



NOTICE OF MEETING

MEMBERS OF THE BOARD OF TRUSTEES

The Gulf Coast Center Board of Trustees meeting for the month of January will be held on Wednesday,

January 26th, 2022, at 6:15 p.m.

at the SBCSC - Southern Brazoria County Service Center
101 Tigner, Angleton.

Thanks,

Lisa M. Becker
Secretary to the Board of Trustees



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cc: January Board of Trustees File

THE GULF COAST CENTER

Regular Board of Trustees Meeting
 Southern Brazoria Community Service Center
 101 Tigner, Angleton, TX 77515
 Wednesday, January 26, 2022
 6:15 pm

"Better community healthcare promoting healthy living."

1. **Call To Order** Jamie Travis, Board Chair
 - a. Announcements
 - b. Introduction of Felicia Jeffery, LPC incoming GCC CEO
2. **Citizens' Comments**
3. **Program Presentation &/or Report**.....Audit Presentation by Eide Bailly, LLP
4. **Board Member Reports**
 - a. Texas Council of Community CentersJamie Travis, Board Chair
 - b. Texas Council Risk Management Fund.Mary Lou Flynn-Dupart, TCRMF Board Chair
5. **Operations Report**..... Melissa Meadows, CEO
 - a. Turnover, Vacancies, and Recruitment Presentation and Report by Kelsey Hoosier, HR Director
 - b. Cultural & Linguistic Competency Plan (CLCP) – (Pg.5)
 - c. Board of Trustee - 1st Quarter Report
 - d. Galveston County Coordinated Council Collaboration Update (Pg. 21)
 - e. Target Expansion and Psychiatric Hospital Bed Funding Status Update
 - f. 1115 Transition Update - DPP and PHP CCP Funding Strategies
 - g. CEO Transition Plan Update
6. **Budget, Finance and Admin Reports**Rick Elizondo, CFO
 - a. Financial & Operational Monthly Report & YTD Summary (Pg. 34)
7. **Consent Agenda**.....Linda Bell, JD, BSN, RN
Consideration and Approval of Recommendations and Acceptance of Consent Agenda Items.
(Consent agenda items may be pulled from this consideration for individual action or presentation.)
 - a. Review and approval of December 8, 2021, Board Minutes (Pg.37)
 - b. Review and approval of the November 2021 and December 2021 Check Register

8. Action Items.....Linda Bell, JD, BSN, RN

- a.** Consider ratification of the Board of Trustee award of a one-time bonus to Melissa Meadows, CEO due to her leadership in attaining CCBHC status for the Gulf Coast Center.
- b.** Consider approval of the FY2021 Financial and Compliance audit.
- c.** Consider the ratification of the Center's Mandatory COVID Vaccine Policy to comply with Center for Medicare Services (CMS) interim final rule dated November 5, 2021, mandating vaccination for healthcare workers. **(Pg. 40)**
- d.** Consider approval of the updated Bank Account Signature listing removing Melissa Meadows, CEO (outgoing) and adding Felicia Jeffery, CEO (incoming) effective February 1, 2022.
- e.** Consider approval of the updated Authorized Signature Resolution removing Melissa Meadows, CEO (outgoing) and adding Felicia Jeffery, CEO (incoming), effective February 1, 2022.
- f.** Consider approval of the FY22 COVID-19 Supplemental Grant Program Contract #HHS00110840035. A notice to proceed was issued for Outpatient Capacity Expansion for FY22 with an allocation of \$583,546.
- g.** Consider approval of Amendment #1 to the FY22 HHSC IDD Performance Contract #HHS0008659000001. This amendment adds \$57,135.75 for Enhanced Community Coordination.
- h.** Consider approval of the HHSC Interlocal Cooperation Contract #HHS001115400035 for the provision of Medicaid MH Case Management, MH Rehabilitation, and PASRR services for the term of January 2022 - December 2026. There is no funding associated with this agreement.
- i.** Consider the ratification of the FY22 MOU with St. Joseph Medical Center extending the term of the FY21 inpatient services agreement until a determination on the requested reallocation or additional funding for inpatient services from Health and Human Services Commission which would increase the reimbursement rate for St. Joseph Medical Center. Current reimbursement: 20 beds at \$380/day.
- j.** Consider the approval of an increase in the Center's mileage reimbursement rate from \$.56 cents per mile to \$.585 cents per mile effective January 1, 2022, for any mileage incurred on or after this date. The revised rate is consistent with the IRS allowable mileage rate for use of personal vehicle, as well as the State of Texas Comptroller's travel policy, both which were revised effective January 1, 2022, to the \$0.585 cents per mile rate.

9. Pending or Revised Action Items.....Linda Bell, JD, BSN, RN

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

Date	Event	Location	Time
January 26, 2022	Board Meeting	SBCSC	6:15 PM
February 23, 2022	Board Meeting	Admin Bldg.	6:15 PM
March 23, 2022	Board Meeting	SBCSC	6:15 PM
April 27, 2022	Board Meeting	Admin Bldg.	6:15 PM
May 25, 2022	Board Meeting	SBCSC	6:15 PM
June 21–23, 2022	35 th Annual Texas Council Conference	Omni Hotel Fort Worth	
July 27, 2022	Board Meeting	SBCSC	6:15 PM
August 24, 2022	Board Meeting	Admin Bldg.	6:15 PM
Admin location: 10000 EF Lowry Expressway #1220, Texas City, TX			
SBCSC location: 101 Tigner, Angleton, TX			

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. Reconvene to Open Session

13. Adjourn



CULTURAL and LINGUISTIC COMPETENCY PLAN

Who We Are and Who We Serve

Gulf Coast Center (GCC) serves as the Local Mental Health (LMHA) and Intellectual Developmental Disability Authority (LIDDA) for Brazoria and Galveston Counties. We provide a range of services and support for individuals with mental health (MH), substance use disorder (SUD), and intellectual developmental disability (IDD) needs. Currently we serve over 8800 individuals from ages 4 through 86 with 52% female, 47% male and 1% with an unidentified sex which includes approximately 140 Veterans. Within this population of individuals served, the demographics are comprised of 61% White, 20% Black or African American, 16% Hispanic or Latino, 1% Asian and less than 1% American Indian or Alaskan Native and less than 1% Native Hawaiian or other Pacific Islander. Within this same population, those we serve identify their primary language as: English, Spanish, Korean, Vietnamese, Laotian, Navajo Native American, Zulu, Chinese/Cantonese, UTE Native American and Sign Language.

In addition to clinic-based programs, GCC works to eliminate typical barriers to services by offering on-demand transportation and robust community-based services. These services include Military Veteran Peer Support, Disaster Response and Recovery, unsheltered/houseless outreach, and connection to resources, 24/7 crisis response, and community education tailored to meet the needs of those we serve and work alongside.

Mission

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

Vision

Better Community Healthcare Promoting Healthy Living

Values

GCC is a culturally based organization with strong core values that guide not just how we work with our clients, but how we work with each other and the community.

Humanity

We value people by serving individuals and families with care and compassion.

Excellence

We value the pursuit of operational excellence by striving to gain efficiencies, decrease costs, and enhance service delivery through innovation.

Accountability

We value achievement of an exemplary standard of accountability for our individual and collective performance.

Loyalty

We value the crucial role which family members and other natural supports play in effective treatment.

Teamwork

We value collaboration to efficiently maximize resources and improve outcomes of care.

Honor

We value united and uncompromising resolve as we steadfastly safeguard and evolve our work environment to uphold education, responsible self-direction, and collaborative coaching.

You

We value commitment to build and strengthen partnerships that benefit the needs and values of our community as a whole.

DEFINITIONS

Before detailing GCC's Cultural Competence Plan (CCP), it is important to define terms relevant to understanding and executing the CCP.

Cultural Competence

Cultural Competence is the ability to understand, communicate with, and effectively interact with people across cultures. It encompasses being aware of one's own world views, developing positive attitudes towards cultural differences and gaining knowledge of different cultural practices and world views. This includes willingness to learn about the person's served culture and integrate those components into the treatment planning process.

Linguistic Competence

Linguistic competence is providing culturally appropriate services to Limited English Proficiency (LEP) members through such means as bilingual/bicultural staff, translated documents, and access to interpretation services to communicate with individuals in their preferred languages.

CULTURAL and LINGUISTIC COMPETENCY PLAN (CLCP)

Culture is an integrated pattern of human behavior, which includes but is not limited to – thought, communication, languages, beliefs, values, practices, customs, courtesies, rituals, manners of interacting, roles, relationships, and expected behaviors of a racial, ethnic, religious, social or political group with the ability to transmit the above to succeeding generations.

