with consumers being served by other providers during regular hours, but calling your hotline and needing crisis services by your Center after-hours?

- Access: Not at this time but FQHC should begin seeing indigent population soon.
- Bluebonnet: Yes, we have 2 FQHC programs in our catchment area... and at times we are asked to provide crisis assessments to determine options for safety. We utilize our crisis respite unit, EOU services and State Hospital Inpatient Services if needed. Demand has not been a concern.
- Burke: Lufkin VA Outpatient clinic has a full outpatient program for those eligible.
- Community Healthcore: Yes, Genesis Prime Care, Wellness Pointe, Special Health Resources
- Gulf Coast: UTMB; FQHCs in both counties; Faith-based organization; Family Service Center- Minimal calls to Center's Crisis Hotline
- Lakes Regional: Yes, a branch of the Greenville FQHC- including a location in Delta County; No issues reported
- Pecan Valley: Yes- No issues reported
- Spindletop: Yes- No issues reported
- Tri-County: There are some counseling services for indigent persons in our community that are funded by local churches, women's shelters, etc. We strive to partner with community resources to foster working relationships to be able to provide referrals to our shared consumers.- There is 1 in Cleveland, and 1 in Conroe with limited mental health services.

15. Is your Center within 50 miles of a major metropolitan city (ie. Houston, Dallas, Fort Worth, Austin)?

A) Is there an issue with movement of consumers between a metro area and your area and being hospitalized in a metro area without your knowledge until after the admission?

- Access: No
A) Yes, all the time.
- Bluebonnet: Yes, our largest counties (Williamson, Bastrop, and Guadalupe Counties) are within 50 miles of a State Hospital
A) Yes. Many consumers may live in one county/city and work within another, or vice versa. County of Residence disputes can be a common occurrence. This can lead to persons being hospitalized at the state hospital without our initial knowledge.
- Burke: Yes, from our southernmost area we are within this range (Houston)
A) Infrequently and usually addressed/resolved.
- Community Healthcore: No, our Longview office is 120 miles from Dallas. Our Texarkana office is 180 miles from Dallas.

- A) Infrequently, and these are usually resolved quickly.
- Gulf Coast: Yes, Houston
 - A) Yes, at times GCC established patients are admitted to Houston area hospitals without our knowledge; additionally, we are not always notified at time of discharge.
- Lakes Regional: No, not for our 3 GR centers.
 - A) No, all 3 GR centers are farther than 50 miles from Dallas.
- Pecan Valley: Yes
 - A) Yes, primarily Tarrant County
- Spindletop: No
- Tri-County: Yes
 - A) Yes, Houston. We do have individuals who go to other areas and are sent to a state hospital and then we are notified after admission.

16. Does your Center have Mental Health Deputies either employed or pay assisted by your Center?

A) If so, do these deputies cover all of your area or just a portion of it?

- Access: Yes
 - A) All area is covered
- Bluebonnet: Yes, we utilize both these options within our 8 counties depending on the county structure and partnership with the Center.
 - A) Yes, the majority of our counties are covered with MH Deputy services.
- Burke: We have 1 officer in 1 county (Angelina)
- Community Healthcare: Yes
 - A) 3 of 9 counties are covered
- Gulf Coast: Yes
 - A) There is Mental Health Deputy Division within the Sheriff's Office of both counties in our local service area. The Center (through county funds we receive) funds 1 full-time MH Deputy position. Mental Health Deputies cover our entire catchment area.
- Lakes Regional: No
- Pecan Valley: No
- Spindletop: Yes, 5
 - A) 3 of the 4 counties are covered
- Tri-County: No

