



NOTICE OF MEETING

MEMBERS OF THE BOARD OF TRUSTEES

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

February 23rd, 2022, at 6:15 p.m.

at the Administration location: 10000 Emmett F. Lowry
Expressway, Suite #1220, Texas City, TX

Thanks,

Lisa M. Becker
Secretary to the Board of Trustees



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

cc: February Board of Trustees File

THE GULF COAST CENTER

Regular Board of Trustees Meeting
Mall of the Mainland – Administration Bldg.
10000 EF Lowry Expressway, Suite 1220
Texas City, TX 77591
Wednesday, February 23, 2022
6:15 pm



"Better community healthcare promoting healthy living."

- 1. **Call To Order** Jamie Travis, Board Chair
 - a. Announcements and Introductions
- 2. **Citizens’ Comments**
- 3. **Program Presentation &/or Report**.....Ambulatory Detox, Level One | Opioid Addiction Education & Outreach presented by Cheryl Folkes
- 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. Cyber Security & Technology Update presented by Reginald Brumfield, CIO
 - b. Gulf Coast Center Mid-Year Review
 - c. Community Engagement Efforts – Update
- 6. **Budget, Finance and Admin Reports**Rick Elizondo, CFO
 - a. Financial & Operational Monthly Report & YTD Summary (**Pg.5**)
 - b. Corporate Compliance Annual Training & Report presented by Linda Bell, General Counsel (**Pg.8**)
- 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 January 26, 2021, Board Minutes (**Pg.13**)
 - b. Review and approval of the January 2022 Check Register
- 8. **Action Items**.....Linda Bell, JD, BSN, RN
 - a. Consider approval of the 2023 Resolution wherein the Gulf Coast Center’s Board of Trustees approves the submission and receipt of the grant for the Santa Fe Community Response Team through the Office of the Governor.

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.

- b. Consider the approval to declare surplus and dispose of Center Vehicle #9408, a 2009 Jeep Commander, VIN. #1J8HG48K89C559408, License Plate #BC2-F681, has 183,055 miles, and is no longer cost effective to maintain in the fleet. (Pg.)
- c. Consider ratification of the new IDD Network Provider Agreement with Hirsh and Associates to provide assessment and Determination of Intellectual disabilities, Autism or related diagnosis (DID) services. Rate: \$350/completed DID; \$315/completed Behavioral Support Assmt/Eval/Behavior Plan; \$75/BCBA Assmt; \$25/hr for Behavioral Tech services. Term: February 9, 2022 to August 31, 2022.
- d. Consider approval of the First Amendment to Professional Services with THE UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON d/b/a UTMB Health to provide inpatient physician services for nineteen (19) beds in the Authority’s contracted inpatient unit located within the behavioral health department at St. Joseph Medical Center in Houston, TX. Term: March 1, 2022-August 31, 2022. Amount not to exceed: \$462,540.00 (\$65/daily visit). Description: This amendment reflects a reduction from 20 beds to 19 beds effective March 1st.
- e. Consider approval of the renewal agreement with THE UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON d/b/a UTMB Health to provide for an additional four (4) overflow beds that may be made available, on an as-needed basis, to support the inpatient care needs of individuals referred by the Authority. Term: March 1, 2022-August 31, 2022. Amount not to exceed: \$13,800.00 (\$75 per bed day).
- f. Consider approval of the FY22 Amendment to Professional Services with SJ Medical Center, LLC, a Texas limited liability company, doing business St. Joseph Medical Center to provide a 19-bed inpatient behavioral health unit for the Center at St. Joseph Medical Center in Houston, TX. Term: March 1, 2022 - August 31, 2022. Amount not to exceed: \$1,398,400 (\$400/daily visit). Description: This amendment reflects a rate increase from \$380 to \$400 and a reduction from 20 beds to 19 beds effective March 1st.