GCC recognizes that cultural competence is a key principle that must be integrated within all aspects of a system of care. GCC strives to respond effectively to the needs of all stakeholders, employees, community, and individuals we serve from culturally and linguistically diverse groups. In response to the increasing diversity in our community the GCC will review and update the Cultural Competency Plan at an interval of no greater than every 3 years in conjunction with the needs assessment. Culturally competent services improve engagement, promote therapeutic relationships, promote collaboration with clients, and integrate culturally competent information and practices into client care.

Goals

Improve services and outcomes by developing a strategic approach to collect demographic data on all individuals served.

Measurable Objective: Over the next year, GCC operational staff will work in conjunction with MIS staff to develop a strategy to collect demographic data specifically capturing LGBTQ status 90 % of the time as evidenced by a defined data collection process and ability to extract data from SmartCare through reports.

Improve LGBTQ+ services by increasing employee's understanding and sensitivity to cultural diversity within GCC.

Measurable Objective: Staff will complete at least one training annually related to the culture and diversity of LGBTQ+ communities and their needs within the health care system as evidenced by Human Resource training records.

Improve communication with stakeholders, employees, community, and individuals served for whom cultural/linguistic matters are present while conducting community outreach activities to increase engagement with center.

Measurable Objective: Over the next year the GCC will educate stakeholders, employees, community, and individuals served on the GCC's Cultural and Linguistic Competency Plan and detailed efforts to recruit, retain, and promote staff that reflect the diversity of populations served as evidenced by Community Presentation attendance sheets and Human Resource training records.

Process

Discussion will initiate regarding the need for LGBTQ+ data collection for operational and business needs to develop a strategic plan to capture the data with minimal impact on other aspects of required batching and reporting.

Data will be collected consistently via surveys, registration for clients and through interactions with staff and reviewed by the Chief Operating Officer and Human Resource Director on at least a quarterly basis to gauge the level of success in reaching clients, hiring diverse staff that reflects the diversity of the population served, and determining the need for any adjustments in current CLC Plan.

Review of data to determine % of GCC clients that identify as LGBTQ+ or uncertain and identify quality trainings offered in terms of diversity and culture related to the LGBTQ+ community to ensure opportunity for appropriate trainings for staff and the dissemination of information through outreach and training in the community.

Assure staff can demonstrate competency related to health inequities in the LGBTQ+ communities in order that the GCC meet the diverse needs of individuals served.

Utilize community outreach to assure that the community is aware of the ability to be served at GCC to help decrease health inequities in the LGBTQ+ communities.

Diversity and Training of Employees

- GCC does not discriminate with regards to race, sexual orientation, gender, religion, or ethnic backgrounds when hiring employees.
- GCC follows the guidelines within our HR policies and procedures and Texas Administrative Code (TAC) as it relates to recruitment, screening, and selection to ensure the most qualified employees are hired through verification of credentials, relevant work experience, HR assessments, multiple level interviews, and background checks.
- GCC strives to hire or contract employees who are bilingual as needed for areas that have direct contact with individuals to meet their identified needs & provides an additional stipend for employees who are proficient in multiple languages.
- GCC provides training for staff to increase knowledge, improve understanding, sensitivity, and competency to the culturally diverse population that they serve.
- GCC provides training courses at initial orientation and thereafter at reasonable intervals including Cultural Competency and specific Military and Veteran Cultural Competency; Person-centered and family-centered training that recognizes the particular cultural and other related needs of individuals served.
- GCC also provides opportunities for employees to participate and engage in Cultural Table Talks and access to additional trainings within our Learning Management System.
- GCC operates under a trauma-informed approach based on the six key principles of Safety, Trustworthiness & Transparency, Peer Support, Collaboration & Mutuality, Empowerment & Choice, and Cultural, Historical & Gender issues.

Cultural Services

- GCC service delivery includes learning about and respecting the worldviews, beliefs, values, and attitudes toward mental health, help-seeking behavior, substance use, and behavioral health services of individuals served.
- GCC will use evidenced-based, trauma informed screening tools to obtain and integrate information about culture, language, religious needs as it relates to treatment.
- GCC will support a collaborative approach to care that includes allowing individuals served to include family members of their choosing as part of the assessment and planning process.
- GCC will support the navigation of healthcare by providing care coordination, which promotes accessing a range of different services that works towards recovery. This may involve interactions between a Care Coordinator and internal and external care providers, to improve health and functioning.

Linguistic Services

- GCC will ensure appropriate services are respectful of and responsive to the health beliefs, practices and needs of the diverse group of individuals we serve within our communities.
- GCC will identify individuals served through appropriate screening tools, and tools/approaches that accommodate persons with disabilities when appropriate to include cultural/linguistic alternative communication methods.
- When needed, GCC will provide individuals served accommodations to ensure cultural and linguistically competent services as it relates to treatment planning components.
- Clients may be informed of language assistance services through methods such as:
 - Posted signs in all regularly encountered languages at all points of entry.
 - Adhering to uniform procedures for timely, effective telephone communication between staff members and individual with English proficiency (see Policy and Procedure Proficiency (LEP)).
- When needed, GCC will provide individuals served with interpretation services in the following areas:
 - Oral language services (interpretation), which may be provided by:
 - Bilingual staff
 - Telephone interpreter lines
 - Written language services (interpretation), which may be provided by:
 - Written translations of vital documents for each eligible LEP language group that constitutes 5% of the population of individuals eligible to be served or likely to be encountered; or
 - If 5% is less than 50 people, provide written notice in the primary language of the group of their right to receive competent oral interpretation of the material, free of cost.

Flexibility

- GCC strives to make available non-traditional hours to accommodate individuals served.
- GCC provides sliding scale/fee reductions to assist in assuring affordable costs for individuals served.
- GCC staff will initiate the process to support individuals served being connected to benefits that may contribute to their overall wellness including but not limited to health insurance, disability benefits as appropriate and veteran's benefits for those who have served in the military.

Community

GCC will work collaboratively with designated providers of care to ensure coordination of services to support the best possible health outcomes for individuals served. Care Coordination are activities that are designed to ensure timely access to needed services and supports, facilitate communication among care providers, eliminate duplication of service, ensure uninterrupted service during transitions of care, and track progress toward achievement of treatment goals.

GCC desires to develop and utilize relationships with traditional and non-traditional organizations within the community to enhance service delivery and maximize resources for individuals served. GCC also uses these relationships to build and facilitate acceptance of the behavioral healthcare system.

- GCC will work with emergency management, law enforcement, educational institutions, social service agencies, and other health providers to promote an understanding of the culture of those we serve within our communities.
- GCC will provide training to our community partners to promote mental health, substance use recovery, and community-based support by providing education about services.

- Outreach, education, and training includes the following:
 - **Psychological First Aid for Schools (PFA-S)** provides practical assistance to meet immediate needs and concerns, reduce distress, and foster adaptive coping in the wake of a disaster which includes considerations for special populations.
 - **Disaster Recovery** trainings including understanding common reactions to disasters, developing coping skills, and providing access to resources.
 - **Crisis Training** to promote understanding and accessing the Crisis Hotline, Mobile Crisis Outreach Team, School and Law Enforcement Team, and IDD Crisis Intervention Specialist.
 - **Trauma Informed Care** recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life.
 - **CALM (Counseling on Access to Lethal Means)** provided by GCC TVC Certified MVPN Peer Services Coordinator.
 - **Access to Military Informed Care** to provide an overview of military culture and impacts on the Veteran and family dynamics

- GCC provides trainings within the community at a low cost for those with interest in increasing their knowledge in the following areas:
 - **MHFA (Mental Health First Aide):** Offered virtually or in person, this course provides an overview of recognizing the risk factors and warning signs for mental health and addiction concerns and strategies for how to help someone in both crisis and non-crisis situations and where to refer someone identified for additional help.
 - **ASIST (Applied Suicide Intervention Skills Planning):** Offered in person training that teaches the participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety.
 - **CPR AED/First Aid:** Offered in a mixed virtual/live or in person, this course trains participants to provide first aid, CPR and use an automated external defibrillator (AED) in a safe, timely and effective manner. The training reflects the science and education from ILOR Guidelines. This course is designed for anyone with little or no medical training who needs a course completion card for their job, regulatory, or other requirements or anyone who is interested in preparation for an emergency in any setting.

Conclusion

Cultural competence is not an isolated aspect of behavioral health care, but a vital component of overall excellence in the delivery of services to those we serve within our community. It is the goal of GCC to improve cultural competence among our employees and individuals we serve as well as the community partners we pursue through continued efforts in best practices in hiring, cultural competency trainings, improving knowledge, attitudes, and skills to meet and/or exceed the behavioral health needs of those we serve.