17. Any other factors that may be impacting hospitalization in your area?

- Access: Increasing factors: Lack of access to State Hospital beds; lack of access to drug treatment; large numbers of individuals not previously seen seeking services.
Decreasing factors: None.
- Bluebonnet: Increasing factors: Population growth within Williamson and Guadalupe Counties has led to increase demands for Mental Health Services including Crisis Services; Increase use of Opiates and Substance use has led to more crisis demands to our system.
Decreasing factors: Increase MCOT hours of operations and building a crisis oriented team along with utilization of EOU and Crisis Respite services provides rapid stabilization and engagement in community services; Lower utilization of State Hospital beds is a result of more crisis intense programs in the community. Although we utilize State Hospital beds minimally, when we do the length of stay tends to be much longer. State Hospital beds are needed to serve individuals with complicated symptoms.
- Burke: Increasing factors: Decreased access to State Hospital beds
Decreasing factors: Use of Mental Health Emergency Center
- Community Healthcore: Increasing factors: Lack of payer source; acuity of patients; limited money for private beds.
Decreasing factors: Regional Crisis Centers (1115 projects)
- Gulf Coast: Increasing factors: Co-occurring mental health and substance use disorders (primary reason for inpatient admission is substance use in many instances); Emergency Department physicians advocate for hospitalization; lack of interest at times in the use of alternative treatment resources (Crisis Respite, outpatient follow-up); parents of youth who seek hospitalization as opposed to outpatient safety plans; Non-adherence to medication- difficulty locating individuals following inpatient aftercare/discharge for follow-up.
Decreasing factors: In collaboration with hospital EDs, working to increase utilization of available community resources in lieu of hospitalization when clinically appropriate through continuously educating and networking with ED administrators/clinicians; Expanding MCOT to include LCDC to assist individuals with co-occurring psychiatric and substance use disorder; Availability of Crisis Respite beds; 7 day outpatient evaluation appointments; IDD Crisis Respite; residential placement for those with recovery needs.
- Lakes Regional: Increasing factors: New study say teen girls are doing more self-harm; opioid crisis has increased in rural areas according to CDC.
Decreasing factors: Contract for private bed days was increased and will allow more short-term interventions vs. state hospital admissions.

- Pecan Valley: Increasing factors: Substance abuse; population increase in region; increased awareness of MH issues; decreased availability of psychiatric beds in private and state hospitals.
Decreasing factors: Increased utilization of clinic-based QMHP-CSs to provide crisis intervention services at clinics; using clinical team approach; use of Mental Health Deputies; community outreach and education; limited psychiatric hospital beds available; utilization of other resources (CRU).
- Spindletop: Increasing factors: Doctors/Nurse Practitioners/jail personnel who do not utilize MCOT for intervention/prevention/de-escalation prior to hospital admission. Areas without psychiatric resources, sending patients to our location.
Decreasing factors: MH Deputy program with QMHPs
- Tri-County: Increasing factors: Rapid growth in population in this area. Limited housing programs. Our population has also started presenting with more intense symptoms.
Decreasing factors: CIRT intervention, the EOU for medication management



Board Update
May 2018

The Board of Trustees and Advisory Committee held a Strategic Planning session on May 3rd and conducted a regular Board meeting on May 4th. Following are some highlights of the Strategic Planning session and Board meeting.

- The Strategic Planning session started with a discussion on Emerging Issues such as the impact of HB 13 encouraging collaborations, the impact of Certified Community Behavioral Health Center (CCBHC) on centers, and safety and security concerns with staff and centers. Several presentations were conducted related to Rate Development, Reinsurance, and Surplus Management. The day ended with group and committee discussions of the Fund's mission, values and goals.
- The Board authorized the Chair to bind the Errors & Omissions coverage renewal for the Board of Trustees.
- The Board approved the funding strategy for workers' compensation, liability, and property coverage for 2018-2019. Based on the funding strategy adopted by the Board, member effective rates will increase, on average, by approximately 3%, looking at all lines of coverage combined. This is in part due to the use of approximately \$398,000 in surplus for the purpose of rate stabilization. It is important to note that actual changes in contributions for each member will vary up or down, depending upon their prior claims experience, change in exposures, equity position, etc.
- The Board reviewed the preliminary budget for the 2018-2019 Fund year. Contributions are increasing approximately 7%, considering changes in rates, exposures and an anticipated use of surplus of approximately \$400,000. Projected claims costs, estimated by the Fund's actuary, are increasing approximately 4%. Reinsurance costs are estimated to increase by 21%, driven primarily by significantly higher property reinsurance costs. Administrative expenses are essentially the same as 2017-2018. The final budget for the 2018-2019 Fund year will approved at the August Board meeting.
- The Board approved reinsurance renewal quotations for workers' compensation and liability coverage for 2018-19. The renewal rates will decrease for workers' compensation by about one percent and increase for liability by 26 percent. The renewal rates for property coverage will not be available until June or July, but are projected to increase approximately 40 percent. The reinsurance market in Texas has been challenging and in particular, the Fund

has experienced several large claims which have negatively impacted the Fund's claims experience.

- The Board received an actuarial report that indicates total surplus as of February 2018 was approximately \$25.6 million. This reflects an overall increase of \$ 652,000 compared to August 2017, and \$2.1 million greater surplus than in the February 2017 report.
- The Fund's Investment Consultant, Brad Stephan of Concord Advisory Group indicated the implementation of the investment strategy is working as anticipated. Performance as of March 31, 2018 indicates a steady return of 3.82%.
- The Fund will sponsor a reception on Wednesday evening of June 20th at the Texas Council Annual Conference to celebrate its 30 years in operation. In addition, the Fund will continue to sponsor the breakfast on Friday morning of the conference.

