



## NOTICE OF MEETING

### MEMBERS OF THE BOARD OF TRUSTEES

The Gulf Coast Center Board of Trustees meeting for the month of October will be held on Wednesday, **October 28, 2020** at **3:00 p.m.**

Join the meeting by phone (audio only) United States:

**Phone Number: +1 (646) 749-3112**

**Access Code: 745-266-421**

Thanks,

  
Cathy Claunch-Scott  
Secretary to the Board of Trustees

cc: October Board of Trustees File



10000 Emmett F Lowry,  
Suite 1220  
Texas City, TX 77591

409.763.2373

Toll Free- 1-800-643-0967  
FAX 409.978-2401

[www.GulfCoastCenter.org](http://www.GulfCoastCenter.org)

*Better community healthcare promoting healthy living.*

**THE GULF COAST CENTER**

Regular Board of Trustees Meeting  
Wednesday, October 28, 2020 at 3:00pm  
Join the meeting by phone (audio only) :  
**Phone Number: +1 (646) 749-3112**  
**Access Code: 745-266-421**



**"Better community healthcare promoting healthy living."**

- 1. **Call To Order** ..... Jamie Travis, Board Chair
- 2. **Citizens' Comments**
- 3. **Program Report:** Connect Transit/Gulf Coast Transit District – Ted Ross & Sean Middleton
- 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
- 5. **Operations Report:**.....Melissa Meadows, CEO
  - a. IDD Services Update: Jamie White
  - b. FY21 Communication Plan – Wendy Norris
  - c. CCBHC Update – Amy McMahan **(Pg. 1-2)**
- 6. **Budget, Finance and Admin Reports** .....Rick Elizondo, CFO
  - a. Financial & Operational Monthly Report & YTD Summary **(Pg. 3-6)**
  - b. Sale of Property Update: Jones Building location
  - c. Galveston County Transit District/Connect Transition Update
- 7. **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 September 2, 2020 Board Minutes. **(Pg. 7-13)**
  - b. Review and approval of September 23, 2020 Board Minutes. **(Pg. 14-18)**
  - c. Review and approval of September 30, 2020 Board Retreat Minutes. **(Pg. 19)**
  - d. Review and approval of the September 2020 Check Register.
- 8. **Action Items**.....Linda Bell, JD
  - a. Consider approval of Amendment #4 to the FY21 HHSC Mental Health First Aid (MHFA) performance contract #HHS000181000001, this amendment allows funds to be used for the purchase of a vehicle as well as incorporates additional reporting requirements.

- b. Consider approval of the FY21-22 Quality Management Plan. (Pg. 20-27)
- c. Consider the approval of the request to declare Vehicle #3749 surplus and authorized for disposal. This vehicle is a 2007 Box Van, Vin#1FAFP53U77A187054, and has 174,064 miles, and is no longer cost effective to maintain in the fleet. (Pg. 28)
- d. Consider approval of the following FY21 renewal agreements with no changes in fees or services from FY20.
- **Crystal Trahan** is a certified instructor who provides Mental Health First Aid (MHFA) as well as Applied Suicide Intervention Skills Training (ASIST) for the Center. (\$45/hr plus travel)
  - **Sunshine Center Inc.** provide day habilitation services under the IDD Provider Services Network Agreement
  - **Harmony Place LLC** provides crisis respite, behavioral supports, day habilitation, supported home living services, respite, and nursing facility specialized services under the IDD Provider Services Network Agreement
  - **SJ Medical Center, LLC** provides a 20-bed inpatient unit located at its Houston campus. (Amount not to exceed: \$2,774,000; 20 beds @ \$38.00/bed day)
- e. Consider approval of the FY21 Interlocal Agreement with **Harris County RIDES** (renewal). Gulf Coast Center will pay the County the metered cost of the one-way trip plus a 15% service delivery fee. All taxi trips are capped at \$48.00 per one-way trip; it will be client's responsibility to pay any amount over \$48.00.
- f. Consider approval of the below listed Agreements related to the transition of Connect Transit to Galveston County Transit District (GCTD):
- Approval of the Custodian Agreement with the Gulf Coast Transit District and its associated Resolution of the Board of Trustees of GCC authorizing the CEO to enter into a "custodian" agreement with the Gulf Coast Transit District for the receipt of local funding pending establishment of the GCTD Financial Management Systems
  - Approval of Task Order #29 and its associated Resolution by the Board of Trustees of the GCC approving the Goodman Corporation work order #29 for completion of a Gulf Coast Transit District transit delivery service plan. (Amount: \$230,000 to complete the Plan by the spring of 2021)
  - Approval of an Addendum to existing Interlocal Agreements and its associated Resolution of the Board of Trustees of GCC authorizing the CEO to enter into addendum agreements to existing interlocal agreements with the City of Angleton and City of Clute, Texas which clarify roles and responsibilities related to development of pedestrian – transit infrastructure.
  - Consider approval of the recommended Bid Award contract (Solicitation #:2020-TRANSIT-005) and Resolution of the Board of Trustees of GCC authorizing the CEO to award and execute a contract with Soileau's Parts & Services, Inc. for the provision of transit vehicle maintenance services to support Connect Transit's Brazoria County Fleet. (not to exceed \$250,000 annually; funding is in place from federal and state resources to support the proposed award).

- g. Consider the approval of Jessica Jeffers to be appointed on the ETBHN Regional Planning and Network Advisory Committee serving as a member representing individuals and families served.
- h. Consider approval of Rick Elizondo, Gulf Coast Center to be appointed as the Transition Liaison for the transition of Connect Transit to Galveston County Transit District.

**9. 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.*

**10. Calendar**.....Jamie Travis, Board Chair

Due to Covid-19 all Board meetings shall occur virtually until further notice

<b>Date</b>	<b>Event</b>	<b>Time</b>
November 18, 2020	Board Meeting	TBA
December 9, 2020	Board Meeting	TBA
January 27, 2021	Board Meeting	TBA
February 24, 2021	Board Meeting	TBA
March 24, 2021	Board Meeting	TBA
April 28, 2021	Board Meeting	TBA
May 26, 2021	Board Meeting	TBA
June 23-25, 2021	Texas Council Annual Conf	Austin
July 28, 2021	Board Meeting	TBA
August 25, 2021	Board Meeting	TBA

**11. 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 this meeting to seek legal advice from its Attorney about any matters listed on the agenda.*

**12. Adjourn**

## **What is one of the main key initiatives for Gulf Coast Center to accomplish during Fiscal Year 2021?**

A key initiative for Gulf Coast Center in FY21 is to become a Certified Community Behavioral Health Clinic (CCBHC).

### **Why is CCBHC important?**

- National Model
- Texas focused model – Health & Human Services – considered necessary for centers to transition in line with the Texas Health & Human Services Strategic Plan.
- National Council of Behavioral Health & Texas Council of Community Centers – Recommended model for community centers.
- Next step following 1115 Waiver (as 1115 comes to an end) – outcome based with an emphasis on prospective payment options.