Gulf Coast Center is devoted to advancing health equity, improving availability and access to services, and eliminating health disparities in our communities. We recognize the spectrum of cultural health beliefs and practices, preferred languages, and communication needs that our community possesses. Gulf Coast Center provides a culturally based framework for care services. We recruit, retain, and promote staff that reflect the diversity of the population that we and our community partners serve.

Culturally & Linguistically Appropriate Service (CLAS) and Cultural & Linguistic Competency (CLC) Resource Guide/Executive Summary

CLAS requirements include the use of CLC knowledge, understanding, and language be demonstrated in the entirety of organizational culture and service delivery. Reducing disparities/unequal treatment in healthcare and demonstrating sensitivity to the health needs of sexual/gender minorities are major focus areas. The CLAS Standards Implementation Framework recommended in the Resource List breaks it down this way:

- 1. Foster Cultural Competence**
- 2. Ensure Language Access**
- 3. Build Community Partnerships**
- 4. Collect Diversity Data**
- 5. Benchmark, Plan, Evaluate**
- 6. Reflect and Respect Diversity**

The first resource on the list will be implemented as a link on Gulf Coast Center's website called, "Culturally & Linguistically Appropriate Service (CLAS) and Cultural & Linguistic Competency (CLC) Resources." This will help fulfill some of our educational resource provision goals as outlined in the various internal Policy and Procedures and in the Cultural and Linguistic Competency Plan (CLCP). The Guide is full of practical resources such as CLAS/CLC Workplans, Contract Assessments, a Diversity Calendar for the Monthly Staff Bulletin, and guidelines for speaking or referring to individuals with inclusivity and respect. The Guide may be attached to the CCP to keep staff operating from the same workflow.

Resources

1. University of South Florida (USF), Child & Family Studies, College of Behavioral & Community Sciences (CBCS): <https://www.usf.edu/cbcs/cfs/clc-resource-library/general-clc-tools.aspx>

This link connects to database/library of FREE printable training and education manuals. For use on our website, link to *the Diversity, Equity, Inclusion and Belonging Calendar* (particularly good as an on-going Bulletin highlight), and to their national and state organizations website & resource lists. GCC can use this resource to make CLAS and CLC resources available to internal and external partners, clients, and the broader community.

Embed this link on Gulf Coast Center's website, under "QUICK LINKS," titled, "CLAS and CLC Resources." This will help fulfill some of our educational resource provision goals as outlined in this various internal Policy and Procedures and in the Cultural Competency Plan (CCP).

- Cultural & Linguistic Competence (CLC) Library for addressing BH Disparities & Creating Impact Statements.
- Assessment Tools
- BH Equity and Social Justice Action Plan
- CLAS Implementation
 - Workplans, Data Gathering, Definitions, Educational Pdf's, & Guides
- Disparity Tools
- Evidence -based Effective Practices Tools (Internal Education)
- Plain Language Checklists (for print and web)
- Implicit Bias
- Mental Health & Trauma
 - Children & Disasters, Historical Trauma, & Framework for Culturally Based Practice
 - National & State Organizations
 - Specific Populations
 - African American
 - Alaskan Native | American Indian
 - Appalachian
 - Asian/Pacific Islander
 - Caribbean Islander
 - Disenfranchised
 - Immigrant and Refugee
 - Latino/Hispanic
 - Muslim/Islamic
 - Sexual and Gender Diverse

2. CLAS Implementation - www.solvingdisparities.org – Advancing Health Equity

2a. Roadmap to Reduce Disparities:
<https://www.solvingdisparities.org/tools/roadmap>

- Disparities research for change
- Real World Examples
- Roadmap to Reduce Disparities
 - Linkage quality & equity
 - Creating a culture of equity
 - Diagnosing the disparity
 - Designing the activity
 - Securing buy-in
 - Implementing change

3. Limited English Proficiency (LEP) Toolkit:
<https://www.dol.gov/agencies/oasam/centers-offices/civil-rights-center/external/limited-english-proficient/toolkit>

Information and guidance for community individuals and organizations about requirements, terms, and tools related to LEP. Find “I Speak” Language Identification Cards and data by state.

4. U.S. Department of Health And Human Services Spanish Language Mental Health Resources:
<https://espanol.mentalhealth.gov/>

Government website in Spanish with Mental Health Resources and Hotlines for suicide prevention, Veteran Crisis, and other forms of immediate help.

5. Connecting Those at Risk to Care/ Care Coordination Pathways:
https://www.ahrq.gov/sites/default/files/wysiwyg/innovations/CommHub_QuickStart.pdf

The information in the Connecting Those at Risk to Care quick start guide is intended to assist community care coordination initiatives in identifying at-risk individuals, clarifying their risk factors, and then ensuring risk factors are addressed using pathways and a pay-for-performance methodology. (Each resource must be vetted separately. Intended as a guide. Very straightforward and informative.

6. CLAS Planning Worksheet:
http://cfs.cbcs.usf.edu/projects-research/docs/Implementation_Resources.pdf

1. Foster Cultural Competence
2. Reflect and Respect Diversity
3. Ensure Language Access
4. Build Community Partnerships
5. Collect Diversity Data
6. Benchmark, Plan, and Evaluate

7. SAMHSA BH Health Disparities Impact Statements

http://cfs.cbcs.usf.edu/projects-research/docs/BHDIS_NationalEvalSnapshot.pdf

1. Rationale and Framework
2. Sample
3. Findings (Access, Services Use, Outcomes)
4. Next Steps

8. Plain Language Checklist: <https://www.plainlanguage.gov/resources/checklists/web-checklist/>

General principles for speaking to and referencing individuals with inclusivity and respect. *Plain Language Checklist* focuses on reducing disparity by keeping things understandable, transparent, and relatable.

9. APA STYLE- Style and Grammar Guidelines:

<https://apastyle.apa.org/style-grammar-guidelines/bias-free-language/disability>

Provides language that is specific to individuals living with disabilities.

10. The Trevor Project: [The Trevor Project | For Young LGBTQ Lives](#)

Featured Resources

- A Guide to Being an Ally to Transgender and Nonbinary Youth

An introductory educational resource that covers topics and best practices on how to support transgender and nonbinary young people.

- Black & LGBTQ: Approaching Intersectional Conversations

Approaches for before, during, and after a difficult conversation to make sure the dialogue – and your mental health – stays safe.

- How to Support Bisexual Youth

11. Race Equity and Inclusion Action Guide:

<https://www.aecf.org/resources/race-equity-and-inclusion-action-guide/>

Embracing Racial Equity: 7 Steps to Advance and Embed Race Equity and Inclusion Within Your Organization

- How to use an equity and inclusion framework for understanding different dimensions of racism.
- How to identify and analyze the root causes of racial inequities.
- Key terms, concepts, and definitions relevant to race equity.
- How to talk about race by establishing shared values and a common understanding.
- How to advance racial equity and inclusion and embed it in your organization.
- Questions that bring together stakeholders to achieve social change.
- How to set goals for racial equity and track and measure progress.
- How to assess the impact of policies and other actions on racial and ethnic groups.

12. Addressing Trauma Among Gay, Bisexual, and Queer Boys of Color

<https://forwardpromise.org/research-resources/addressing-trauma-among-gay-bisexual-and-queer-boys-of-color/>

Downloadable Issue Brief that highlights research regarding trauma amongst GBQ boys and young men of color.

13. Best Practices in Creating and Delivering LGBTQ Cultural Competence Trainings for Health and Social Service Agencies

http://cfs.cbcs.usf.edu/projects-research/docs/CCCbest_practices.pdf

Framework for what cultural competence training should entail when addressing the LGBTQ community.

14. Diversity, Equity, Inclusion and Belonging Calendar:

https://www.diversityresources.com/aa_gsr/gridnew2.php?key=IM1P0m4verDE&datefilter=2021-09-22

This may be utilized by the content creator for the Bulletin (monthly digital update, facilitated by Staff Council).

15. Cultural and Linguistic Competency Assessment: <H:\CLAS\Cultural and Linguistic Competency Assessment.doc>

Assessment for providers.

Roadmap for Implementing an Extended Observation Unit in Galveston County: Second Report

Second Report to the Galveston County Coordinating
Council

December 3, 2021

MEADOWS
MENTAL HEALTH
POLICY INSTITUTE

Background

The Meadows Mental Health Policy Institute (Meadows Institute) provided Galveston County with a “roadmap” for developing an Extended Observation Unit (EOU) in a report on July 23, 2021. This follow-up report answers four questions below posed by Melissa Meadows, CEO of Gulf Coast Center (GCC), Chairman Holmes, Coordinating Council and Tyler Drummond, Chief-of-Staff to County Judge Henry.