The next Board of Trustees meeting will be held on August 3rd, 2018 at the Courtyard Marriott in Pflugerville, Texas.

The Gulf Coast Center Fiscal Year 2018 Board Operational Budget Schedule		FY2018 Annual Budget Preliminary	FY2018 Sep-17	FY2018 Oct-17	FY2018 Nov-17	FY2018 Dec-17	FY2018 Jan-18	FY2018 Feb-18	FY2018 Mar-18	FY2018 Apr-18	FY2018 YTD Actual YTD % s/b 50%
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EXPENSES - OPERATING											
Salary and Wages	15,005,170	1,008,000.34	1,096,710.70	1,112,772.70	1,106,477.20	1,063,519.67	1,090,818.62	1,031,420.94	1,070,445.52	8,580,165.69	57%
Fringe Benefits	5,601,972	395,163.73	415,856.29	433,444.12	435,802.06	405,885.47	452,801.82	417,549.48	394,313.33	3,350,816.30	60%
Travel	232,417	14,180.35	14,141.11	10,840.68	13,989.53	14,565.73	12,983.00	14,793.38	21,171.31	116,665.09	50%
Consumable Supplies	542,286	15,704.81	32,759.24	24,866.36	14,213.05	24,168.43	19,101.22	15,787.50	22,017.10	168,617.71	31%
Pharmaceuticals/Laboratory	245,386	18,562.16	19,500.00	23,314.89	21,469.42	23,700.22	28,282.07	30,910.23	61,604.74	185,618.99	76%
Capital Outlay - Furniture/Equipment/Facilities	552,874	28,594.69	36,788.78	45,164.28	190,986.34	102,406.64	132,232.94	113,194.78	105,242.11	548,709.96	99%
Facilities - Rent/Maintenance/Utilities	1,244,595	92,978.31	118,958.71	88,204.02	104,495.65	162,467.24	164,313.18	186,217.39	160,659.54	857,773.16	69%
Other Operating Expenses	2,292,345	152,008.57	167,439.73	169,979.11	167,467.24	195,095.64	27,221.11	28,787.13	27,387.53	1,358,185.40	59%
Client Support Costs	537,157	56,709.72	32,016.09	32,364.80	31,446.03	31,920.32	77,221.11	76,303.66	749,120.74	267,852.73	50%
Consultant/Professional Providers	10,560,642	672,189.07	743,106.80	719,566.06	753,409.97	825,478.00	661,157.80	766,303.66	749,120.74	5,890,332.10	56%
TOTAL EXPENSE	\$ 36,814,843	\$ 2,454,091.75	\$ 2,677,277.45	\$ 2,660,577.02	\$ 2,834,756.49	\$ 2,708,435.42	\$ 2,620,997.40	\$ 2,736,760.31	\$ 2,631,841.29	\$ 21,324,737.13	58%

REVENUES - OPERATING											
Local Funds											
County Funds	1,146,995	92,362.28	93,507.02	97,356.68	94,432.49	93,452.52	93,773.75	101,610.86	73,739.62	740,235.22	65%
Patient Fees Insurance/Reimbursement	871,625	64,999.24	60,718.79	84,354.00	130,911.59	40,167.96	43,230.75	64,566.97	66,154.90	555,104.20	64%
Miscellaneous Local Income	1,767,561	72,184.44	79,110.64	86,319.56	113,201.92	67,694.26	58,920.62	132,887.46	71,186.15	681,505.05	39%
Earned/Grant Income	3,786,181	229,545.96	233,336.45	268,030.24	338,546.00	201,314.74	195,925.12	299,065.29	211,080.67	1,976,844.47	
HUD - Transitional/Permanent Housing	677,234	50,000.00	77,430.20	65,201.25	(14,273.42)	39,015.81	31,891.29	35,253.75	36,227.83	320,746.71	47%
Recovery - Fee for Services / Grants	4,350,299	250,450.00	228,448.63	200,132.81	235,965.25	270,145.03	248,783.44	263,183.65	276,784.57	1,973,893.38	45%
Title XIX - Medicaid	3,930,516	145,144.35	193,795.54	172,076.59	203,333.31	178,107.96	193,265.17	193,265.17	206,370.40	1,502,103.72	38%
Transportation - Federal/State	4,214,864	225,700.00	297,521.94	269,400.31	435,095.44	407,348.96	364,737.46	317,594.28	323,787.26	2,641,185.65	63%
Medicaid 1115 Waiver/Misc Federal	3,537,756	294,812.92	308,560.75	317,812.92	324,812.92	332,253.82	303,776.09	364,705.15	346,443.74	2,593,178.31	73%
Other State/Federal Funds/MAC	1,240,300	70,273.83	77,416.42	87,385.65	68,841.03	66,005.65	73,345.58	82,271.11	51,795.09	577,334.36	47%
Performance Contract DSHS & DADS	17,950,968	1,036,581.10	1,183,173.48	1,112,009.53	1,253,774.53	1,292,877.23	1,232,544.26	1,256,273.11	1,241,408.89	9,608,442.13	