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
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

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Admin Bldg. 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

The Gulf Coast Center	FY2022	FY2022	FY2022	FY2022	FY2022	FY2022	FY2022
Fiscal Year 2022	Annual Budget	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	YTD Actual
Board Operational Budget Schedule							YTD % s/b 33%
EXPENSES - OPERATING							
Salary and Wages	13,951,071	1,063,577.44	1,067,144.87	1,033,559.39	1,103,968.09	1,082,728.82	5,350,978.61
Fringe Benefits	5,174,198	408,746.50	423,028.28	413,547.17	431,315.41	422,132.09	2,098,769.45
Travel	138,134	2,857.15	2,381.98	2,741.61	1,753.48	3,210.40	12,944.62
Consumable Supplies	199,845	12,151.75	9,550.81	13,841.26	13,796.17	12,757.12	62,097.11
Pharmaceuticals/Laboratory	302,500	23,500.00	23,787.03	19,886.73	22,222.16	22,361.60	111,757.52
Capital Outlay - Furniture/Equipment/Facilities	267,138	17,399.36	235,312.90	23,112.88	22,793.48	78,319.64	376,938.26
Facilities - Rent/Maintenance/Utilities	909,732	61,597.69	83,871.93	89,356.07	73,179.19	84,489.71	392,494.59
Other Operating Expenses	922,497	96,541.70	70,577.17	62,835.63	84,052.47	101,209.88	415,216.85
Client Support Costs	469,875	22,964.32	22,538.50	17,340.73	17,030.61	15,929.12	95,803.28
Consultant/Professional Providers	7,515,674	495,864.79	611,972.02	603,375.77	605,084.98	555,701.11	2,871,998.67
TOTAL EXPENSE	\$ 29,850,665	\$ 2,205,200.70	\$ 2,550,165.49	\$ 2,279,597.24	\$ 2,375,196.04	\$ 2,378,839.49	\$ 11,788,998.96
REVENUES - OPERATING							
<u>Local Funds</u>							
County Funds	953,370	77,423.85	93,469.32	74,626.91	128,781.79	96,810.48	471,112.35
Patient Fees Insurance/Reimbursement	479,314	38,197.78	27,130.31	39,065.15	18,171.62	29,239.19	151,804.05
Miscellaneous Local Income	143,489	511.58	83,213.85	19,422.43	4,878.73	63,383.47	171,410.06
	1,576,173	116,133.21	203,813.48	133,114.49	151,832.14	189,433.14	794,326.46
<u>Earned/Grant Income</u>							
HUD - Transitional/Permanent Housing	677,824	41,000.00	58,027.41	34,682.01	45,369.97	48,773.31	227,852.70
Recovery - Fee for Services / Grants	2,833,696	120,300.00	175,920.14	160,289.77	202,712.37	129,637.23	788,859.51
Title XIX - Medicaid	2,511,904	160,620.03	160,270.41	178,748.25	159,228.79	177,698.77	836,566.25
Transportation - Federal/State	-	2,200.00	131,606.22	3,323.46	3,138.52	3,249.79	143,517.99
Medicaid 1115 Waiver/Misc Federal	3,834,000	319,500.00	411,575.41	382,385.45	406,264.70	410,943.63	1,930,669.19
Other State/Federal Funds/MAC	1,558,071	113,622.69	59,077.82	78,616.05	77,591.31	81,134.22	410,042.09
	11,415,495	757,242.72	996,477.41	838,044.99	894,305.66	851,436.95	4,337,507.73
<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	659,302.03	3,299,610.15
General Revenue - Regional Hospital	4,232,246	340,187.17	350,379.17	361,791.17	340,187.17	340,421.17	1,732,965.85
General Revenue - NGM (Adult & Child)	-	-	-	-	-	-	-
General Revenue - Crisis Services - 10%	1,125,427	65,671.04	65,671.04	65,671.04	65,671.04	65,671.04	328,355.20
General Revenue/Permanency Plan - IDD	2,233,859	180,770.58	185,452.17	170,946.10	200,781.82	202,274.44	940,225.11
Federal Block - MH (Adult & Child) and Crisis	1,560,646	101,416.07	96,741.43	124,308.83	110,075.23	110,557.75	543,099.31
	16,858,995	1,347,346.89	1,357,545.84	1,382,019.17	1,379,117.29	1,378,226.43	6,844,255.62
TOTAL REVENUES	\$ 29,850,664	\$ 2,220,722.82	\$ 2,557,836.73	\$ 2,353,178.65	\$ 2,425,255.09	\$ 2,419,096.52	\$ 11,976,089.81
SUBTOTAL OPERATING (Rev-Exp)	\$ (1)	\$ 15,522.12	\$ 7,671.24	\$ 73,581.41	\$ 50,059.05	\$ 40,257.03	\$ 187,090.85