1. Is an EOU the right program for Galveston County?
2. Can EOU admissions be limited to law enforcement?
3. What is the cost of an EOU based on the Meadows Institute’s prior work in Texas?
4. What is the model and potential cost of an EOU for Galveston County?

The report then concludes with recommendations to Galveston County officials regarding the next concrete steps that must be taken to implement a stand-alone EOU for Galveston County based on prior discussions and directions by local officials with the technical assistance team. The technical assistance team is headed by Ron Stretcher, Senior Director of System Management.

A draft of this report was reviewed by Melissa Meadows, CEO of the GCC, and as stated in the discussion below, she recommends that the proposed EOU be co-located with a hospital or a Psychiatric Emergency Service Center (PESC). The Meadows Institute TA team has found that the co-location model is best practice. We recommend that Galveston County leadership continue to explore options for a co-located EOU. However, the current opportunity in Galveston County is to use an empty facility of the HCA Mainland Hospital in Texas City to establish a stand-alone EOU. We provide recommendations for the next planning steps towards implementing a stand-alone EOU.

Addressing Questions

1: Is an EOU the right program for Galveston County?

Yes.

There are different options for residential-based crisis services: Crisis Respite Centers (least intensive); Crisis Residential Units (not authorized to accept persons on involuntary status); Crisis Stabilization Units (the most intense and located within a hospital); and Extended Observation Units (EOU). An EOU provides up to 23 hours of emergency services to people in a

mental health crisis who might pose a moderate to high risk of harm to themselves or others. If the facility meets certain requirements, persons may stay in the EOU up to 48 hours. Medical personnel must always be available. EOUs are typically located within or very near to a hospital that provides psychiatric emergency and inpatient services. EOUs can accept voluntary and involuntary admissions, including people on emergency detention orders. Therefore, an EOU provides an option for drop-in for law enforcement in lieu of hospitals and jails which is a key goal of the current work in Galveston.

An EOU can be in a stand-alone facility or located within a Psychiatric Emergency Service Center (PESC). Also referred to as psychiatric emergency services, the essential functions of a PESC include immediate access to assessment, treatment, and stabilization for people with the most severe and emergent psychiatric symptoms. Services include assessment, treatment, stabilization services, and immediate access to emergency medical care. If in a stand-alone facility, the EOU must be “near” a licensed hospital or a Crisis Stabilization Unit. An EOU requires access to medical staff. EOU services must be supervised by a psychiatrist. There must always be a physician on call. The EOU must have always at least one Registered Nurse on site and a Licensed Professional of the Healing Arts (LPHA) on site between the hours of 8:00 am to 7:00 pm seven days a week with telehealth access after-hours. The three current EOU’s contacted for this report staff the LPHA with a licensed behavioral health clinician, typically a Licensed Professional Counselor (LPC). An EOU can set its written process and procedures, including eligibility criteria for admission. While standards allow EOUs to accept voluntary walk-ins, a specific EOU can develop policies that limit eligibility to involuntary admissions or persons referred from a hospital. Determining the admissions and exclusions criteria is a critical planning decision for Galveston leadership as will be discussed below.

Galveston County leadership should pursue the EOU option in establishing a crisis services facility. Best practice is co-locating the EOU within a hospital or psychiatric emergency services center (PESC), with medical clearance available from the hospital or PESC prior to EOU admission. The Meadows Institute team consulted with GCC leadership in developing this report. GCC leadership recommends strong consideration of a collaboration with a hospital partner to operate an EOU or similar model, as opposed to a standalone model. Leadership sees it as invaluable to the implementation and sustainability of the operation to co-locate with a hospital partner providing the services. For skilled nursing and medical services, a hospital partner is critical. And, as with many entities across the country, GCC is challenged more than ever with recruitment and retention of key clinical roles, especially licensed clinicians and skilled nursing personnel. GCC has an existing collaboration with UTMB for the psychiatry services in their in-patient unit. There has been a historic difficulty hiring psychiatrists directly for full-time positions. There are EOUs operating in Texas as a stand-alone or co-located with

lower levels of crisis care that can provide information on those models for Galveston County as discussed below.

The proposed EOU must be developed within the overall crisis services continuum in Galveston County. The Meadows Institute defines the critical elements of the crisis continuum in the Appendix at the end of this report. The ideal crisis continuum exists within a broader system of care that identifies and responds to the behavioral health needs of the individual in a community. Without the availability of community-based behavioral health services that address needs ranging from mild to severe, the crisis end of the services spectrum becomes the default point of entry for care. In the ideal system, most people would have their behavioral health needs identified prior to reaching a point of crisis. Developing a strong community-based services continuum that people can access prior to being in crisis is critical to preventing crises and maximizing efficient use of the available crisis services. When meaningful community-based alternatives to inpatient treatment are absent, many people in crisis have nowhere to turn but to the most restrictive, disruptive, and expensive care.

2: Can EOU Admissions be Limited to Law Enforcement?

An EOU must operate under the Crisis Services Standards established by the Texas Health and Human Services Commission and found in Information Item V, an exhibit to all state contract with local mental health authorities. The Crisis Services Standards can be accessed at: <https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/behavioral-health-provider/community-mh-contracts/info-item-v.pdf>. The standards do allow an EOU to set eligibility criteria based upon the specific program components and community need, including limiting admissions to persons referred by law enforcement. Galveston County leadership will determine as planning continues if restricting admissions to law enforcement is the most effective use of the EOU. If the EOU for Galveston is co-located with a hospital emergency room or PESC, with access to appropriate medical staff, restricting admissions to law enforcement would likely limit the overall impact on the system. Regular processes for law enforcement, emergency medical services and voluntary walk-ins would be used, and initial assessments would determine who is best served in an EOU. If the EOU is a stand-alone facility, having medical clearance prior to admission will be a key issue that may limit who can best be served.

3. What is the cost of EOU based on the Meadows Institute's prior work in Texas?

Hospital/PESC Co-Location Model: Dallas County

The Meadows Institute provided technical assistance in establishing the Dallas County EOU in 2018. Dallas County's EOU is managed by the North Texas Behavioral Health Authority (NTBHA), who contracts with Parkland Hospital (the County Hospital District) to operate the EOU, which is co-located with Parkland Hospital's PESC. The EOU has a capacity of 18 beds and processes approximately 315 persons per month.

Parkland provides all medical, clinical, and support staff. NTBHA has embedded care managers to conduct assessments and facilitate transfers to inpatient care or warm hand-offs to community care. Voluntary "walk-in" admissions first present at the hospital's emergency room and are routed to the PESC if appropriate. Law enforcement and emergency medical services have a dedicated access point where admissions are quickly screened for medical clearance and accepted into the PESC or routed to the ER based on medical necessity.

The Dallas County EOU costs \$8 million per year to operate. NTBHA provides \$4 million from its state revenue funds. Parkland covers the remaining costs through reimbursements from Medicare, Medicaid or private insurance and its general revenue funds. NTBHA provides embedded care coordinators to facilitate transfers to inpatient or community services and peer specialists who provide actual transportation and support for persons discharged to community care. These resources cost an additional \$1 million per year.

Stand-Alone Model: El Paso County

Emergence Health Network (EHN), the local mental health authority in El Paso County, operates a stand-alone EOU with 9 beds that is co-located with its crisis walk-in center. The EOU receives referrals from EHN's internal crisis and emergency services programs as well as referrals from law enforcement. Once in the EOU, EHN may facilitate admission to the state hospital or private hospitals for inpatient treatment, if criteria are met.

Providing medical clearance in the stand-alone model has been a challenge for EHN. A patient must be medically cleared before admission to the EOU is approved. For all patients, even those that present with symptoms that appear to be primarily psychiatric in origin, a medical evaluation needs to take place to determine if any acutely serious underlying physical illness exists, since admission to a psychiatric facility without medical capacity would be unsafe or inappropriate. Because of limited assessment capacity available at EHN, people experiencing psychiatric crises were often transported to an emergency department to receive full medical

clearance, which defeats the purpose of diversion and system efficiency that the EOU provides. EHN and the local EMS provider are exploring a collaboration to embed EMS in the EOU for medical clearance.

The El Paso EOU costs approximately \$2 million annually to operate. EHN covers the full cost of the program, but does bill Medicaid, Medicare, and commercial insurance for services. EHN reported limited reimbursement for the EOU as less than 25% of those served have any form of insurance. All staff of the EOU are EHN employees, except for psychiatrists which are contracted through a telehealth service, and food service. EHN is considering adding a second EOU, but only if they can partner with a local hospital to embed the EOU within the hospital.