General Revenue - MH (Adult & Child & Yets) - 10%	6,609,440	532,079.74	531,079.74	531,079.74	544,367.31	543,406.64	511,084.82	515,912.97	592,942.01	4,301,952.97	65%
General Revenue - Regional Hospital	4,058,304	340,187.17	340,187.17	340,187.17	340,187.27	337,445.44	342,945.44	342,945.44	342,945.44	2,757,030.54	67%
General Revenue - NGM (Adult & Child)	-	-	-	-	-	-	-	-	-	-	#DIV/0!
General Revenue - Crisis Services - 10%	1,124,716	104,039.24	104,039.24	104,039.24	104,039.32	106,325.27	103,719.60	99,763.60	107,812.80	833,778.31	74%
General Revenue/Permanency Plan - IDD	2,223,852	170,390.04	178,317.87	188,789.97	185,046.91	169,818.92	170,096.90	176,475.09	174,554.16	1,413,489.86	64%
Federal Block - MH (Adult & Child) and Crisis	1,061,382	82,948.58	82,948.58	82,948.58	82,948.58	82,948.58	82,948.58	82,948.58	82,948.58	663,588.65	63%
TOTAL REVENUES	\$ 36,814,842	\$ 2,495,571.83	\$ 2,653,082.53	\$ 2,627,084.47	\$ 2,848,909.92	\$ 2,739,944.85	\$ 2,639,264.73	\$ 2,773,384.08	\$ 2,753,692.55	\$ 21,525,126.93	58%
SUBTOTAL OPERATING (Rev-Exp)	\$ (1)	\$ 41,480.08	\$ (24,194.92)	\$ (33,492.55)	\$ 14,153.43	\$ 25,701.40	\$ 18,267.33	\$ 36,623.77	\$ 121,851.26	\$ 200,389.80	

FUND BALANCE EXPENDITURES (NOT Inc. above)											
Flexible Spending											
Flexible Spending - MH Adult	-	100.00	2,600.00	300.00	226.01	1,700.00	348.85	186.81	124.94	5,586.61	
Flexible Spending - IDD Services	-	2,850.00	1,510.00	480.00	1,240.00	450.12	754.97	-	-	7,285.09	
All Center Staff Recognition	-	-	-	-	-	-	-	-	-	-	
IDD Services - Community Support	-	5,910.00	5,571.00	7,857.50	4,914.00	2,709.50	5,980.50	7,222.50	2,172.00	42,337.00	
Connect Transit	-	-	-	-	-	-	-	-	-	-	
Connect Transit - Brazoria County	-	-	-	-	-	-	-	-	-	-	
Asset Management - Special Facility Projects	-	-	-	-	-	-	-	-	-	-	
Capital Projects - MIS Services	-	-	-	-	-	-	-	-	-	-	
Capital Projects - Major Facility/Equipment	-	-	-	-	-	-	-	-	-	-	
SUBTOTAL FUND BALANCE EXPENSE	\$ -	\$ 8,860.00	\$ 9,681.00	\$ 8,637.50	\$ 6,380.01	\$ 4,859.62	\$ 7,084.32	\$ 7,409.31	\$ 2,296.94	\$ 55,208.70	

VARIANCE (REV-EXP) - w/o Self Funded Health Plan	\$ 32,620.08	\$ (33,875.92)	\$ (42,130.05)	\$ 7,773.42	\$ 20,841.78	\$ 11,183.01	\$ 29,214.46	\$ 119,554.32	\$ 145,181.10		
SELF FUNDED HEALTH INSURANCE PLAN (NOT Inc. above)											
Health Insurance Fund Expenses (Claims & Admin)	-	151,407.61	214,090.46	254,517.59	350,858.52	236,517.53	154,464.18	178,776.67	183,630.00	1,774,262.56	
Health Insurance Funding	-	238,505.23	247,721.42	251,052.02	243,446.09	237,172.73	239,188.72	231,110.55	233,368.36	1,921,565.12	
SUBTOTAL HEALTH INSURANCE PLAN	\$ -	\$ 87,097.62	\$ 33,630.96	\$ (3,465.57)	\$ (107,412.43)	\$ 655.20	\$ 84,724.54	\$ 52,333.88	\$ 49,738.36	\$ 197,302.56	
OVERALL FINANCIAL VARIANCE (REV-EXP) - w/Self Funded Health	\$ 119,717.70	\$ (244.96)	\$ (45,595.62)	\$ (99,639.01)	\$ 21,496.98	\$ 95,907.55	\$ 81,548.34	\$ 169,292.68	\$ 342,483.66		