### **What does becoming a CCBHC mean for Gulf Coast Center?**

- A more comprehensive approach to Service Delivery of Mental Health and Substance Use Recovery Services -- Integration of Mental Health & Substance Use Services into Behavioral Health.
- Maintaining a focus on improving access to stabilize and provide treatment to those with the most serious, complex mental illness and substance use disorders.
- Transitioning to an outcome-based data-driven service delivery structure – measuring if people are getting better versus only focusing on the number of people served.
- Engaging models of integrated care approach – Crisis Outreach Services (MCOT, LCDC Crisis, IDD Crisis, VOCA, OSAR), Physical Health Screening, IDD Telehealth Pilot with Brazoria County Sheriff Office.
- Enhancing a trauma informed approach to service delivery.
- Begin prospective payment models within Behavioral Health Services – Optum Health Pilot Project.
- Greater access to care allowing a position for service delivery growth and innovation.

### **If the focus of a CCBHC is Mental Health and Substance Use Disorder Treatment, what does becoming a CCBHC mean for all other programs?**

- Building on our existing foundation and history, becoming a CCBHC provides structure for a more comprehensive approach to address what we know to be important:
  - Integrating of services to allow more comprehensive service options and better continuity of care.
  - Seeking funding to expand on existing resources to address barriers to care – transportation, housing, physical health needs.

- Transitioning to contract requirements that focus more on outcomes related to patient care versus quantity of care provided.
- Incorporating impact of trauma within our assessments and service delivery.
- Increasing resources to address specialized needs of special populations – Veterans, Homeless, Disaster Impacted
- Though IDD is not a direct focus within the CCBHC national or state model, IDD has been included in our local planning. Where CCBHC strategies make sense for IDD Services, changes have been made. Examples included: incorporating trauma informed care initiatives, integrating crisis related services, and updating policies and procedures.

## **What is the focus of Gulf Coast Center’s CCBHC Team as we apply to become Certified as a Community Behavioral Health Clinic?**

- Updated Needs Assessment
- Updated Strategic Plan
- Updated and Electronic/Searchable Policy & Procedure Manual
- Enhanced Internal & External Communication Efforts
- Increased Focus on Lived Experience
- Expansion of Customer Service Feedback
- Improving Revenue Cycle Management
- Improving Open Access
- Enhancing Routing, Communication, and Electronic Record Capabilities and Resources
- Planning to Extended Hours & Options Related to Patient Care
- Trauma Informed Care Training
- Trauma Informed Care Environmental Adaptations
- Facility Planning
- Optum Pilot
- Care Coordination Pilots – MCOT & Project RYSE
- Ability to Collect and Report 9 CCHBC Specific Outcome Measures
- Training
- Submitting the application in November 2020

## **What can you do to help Gulf Coast Center become a CCBHC?**

- Review the digital newsletter sent out each week that includes CCBHC and Trauma Informed Care tips.
- Seek to understand why it is important to transition services to support improvement of patient care.
- Actively participate in learning more about CCBHC as a model and for Gulf Coast Center – talk about it and help others understand.



The Gulf Coast Center Fiscal Year 2021 Board Operational Budget Schedule		FY2021 Annual Budget Preliminary	FY2021 Sep-20 Adjust	FY2021 YTD Actual YTD % <sup>a/b</sup> 8%
<b>EXPENSES - OPERATING</b>				
Salary and Wages	14,911,571	1,187,382.08	1,187,382.08	8%
Fringe Benefits	5,332,392	501,290.87	501,290.87	9%
Travel	149,275	929.41	929.41	1%
Consumable Supplies	324,104	11,589.50	11,589.50	4%
Pharmaceuticals/Laboratory	302,500	23,500.00	23,500.00	8%
Capital Outlay - Furniture/Equipment/Facilities	4,050,712	46,311.31	46,311.31	1%
Facilities - Rent/Maintenance/Utilities	1,122,117	102,184.38	102,184.38	9%
Other Operating Expenses	2,132,951	154,483.00	154,483.00	7%
Client Support Costs	468,347	51,486.06	51,486.06	11%
Consultant/Professional Providers	6,753,636	468,865.39	468,865.39	7%
<b>TOTAL EXPENSE.</b>	<b>\$ 35,547,605</b>	<b>\$ 2,548,022.00</b>	<b>\$ 2,548,022.00</b>	<b>7%</b>
<b>REVENUES - OPERATING</b>				
Local Funds				
County Funds	985,733	80,046.47	80,046.47	8%
Patient Fees Insurance/Reimbursement	551,672	51,556.67	51,556.67	9%
Miscellaneous Local Income	303,825	11,812.44	11,812.44	4%
	1,841,230	143,415.58	143,415.58	
Earned/Grant Income				
HUD - Transitional/Permanent Housing	756,285	100,237.17	100,237.17	13%
Recovery - Fee for Services / Grants	1,221,638	96,804.83	96,804.83	8%
Title XIX - Medicaid	2,393,600	210,743.49	210,743.49	9%
Transportation - Federal/State	7,536,818	351,640.00	351,640.00	5%
Medicaid 1115 Waiver/Misc Federal	3,572,072	345,504.88	345,504.88	10%
Other State/Federal Funds/MAC	1,611,115	77,989.87	77,989.87	5%
	17,091,528	1,182,920.24	1,182,920.24	
Performance Contract DSHS & DADS				
General Revenue - MH (Adult & Child & Vets) - 10%	7,708,801	659,302.02	659,302.02	9%
General Revenue - Regional Hospital	4,082,246	340,187.16	340,187.16	8%
General Revenue - NCM (Adult & Child)	-	-	-	#DIV/0!
General Revenue - Crisis Services - 10%	1,125,427	65,671.04	65,671.04	6%
General Revenue/Permanency Plan - IDD	2,265,489	166,884.73	166,884.73	7%
Federal Block - MH (Adult & Child) and Crisis	1,432,892	101,716.00	101,716.00	7%
	16,614,854	1,333,760.95	1,333,760.95	
<b>TOTAL REVENUES</b>	<b>\$ 35,547,612</b>	<b>\$ 2,660,096.77</b>	<b>\$ 2,660,096.77</b>	<b>7%</b>
<b>SUBTOTAL OPERATING (Rev-Exp)</b>	<b>\$ 7</b>	<b>\$ 112,074.77</b>	<b>\$ 112,074.77</b>	
<b>FUND BALANCE EXPENDITURES (NOT Inc. above)</b>				
Flexible Spending				
Flexible Spending - MH Adult	-	-	-	-
Flexible Spending - IDD Services	-	-	-	-
All Center Staff Recognition	-	-	-	-
IDD Services - Community Support	-	-	-	-
Connect Transit	-	-	-	-
Connect Transit - Brazoria County	-	-	-	-
Asset Management - Special Facility Projects	-	-	-	-
Capital Projects - MIS Services	-	-	-	-
Capital Projects - Major Facility/Equipment	-	-	-	-
<b>SUBTOTAL FUND BALANCE EXPENSE</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>-</b>
<b>VARIANCE (REV-EXP) -</b>	<b>\$ 112,074.77</b>	<b>\$ 112,074.77</b>	<b>\$ 112,074.77</b>	