EHN leadership stressed that having the current EOU co-located with their crisis walk-in center allows them to share some cost and better leverage resources. EHN could not provide the costs for the co-located services as the operations are spread across different cost centers. But their experience to date is that an EOU operates best when embedded within a hospital or PESC.

Stand Alone Model: Collin County

Lifepath, the LMHA for Collin County (Plano, McKinney), operates an 8 bed EOU that is co-located with its 22-bed crisis residential program. The Collin County EOU accepts referrals from local emergency departments and its internal programs. Law enforcement does not directly access the EOU unless they are working with an existing Lifepath consumer with services coordinated by a Lifepath mobile crisis team. Many people transition from the EOU to the crisis residential unit. Lifepath also facilitates transfers from the EOU to the state hospital or other inpatient care when needed.

The Collin County EOU costs approximately \$2 million per year to operate. Lifepath contracts for much of the services in the EOU: intake processing, technicians, food service and psychiatric telehealth. Lifepath provides care coordination services with existing staff that are part of a larger team. Lifepath leadership reported that co-locating with the crisis residential program allowed sharing of resources and improved coordination of care. Access to medical clearance and full medical care that would be found in a hospital or PESC does limit the scope of the EOU. The co-located crisis residential program costs about \$1 million per year to operate.

4. What is the model and potential cost of an EOU for Galveston County?

The Meadows Institute TA team recognizes that an ideal EOU is co-located within a hospital or PESC, with medical clearance available from the hospital or PESC prior to EOU admission. As planning progresses, all options to implement this model should continue to be explored. Galveston County officials should contact leadership in other LMHA's that operate, or have

ceased operating, an EOU to get a broad perspective of the challenges for operating in a stand-alone model. The Meadows Institute TA team can facilitate this contact. There should also be focused discussions with both HCA and UTMB leadership about potential collaborations. While HCA has not indicated an interest in having a role in operations of an EOU, there would be advantages to that facility if an EOU is co-located. UTMB has indicated plans for establishing an intensive outpatient/partial hospitalization program. UTMB provides the psychiatric services for the inpatient beds that the GCC purchases in Houston. The Meadows Institute TA team can also facilitate these focused discussions.

However, the current opportunity is for setting up a stand-alone EOU in space provided by the HCA facility, without any services from HCA. The following recommended next planning steps are for a stand-alone EOU. If the facility is to be operational by 2023, then steps below need to happen as soon as possible.

Next Planning Steps Recommended for Galveston County Officials: Stand-Alone Model

1. Establish a Galveston Planning and Negotiating Team: Identify Galveston County elected officials and/or staff that will be responsible for the execution of the project.
 - a. Identify staff that will support the project.
 - b. Agree on protocols for the Meadows Institute to provide technical assistance from Ron Stretcher and his team.
 - i. At this time this technical assistance can be funded with Pew Charitable Trust funds.
2. Determine HCA Facility Renovations Requirements: Determine what renovations, furniture and related equipment, and other facility changes are needed.
 - a. First, decide how many EOU beds that facility can handle.
 - b. It is likely that 8 to 10 EOU beds will meet the needs in Galveston.
 - i. Collin County's 9 beds and El Paso County's 8 beds have generally met the needs of both communities according to leadership we contacted. Neither program provides on-site medical clearance, which affects access and daily census. Dallas County reports only exceeding their 18 beds during periodic increases and average closer to 10 to 12 beds in use at most times.
 - ii. This assumes continued access to the St. Joseph Hospital beds currently contracted by the GCC.
 - iii. Note that the goal of the EOU is to provide law enforcement with a local crisis center for patient drop-offs to reduce the need for law enforcement

to directly transport people in crisis to hospitals outside of Galveston County. However, there will still be a need for in-patient beds.

- c. Additional space may be available to consider co-located other crisis services, especially crisis residential. Both Collin and El Paso Counties co-locate other services in their EOU and report positive impacts.
3. Draft and Execute a Contract with HCA Mainland: Execute a contract with HCA Mainland to provide the facility to Galveston County for the EOU.
4. Determine EOU Operational Parameters: Determine size, possible co-location, medical clearance protocols, admission and exclusion criteria, and the EOU's role within the crisis continuum.
 - a. Review existing data and facility options to determine the best size of the EOU and, if space is available, the efficacy of co-locating crisis residential services with the EOU.
 - b. Medical clearance protocols will drive the admissions criteria. Options to consider are: agreements with local hospitals on use of emergency rooms for medical clearance, embedding EMS resources in the EOU, contracting for on-site medical providers, and access to rapid transport when medical emergencies arise.
 - c. Admission and exclusion criteria must be developed and shared broadly with all stakeholders who will access the EOU. Having a shared understanding of who can best be served in the EOU will reduce persons being turned away or needing quick transport to higher levels of care.
 - d. The proposed EOU will be a significant addition to the continuum of crisis services. The parallel work in the community to develop expanded clinical support for 911 call centers and to deploy multi-disciplinary response teams (MDRTs) will inform the EOU planning. The EOU can serve as an initial triage for persons who ultimately need higher levels of care and as a step-down from in-patient care as part of a return to care in the community.
5. Determine Operational Funding and Source: Based on EOU parameters discussed above and identification of how medical clearance would be provided, identify a start-up operational budget and second year operational budget.
 - a. Identify funding source and allocate the funds to support implementation.
 - b. Initial planning decisions will drive the operational budget for the EOU.
 - i. Based on the El Paso and Collin Counties experience, a stand-alone EOU with an 8 to 10 bed capacity will cost at least \$2 million annually to operate.
 - ii. A stand-alone EOU with a 16 to 20 bed capacity will cost at least \$4 million annually to operate.

- iii. Operational costs are in addition to start-up costs that still need to be determined (facility renovations, equipment, furniture).
- 6. Begin Making Operational Decisions on Staffing. At the appropriate time, staffing estimates need to be developed.
 - a. Determine when hiring direct staff or contracting for specific services is the most effective.
 - b. Determine how to best use telehealth for psychiatric services. Both Collin and El Paso Counties with stand-alone EOUs rely primarily on telehealth for psychiatrists. The Dallas EOU has full access to Parkland's medical and psychiatric resources and use little telehealth.
 - c. Consider Gulf Coast hiring the required clinicians directly and staffing so that a clinician is available 16 hours per day, 7 days per week. All three EOU contact reported that the clinician drives the overall program and is critical to the success of their programs.
- 7. Review the Existing Continuum of Crisis Services in Galveston County: Work must continue to determine gaps in services that should be addressed to ensure success of the EOU.
 - a. There must be clear paths from the EOU to appropriate care, whether in-patient or community based.
 - b. The EOU is designed for rapid assessment, stabilization, and connection to appropriate care. It is especially important to have adequate stabilization support for persons exiting the EOU to the community.
 - c. Short-term crisis respite care is often needed to support a connection to longer term engagement with community care. Peer recovery support with a transportation component can also be an important resource for persons discharging from the EOU.

Appendix: Continuum of Care to Effectively Support EOU and Enhance Other Supporting Services

No community in Texas or the nation currently offers all the services listed below as part of their crisis services continuum. Galveston County leadership should consider the overall continuum of care in developing the EOU. The planning process should identify critical services missing from the local continuum that need to be developed along with the EOU.

Continuum of Crisis Services in an Ideal System	
Program or Service	Description & Services Provided
24/7 Crisis Hotline	These hotlines provide direct services delivered through a free telephone line that is answered 24 hours a day, 7 days a week (24/7) by licensed and trained staff. A 24/7 crisis hotline provides immediate support, appropriate referrals, and linkages to a mobile crisis team or emergency medical services (EMS) response, if appropriate.
Mobile Crisis Outreach Team (MCOT)	MCOTs provide a rapid response to crisis calls in the community by mental health specialists who provide outreach, de-escalate crises, and make determinations for needed treatment. Mobile outreach is a key service that can help with onsite assessment, rapid medication when a psychiatric prescriber is available by telephone or tele-medicine (using mobile devices), and transportation of people who are agreeable to go to a crisis respite program, crisis residence, or a peer-operated crisis program. In most communities in Texas (and across the nation), crisis outreach services are either not sufficiently available after business hours or are hindered by inadequate geographic coverage (e.g., there may be one crisis team located at a single site in a large metropolitan or geographic area). Other communities may have multiple outreach programs that are not connected to each other, resulting in limited coordination. An effective system of care will have multiple crisis sites, including mobile outreach and communication protocols among crisis teams that allow coordination and critical information sharing. This helps promote efficiency, care coordination, and sharing of after-hours coverage.
Crisis Transportation	A crisis system should include transportation services that are provided in a safe and timely manner when crisis services are needed. Depending on the circumstance, this service is provided by mobile crisis teams, EMS, or local law enforcement.
Peer Crisis Services	Peer crisis services include peer-led interventions and support that are provided in a calming, home-like environment during a crisis, operated by individuals with life experience of mental illness. These services are intended to last less than 24 hours, but can last several days.