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The Gulf Coast Center
FY2018 Monthly Board Financial Review

Unaudited as of 4/30/2018

Fiscal Year 2018 Unaudited Centerwide General Fund Balance Status

Total General Fund Balance as of 08/31/17 (Audited)..... \$ (2,228,955)

FY2018 Year-to-Date Reported Expense and Revenue Totals (Unaudited)

Expenditures	Operational	21,324,737		
	Non-Operational	-		
	Fund Balance	55,209	21,379,946	
Revenues	Operational	21,525,127		
	Non-Operational	-	21,525,127	\$ 145,181

Total General Fund Balance Year-to-Date (Unaudited)..... \$ (2,374,136)

Board Committed Use General Funds (Fiscal Year Committed)

Capital Projects - Facility (FY2008-FY2011)	(200,000)			
Capital Projects - Facility (FY2013)	(100,000)			
Capital Projects - Facility (FY2014)	(100,000)			
Capital Projects - Facility (FY2015)	(150,000)	(550,000.00)		
fy2008-fy2015 Expenditure		408,065.86		
fy2016 Expenditure		31,088.00		
fy2017 Expenditure		-		
fy2018 Expenditure		-		
			(110,846)	
Capital Projects - IT (FY2003-FY2014)	(600,000)			
Capital Projects - IT (FY2015)	(150,000)			
Capital Projects - IT (FY2017)	(140,000)	(890,000.00)		
fy2003-fy2015 Expenditure		677,587.43		
fy2016 Expenditure		-		
fy2017 Expenditure		66,432.75		
fy2018 Expenditure		-		
			(145,980)	
IDD Community Service Support (FY2011)	(200,000)			
IDD Community Service Support (FY2014)	(100,000)			
IDD Community Service Support (FY2016)	(100,000)	(400,000.00)		
fy2011-fy2015 Expenditure		263,360.65		
fy2016 Expenditure		57,046.30		
fy2017 Expenditure		27,159.00		
fy2018 Expenditure		42,337.00		
			(10,097)	
Connect Transit (FY2015) LJ Urban	(320,000)	(320,000.00)		
fy2016-fy2017 Expenditure		-		
fy2018 Expenditure		-	(320,000)	
Connect Transit (FY2013) General Services	(422,869)	(422,869.00)		
fy2015-fy2016 Expenditure		300,000.00		
fy2017 Expenditure		-		
fy2018 Expenditure		-		
			(122,869)	
Major Facility Repairs (FY2014)	(186,940)	(186,940.00)		
fy2014-fy2015 Expenditure		186,940.00		
fy2016 Expenditure		-		
fy2017 Expenditure		-		
fy2018 Expenditure		-		
			-	
Flexible Spending Supports (FY2004)	(400,000)			
Flexible Spending Supports (FY2013)	(100,000)	(500,000.00)		
fy2005-fy2015 Expenditure		456,602.07		
fy2016 Expenditure		18,880.53		
fy2017 Expenditure		9,984.17		
fy2018 Expenditure		12,871.70		
			(1,662)	(711,454)

Total General Fund Balance Year-to-Date (Unaudited)

\$ (2,374,136)

Unrestricted Use General Fund Balance (Unaudited)

\$ (1,662,683)

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The Gulf Coast Center

FY2018 Monthly Fund Balance Report

Unaudited as of 04/30/2018

Fiscal Year 2018 Unaudited Centerwide General Fund Balance Status

Total General Fund Balance as of 08/31/17 (Unaudited)..... \$ (2,228,955)

FY2018 Monthly Reported Expense and Revenue Totals (Unaudited)

	September	October	November	December	January	February	March	April	May	June	July	August
Operational Expenses:	2,454,092	2,677,277	2,660,577	2,834,756	2,708,435	2,620,997	2,736,760	2,631,841				
Non-Operational Expenses:												
Fund Balance Expenses:	8,860	9,681	8,638	6,380	4,860	7,084	7,409	2,297				
Total Expenses:	2,462,952	2,686,958	2,669,215	2,841,137	2,713,295	2,628,082	2,744,170	2,634,138	-	-	-	-
Operational Revenues:	2,495,572	2,653,083	2,627,084	2,848,910	2,734,137	2,639,265	2,773,384	2,753,693				
Non-Operational Revenues:												
Fund Balance Revenues:												
Total Revenues:	2,495,572	2,653,083	2,627,084	2,848,910	2,734,137	2,639,265	2,773,384	2,753,693	-	-	-	-
Net increase/decrease to Fund Balance	32,620	(33,876)	(42,130)	7,773	20,842	11,183	29,214	119,554	-	-	-	-
Total General Fund Balance:	(2,261,575)	(2,227,699)	(2,185,569)	(2,193,343)	(2,214,184)	(2,225,367)	(2,254,582)	(2,374,136)	(2,374,136)	(2,374,136)	(2,374,136)	(2,374,136)
Avg. Cost per day:	81,803	86,364	88,686	91,444	87,369	93,607	88,283	87,728	-	-	-	-
DAYS OF OPERATION	28	26	25	24	25	24	26	27	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

