

**THE GULF COAST CENTER**

Regular Board of Trustees Meeting  
Mainland Community Service Center  
7510 FM1765, Texas City, TX 77591  
Wednesday, February 25, 2026  
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 Report:**
  - a. IDD Services ..... IDD Service Team  
Brooke Camarata, Supervisor of IDD Authority Services; LaShonda Petteway, Supervisor of IDD Authority Service Coordination; Yesenia Villareal, Quality Assurance, ID Authority Services; Irene Marines, Team Lead II, Diversion Coordinator; Kristen Beamer, IDD Service Coordinator
- 4. **Board Member Reports**
  - a. Texas Council of Community Centers ..... Jamie Travis, Board Chair
  - b. Texas Council Risk Management Fund .....Mary Lou Flynn-Dupart, TCRMF Board Chair
- 5. **Operations Report:** .....Felicia Jeffery, CEO
  - a. Operational, Clinical, & Financial Excellence
    - GCC Investments
    - GCC Vehicle Fleet – replace 15 high milage vehicles and add 10 vehicles
    - Galveston County Mental Health Wellness Center (EOU) Update
- 6. **Budget, Finance and Admin Reports** ..... Rick Elizondo, CFO
  - a. Financial & Operational Monthly Report & YTD Summary **(Pg.3)**
  - b. FY25 Corporate Compliance Annual Training and Report **(Pg. 6)**
- 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 28, 2026 Board Minutes. **(Pg. 11)**
  - b. Review and approval of the January 2026 Check Register.
- 8. **Action Items**..... Linda Bell, JD, BSN, RN

**GCC Administration Agreements**

- a. Consider approval of the FY2025 Annual Corporate Compliance Report.
- b. Consider approval of the opening of a new cash reserve account with **RBC Capital Markets, LLC** for the investment of excess funds to maximize earning potential with authorized signatures being Rick Elizondo, CFO and Felicia Jeffery, CEO.

- c. Consider approval of the lease agreement with **Enterprise Fleet Management** to lease 25 vehicles on a 4 – year lease term to include fixed maintenance fee per vehicle and agreement to dispose of (auction) existing GCC Fleet vehicles which are no longer useful. Current annual cost projection is \$180,000.  
**Funding:** Lease costs will be funded by specific grants as well as various State funds.
- d. Consider approval of the lease with **Housing Authority of the City of Galveston, Texas** for additional space 288sq.ft. for the Center’s new GCC Galveston County Jail Reentry Team (BJA Grant funded).  
**Term:** March 1, 2026 – February 28, 2027                      **Rent:** \$432/month

**Adult Behavioral Health Services**

- e. Consider ratification of Amendment #1 to the Interlocal Agreement with the **City of Galveston** for services pertaining to the Compassionate Open Access to Services and Treatment (COAST) Team program. The parties wish to amend the Interlocal Agreement to include a provision of a 50 percent In-kind match by police and fire. The remaining terms of the Interlocal Agreement remain unchanged. **Term:** September 1, 2024 - August 31, 2026.

**Youth Behavioral Health Services**

- f. Consider approval of the new FY26 YES Waiver Provider Services Network Agreements with **I C.A.R.E Services** for Community Living Support services.  
**Reimbursement Rate:** \$70/hour or \$17.50 per 15min

**9. Pending or Revised Action Items** ..... Linda Bell, JD, BSN, RN  
*Pending or revised items are those items that 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

February 25, 2026	Board Meeting	MCSC	6:15pm
March 25, 2026	Board Meeting	<b>NBCSC</b>	6:15pm
May 6, 2026	Board Meeting & Tour of GCMHWC	MCSC/GCMHWC	6:15pm
May 27, 2026	Board Meeting	SBCSC	6:15pm
<b>June 10-12, 2026</b>	<b>Annual Texas Council Conference</b>	<b>San Antonio, TX</b>	
July 22, 2026	Board Meeting	MCSC	6:15pm
August 19, 2026	Board Meeting	SBCSC	6:15pm

**SBCSC location:** 101 Tigner, Angleton, TX | **NBCSC location:** 101 Brennan, Alvin, TX  
**MCSC location:** 7510 FM 1765, Texas City, 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**