Continuum of Crisis Services in an Ideal System	
Program or Service	Description & Services Provided
Walk-in Crisis Center	These centers are physical walk-in locations in which crisis assessments and triage are conducted by medical staff (including prescribers). Crisis urgent care centers, which may or may not be based in a hospital, provide immediate walk-in crisis services, including assessment, medication administration, and support services.
Crisis Telehealth Services	Crisis telehealth services provide access to emergency psychiatry services at crisis facilities and other settings, allowing highly trained staff to provide interventions over the phone without the cost of the person in crisis needing to be on site continuously, or when services would otherwise be unavailable. Crisis telehealth services include assessment, crisis de-escalation, and prescribing services.
Crisis Respite	Crisis respite offers opportunities to provide a safe environment to resolve crises and help people engage in services. Depending on the needs of the individual, the acuity of the crisis, and the resources of the program, many people can use these services as an alternative to inpatient care. Providing respite for an individual or a child/family prevents further escalation of relational stressor and decompensation, thereby avoiding a crisis that could result in hospitalization or incarceration.
Short-Term Crisis Residential	<p>Short-term crisis residential services provide urgent care treatment in a safe environment for people who are experiencing acute crisis symptoms. These units are used as a step-down out of an extended observation unit for people who need more time for stabilization and are not ready to return to the community. They may also be used for people who are at risk for decompensation such as someone who has become homeless and requires placement.</p> <p>Short-term crisis residential services include 24-hour supervision, prompt assessments, medication administration, individual/group treatment, meetings with family and other supports, and referrals to community treatment.</p>
Extended Observation Unit (EOU) / Crisis Stabilization Unit	<p>Extended observation units (EOU) play a significant role in allowing people in crisis to be stabilized in the community rather than at an inpatient facility or a hospital emergency department. In addition, EOUs are secure facilities with the capacity to accept involuntary and voluntary patients who are experiencing a psychiatric crisis. This feature provides law enforcement officers an alternative to taking people in crisis to jail or a hospital.</p> <p>An EOU is not appropriate for people with high medical needs, who need to be restrained or secluded, or who are actively violent; however, almost all other psychiatric crises can be managed in an EOU. An EOU provides intensive treatment in a safe environment for people who have significant thoughts of suicide or significantly compromised ability to cope in the community. EOU services include prompt assessments, medication</p>

Continuum of Crisis Services in an Ideal System	
Program or Service	Description & Services Provided
	administration, meetings with extended family and other supports, and referrals to appropriate services.
Psychiatric Emergency Service Centers	Also referred to as psychiatric emergency services, the essential functions of a psychiatric emergency center include immediate access to assessment, treatment, and stabilization for people with the most severe and emergent psychiatric symptoms. Services include assessment, treatment, stabilization services, and immediate access to emergency medical care.
Hospital Emergency Departments	Similar to a psychiatric emergency center, hospital emergency departments include immediate access to assessment, treatment, stabilization, and admission/referral to inpatient care for people experiencing the most severe and emergent psychiatric symptoms. Services include assessment, treatment, stabilization services, immediate access to emergency medical care, referral, and admission to inpatient psychiatric care.
Inpatient Services	Inpatient treatment services are reserved for people with mental illnesses who are a danger to themselves or others or who have a psychosis or compromised ability to cope in the community and cannot be safely treated in another level of care. Inpatient services include treatment, assessments, medication administration and management, meetings with extended family and others, transition planning, and referrals to appropriate community services.

The Gulf Coast Center	FY2022	FY2022	FY2022	FY2022	FY2022	FY2022	
Fiscal Year 2022	Annual Budget	Sep-21	Oct-21	Nov-21	Dec-21	YTD Actual	
Board Operational Budget Schedule	Preliminary					YTD % s/b 8%	
EXPENSES - OPERATING							
Salary and Wages	13,951,071	1,063,577.44	1,067,144.87	1,033,559.39	1,103,968.09	4,268,249.79	31%
Fringe Benefits	5,174,198	408,746.50	423,028.28	413,547.17	431,315.41	1,676,637.36	32%
Travel	138,134	2,857.15	2,381.98	2,741.61	1,753.48	9,734.22	7%
Consumable Supplies	199,845	12,151.75	9,550.81	13,841.26	13,796.17	49,339.99	25%
Pharmaceuticals/Laboratory	302,500	23,500.00	23,787.03	19,886.73	22,222.16	89,395.92	30%
Capital Outlay - Furniture/Equipment/Facilities	267,138	17,399.36	235,312.90	23,112.88	22,793.48	298,618.62	112%
Facilities - Rent/Maintenance/Utilities	909,732	61,597.69	83,871.93	89,356.07	73,179.19	308,004.88	34%
Other Operating Expenses	922,497	96,541.70	70,577.17	62,835.63	84,052.47	314,006.97	34%
Client Support Costs	469,875	22,964.32	22,538.50	17,340.73	17,030.61	79,874.16	17%
Consultant/Professional Providers	7,515,674	495,864.79	611,972.02	603,375.77	605,084.98	2,316,297.56	31%
TOTAL EXPENSE	\$ 29,850,665	#####	#####	#####	#####	\$ 9,410,159.47	32%
REVENUES - OPERATING							
<u>Local Funds</u>							
County Funds	953,370	77,423.85	93,469.32	74,626.91	128,781.79	374,301.87	39%
Patient Fees Insurance/Reimbursement	479,314	38,197.78	27,130.31	39,065.15	18,171.62	122,564.86	26%
Miscellaneous Local Income	143,489	511.58	83,213.85	19,422.43	4,878.73	108,026.59	75%
	1,576,173	116,133.21	203,813.48	133,114.49	151,832.14	604,893.32	
<u>Earned/Grant Income</u>							
HUD - Transitional/Permanent Housing	677,824	41,000.00	58,027.41	34,682.01	45,369.97	179,079.39	26%
Recovery - Fee for Services / Grants	2,833,696	120,300.00	175,920.14	160,289.77	202,712.37	659,222.28	23%
Title XIX - Medicaid	2,511,904	160,620.03	160,270.41	178,748.25	159,228.79	658,867.48	26%
Transportation - Federal/State	-	2,200.00	131,606.22	3,323.46	3,138.52	140,268.20	#DIV/0!
Medicaid 1115 Waiver/Misc Federal	3,834,000	319,500.00	411,575.41	382,385.45	406,264.70	1,519,725.56	40%
Other State/Federal Funds/MAC	1,558,071	113,622.69	59,077.82	78,616.05	77,591.31	328,907.87	21%
	11,415,495	757,242.72	996,477.41	838,044.99	894,305.66	3,486,070.78	
<u>Performance Contract DSHS & DADS</u>							
General Revenue - MH (Adult & Child & Vets) - 10%	7,706,818	659,302.03	659,302.03	659,302.03	662,402.03	2,640,308.12	34%
General Revenue - Regional Hospital	4,232,246	340,187.17	350,379.17	361,791.17	340,187.17	1,392,544.68	33%
General Revenue - NGM (Adult & Child)	-	-	-	-	-	-	#DIV/0!
General Revenue - Crisis Services - 10%	1,125,427	65,671.04	65,671.04	65,671.04	65,671.04	262,684.16	23%
General Revenue/Permanency Plan - IDD	2,233,859	180,770.58	185,452.17	170,946.10	200,781.82	737,950.67	33%
Federal Block - MH (Adult & Child) and Crisis	1,560,646	101,416.07	96,741.43	124,308.83	110,075.23	432,541.56	28%
	16,858,995	1,347,346.89	1,357,545.84	1,382,019.17	1,379,117.29	5,466,029.19	
TOTAL REVENUES	\$ 29,850,664	#####	#####	#####	#####	\$ 9,556,993.29	32%
SUBTOTAL OPERATING (Rev-Exp)	\$ (1)	\$ 15,522.12	\$ 7,671.24	\$ 73,581.41	\$ 50,059.05	\$ 146,833.82	