**The Gulf Coast Center**  
**FY2021 Monthly Board Financial Review**

Unaudited as of 9/30/2020

**Fiscal Year 2021 Unaudited Centerwide General Fund Balance Status**

Total General Fund Balance as of 08/31/2020 (Unaudited)..... \$ (7,023,033)

**FY2021 Year-to-Date Reported Expense and Revenue Totals (Unaudited)**

Expenditures	<i>Operational</i>	2,548,022	
	<i>Non-Operational</i>	-	
	<i>Fund Balance</i>	-	2,548,022
Revenues	<i>Operational</i>	2,660,097	
	<i>Non-Operational</i>	-	2,660,097
			<u>\$ 112,075</u>

Total General Fund Balance Year-to-Date (Unaudited)..... \$ (7,135,108)

**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-fy2018 Expenditure		439,153.86	
fy2020 Expenditure		-	
fy2021 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-fy2018 Expenditure		744,020.18	
fy2020 Expenditure		-	
fy2021 Expenditure		-	
			(145,980)
IDD Community Service Support (FY2011-2014)	(300,000)		
IDD Community Service Support (FY2016)	(100,000)		
IDD Community Service Support (FY2018)	(100,000)	(500,000.00)	
fy2005-fy2019 Expenditure		471,531.85	
fy2020 Expenditure		-	
fy2021 Expenditure		-	
			(28,468)
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-fy2018 Expenditure		300,000.00	
fy2020 Expenditure		122,869.00	
fy2021 Expenditure		-	
			-
Major Facility Repairs (FY2014)	(186,940)	(186,940.00)	
fy2014-fy2018 Expenditure		186,940.00	
fy2020 Expenditure		-	
fy2021 Expenditure		-	
			-
Flexible Spending Supports (FY2004-2013)	(500,000)		
Flexible Spending Supports (FY2018)	(100,000)	(600,000.00)	
fy2005-fy2019 Expenditure		517,663.44	
fy2020 Expenditure		-	
fy2021 Expenditure		-	
			(82,337)

(82,337) (687,631)

**Total General Fund Balance Year-to-Date (Unaudited)**..... \$ (7,135,108)

**Unrestricted Use General Fund Balance (Unaudited)**..... \$ (6,447,477)



The Gulf Coast Center

FY2021 Monthly Fund Balance Report

Unaudited as of 9/30/2020

**Fiscal Year 2021 Unaudited Centerwide General Fund Balance Status**

Total General Fund Balance as of 08/31/20 (Audited)..... \$ (7,023,033)

**FY2019 Monthly Reported Expense and Revenue Totals (Unaudited)**

	September	October	November	December	January	February	March	April	May	June	July	August
<i>Operational Expenses:</i>	2,548,022	-	-	-	-	-	-	-	-	-	-	-
<i>Non-Operational Expenses:</i>	-	-	-	-	-	-	-	-	-	-	-	-
<i>Fund Balance Expenses:</i>	-	-	-	-	-	-	-	-	-	-	-	-
<i>Total Expenses:</i>	2,548,022	-	-	-	-	-	-	-	-	-	-	-
<i>Operational Revenues:</i>	2,660,097	-	-	-	-	-	-	-	-	-	-	-
<i>Non-Operational Revenues:</i>	-	-	-	-	-	-	-	-	-	-	-	-
<i>Fund Balance Revenues:</i>	-	-	-	-	-	-	-	-	-	-	-	-
<i>Total Revenues:</i>	2,660,097	-	-	-	-	-	-	-	-	-	-	-
<i>Net increase/decrease to Fund Balance</i>	112,075	-	-	-	-	-	-	-	-	-	-	-

<i>Total General Fund Balance:</i>	(7,135,108)	(7,135,108)	(7,135,108)	(7,135,108)	(7,135,108)	(7,135,108)	(7,135,108)	(7,135,108)	(7,135,108)	(7,135,108)	(7,135,108)	(7,135,108)
<i>Total Unrestricted Fund Balance</i>	(6,447,477)											

Avg. Cost per day:

September	84,934	41,771	28,000	20,885	16,654	14,000	11,963	10,486				
-----------	--------	--------	--------	--------	--------	--------	--------	--------	--	--	--	--

<b>DAYS OF OPERATION OF TOTAL FUND BALANCE</b>	84	-	-	-	-	-	-	-	-	-	-	-
<b>DAYS OF OPERATION OF UNRESTRICTED FUND BALANCE</b>	76	-	-	-	-	-	-	-	-	-	-	-

# HEALTH INSURANCE ISF

SEPT - 2020

	<u>MONTHLY</u> <u>FY2021</u> <u>BUDGET</u>	<u>MONTHLY</u> <u>FY 2021</u> <u>September</u>	<u>ANNUAL</u> <u>FY 2021</u> <u>BUDGET</u>	<u>YEAR TO DATE</u> <u>FY 2021</u> <u>September</u>	<u>YTD</u> <u>Percent</u> <u>Variance</u>	<u>YTD</u> <u>Dollar</u> <u>Variance</u>
<b><u>REVENUES:</u></b>						
Employer Contributions:	\$0.00	\$265,854.68	\$0.00	\$265,854.68	0	(\$265,854.68)
Employee Contributions:	\$0.00	\$30,060.48	\$0.00	\$30,060.48	0	(\$30,060.48)
<b>Total Revenue:</b>	<b>\$0.00</b>	<b>\$295,915.16</b>	<b>\$0.00</b>	<b>\$295,915.16</b>	<b>0</b>	<b>(\$295,915.16)</b>
<b><u>EXPENSES:</u></b>						
Medical Claims:	\$0.00	\$130,390.74	\$0.00	\$130,390.74	0	(\$130,390.74)
Stop-Loss Premiums:	\$0.00	\$47,647.20	\$0.00	\$47,647.20	0	(\$47,647.20)
Administration Fees:	\$0.00	\$12,617.50	\$0.00	\$12,617.50	0	(\$12,617.50)
<b>TOTAL EXPENSES:</b>	<b>\$0.00</b>	<b>\$190,655.44</b>	<b>\$0.00</b>	<b>\$190,655.44</b>	<b>0</b>	<b>(\$190,655.44)</b>
<b>EXCESS OF REVENUES OVER EXPENSES</b>	<b>\$0.00</b>	<b>\$105,259.72</b>	<b>\$0.00</b>	<b>\$105,259.72</b>	<b>0</b>	<b>(\$105,259.72)</b>



## THE GULF COAST CENTER

Regular Board of Trustees Meeting  
Wednesday, September 2, 2020 at 12:00 pm  
Join the meeting by phone (audio only) :  
**Phone Number: +1 (646) 749-3112**  
**Access Code: 745-266-421**



**"Better community healthcare promoting healthy living."**

### Minutes

- 1) **Call to Order**– Jamie Travis, Chair of the Board of Trustees, convened the regular meeting on Wednesday, September 2, 2020 at 12:03 p.m.