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 01/31/2022</i>					
Fiscal Year 2022 Unaudited Centerwide General Fund Balance Status									
Total General Fund Balance as of 08/31/2021 (Audited).....									\$ (8,737,133)
FY2021 Year-to-Date Reported Expense and Revenue Totals (Unaudited)									
				Expenditures	Operational	11,788,999			
					Non-Operational	-			
					Fund Balance	-	11,788,999		
				Revenues	Operational	11,976,090			
					Non-Operational	-	11,976,090	\$ 187,091	
Total General Fund Balance Year-to-Date (Unaudited).....									\$ (8,924,224)
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)									\$ (8,924,224)
Unrestricted Use General Fund Balance (Unaudited)									\$ (8,556,594)

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The Gulf Coast Center													
FY2022 Monthly Fund Balance Report		<i>Unaudited as of 01/31/2022</i>											
Fiscal Year 2022 Unaudited Centerwide General Fund Balance Status													
Total General Fund Balance as of 08/31/20 (Unaudited).....		\$ (8,737,133)											
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	2,550,165	2,279,597	2,375,196	2,378,839								
<i>Non-Operational Expenses:</i>		(205,167)			(58,329.00)								
<i>Fund Balance Expenses:</i>	-												
<i>Total Expenses:</i>	2,205,201	2,344,998	2,279,597	2,375,196	2,320,510	-	-	-	-	-	-	-	-
<i>Operational Revenues:</i>	2,220,723	2,557,837	2,353,179	2,425,255	2,419,097								
<i>Non-Operational Revenues:</i>		(205,167)			(58,329.00)								
<i>Fund Balance Revenues:</i>													
<i>Total Revenues:</i>	2,220,723	2,352,670	2,353,179	2,425,255	2,360,768	-	-	-	-	-	-	-	-
<i>Net increase/decrease to Fund Balance</i>	15,522	7,672	73,581	50,059	40,257	-	-	-	-	-	-	-	-
<i>Total General Fund Balance:</i>	(8,752,655)	(8,760,327)	(8,833,908)	(8,883,967)	(8,924,224)	(8,924,224)	(8,924,224)	(8,924,224)	(8,924,224)	(8,924,224)	(8,299,675)	(8,299,675)	
<i>Total Unrestricted Fund Balance</i>	(7,857,601)	(8,341,867)	(8,409,079)	(8,459,138)	(8,556,594)								
<i>Total Restricted Fund Balance</i>	(367,631)	(367,631)	(367,631)	(367,631)	(367,631)								
<i>Avg. Cost per day:</i>	73,507	74,593	75,053	75,451	75,330	63,327	54,110	47,430	42,064	37,913	34,404		
DAYS OF OPERATION OF TOTAL FUND BALANCE	119	117	118	118	118								-
DAYS OF OPERATION OF UNRESTRICTED FUND BALANCE	107	112	112	112	114	-	-	-	-	-	-	-	-
DAYS OF OPERATION OF RESTRICTED FUND BALANCE	(5)	(5)	(5)	(5)	(5)								

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Gulf Coast Center

Corporate Compliance Annual Report

Fiscal Year 2021

Submitted by:

Cindy Kegg, Corporate Compliance Officer

Gulf Coast Center

February 2022

Gulf Coast Center

Corporate Compliance Annual Report

Fiscal Year 2021

Gulf Coast Center's ongoing commitment to preventing, identifying and correcting behavior that may result in fraud, waste or abuse remained an organizational priority during FY 2021. The Center's Corporate Compliance Plan and Business Code of Conduct remain the foundation for the compliance efforts within the organization. This report reflects key components of the Center's compliance program with corresponding activities of FY 2021, as well as comparison figures from FY 2002 through FY 2021 where indicated. The report also includes a summary of accomplishments from the Federal fiscal year (October 2020 – September 2021) as reported by the Office of Inspector General (OIG) and the Department of Justice (DOJ).