THE GULF COAST CENTER

Regular Board of Trustees Meeting
Mall of the Mainland – Admin Office
10000 E.F. Lowry Expressway, Suite 1220
Texas City, TX
Wednesday, April 25, 2018
6:15 pm



"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, April 25, 2018 at 6:30 p.m. at the Mall of the Mainland-Administration Office located at 10000 E.F. Lowry Expressway, Suite 1220, Texas City, Texas.

The following Board Members were present: Linda Coleman, Vivian Renfrow, Caroline Rickaway, Rick Price and Stephen Holmes

The following Board Members were absent: Jaime Castro, Excused; Mary Lou Flynn-Dupart, Excused

Also present were: Melissa Tucker, CEO – Gulf Coast Center, Chris Cahill - The Cahill Law Firm, Norine Jaloway, President of Arc of the Gulf Coast, Barry Goodman-The Goodman Corporation and several Center staff.

- 2) **Citizens' Comments:** Norine Jaloway, President of Arc of The Gulf Coast, stated to the board that the Arc of the Gulf Coast is committed to assisting the Gulf Coast Center to achieve quality services and supports for individuals with intellectual and/or developmental disabilities (IDD). The Arc of the Gulf Coast will be having a Legislative Listening Hour on Tuesday, May 22nd from 6:00 pm – 7:30 pm at the Gulf Coast Center Board Room. Norine expressed concerns on providing intensive training to Service Coordinators serving persons with IDD; effectively implementing the Authority role in the delivery of Community First Choice Services; and developing a plan to bring the 56 Brazoria and Galveston County citizens back to their counties of residence.

3) **Program Report:**

Todd Patch and Erin Roman with Marsh & McLennan Agency presented to the board on the benefits review for the Center. The recommendations were to remain Self-Funded with Aetna. Wellness Plan recommendations were to terminate INGAGED and add Aetna's Enhanced Wellness and Disease Management Programs. The dental and vision plans will stay with the current carrier, Sunlife, with no recommendation to changes. For the Life & Disability Plan, the recommendation is to stay with Unum.

4) **Board Member Reports:**

- a. Texas Council of Community Centers: Jamie Travis, Board Chair gave a brief overview of the April 20-21 Texas Council Board Meeting.

b. Texas Council Risk Management Fund: None

5. CEO Report: Melissa Tucker, CEO

- a. Mid-Year Center Review: Melissa Tucker, CEO, reported on the completed Mid-Year report for Fiscal Year 2018. Melissa provided the Board with a status update on progress towards Center-wide key initiatives while highlighting identified strategies. Format of the review was discussed to ensure detail was meaningful and met Board expectations.

6. Operations Report:

- a. Human Resources & Payroll Software Implementation: Jeanine McNulty, Chief Human Resources Officer and Rick Elizondo, CFO, gave a brief update on the Datis Human Resources and Payroll Software. Target date set for the end of June first of July.
- a. IDD Services: Jamie White, Director of IDD Services, informed the board that families are given Client Rights information which instructs them to file complaints through Client Rights Officer, Cindy Kegg. All paperwork provided to families is in progress of updating. Jamie referenced on-going change continues to occur in IDD as discussed in previous Board meetings. IDD Services has made some progress in trying to address issues through restructure allowing a more evenly disbursed management and oversight throughout the programs. New team leads are in place for additional support and service coordinators are being held accountable for performance measures - the emphasis is placed on meaningful contacts. The necessity to secure the right staff in the right seat was emphasized. IDD Services has created desk procedures, training that focus on the culture, client-centered expectations, best practices and program requirements. IDD Services is drafting letters to families that include leadership information specifying who to contact with concerns. This information will be included in informative packets with Service Coordinator's contact information, along with defined roles and other resources. Jamie stated that the changes this service area is sustaining are challenging and time involved, but necessary to improve the experience, relationship and services received by our individuals and families. Discussion included referencing that overall impact of staff turnover, resulting vacancies, and culture change efforts occurring in IDD Services has resulted in an impact on individuals and families served. Efforts will continue to focus on improving overall service delivery to better match individualized needs, strengthen quality customer experience, as well as foster stronger community partnerships. Acknowledgment followed regarding the magnitude of this change, the time such a process will require, and the necessity for on-going evaluation of efforts.

b. 7. Budget, Finance and Admin Reports:

- a. Financial & Operational Monthly Report & YTD Summary: Rick Elizondo, CFO, reported for the month of February the Center's preliminary year-to-date operational expenses totaled \$18,692,895.84 and operational revenue totaled \$18,771,434.38; for an operational surplus of \$78,538.54.