**The following Board Members were present:** Jamie Travis, Mary Lou Flynn-Dupart, Caroline Rickaway, Wayne Mallia, Lt. Jaime Castro, Galveston County Sheriff's Department, Vivian Renfrow and Lori Rickert.

**The following Board Members were absent:** Rick Price, Excused; Stephen Holmes, Excused

**Also present were:** Melissa Meadows (Tucker), CEO – Gulf Coast Center, Barry Goodman – The Goodman Corporation and several Center staff.

- 2) **Citizens' Comments:** None

- 3) **Program Report:** Amanda Groller, Director of Innovative and Special Projects, provided a program update on the COVID Crisis Counseling Program (CCP) Program. The program started in March 2020, after COVID was declared a federal disaster. MCOT staff provided interim coverage of the COVID telephone line, set up with the assistance of Tamera Yoakum and the Call Center. Trenise Mims, experienced disaster mental health team member, is the program manager for the Crisis Counseling Program. Trenise has hired four counselors, an administrative assistant, and a media specialist. Throughout the Spring and Summer, the team has been providing support, psychoeducation, and COVID resource links to the community, virtually and telephonically.

- 4) **Board Member Reports:**

- a. Texas Council of Community Centers: Jamie Travis, Chair, reported that the Texas Council Board meeting was held virtually on August 21, 2020 as well as the Legislative Virtual Retreat. Jamie provided two handouts from the Texas Council Board meeting by e-mail to board members.
- b. Texas Council Risk Management Fund: Mary Lou Flynn-Dupart, gave a brief update on the handout provided to the board.

## **5. General Behavioral Health & IDD Operations Update:**

Melissa Meadows, (Tucker), CEO, provided the following update:

- Detailed summary regarding a recent grant funding issue directly impacting the Substance Use Recovery Residential System of Care developed nearly 20 years ago. The course of the recent funding decision by HHSC and the impact of the decision at the individual, provider, community, organizational, and county levels were reviewed.
- IDD Update: Gulf Coast Center's Director of IDD Services, Jamie White, was selected as Vice Chair of the State level IDD Transition to Managed Care Pilot Design Committee. In addition, Melissa shared that Gulf Coast Center's IDD Services was selected to participate in an IDD Leadership Training through Texas Tech University titled *Project Leadership Challenge: Preparing the Next Generation of Leaders Working with Individuals with Intellectual and Developmental Disabilities*.
- Discussion of a plan for Gulf Coast Center to initiate a legislative focus, with Texas Council guidance, to inform legislators of Texas Hospitals and Health Care Providers uniting to support an extension of 1115 funding. Gulf Coast Center will join this initiative by contacting all local legislators to provide insight to the value of not bringing 1115 to a close during the pandemic.

## **6. Operations Report:**

- a. COVID-19 Status Report: Sarah Holt, CNO, updated the board on Center's Infectious Disease response. The COVID-19 community spread, and positivity rate is trending down somewhat across our two-county catchment area. This continues to be an evolving situation in which the center will continue to take all the necessary precautions to mitigate community spread through use of facemasks, frequent hand washing and promoting social distancing. Sarah reported that approximately fifty-five employees have had some level of exposure. Exposure, as well as potential exposure, includes the following scenarios:
  - 1) employee who reports having had exposure to a person with lab-confirmed COVID-19; generally, this is an employee with a family member/friend in household or outside household who is positive for COVID-19;
  - 2) employee who reports possible exposure to someone who is under investigation for COVID-19 – in many of these cases, we were able to determine that the individual under investigation that the employee had contact with tested negative, thus no concern regarding transmission to employee;
  - 3) employee who reports third party or remote access to a person suspected or under investigation for COVID-19 (included in the above-mentioned count). These individuals are considered very low risk.

Six employees have tested positive; this is up from three employees reported at the last Board meeting. Eight individuals from our patient population have tested positive though we suspect this number is likely higher due to underreporting. Efforts continue in preparation for implementation of daily health screenings to include temperature checks and symptom monitoring as well as providing training for identified screeners in the next few weeks. Out of an abundance of caution, we tend to be very conservative with regard to our current response plan. Meaning, we generally take extra precautionary measures (sometimes beyond CDC guidelines) in an effort to keep employees and persons we serve as safe as possible.

## **7. Budget, Finance and Admin Reports:**

- a. Financial & Operational Monthly Report & YTD Summary: Rick Elizondo, CFO, provided a summary for the Month of July 2020 with revenues exceeding expenses by \$171,291.34 and Year to Date, surplus of \$1,374,413.00. The Total Fund Balance provides 68 days of operations, with the Unrestricted Fund Balance providing 58 days of operation.
- b. Sale of Property Update: Rick Elizondo, CFO, reported that they pushed back the closing date of the Jones Building for forty-five more days.
- c. Galveston County Transit District/Connect Transition Update: Barry Goodman, The Goodman Corporation, gave a brief update regarding the Galveston County Transit District Connect Transition process.
- d. FY20 Provider Network Development Plan: Linda Bell, JD gave a brief update to the board regarding the FY20 provider network development plan.

## **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 July 22, 2020 board meeting minutes.**

On motion by Caroline Rickaway, seconded by Mary Lou Flynn-Dupart, the board voted the approval of the July 22, 2020 board meeting minutes. The motion carried with all members voting in favor.

#### **b. Review and approval of July 2020 check register.**

On motion by Caroline Rickaway, seconded by Mary Lou Flynn-Dupart, the board voted the approval of the July 2020 check register. The motion carried with all members voting in favor.

## **9. Action Items:**

#### **a. Consider the approval of the appointment of members to the Nominating Committee for the FY21 GCC Board of Trustee Officer Elections.**

On motion by Caroline Rickaway, seconded by Mary Lou Flynn-Dupart, the board voted the approval of the appointment of members to the Nominating Committee for FY21 GCC Board of Trustee Officer Elections. Mary Lou Flynn-Dupart will serve as chair of the committee. Members will be Lori Rickert, Stephen Holmes, and Vivian Renfrow. The motion carried with all members voting in favor.

#### **b. Consider approval and renewal of the Center's Employee Health Benefit plan coverage.**

On motion by Mary Lou Flynn-Dupart, seconded by Lori Rickert, the board approved the Center's Employee Health Benefit plan coverage. The motion carried with all members voting in favor.