Corporate Compliance Training

Communicating the procedures, laws and expectations associated with compliance is key to the success of a compliance program. To that end, educating staff through annual compliance training continued to be a priority during FY 21 with participation required at all levels of the organization. As the Center continues to follow CDC safety guidelines for reducing the transmission of COVID-19, no in-person compliance training was offered during FY 21. Training for new hires and existing staff was accomplished utilizing the Corporate Compliance & Rights Protection video developed by the Compliance Officer and General Counsel. One hundred fifty-nine (159) individuals completed compliance training during FY 2021. An additional eighty-six (86) eligible staff¹ completed the *Corporate Compliance and Rights Protection Exemption Test* with a passing score of 80 percent or better. Confirmation of training/test completion is maintained by both Human Resources and the Compliance Officer.

Compliance Reports / Investigations

The Center's Compliance Officer received fourteen (14) compliance concerns impacting fourteen (14) individuals during FY 2021. All incidents were related to unauthorized disclosures, were the result of human error, and pertained to either an improper authorization or information being released to the incorrect person or entity.

The following table denotes the number and type of compliance concerns reported to the Compliance Officer since the initiation of the compliance program in FY 2002.

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

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

FY	Confidentiality	Billing/ Documentation	Credentials	Fraud Allegations Unconf. / Conf.		Contract/ Other	TOTAL	Medicaid Refund
2002	0	2 (1)	2 (1)	0		2	6	\$9,821.31 (2)
2003	1	3 (1)	3 (1)	0		1	8	\$3,654.20 (2)
2004	11	2 (1)	0	3 (1)	1 (1)	0	17	\$15,437.36 (3)
2005	14	2	0		1 (1)	0	17	\$17,699.55 (1)
2006	8	3 (1)	0	1 (1)		0	12	\$12,471.46 (2)
2007	11	3 (2)	0	0		0	14	\$14,994.83 (2)
2008	5	0	0		2	0	7	(0)
2009	5	2	0		3 (3)	0	10	\$27,672.28 (3)
2010	4	0	0	3 (3)	1 (1)	0	8	\$22,168.46 (4)
2011	7	0	0	0		1	8	(0)
2012	22	2 (1)	0	1		1	26	\$46.76 (1)
2013	18	1	0		1 (1)	2	22	\$275.22 (1)
2014	22	0	0	0	0	0	22	(0)
2015	18	2	0	0	0	0	20	(0)
2016	111	1	0	0	0	0	112	\$2,585.28 (1)
2017	25	0	0	0	0	0	25	(0)
2018	18	0	0	0	0	0	18	(0)
2019	16	0	0	1	0	0	17	(0)
2020	4	0	0	0	0	0	4	(0)
2021	14	0	0	0	0	0	14	(0)
Total	334	23	5	9	9	7	387	\$126,826.71 (22)

Annual Compliance Survey

The annual *Corporate Compliance Survey* was distributed to all staff in September 2021. The survey serves as a follow-up to the FY 2021 compliance training and evaluates staff competency on basic compliance information. The survey further evaluates staffs' perception of the compliance plan through questions related to the successful resolution of reported concerns, if applicable, as well as management support. In addition, the survey provides another mechanism for staff to identify compliance issues or concerns that were not previously reported. Overall, survey responses indicated that staff were both knowledgeable and satisfied with the way reported issues were addressed during FY 2021.

Corporate Compliance Committee

The Corporate Compliance Committee meets regularly and continues to advise and assist the Compliance Officer with monitoring the compliance program and ensuring that the Center's compliance efforts are both effective and responsive to the needs of the organization. The committee convened quarterly during FY 2021 with meetings on September 15, 2020; December 15, 2020; March 16, 2021; and June 15, 2021.

Although committee membership remained relatively constant, both Donna Gordon and Jeanine McNulty left the Center during FY 2021. The Center's new Director of Reimbursement, Mary Mallini, was hired in June 2021 and joined the committee.

Membership during FY 2021 included the following individuals and is reflective of the major service areas:

Amy McMahon, Director of Behavioral Health Services, Brazoria County

Casey Duty, Manager of Utilization Services

Cindy Keggs, Corporate Compliance Officer

Donna Gordon, Director of Reimbursement Services (retired)

Jeanine McNulty, Chief Human Resources Officer (left the Center)