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

The Gulf Coast Center						
FY2022 Monthly Board Financial Review						<i>Unaudited as of 12/31/2021</i>
Fiscal Year 2022 Unaudited Centerwide General Fund Balance Status						
Total General Fund Balance as of 08/31/2021 (Unaudited).....						\$ (8,679,935)
FY2021 Year-to-Date Reported Expense and Revenue Totals (Unaudited)						
	Expenditures	Operational	9,410,159			
		Non-Operational	-			
		Fund Balance	-	9,410,159		
	Revenues	Operational	9,556,993			
		Non-Operational	-	9,556,993		
						\$ 146,834
Total General Fund Balance Year-to-Date (Unaudited).....						\$ (8,826,769)
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	-	-			
	fy2016-fy2017 Expenditure		-			
	fy2018 Expenditure		-	-		
	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)		
						(367,631)
Total General Fund Balance Year-to-Date (Unaudited)						\$ (8,826,769)
Unrestricted Use General Fund Balance (Unaudited)						\$ (8,459,138)

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

Fiscal Year 2022 Unaudited Centerwide General Fund Balance Status												
Total General Fund Balance as of 08/31/20 (Unaudited).....				\$ (8,679,935)								
FY2022 Monthly Reported Expense and Revenue Totals (Unaudited)												
	September	October	November	December	January	February	March	April	May	June	July	August
<i>Operational Expenses:</i>	2,205,201	2,543,795	2,279,597	2,375,196								
<i>Non-Operational Expenses:</i>		(205,167.26)										
<i>Fund Balance Expenses:</i>	-											
<i>Total Expenses:</i>	2,205,201	2,338,628	2,279,597	2,375,196	-	-	-	-	-	-	-	-
<i>Operational Revenues:</i>	2,220,723	2,557,837	2,353,179	2,425,255								
<i>Non-Operational Revenues:</i>		(205,167.00)										
<i>Fund Balance Revenues:</i>												
<i>Total Revenues:</i>	2,220,723	2,352,670	2,353,179	2,425,255	-	-	-	-	-	-	-	-
<i>Net increase/decrease to Fund Balance</i>	15,522	14,042	73,581	50,059	-	-	-	-	-	-	-	-
<i>Total General Fund Balance:</i>	(8,695,457)	(8,709,498)	(8,776,710)	(8,826,769)	(8,709,498)	(8,709,498)	(8,709,498)	(8,709,498)	(8,709,498)	(8,709,498)	(8,299,675)	(8,299,675)
<i>Total Unrestricted Fund Balance</i>	(7,857,601)	(8,341,867)	(8,409,079)	(8,459,138)								
<i>Total Restricted Fund Balance</i>	(837,856)	(367,631)	(367,631)	(367,631)								
<i>Avg. Cost per day:</i>	73,507	74,489	75,053	75,451	29,698	24,966	21,333	18,699	16,583	14,947	13,564	
	September	October	November	December	January	February	March	April	May			
DAYS OF OPERATION OF TOTAL FUND BALANCE	118	117	117	117								-
DAYS OF OPERATION OF UNRESTRICTED FUND BALANCE	107	112	112	112	-	-	-	-	-	-	-	-

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



**MINUTES - Gulf Coast Center
Regular Meeting of the Board of Trustees
December 8, 2021, at 6:15 p.m.**

Join the meeting by phone (audio only) :

Phone Number: +1 (646) 749-3112

Access Code: 745-266-421

1. **Call To Order:** Jamie Travis, Chair of the Board of Trustees, convened the regular meeting on Wednesday, December 8, 2021, at 6:33 p.m.

The following Board Members were present: Jamie Travis, Lieutenant Jaime Castro, Galveston County Sheriff's Department, Brazoria County Sheriff Bo Stallman, Rick Price, Mary Lou Flynn-Dupart, Vivian Renfrow, and Caroline Rickaway.

The following Board Member(s) were absent: Stephen D. Holmes – Excused.

Also, present: Melissa Meadows, CEO - Gulf Coast Center, CFO - Rick Elizondo.

Announcement(s): Jamie Travis introduced new board member, Brazoria County Sheriff Bo Stallman.

2. **Citizen's Comments:** NONE.

3. **Program Report:**

Diane Manley, MS, presented on the RYSE Project, Resilient Youth – Safer Environments, a 5-year suicide prevention grant focused on supporting youth and youth-serving agencies and school districts in Galveston County. This grant serves as a transition for the on-going recovery support Gulf Coast Center has provided in response to the school shooting at Santa Fe High School on May 18, 2018. In collaboration with HHSC and other community partners, the grant focuses on suicide prevention, intervention, and postvention for youth, as well as collaboration with community partners in surrounding counties to further support, safety, and hope.

4. **Board Member Reports:**

- a. **Texas Council of Community Centers** Jamie Travis, Board Chair
Jamie Travis, reported that Texas Council will continue to meet quarterly via Zoom and may meet in-person this Spring. Travis announced solemnly that Hartley Sappington, Board Chair of Bluebonnet Trails Community Center Board has passed away.

- b. Texas Council Risk Management Fund..** Mary Lou Flynn-Dupart, TCRMF Board Chair
Mary Lou Flynn-Dupart, TCRMF Board Chair, stated that the last meeting was in November and that there was nothing new to report.

- c. Board of Trustee Ad Hoc CEO Selection Committee's final selection for CEO position...**Jamie Travis, Board Chair - **Consider ratification of GCC's CEO position selection and offer to Felicia Jeffery, LPC.** After recommendation by the CEO Selection committee, the new Chief Executive Officer (CEO) of Gulf Coast Center was appointed by the Board of Trustees, following the resignation of Melissa W. Meadows as acting Chief Executive Officer effective February 28, 2022. With all members being in favor, the CEO position selection and offer to Felicia Jeffery is ratified, with the position starting February 1, 2022.

5. Operations Report..... Melissa Meadows, CEO

a. Gulf Coast Center FY22-23 Strategic Plan

Melissa Meadows, CEO, submitted the FY22 Strategic Plan, noting that it contains the same key goals and initiatives as recently presented with the Annual Report. Having achieved Certified Community Behavioral Health Clinic (CCBHC) status, Gulf Coast Center will continue to integrate service delivery to a data-driven healthcare agency with value-based payment.

b. 1115 Transition – Funding Strategies Update

Meadows reported an update on the Directed Payment Program (DPP) and indicated the Charity Care Pool is on hold at this time.

c. CEO Transition Update

Meadows expressed her commitment to facilitate a supported transition and to communicate operational timing with staff.

d. Mandatory COVID Vaccine Policy

Deferred until further notice.

6. Budget, Finance and Admin Reports Rick Elizondo, CFO

a. Financial & Operational Monthly Report & YTD Summary

Rick Elizondo, CFO, presented the Board Operational Budget Schedule for October 2021 with an operating surplus of \$14,041, a year-to-date surplus of \$29,563.00.

Elizondo reported a total fund balance of \$ 8.7 million (YTD), maintaining \$ 8.3 million in unrestricted general fund balance, and showing a fund balance of 117 days of operation, with 112 unrestricted days of operation.

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

a. Review and approval of October 27, 2021, Board Minutes.

On motion by Mary Lou Flynn-Dupart, seconded by Jaime Castro, the board voted the approval of the October 27, 2021, Board Minutes. The motion carried with all members voting in favor. There was no public comment.

b. Review and approval of the October 2021 Check Register

On motion by Mary Lou Flynn-Dupart, seconded by Jaime Castro, the board voted the approval of the October 2021 Check Register. The motion carried with all members voting in favor. There was no public comment.

8. Action Items.....Linda Bell, JD, BSN, RN

a. Consider the ratification of the Center's Mandatory COVID Vaccine Policy to comply with Center for Medicare Services (CMS) interim final rule dated November 5, 2021, mandating vaccination for healthcare workers.

Deferred until further notice.

b. Consider the ratification of the FY22 Renewal Agreement with The University of Texas Medical Branch at Galveston d/b/a/ UTMB Health to provide inpatient physician services at the Center's contracted inpatient hospitalization unit located within the behavioral health department of St. Joseph Medical Center in Houston. Amount not to exceed: 20 beds at \$65/daily visit (no change from FY22 rate).

On motion by Lt. Jaime Castro, seconded by Caroline Rickaway, the board voted the approval of the ratification of the FY22 Renewal Agreement with UTMB Health to provide inpatient physician services at the Center's contracted inpatient hospitalization unit located within the behavioral health department of St. Joseph Medical Center in Houston. Mary Lou Flynn-Dupart abstains. The motion carried with all members voting in favor. There was no public comment.

9. Pending or Revised Action Items..... Linda Bell, JD, BSN, RN

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.

NONE.