#### **c. Consider ratification of the Lease Agreement Amendment #17 with Shearn Moody Plaza extending the term of the lease through FY21. The annual lease cost is approximately \$178,160 and annual utilities cost of \$30,000.**

On motion by Mary Lou Flynn-Dupart, seconded by Vivian Renfrow, the board voted the ratification of the Lease Agreement Amendment #17 with Shearn Moody Plaza extending the term of the lease through FY21. The annual lease cost is approximately \$178,160 and annual utilities cost of \$30,000. The motion carried with all members voting in favor.



d. **Consider approval of the MOU with Brazoria County for funding support of Center Services. (revenue contract \$256,000 (decrease of \$75K).**

On motion by Mary Lou Flynn-Dupart, seconded by Vivian Renfrow, the board voted the approval of the MOU with Brazoria County for funding support of Center Services. The motion carried with all members voting in favor.

e. **Consider approval of the FY21 Interlocal Agreement with ETBHN for**

- **Routine Telemedicine Services at a rate of \$65/hr on call services, \$150/hr for psychiatrist, \$120 for APN**
- **Authorization Services at \$2510/mo.**
- **Medical Director Services at \$175/hr**
- **Pharmacy Services**
- **24 Hour Crisis Telemedicine Services at \$200/hr (No changes from FY 20)**

On motion by Caroline Rickaway, seconded by Mary Lou Flynn-Dupart, the board voted the approval of the FY21 Interlocal Agreement with ETBHN for services listed above. The motion carried with all members voting in favor.

f. **Consider approval of the FY21 agreement with Brazoria County Juvenile Justice Department for the provision of MH assessments, recommendations, and coordination on an as needed basis. (revenue contract \$900 monthly)**

On motion by Mary Lou Flynn-Dupart, seconded by Vivian Renfrow, the board voted the approval of the FY21 agreement with Brazoria County Juvenile Justice Department for the provision of MH assessments, recommendations, and coordination on an as needed basis. The motion carried with all members voting in favor.

g. **Consider approval of the Resolution for Authorization of the CEO to execute a contract with Brookstone LP for construction of the Connect Transit Brazoria County Operating & Maintenance Facilities in Lake Jackson, Texas. Amount not to exceed: 2,390,000**

On motion by Mary Lou Flynn-Dupart, seconded by Vivian Renfrow, the board voted the approval of the Resolution for Authorization of the CEO to execute a contract with Brookstone LP for construction of the Connect Transit Brazoria County Operating & Maintenance Facilities in Lake Jackson, Texas. The motion carried with all members voting in favor.

h. **Consider approval of the Resolution for Authorization of the CEO to award a bid, pursuant to the State Comptroller's purchasing program to J. Tyler Services Inc. for furnishings related to the Texas City Administration/Emergency Management Facility. Amount not to exceed: \$130,000**

On motion by Caroline Rickaway, seconded by Mary Lou Flynn-Dupart, the board voted the approval of the Resolution for Authorization of the CEO to award a bid, pursuant to the State Comptroller's purchasing program to J. Tyler Services Inc. for furnishings related to the Texas City Administration/Emergency Management Facility. Amount not to exceed: \$130,000. The motion carried with all members voting in favor.

i. **Consider approval of the Resolution for Authorization for the CEO to award and execute a contract with Double Map/Ride Systems for the provision of software to support Reservations, Scheduling and Dispatch services. Amount not to exceed: \$295,295.80 over five (5) years**

On motion by Mary Lou Flynn-Dupart, seconded by Vivian Renfrow, the board voted the approval of the Resolution for Authorization for the CEO to award and execute a contract with Double Map/Ride Systems for the provision of software to support Reservations, Scheduling

and Dispatch services. Amount not to exceed: \$295,295.80 over five (5) years. The motion carried with all members voting in favor.

**j. Consider approval of the Resolution authorizing the CEO to award a contract with vendors for on call Preventive and Unscheduled transit fleet maintenance services as a result of the vehicle maintenance RFP.**

On motion by Mary Lou Flynn-Dupart, seconded by Caroline Rickaway, the board voted the approval of the Resolution authorizing the CEO to award a contract with vendors for on call Preventive and Unscheduled transit fleet maintenance services as a result of the vehicle maintenance RFP. The motion carried with all members voting in favor.

**k. Consider approval of the below listed HHSC required plans: (Pg. 21-29)**

- **FY21-22 Utilization Management Plan**
- **FY20 Provider Network Development Plan**

On motion by Mary Lou Flynn-Dupart, seconded by Vivian Renfrow, the board voted the approval of the above listed HHSC required plans. The motion carried with all members voting in favor.

**l. Consider approval of the FY20 Amendment #3 to the HHSC Mental Health First Aid (MHFA) contract #HHS000181000001. The purpose of this amendment is to correct a calculation error on the total allocation from Amendment #2 that was signed in January. Amount of contract remains unchanged.**

On motion by Mary Lou Flynn-Dupart, seconded by Caroline Rickaway, the board voted the approval of the FY20 Amendment #3 to the HHSC Mental Health First Aid (MHFA) contract #HHS000181000001. The purpose of this amendment is to correct a calculation error on the total allocation from Amendment #2 that was signed in January. Amount of contract remains unchanged. The motion carried with all members voting in favor.

**m. Consider approval of the procurement of Adobe HelloSign (similar to DocuSign) to support OSAR, MCOT, MH, Medical Records and PAP efforts. A cloud-based e-signature service that will allow GCC staff to send, sign, track, and manage document signature processes remotely. One-year subscription with annual pricing of \$8640 for 20 users. Additional users can be added at \$36/user/month if needed for other programs.**

On motion by Mary Lou Flynn-Dupart, seconded by Vivian Renfrow, the board voted the approval of the procurement of Adobe HelloSign (similar to DocuSign) to support OSAR, MCOT, MH, Medical Records and PAP efforts. A cloud-based e-signature service that will allow GCC staff to send, sign, track, and manage document signature processes remotely. One-year subscription with annual pricing of \$8640 for 20 users. Additional users can be added at \$36/user/month if needed for other programs. The motion carried with all members voting in favor.

**n. Consider approval of the below identified HHSC renewal contracts for FY21: Funding changes from FY20**

- **Resilient Youth Safer Environment Project (RYSE). Total allocation is \$216,019. New Contract for FY21**
- **Co-Occurring Mental Health and Substance Abuse Services (COPSD) #HHS000663700064. Total allocation is \$150,000.00**
- **Adult Specialized Female (TRF) #HHS00063700189. Total allocation is \$200,000 to provide outpatient services only.**
- **Treatment Adult Services (TRA) #HHS000663700142. Total allocation is \$450,000 to provide outpatient services only.**

- **IDD Performance Contract #HHS0008659000001. Total allocation is \$2,208,239.23 which is unchanged from FY20.**

On motion by Mary Lou Flynn-Dupart, seconded by Lori Rickert, the board voted the approval of the above identified HHSC renewal contracts for FY21: Funding changes from FY20. The motion carried with all members voting in favor.