Jerry Freshour, Director of Crisis & Community Outreach

Mary Mallini, Director of Reimbursement Services

Melissa Hollman, Contract Manager/QM Supervisor

Reggie Brumfield, Chief Information Officer

Sandy Patterson, Director of Behavioral Health Services, Galveston County

Timothy Ornelas, IDD Crisis Intervention Specialist

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

- **Compliance reports and incidents**
- **Compliance investigations**
- **Business Code of Conduct Violations**
- **Overpayments / refunds / fee collection**
- **Audit findings**
- **Quality Management activities**
- **Drug and alcohol testing (Connect Transit through March 2021)**
- **Licensure / website verifications / exclusion lists / background check issues**
- **HITECH Breach Notification issues**
- **The Compliance Plan, Compliance Procedures and Business Code of Conduct**
- **Risk and Compliance Annual Assessment**
- **MIS Security Risk Assessment**

Fiscal Audit

The Center's Annual Financial and Compliance Audit for the year ending August 31, 2021, was completed by Eide Bailey in January 2022. Per Chief Financial Officer Rick Elizondo, there were no Federal or State compliance findings. The audit was reviewed and approved by the Center's Board of Trustees at the January 26, 2022, Board Meeting.

Compliance – A Federal Perspective

On December 2, 2021, the Health and Human Services Office of Inspector General posted the OIG's Semi-Annual Report to Congress covering April 1, 2021 – September 30, 2021. The report highlighted the

achievements of the 2021 Federal fiscal year (October 1, 2020, through September 30, 2021) and included the below accomplishments:

- expected investigative recoveries of \$3 billion;
- criminal actions against 532 individuals or entities that engaged in crimes against HHS programs;
- exclusion of 1,689 individuals and entities; and
- civil actions against 689 individuals or entities.

On February 1, 2022, a press release from the *Office of Public Affairs* reported that the Department of Justice recovered over \$5.6 billion in settlements and judgments from civil cases involving fraud and false claims against the government in the fiscal year ending Sept. 30, 2021. This is the second largest annual total in False Claims Act history, and the largest since 2014. According to the release, recoveries since 1986, when Congress substantially strengthened the civil False Claims Act, now total more than \$70 billion. Accomplishments highlighted in the DOJ report include:

- Of the \$5.6 billion in settlements and judgments, over \$5 billion involved the health care industry and included drug and medical device manufacturers, managed care providers, hospitals, pharmacies, hospice organizations, laboratories and physicians.
- Whistleblowers filed 598 *qui tam*² suits in fiscal year 2021 with settlements and judgements exceeding \$1.6 billion.

Conclusion

Gulf Coast Center recognizes that although a compliance program may not entirely eliminate improper activities, a firmly established and effectively communicated commitment to compliance serves to promote a culture of compliance within the organization and may significantly reduce the risk of improper, unlawful and unethical conduct. Through the expectations set forth in the Compliance Plan and Business Code of Conduct, the Center continues to demonstrate a good faith effort to promote honest and responsible behavior by educating staff, conveying clear expectations of conduct, detecting errors, and correcting identified problems. The Compliance Officer, Compliance Committee, General Counsel and Executive Management will continue to work collaboratively to support and maintain a compliance strategy that effectively promotes organizational integrity and reduces the risk of illegal or unethical conduct.

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



GULF COAST CENTER

"Better community healthcare promoting healthy living."

MINUTES - Gulf Coast Center Regular Meeting of the Board of Trustees January 26, 2022, 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, January 26, 2022, at 6:22 p.m.

The following Board Members were present: Jamie Travis, Stephen D, Holmes, Brazoria County Sheriff Bo Stallman, Mary Lou Flynn-Dupart, and Vivian Renfrow.

The following Board Member(s) were absent: Lt. Jaime Castro – Excused, Caroline Rickaway – Excused, and Rick Price - Excused.

Also, present: Melissa Meadows, CEO - Gulf Coast Center, CFO - Rick Elizondo, and Kelsey Hoosier, HR Director.

Announcement(s): Board Chair, Jamie Travis welcomed and introduced in-coming CEO, Felicia Jeffery to the members of the Board.

2. **Citizen’s Comments:** NONE.

3. **Program Report:**

Audit Presentation by Eide Bailly, LLP. Diane Terrell, CPA, presented a summary of Gulf Coast Center’s revenue and expenses for the 12 months prior to the end of a fiscal year 2021. Diane reported that the audit found no disagreements or difficulties and no compliance concerns. Gulf Coast Center showed all revenues and expenditures as under budget, ending with a \$1.8 million surplus. Jamie Travis, Board Chair, commended Rick Elizondo and his team, as well as all the staff at Gulf Coast Center for the exceptional outcome.