- b. **Sale of Property Update:** Rick Elizondo, CFO, reported that the realtor suggested lowering the price for Transitional Houses, due to needed A/C repairs. Coombs Building is under contract and Jones Building has two showings, but no status change. The Lone Oak Ranch had four to five inquires this month but no status change at this time.

8. Consent Agenda:

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 March 25, 2018 board meeting minutes.

On motion by Stephen Holmes, seconded by Caroline Rickaway, the board voted the approval of the March 25, 2018 board meeting minutes. The motion carried with all members voting in favor.

b. Review and approval of March 2018 check register:

On motion by Stephen Holmes, seconded by Caroline Rickaway, the board voted the approval of the March 2018 check register. The motion carried with all members voting in favor.

9. Action Items:

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

a. Discuss and consider changes to the Center's Employee Benefits plan including a premium increase for employees, and switching from the iNGAGED Plan to Aetna Enhance Wellness Package.

Deferred

b. Consider the approval of Amendment #2 to the FY18 HHSC Mental Health Performance Contract #529-17-0038-0034B. This amendment increases the value of this contract by \$186,994 and increases the MHA service target from 2,572 to 2,764.

On motion by Vivian Renfrow, seconded by Stephen Holmes, the board voted the approval of Amendment #2 to the FY18 HHSC Mental Health Performance Contract #529-17-0038-0034B. This amendment increases the value of this contract by \$186,994 and increases the MHA service target from \$2,572 to 2,764. The motion carried with all members voting in favor.

c. Consider approval of the FY18 HHSC Regular Services Grant (MH/RSP) for the provision of crisis counseling to those impacted by Hurricane Harvey. Amount not to exceed \$895,081.

On motion by Stephen Holmes, seconded by Rick Price, the board voted the approval of the FY18 HHSC Regular Services Grant (MH/RSP) for the provision of crisis counseling to those impacted by Hurricane Harvey. Amount not to exceed \$895,081. The motion carried with all members voting in favor.

d. Consider approval of the Memorandum of Understanding with the Houston-Galveston Area Transportation Policy Council as the Metropolitan Planning

Organization (MPO) for the Houston Galveston transportation management area, the Texas Department of Transportation as Representative of The State of Texas, designated recipients and other providers of public transit services in Harris, Brazoria, Chambers, Fort Bend, Galveston, Liberty, Montgomery and Waller Counties.

Description: The updated MOU incorporates the legal requirements of Fixing America's Surface Transportation Act (FAST ACT), acknowledges H-GAC as the parent planning MPO for the region, and specifies provisions for cooperatively developing and sharing information.

On motion by Stephen Holmes, seconded by Caroline Rickaway, the board voted the approval of the Memorandum of Understanding with the Houston-Galveston Area Transportation Policy Council as the Metropolitan Planning Organization (MPO) for the Houston Galveston transportation management area, the Texas Department of Transportation as Representative of The State of Texas, designated recipients and other providers of public transit services in Harris, Brazoria, Chambers, Fort Bend, Galveston, Liberty, Montgomery and Waller Counties. The motion carried with all members voting in favor.

- e. **Consider approval of the Streamline Healthcare Solutions, LLC Statement of Work Number: SOW.128.100 for development of a Stand Alone Crisis Assessment for an amount not to exceed \$960.00.**

On motion by Stephen Holmes, seconded by Vivian Renfrow, the board voted the approval of the Streamline Healthcare Solutions, LLC Statement of Work Number: SOW.128.100 for development of a Stand Alone Crisis Assessment for an amount not to exceed \$960.00. The motion carried with all members voting in favor.

- f. **Consider approval of the Interlocal Contract with the City of Galveston for use of 5 Gillig "Clean Fuel" transit vehicles to support the League City Park and Ride operation for 90 days starting April 28, 2018, for an amount which reimburses the City for reasonable out of pocket cost.**

On motion by Stephen Holmes, seconded by Vivian Renfrow, the board voted the approval of the Interlocal Contract with the City of Galveston for use of 5 Gillig "Clean Fuel" transit vehicles to support the League City Park and Ride operation for 90 days starting April 28, 2018, for an amount which reimburses the City for reasonable out of pocket cost. The motion carried with all members voting in favor.