- o. **Consider approval of the below FY21 Renewal Amendments with the below identified entities. (No changes from FY20)**

Youth Behavioral Services Provider	Provision of Service	Rate/Amount not to exceed
The Children's Center, Inc	Crisis Respite Services Network Agreement	\$106.22/bed day not to exceed \$3000.00
Houston Behavioral Healthcare Hospital	inpatient hospitalization and associated services for youth	\$600/bed day
SUN Behavioral Health	inpatient hospitalization and associated services for youth	\$618 per bed day (up to 6 bed days only)
Youth Advocate Programs Inc.	coordinating referrals and resources for the provision of specific Youth Empowerment Services (YES) Waiver Services	N/A

On motion by Mary Lou Flynn-Dupart, seconded by Caroline Rickaway, the board voted the approval of the above FY21 renewal amendments identified. The motion carried with all members voting in favor.

**10. Pending or Revised Action Items: NONE**

*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**

Due to Covid-19 all Board meetings shall occur virtually until further notice

Date	Event	Time
September 30, 2020	Executive Session	4:00 PM
October 28, 2020	Board Meeting	TBA
November 18, 2020	Board Meeting	TBA
December 9, 2020	Board Meeting	TBA
December 17-19, 2020	Texas Council Annual Conf	San Antonio
January 27, 2021	Board Meeting	TBA
February 24, 2021	Board Meeting	TBA
March 24, 2021	Board Meeting	TBA
April 28, 2021	Board Meeting	TBA
May 26, 2021	Board Meeting	TBA
June 23, 2021	Board Meeting	TBA
July 28, 2021	Board Meeting	TBA
August 25, 2021	Board Meeting	TBA

**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 this meeting to seek legal advice from its Attorney about any matters listed on the agenda.*

**13. Adjourn:**

There being no further business to bring before the Board of Trustees the meeting was adjourned at 1:06 p.m.

Respectfully,

Approved as to Content and Form,

---

Cathy Claunch-Scott

---

Jamie Travis

Secretary to the Board of Trustees

Board Chair

**THE GULF COAST CENTER**  
Regular Board of Trustees Meeting  
Wednesday, September 23, 2020 at 3:00 pm  
Join the meeting by phone (audio only) :  
**Phone Number: +1 (646) 749-3112**  
**Access Code: 745-266-421**



**"Better community healthcare promoting healthy living."**

## Minutes

- 1) **Call To Order**– Jamie Travis, Chair of the Board of Trustees, convened the regular meeting on Wednesday, September 23, 2020 at 3:00 p.m.

**The following Board Members were present:** Jamie Travis, Mary Lou Flynn-Dupart, Caroline Rickaway, Stephen Holmes, Rick Price, Wayne Mallia, Lt. Jaime Castro, Galveston County Sheriff's Department and Vivian Renfrow.

**The following Board Members were absent:** Lori Rickert, Excused

**Also present were:** Melissa Meadows, CEO – Gulf Coast Center, Barry Goodman-The Goodman Corporation and several Center staff.

- Consider the approval of the recommendations for the Gulf Coast Center Board of Trustees Officer Positions as presented by the Board of Trustees Nominating Committee.  
On motion by Mary Lou Flynn-Dupart the board approved the recommendations for the Gulf Coast Center Board of Trustees Officer Positions as presented by the Board of Trustees Nominating Committee as follows: Jamie Travis, Chair; Stephen Holmes, Vice-Chair; Vivian Renfrow, Treasurer and Caroline Rickaway, Secretary. The motion carried with all members voting in favor.

- 2) **Citizens' Comments:** None

- 3) **Program Report:** None

- 4) **Board Member Reports:**

- a. Texas Council of Community Centers: None
- b. Texas Council Risk Management Fund: None

- 5) **General Behavioral Health & IDD Operations Update:** Sarah Holt, CNO, provided an operational update specific to infectious disease control response to COVID-19. Sarah reported on the protocol currently in place to screen for positive symptoms related to COVID-19 as employees and persons served enter each facility. Gulf Coast Center will continue to monitor the health and safety of all persons and adhere to guidelines by local health officials and CDC.

- 6) **Operations Report:**

Melissa Meadows, CEO, presented the following reports using an executive summary approach:



- FY20 4<sup>th</sup> Quarter Board Report
- FY20 Annual Report
- FY21 Operational Goals

## 7. **Budget, Finance and Admin Reports:**

- Financial & Operational Monthly Report & YTD Summary: Rick Elizondo, CFO, provided a summary for the Month of August 2020 with revenues exceeding expenses by \$191,637.32 and Year to Date, surplus of \$1,567,218.38. The Total Fund Balance provides 68 days of operation with the unrestricted Fund Balance at 60 days of operation. Rick Elizondo, CFO, made the FY2021 budget presentation.
- Sale of Property Update: Rick Elizondo, CFO, reported that the closing date on the Jones Building is scheduled for October 20<sup>th</sup>, 2020.
- Galveston County Transit District/Connect Transition Update: Barry Goodman, The Goodman Corporation, gave a brief update regarding the Galveston County Transit District Connect Transition process.

## 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.)*

- Review and approval of August 2020 check register.**  
 On motion by Mary Lou Flynn-Dupart, seconded by Jaime Castro, the board voted the approval of the August 2020 check register. The motion carried with all members voting in favor.

## 9. **Action Items:**

- Consider the approval of the FY2021 Texas Council membership dues.**  
 On motion by Vivian Renfrow, seconded by Caroline Rickaway, the board voted the approval of the FY2021 Texas Council membership dues. The motion carried with all members voting in favor.
- Consider the approval of the FY2021 Center's Bank Account listing and recommended bank account signatures.**  
 On motion by Mary Lou Flynn-Dupart, seconded by Vivian Renfrow, the board voted the approval of the FY2021 Center's Bank Account listing and recommended bank account signatures. The motion carried with all members voting in favor.
- Consider the approval of the Center Budget for FY2021.**  
 On motion by Mary Lou Flynn-Dupart, seconded by Caroline Rickaway, the board voted the approval of the Center Budget for FY2021. The motion carried with all members voting in favor.
- Consider approval of the Center's Investment Policy. No changes from FY20.**  
 On motion by Mary Lou Flynn-Dupart, seconded by Vivian Renfrow, the board voted the approval of the Center's Investment Policy. No changes from FY20. The motion carried with all members voting in favor.
- Consider the approval of the RESOLUTION designating identified Board members and Center employees authorize signatures; and approval of the Center's signature**

**Procedures. The designated Board members and Center employees are authorized to sign documents as necessary and required for the Center and its operations.**

On motion by Rick Price, seconded by Mary Lou Flynn-Dupart, the board voted the approval of the RESOLUTION designating identified Board members and Center employees authorize signatures; and approval of the Center's signature Procedures. The designated Board members and Center employees are authorized to sign documents as necessary and required for the Center and its operations. The motion carried with all members voting in favor.