4. **Board Member Reports:**

c. **Texas Council of Community Centers** Jamie Travis, Board Chair will email Texas Council flyer to Secretary to the Board to circulate to Board Members from the Texas Council virtual board meeting on Friday, January 21, 2022.

d. **Texas Council Risk Management Fund**... Mary Lou Flynn-Dupart TCRMF Board Chair, stated that the next meeting is in February, and they will be discussing the placement of cybersecurity policy.

1. Operations Report..... Melissa Meadows, CEO

a. Turnover, Vacancies, and Recruitment Presentation and Report by Kelsey Hoosier, HR Director - Kelsey Hoosier, HR Director, provided an overview of the Center's recruitment strategies, vacancies, turnover rates, and employment trends. This included comparisons to other organizations in the area and nationwide. Emphasis was placed on the effect that COVID-19 has had on the Center in the past two years.

b. Cultural & Linguistic Competency Plan (CLCP) – Melissa Meadows, CEO, presented a printed copy of the Center's CLCP Plan, including an executive description of the related resource library that is now linked through the GCC website. This approach to the CLCP is an HHSC contract requirement, aligns with CCBHC initiatives, and reflects effort to follow established national standards. Annual review of the plan, data collection and reporting are each required.

c. Board of Trustee - 1st Quarter Report – deferred until the February Meeting of the Board of Trustees.

d. Galveston County Coordinated Council Collaboration

Melissa Meadows provided historical reference to the Galveston County Coordinated Council recommended initiative of establishing an Extended Observation Unit (EOU) in Galveston County. Leadership structure of Coordinated Council was reviewed, and purpose of bi-monthly conference calls was reviewed with indication of Director of Crisis & Community Outreach and CEO participating. Reference was made to previous board report on Galveston County Coordinated Council initiative, Mental Health Court and County Jail Processes. Reference to reports completed by Meadows Mental Health Policy Institute (MMHPI) and recommendations indicated were reviewed, as well as historical background associated. Latest MMHPI report was included in the board packet and highlighted in discussion. Recommendations provided by Meadows moving forward is to determine if the EOU model is the right model for the system of care, catchment area, and Gulf Coast Center. Meadows stressed for the BOT to consider that future discussion about an EOU should include the following considerations: sustainability, especially when considering the shift establishing an EOU within a system of care then removing it (if not sustainable), impact of not co-locating with a hospital, value of co-locating with a hospital provider, necessity for skilled nursing and prescriber services to be subcontracted, risk management concerns, and current recruitment challenges for therapists, nurses, and prescribers. Meadows identified next steps to be considered by transitioning leadership should include an impact analysis, inclusion of UTMB representative and community partner, Craig Kovacevich, to be included in discussions with GCC and Coordinated Council, review EOU model through discussion with each community center in Texas that has operated an EOU through a list of questions to assess sustainability and operational matters and verify EOU is the right model to recommend for identified need and HHSC

licensure. Meadows recommended the final impact analysis be presented to the board for further discussion and consideration.

e. Target Expansion and Psychiatric Hospital Bed Funding Status Update

Rate increases experienced will impact the number of Gulf Coast Center Community Mental Health Hospital (CMHH) dedicated beds from 20 daily beds to 19. Plan to augment decrease of CMHH beds with Private Psychiatric Bed dollars was discussed.

Mental Health HHSC contract target number for both adult and youth enrolled in HHSC Mental Health related services was discussed, including impact of basing the increase on a baseline snapshot versus current number of people served. HHSC reported COVID parameters will result in no penalty for not meeting the expansion target.

f. 1115 Transition Update - DPP and PHP CCP Funding Strategies

Gulf Coast Center has received the first directed payment from one provider. Purpose of DPP and PHP was reviewed.

g. CEO Transition Plan Update – Incoming CEO, Felicia Jeffery, will orient to Gulf Coast

Center starting February 1, 2022, through February 23, 2022, observing current CEO, Melissa Meadows. Effective February 24, 2022, Felicia Jeffery will assume role of CEO of Gulf Coast Center while Meadows will provide consultation from February 24 – 28th, retiring after 28 years with Gulf Coast Center officially on February 28, 2022

2. 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 December 2021 with an operating surplus of \$50,059, a year-to-date surplus of \$146,833. Elizondo reported a total fund balance of \$ 8.826 million (YTD), maintaining \$ 8.4 million in unrestricted general fund balance, and showing a fund balance of 117 days of operation, with 112 unrestricted days of operation.