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

Date	Event	Location	Time
December 8, 2021	Board Meeting	Admin Bldg.	6:15 PM
January 26, 2022	Board Meeting	SBCSC	6:15 PM
February 23, 2022	Board Meeting	Admin Bldg.	6:15 PM
March 23, 2022	Board Meeting	SBCSC	6:15 PM
April 27, 2022	Board Meeting	Admin Bldg.	6:15 PM
May 25, 2022	Board Meeting	SBCSC	6:15 PM
June 21–23, 2022	35 th Annual Texas Council Conference	Omni Hotel Fort Worth	
July 27, 2022	Board Meeting	SBCSC	6:15 PM
August 24, 2022	Board Meeting	Admin Bldg.	6:15 PM
Admin location: 10000 EF Lowry Expressway #1220, Texas City, TX			
SBCSC location: 101 Tigner, Angleton, TX			

11. Executive Session: Convened Executive Session at 7:25pm to discuss Personnel matters, Chief Executive Officer (CEO) position.

- *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.*
- *Pursuant to Texas Government Code §551.074 the Board will convene in Executive Session to discuss personnel matters related to the replacement of the Chief Executive Officer position.*

12. Reconvene to Open Session at 7:38 pm. No action taken.

13. Adjourn: 7:38 pm

There being no further business to bring before the Board of Trustees, the meeting was adjourned at 7:38 p.m.

Respectfully,

Approved as to Content and Form,

Lisa M. Becker
Secretary to the Board of Trustees

Jamie Travis
Board Chair



Handbook of Operating Procedures Policy 3.3b	
Section: Health, Safety, and Emergency Management	Responsibility and Oversight: General Counsel Director HR Services
Subject: Mandatory COVID-19 Vaccination	Origination Date: November 22, 2021 Last Revision/Review: January 14, 2022

I. Title: Mandatory COVID-19 Vaccination

II. Purpose:

Vaccination is a vital tool to reduce the presence and severity of COVID-19 cases in the workplace, in communities, and in the nation as a whole. The Gulf Coast Center has adopted this policy on mandatory vaccination to safeguard the health of our employees from the hazard of COVID-19. This policy is to comply with Center for Medicare Services (CMS) interim final rule dated November 5, 2021, mandating vaccination for healthcare workers.

III. Scope & Applicability

The CMS final interim rule applies to all hospitals, nursing homes, ICF-IIDs, PACE programs and psychiatric residential programs for youth. All staff who work or provide services under contract in these designated entities must be vaccinated or have a medical or religious exemption. There is no testing requirement.

This Center policy applies to the following individuals regardless of clinical responsibility or patient contact who provide any type of care, treatment, or other services for the organization and/or its patients:

- a. Hospital Liaison staff and staff who provide coverage including the MH Hospital Transport Specialist.
- b. Center staff who provide services in a hospital or an emergency room.
- c. MCOT and ACT Team staff.
- d. Center staff who provide services in a long-term care facility i.e. PASSR staff
- e. Contractors, students/interns, trainees, and volunteers providing or associated with items a. thru d. above. or
- f. Center staff who are required due contractual arrangement which requires staff be vaccinated.

This policy does not apply to:

- Staff who work exclusively in outpatient clinics, CSUs, EOUs, IDD crisis residential and respite facilities, or HCS homes.
- Staff who exclusively provide telehealth or telemedicine services outside of the clinic or hospital setting and who do not have any direct contact with individuals in service and other staff.
- Staff who provide support services for a hospital (under contractual relationship with the Center) that are performed exclusively outside of the hospital setting and who do not have any direct contact with patients and other staff.

IV. Definitions

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

- Fully vaccinated means it has been 2 weeks or more since an individual has completed a primary vaccination series for COVID-19.
- Primary vaccination series for COVID-19 means the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine.
- Acceptable vaccine means administration of one of the following:
 - o BioNTech, Pfizer Vaccine
 - o Johnson & Johnson Vaccine
 - o Moderna NIAID Vaccine
 - o A vaccine listed by the World Health Organization (WHO) for emergency use that is not approved or authorized by the FDA, or a vaccine administered in a clinical trial.
- Medical exemption means an individual is not required to be vaccinated due to an allergic and/or recognized clinical contraindication to COVID-19 vaccines.
- Religious exemption means an individual is not required to be vaccinated due to religious beliefs or practices in accordance with ADA, Section 504 of the Rehabilitation Act, Section 1557 of the Accountable Care Act, and Title VII of the Civil Rights Act.

V. Policy

a. VACCINATION REQUIREMENT

By December 5, 2021 *(due to delay in final court ruling date revised to February 14, 2022)* applicable individuals shall have received, at a minimum, the first dose of the primary series or a single dose of an acceptable COVID-19 vaccine or requested and/or been granted a medical or religious exemption, prior to said individual providing any care, treatment, or other services for the organization and/or its patients.

By January 4, 2022 *(due to delay in final court ruling date revised to March 15, 2022)* all applicable individuals are fully vaccinated for COVID-19, except for those individuals who have been granted a medical or religious exemption or those individuals for whom vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations.

Although not considered fully vaccinated until 14 days (2 weeks) after the final dose, an individual who has received the final dose of a primary vaccination series by March 1, 2022 is considered to have met the vaccination requirement, even if the individual has not yet completed the 14-day waiting period.

b. EVIDENCE OF VACCINATION

The following are considered acceptable forms vaccination proof:

- CDC COVID-19 vaccination record card (or a legible photo of the card),
- Documentation of vaccination from a health care provider or electronic health record, or
- State immunization information system record.

If vaccinated outside of the United States or its territories, a reasonable equivalent of any of the previous examples shall suffice.

c. EXEMPTIONS FROM VACCINATION

Individuals may request an exemption from COVID-19 vaccination requirements based on medical contraindication or for conflict with religious beliefs, observances, or practices. Requests shall be submitted to the Director, Human Resource Department on the approved form.

1. Medical Exemption: If an individual requests a medical exemption from vaccination, all documentation confirming recognized clinical contraindications to COVID-19 vaccines, and which supports the individual's request, must be signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws.

Such documentation must contain all information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the individual to receive and the recognized clinical reasons for the contraindications; and a statement by the authenticating practitioner recommending that the individual be exempted from the facility's COVID-19 vaccination requirements based on the recognized clinical contraindications.

2. Religious Exemption: If an individual requests a religious exemption from vaccination, the individual shall provide a personal written and signed statement detailing the religious basis for the vaccination objection, explaining why the religious exemption is requested, the religious principle(s) that guide the objection to vaccination, and the religious basis that prohibits the COVID-19 vaccination.
3. Mitigation Strategies: Individuals exempted from vaccination under 1 or 2 above shall undertake the following measures designed to mitigate the risk of getting/transmitting COVID-19:
 - Wear appropriate personal-protective-equipment in accordance with current CDC guidelines at all times while in any Center facility or as required by a Contractor's facility rules.
 - For anyone testing positive for COVID, the individual will not be permitted to work/access Center facilities until a negative COVID test is resulted and it has been at least 14 days since the positive test result.

d. TRACKING OF VACCINATION STATUS

The Center shall track and securely document the vaccination status of each individual, including those for whom there is a temporary delay in vaccination, such as recent receipt of monoclonal antibodies or convalescent plasma. Vaccine exemption requests and outcomes shall also be documented.

For employees, proof of vaccination shall be submitted to the Human Resources Department.

For independent contractors, proof of vaccination shall be submitted to the Chief Nursing Officer.

For individuals who provide care, treatment, or other services for the Center and/or its patients, under contract or by other arrangement, the Center may track and securely document the vaccination status of each individual or permit the individual/contracted entity to do so. If the latter option is chosen, the individual/contracted entity must provide evidence of vaccination or exemption prior to engaging in care, treatment, or service.

While no specific tool is mandated, records shall contain the following information – as applicable – for each individual:

- Start of Employment Date
- End of Employment Date
- Last Name, First Name, Date of Birth
- Medical or Religious Exemption Granted / Date
- Declined COVID Vaccine / Date
- Vaccinated with Dose 1
 - Date Administered
 - Vaccine Manufacturer Name
- Vaccinated with Dose 2
 - Date Administered
 - Vaccine Manufacturer Name
- Is Vaccination Series Complete? Yes / No
- Eligible for Additional/Booster Dose? Yes / No, if Yes
 - Additional/Booster Dose Vaccination Date?
 - Additional/Booster Dose Manufacturer
- Employee or Non-Employee

Documentation, shall be kept confidential and stored separately from the individual's personnel file.

VI. **Attachments:** None

VII. **Related Policies and Procedures:**

- Policy 3.3a Pandemic/Epidemic Events

VIII. **Additional References**

- Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination Centers for Medicare & Medicaid Services on 11/05/2021
- Biden v Missouri, 595 U. S. ____ (2022)
https://www.supremecourt.gov/opinions/21pdf/21a240_d18e.pdf
- § 482.42(g) and § 485.640(f): Condition of Participation: Infection Prevention and Control and Antibiotic Stewardship Programs.
- Safer Federal Workforce; Vaccinations, November 2021