- f. **Consider the approval of the request to declare Vehicle #7054 surplus and authorized for disposal. This vehicle is a 2007 Ford Taurus, Vin#1FAFP53U77A187054, has 113,517 miles, and is no longer cost effective to maintain in the fleet.**

On motion by Rick Price, seconded by Jaime Castro, the board voted the approval of the request to declare Vehicle #7054 surplus and authorized for disposal. This vehicle is a 2007 Ford Taurus, Vin#1FAFP53U77A187054, has 113,517 miles, and is no longer cost effective to maintain in the fleet. The motion carried with all members voting in favor.

- g. **Consider approval of the Dell Lifecycle Laptop Replacement procurement to support all organizational programs and departments. This is the second and final round of laptop procurements (First round – May 2019). This purchase includes 150 Laptops, mice, keyboards, and docking stations for \$159,240.00.**

On motion by Mary Lou Flynn-Dupart, seconded by Caroline Rickaway, the board voted the approval of the Dell Lifecycle Laptop Replacement procurement to support all organizational programs and departments. This is the second and final round of laptop procurements (First round – May 2019). This purchase includes 150 Laptops, mice, keyboards, and docking stations for \$159,240.00. The motion carried with all members voting in favor.

- h. **Consider approval of the FY21 renewal agreement with TWG Investments, LTD dba The Wood Group to provide crisis respite services. Term: September 1, 2020 through August 31, 2021. Amount not to exceed: \$368,740.00. No change from FY20**

On motion by Mary Lou Flynn-Dupart, seconded by Jaime Castro, the board voted the approval of the FY21 renewal agreement with TWG Investments, LTD dba The Wood Group to provide crisis respite services. Term: September 1, 2020 through August 31, 2021. Amount not to exceed: \$368,740.00. No change from FY20. The motion carried with all members voting in favor.

- i. **Consider approval of the FY21 renewal lease agreement with TWG Investments, LTD dba The Wood Group. This lease is associated with the crisis respite program. Term: September 1, 2020 through August 31, 2021. \$16425.50 monthly. No change from FY20**

On motion by Mary Lou Flynn-Dupart, seconded by Caroline Rickaway, the board voted the approval of the FY21 renewal lease agreement with TWG Investments, LTD dba The Wood Group. This lease is associated with the crisis respite program. Term: September 1, 2020 through August 31, 2021. \$16425.50 monthly. No change from FY20. The motion carried with all members voting in favor.

- j. **Consider approval of the FY21 renewal agreement with Lifetime Homecare HCS, LLC to provide crisis respite services. Term: September 1, 2020 through August 31, 2021. Amount not to exceed: \$120,000; \$250.00 per overnight stay. No change from FY20**

On motion by Mary Lou Flynn-Dupart, seconded by Vivian Renfrow, the board voted the approval of the FY21 renewal agreement with Lifetime Homecare HCS, LLC to provide crisis respite services. Term: September 1, 2020 through August 31, 2021. Amount not to exceed: \$120,000; \$250.00 per overnight stay. No change from FY20. The motion carried with all members voting in favor.

**k. Consider approval of the Resolution wherein Gulf Coast Center's Board of Trustees approves submission of the grant application for the Santa Fe Community Response Team to the Office of the Governor.**

On motion by Mary Lou Flynn-Dupart, seconded by Vivian Renfrow, the board voted the approval of the Resolution wherein Gulf Coast Center's Board of Trustees approves submission of the grant application for the Santa Fe Community Response Team to the Office of the Governor. The motion carried with all members voting in favor.

**l. Consider approval of the RFP bid award and associated contract for Lawn Care Services at Center facilities to Texas Ranch Maintenance. Amount not to exceed: \$49,000.00; Term: FY21**

On motion by Mary Lou Flynn-Dupart, seconded by Caroline Rickaway, the board voted the approval of the RFP bid award and associated contract for Lawn Care Services at Center facilities to Texas Ranch Maintenance. Amount not to exceed: \$49,000.00; Term: FY21. The motion carried with all members voting in favor.

**m. Consider the approval of the replacement of seven (7) medium duty transit vehicles and four (4) light duty vans purchased through the Oklahoma State procurement contract, which has been FTA approved. The total purchase price is approximately \$1,218,000 (Funding from federal resources; no local funding will be required.)**

On motion by Mary Lou Flynn-Dupart, seconded by Vivian Renfrow, the board voted the approval of the replacement of seven (7) medium duty transit vehicles and four (4) light duty vans purchased through the Oklahoma State procurement contract, which has been FTA approved. The total purchase price is approximately \$1,218,000 (Funding from federal resources; no local funding will be required.) The motion carried with all members voting in favor.

**10. Pending or Revised Action Items: NONE**

*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**

Due to Covid-19 all Board meetings shall occur virtually until further notice

<b>Date</b>	<b>Event</b>	<b>Time</b>
September 30, 2020	Executive Session	4:00 PM
October 28, 2020	Board Meeting	TBA
November 18, 2020	Board Meeting	TBA
December 9, 2020	Board Meeting	TBA
December 17-19, 2020	Texas Council Annual Conf	San Antonio
January 27, 2021	Board Meeting	TBA
February 24, 2021	Board Meeting	TBA
March 24, 2021	Board Meeting	TBA
April 28, 2021	Board Meeting	TBA
May 26, 2021	Board Meeting	TBA
June 23, 2021	Board Meeting	TBA
July 28, 2021	Board Meeting	TBA
August 25, 2021	Board Meeting	TBA

**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 this meeting to seek legal advice from its Attorney about any matters listed on the agenda.*

**13. Adjourn:**

There being no further business to bring before the Board of Trustees the meeting was adjourned at 4:13 p.m.

Respectfully,

Approved as to Content and Form,

---

Cathy Claunch-Scott

---

Jamie Travis

Secretary to the Board of Trustees

Board Chair

THE GULF COAST CENTER  
Board of Trustees Virtual Retreat Minutes  
Wednesday, September 30, 2020

"Better community healthcare promoting healthy living."

Jamie Travis, Chair of the Board of Trustees of the Gulf Coast Center called the virtual annual Board of Trustees Retreat to order at 4:00 pm on Wednesday September 30, 2020. The following board members were present: Jamie Travis, Caroline Rickaway, Vivian Renfrow, Mary Lou Flynn Dupart, Jaime Castro, Rick Price, Wayne Mallia and Stephen Holmes. The following board members were absent: Lori Rickert (excused). No staff were present.