3. 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.

On motion by Mary Lou Flynn-Dupart, seconded by Stephen Holmes, the board voted the approval of the December 8, 2021, Board Minutes. The motion carried with all members voting in favor. There was no public comment.

b. Review and approval of the December 2021 Check Register

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

4. 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.

On motion by Mary Lou Flynn-Dupart, seconded by Vivian Renfrow, the board voted the approval of the ratification of the Board of Trustee award of a one-time bonus to Melissa Meadows, CEO for leading the Center to CCBHC status. The motion carried with all members voting in favor. There was no public comment.

b. Consider approval of the FY2021 Financial and Compliance audit.

On motion by Mary Lou Flynn-Dupart, seconded by Stephen Holmes, the board voted the approval of the FY2021 Financial and Compliance audit. The motion carried with all members voting in favor. There was no public comment.

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.

On motion by Mary Lou Flynn-Dupart, seconded by Vivian Renfrow, the board voted the approval of 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. Sheriff Bo Stallman abstains. The motion carried with all members voting in favor. There was no public comment. The policy will go in effect on February 14, 2022.

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.

On motion by Mary Lou Flynn-Dupart, seconded by Vivian Renfrow, the board voted the approval of the updated Bank Account Signature listing. The motion carried with all members voting in favor. There was no public comment.

e. Consider approval of the updated Authorized Signature Resolution removing Melissa Meadows, CEO (outgoing) and adding Felicia Jeffery, CEO (incoming), effective February 1, 2022.

On motion by Mary Lou Flynn-Dupart, seconded by Stephen Holmes, the board voted the approval of the updated Authorized Signature Resolution removing Melissa Meadows, CEO (outgoing) and adding Felicia Jeffery, CEO (incoming), effective February 1, 2022. The motion carried with all members voting in favor. There was no public comment.

- 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.**

On motion by Mary Lou Flynn-Dupart, seconded by Stephen Holmes, the board voted the approval of the FY22 COVID-19 Supplemental Grant Program Contract #HHS00110840035. The motion carried with all members voting in favor. There was no public comment.

- g. **Consider approval of Amendment #1 to the FY22 HHSC IDD Performance Contract #HHS0008659000001. This amendment adds \$57,135.75 for Enhanced Community Coordination.**

On motion by Mary Lou Flynn-Dupart, seconded by Stephen Holmes, the board voted the approval of Amendment #1 to the FY22 HHSC IDD Performance Contract #HHS0008659000001. The motion carried with all members voting in favor. There was no public comment.

- 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.**

On motion by Stephen Holmes, seconded by Mary Lou Flynn-Dupart, the board voted the approval of 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. The motion carried with all members voting in favor. There was no public comment.

- 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.**

On motion by Mary Lou Flynn-Dupart, seconded by Stephen Holmes, the board voted the approval of 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. The motion carried with all members voting in favor. There was no public comment.

- 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.**

On motion by Mary Lou Flynn-Dupart, seconded by Vivian Renfrow, the board voted 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. The motion carried with all members voting in favor. There was no public comment.

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

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.

NONE.

6. 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			

7. 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.*
- *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.*

8. Reconvene to Open Session

9. Adjourn: 8:50 pm

There being no further business to bring before the Board of Trustees, the meeting was adjourned at 8:50 p.m.

Respectfully,

Approved as to Content and Form,

Lisa M. Becker
Secretary to the Board of Trustees

Jamie Travis
Board Chair



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MEMORANDUM

Feb 8, 2022

To: Board of Trustees

From : Luis Diaz, Asset Director

Re: Declaration of Surplus Vehicle

Approval is requested to declare Vehicle #9408 surplus and authorized for disposal. This vehicle is a 2009 Jeep Commander, VIN. #1J8HG48K89C559408, License Plate #BC2-F881, has 183,055 miles, and is no longer cost effective to maintain in the fleet. As a result it is requested that this vehicle be considered surplus and be sent to auction.

Thank you for your consideration.

4352 EMMETT F. LOWRY EXPRESSWAY, TEXAS CITY, TX 77591
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