- g. **Consider approval of the Resolution by the Board of Trustees of the Gulf Coast Center authorizing the Chief Executive Officer to purchase new flyer bus parts from the City of Galveston amount not to exceed \$80,000 (purchase of parts would be eligible for federal reimbursement).**

On motion by Stephen Holmes, seconded by Linda Coleman the board voted the approval of the Resolution by the Board of Trustees of the Gulf Coast Center authorizing the Chief Executive Officer to purchase new flyer bus parts from the City of Galveston amount not to exceed \$80,000 (purchase of parts would be eligible for federal reimbursement). The motion carried with all members voting in favor.

- h. **Consider approval of Gulf Coast Center Board Resolution agreeing to accept the transfer of federally funded transit vehicles at no cost from the City of Galveston.**

Description: Connect Transit will begin operation of the League City Park and Ride April 30, 2018. There are 5 Gillig vehicles, which have been used to support the provision of Park and Ride service between Galveston and League City which have approximately 50% of their useful life remaining.

On motion by Stephen Holmes, seconded by Vivian Renfrow, the board voted the approval of Gulf Coast Center Board Resolution agreeing to accept the transfer of federally funded transit vehicles at no cost from the City of Galveston. The motion carried with all members voting in favor.

- i. **Consider approval of the 2018 Provider Network Development Plan.**

Description: LPND is completed every 2 years to determine if there are any providers interested in providing full level of care services in our area. The plan only addresses services for the non-Medicaid population.

On motion by Stephen Holmes, seconded by Rick Price, the board voted the approval of the 2018 Provider Network Development Plan. Following discussion the motion carried with all members voting in favor.

- j. **Consider the approval of the FY18 Provider Contracts for the IDD NON-TRADITIONAL PROVIDER NETWORK with the 5 below identified individuals for the provision of respite, community support, Community First Choice Transportation, and/or Independent Living Skills (ILS) for nursing facilities.**

Brazoria County	Galveston County	REIMBURSEMENT RATES	
Alma Bess	Michelle Hollins		
Vicki Dancer		Respite	Standard base level = \$10/hr; Medical/Behavioral need = \$15/hr
Ruth Burrell		Community Support	Standard base level = \$13/hr
Yolanda Yu		Skills Training Nursing Facility	Independent Living Skills \$18/ hr
		Mileage	0-5=\$3; 6-12=\$6; 13-20=\$9; 20-25=\$15; 33-40=\$18

On motion by Vivian Renfrow, seconded by Stephen Holmes, the board voted the approval of the FY18 Provider Contracts for the IDD Non-Traditional Provider Network with the 5 above identified individuals for the provision of respite, community support, Community First Choice Transportation, and/or Independent Living Skills (ILS) for nursing facilities. The motion carried with all members voting in favor.

10. Pending or Revised Action Items:

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. **Update Curry vs Gulf Coast Center:** Linda Bell, Chief General Counsel gave a brief update on the lawsuit with Connect Transit. The lawsuit is being appealed.

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

Date	Event	Time	Location
April 25, 2018	Board Meeting	6:30 p.m.	Administration (Mall of the Mainland) Texas City
May 23, 2018	Board Meeting	6:30 p.m.	Angleton
June 20-22, 2018	TX Council Conference		Sheraton, Dallas
July 25, 2018	Board Meeting	6:30 p.m.	Administration (Mall of the Mainland) Texas City
August 22, 2018	Board Meeting	6:30 p.m.	Angleton

12. Executive Session: NONE

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: NONE

14. Adjourn:

There being no further business to bring before the Board of Trustees the meeting was adjourned at 8:35 p.m.

Respectfully,

Approved as to Content and Form,

Cathy Claunch-Scott

Secretary to the Board of Trustees

Jamie Travis

Board Chair

GULF COAST CENTER

FY2019 Holiday Schedule

<u>HOLIDAY</u>	<u>DAY OBSERVED</u>
Labor Day (Monday)	09/03/2018
Thanksgiving (Thursday)	11/22/2018
Early release at 2 pm on Wednesday the 21st.	
Day after Thanksgiving (Friday)	11/23/2018
Christmas Eve (Monday)	12/24/2018
Christmas (Tuesday)	12/25/2018
New Years Day (Tuesday)	01/01/2019
Early release at 2 pm on Monday the 31st.	
Martin Luther King Day (Monday)	01/21/2019
President's Day (Monday)	02/18/2019
Good Friday (Friday)	04/19/2019
Early release at 2 pm on Thursday the 18th.	
Memorial Day (Monday)	05/27/2019
Independence Day (Thursday)	07/04/2019
Early release at 2 pm on Wednesday the 3rd.	