The Board immediately went into CLOSED/EXECUTIVE SESSION: IN ACCORDANCE WITH TEXAS GOVERNMENT CODE CHAPTER 551.074 (a) (1) SECTION: 551.074 PERSONNEL MATTERS to discuss and deliberate on the performance evaluation of the Chief Executive Officer.

The Board conducted the annual evaluation of Melissa Meadows CEO using the following reports:

- o FY20 Annual Report
- o FY21 Goals
- o FY21 Budget
- o Board of Trustees Appraisal

At 4:45 pm the Board reconvened in Open Session.

Upon motion by Mary Lou Flynn-Dupart, seconded by Vivian Renfrow, the board approved the CEO evaluation and compensation package as discussed in Executive Session. The motion carried with all members voting in favor.

There being no further business to bring before the Board of Trustees; the meeting was adjourned at 4:47 pm.

Respectfully,



Jamie Travis, Chair





## Quality Management Plan FY2021-2022

### I. Overview

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 behavioral and physical health outcomes. All Center programs adhere to quality standards and commit to continuously improve performance of clinical and supportive services, program management, and administrative activities.

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

As Gulf Coast Center works toward submission of application to become a Certified Community Behavioral Health Clinic (CCBHC), we more than ever recognize the importance of becoming a data-driven healthcare entity focused on encounter, clinical outcomes, and quality improvement data. The CCBHC model aligns with Gulf Coast Center's Operational Goals for Fiscal Year 2021 to ensure improved access to care, high-quality services and meaningful reporting.

### 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.

### 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 QM 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 program managers for all service areas are responsible for completing **monthly** client record reviews as described in the QM procedures. The data collected from these reviews is submitted to the QM department via shared files. If the outcome of a review results in findings that are unsatisfactory then program managers will notify staff immediately so the problem can be corrected. **QM monitors the monthly reviews to ensure that the reviews are completed and that documentation corrections are made.** The QM Department utilizes the information from the client record reviews to identify both positive and negative trends which is then used to make informed decisions aimed at improving access to care, quality of services, and client outcomes.

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 primarily through the use of satisfaction surveys. Throughout the year program specific surveys may be offered to service recipients and/or family members when a need is identified or by request from leadership staff. The Center conducts routine surveys in several areas. 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. All survey results are reviewed by the QM department. Any surveys for which feedback is unsatisfactory will be immediately addressed with the staff and or supervisor. The QM department will contact the service recipient and or family member should more information be needed. When



applicable, the QM department will make additional contact with the service recipient and or family member to ensure the problem is resolved.

Client satisfaction with Substance Use Recovery Services is assessed quarterly through the use of client satisfaction surveys offered to service recipients upon program completion. The survey results are reviewed by the program managers and immediate action is taken to address any unsatisfactory responses. The survey results are forwarded to the QM department quarterly so results can be tracked and both positive and negative trends can be determined. All survey trends are shared with leadership staff to review and evaluate the effectiveness of authority functions, identify areas of exceptional service and opportunities for improvement.

In addition to surveys, the QM department conducts QA phone calls to solicit feedback on Center services. QA calls are also conducted by request from leadership as a need is identified. Any QA calls for which feedback is unsatisfactory will be immediately addressed with the staff and or supervisor. The QM department will maintain contact with the caller until the problem is resolved.

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. Client records reviews are completed by service area managers at a frequency no less than **monthly**. If the outcome of a review results in findings that are unsatisfactory then program managers will notify staff immediately so the problem can be corrected.

All review findings are analyzed by the QM department 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. Client record reviews are conducted at a frequency no less than **monthly**. If the outcome of a review results in findings that are unsatisfactory then program managers will notify staff immediately so the problem can be corrected.

The QM department also conducts reviews which 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 EHR 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 daily 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.

The QM Supervisor also participates in bi-monthly Change Management meetings facilitated by the Chief Information Officer. The Change Management meetings provide a structure for participants to identify areas of need regarding changes to the EHR, internal and external reporting and implementing advancements in monitoring contract performance measures and regulatory requirements related to data collection. The meeting allows Clinical Directors, QM/UM and the Director of Reimbursement to work directly with MIS staff to share ideas and collaborate on determining the best approach to meet the data needs of the agency.

E) Utilization Management (UM) - Utilization Management activities provide the Center with a system of procedures designed to ensure that the services provided are cost effective, appropriate and the least restrictive. The primary function of the Utilization Management Department is to ensure consistent application of the UM Guidelines on utilization management reviews which is the process by which MH levels of care are approved and services are authorized. Additional UM activities include but are not limited to the following:

- Utilize clinical and encounter data to compare authority performance with established service targets and contract requirements
- Identify trends to include gaps in services, rates of no shows for appointments and services, under and over utilized services, and barriers to service access
- Report identified concerns to leadership staff to allow for further evaluation and development of action planning and improvement activities
- Monitoring and management of the Waiting List
- Provide assistance with appeals/denials

The Utilization Manager is responsible for the daily monitoring of service utilization trends and performance measure data in MBOW. The UM Manager is charged with sending weekly reports to Clinical Directors, Program Managers, QM Supervisor, and other leadership staff as appropriate. These reports are used to inform clinical staff of performance measure status and service utilization and/or authorization concerns. Clinical Directors and Program Managers are responsible for disseminating information to direct care staff using this data to implement operational changes for process improvement.

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.

H) 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.

I) Continuous Quality Improvement (CQI)- As part of Gulf Coast Center's overall plan to become a CCBHC, CQI processes practiced throughout the duration of the 1115 Waiver will begin throughout the organization for CCBHC related services.

#### **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 QM Supervisor is charged with making recommendations for corrective action plans to address deficiencies identified in QM reviews which includes timelines by which corrections are expected. 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, underdeveloped 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)**

The RPNAC is a regional committee within the East Texas Behavioral Health Network (ETBHN), 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 and mitigation of accidents and safety related incidents. This is accomplished through regular meetings and the analysis of data related to consumer incidents/injuries, facility safety incidents, 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

My signature below indicates approval of the FY2021-2022 Quality Management Plan.

\_\_\_\_\_  
Jamie Travis, Board Chair

\_\_\_\_\_  
Date



MEMORANDUM

October 9, 2020

To: Board of Trustees

From: Sam Tingle, Asset Specialist

Re: GCC vehicle disposal request

Approval is requested to dispose of one Ford box van through the Houston Auto Auction.

The Ford box van listed below is no longer mechanically sound or cost effective to retain.

<u>VEH#</u>	<u>YEAR</u>	<u>MODEL</u>	<u>VIN</u>	<u>MILEAGE</u>
3749	2007	Box Van	1FAFP53U77A187054	174,064

Thank you for your consideration.

Sam Tingle  
Asset Specialist  
The Gulf Coast Center  
4352 E.F. Lowry Expressway  
Texas City, Texas 77591  
(409) 944-4448  
(409) 948-1411 fax  
[samuelt@gulfcoastcenter.org](mailto:samuelt@gulfcoastcenter.org)