**FY2026 Monthly Board Financial Review**

*Unaudited as of 01/31/2026*

**Fiscal Year 2026 Unaudited Centerwide General Fund Balance Status**

<b>Total General Fund Balance as of 08/31/2025 (Audited).....</b>					<b>\$ (10,709,706)</b>
<b>FY2026 Year-to-Date Reported Expense and Revenue Totals (Unaudited)</b>					
	Expenditures	<i>Operational</i>	17,918,386		
		<i>Non-Operational</i>	-		
		<i>Fund Balance</i>	-	17,918,386	
	Revenues	<i>Operational</i>	18,055,558		
		<i>Non-Operational</i>	-	18,055,558	<b>\$ (137,173)</b>
<b>Total General Fund Balance Year-to-Date (Unaudited).....</b>					<b>\$ (10,846,879)</b>
<b>Board Committed Use General Funds (Fiscal Year Committed)</b>					
	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)		
	Capital Projects - Facility (FY2024)		(500,000)		
	Capital Projects - Facility (FY2025)		(1,033,379)	(2,083,379.00)	
	fy2008-fy2024 Expenditure			439,153.86	
	fy2025 Expenditure		\$ 1,344,225.31		
				-	
					(300,000)
	Capital Projects - IT (FY2003-FY2014)		(600,000)		
	Capital Projects - IT (FY2015)		(150,000)		
	Capital Projects - IT (FY2017)		(140,000)	(890,000.00)	
	fy2008-fy2024 Expenditure			744,020.18	
	fy2025 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)	
	fy2008-fy2024 Expenditure			471,531.85	
	fy2025 Expenditure			-	
					(28,468)
	Major Facility Repairs (FY2014)		(186,940)	(186,940.00)	
	fy2008-fy2024 Expenditure			186,940.00	
	fy2025 Expenditure			-	
					-
	Flexible Spending Supports (FY2004-2013)		(500,000)		
	Flexible Spending Supports (FY2018)		(100,000)	(600,000.00)	
	fy2008-fy2024 Expenditure			517,663.44	
	fy2025 Expenditure				
					(82,337)
<b>Total General Fund Balance Year-to-Date (Unaudited)</b>					<b>\$ (10,846,879)</b>
<b>Unrestricted Use General Fund Balance (Unaudited)</b>					<b>\$ (10,290,094)</b>

*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									
FY2026 Monthly Fund Balance Report					Unaudited as of 01/31/2026				
Fiscal Year 2026 Unaudited Centerwide General Fund Balance Status									
Total General Fund Balance as of 08/31/25 (UnAudited).....					\$ (10,709,706)				
FY2026 Monthly Reported Expense and Revenue Totals (Unaudited)									
	September	October	November	December	January	February	March	April	May
<i>Operational Expenses:</i>	3,536,306	3,410,237	3,686,097	3,613,797	3,672,560				
<i>Non-Operational Expenses:</i>									
<i>Fund Balance Expenses:</i>	-								
<i>Total Expenses:</i>	3,536,306	3,410,237	3,686,097	3,613,797	3,672,560	-	-	-	-
<i>Operational Revenues:</i>	3,517,003	3,456,609	3,733,662	3,651,696	3,697,740				
<i>Non-Operational Revenues:</i>									
<i>Fund Balance Revenues:</i>									
<i>Total Revenues:</i>	3,517,003	3,456,609	3,733,662	3,651,696	3,697,740	-	-	-	-
<i>Net increase/decrease to Fund Balance</i>	(19,303)	46,372	47,564	37,899	25,180	-	-	-	-
<i>Total General Fund Balance:</i>	(10,690,403)	(10,736,775)	(10,784,340)	(10,822,239)	(10,846,879)	(10,990,675)	(10,532,718)	(10,586,758)	(10,661,222)
<i>Total Unrestricted Fund Balance</i>	(10,365,892)	(10,412,259)	(10,459,828)	(10,263,175)	(10,290,094)				
<i>Total Restricted Fund Balance</i>	(556,784)	(556,784)	(556,784)	(556,784)	(556,784)				
<i>Avg. Operational Cost per day:</i>	117,877	113,878	116,842	116,774	117,118				
	September	October	November	December	January	February	March	April	May
<i>DAYS OF OPERATION OF TOTAL FUND BALANCE</i>	91	94	92	93	93	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<i>DAYS OF OPERATION OF UNRESTRICTED FUND BALANCE</i>	88	91	90	88	88	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<i>DAYS OF OPERATION OF RESTRICTED FUND BALANCE</i>	5	5	5	5	5	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

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.

## MONTHLY BOARD REPORT - JANUARY 2026

	<u>MONTHLY</u> <u>FY2026</u> <u>BUDGET</u>	<u>MONTHLY</u> <u>FY 2026</u> <u>January</u>	<u>ANNUAL</u> <u>FY 2026</u> <u>BUDGET</u>	<u>YEAR TO DATE</u> <u>FY 2026</u> <u>January</u>	<u>YTD</u> <u>Percent</u> <u>Variance</u>	<u>YTD</u> <u>Dollar</u> <u>Variance</u>
<b>EXPENSES</b>						
Salary and Wages	\$1,909,197.45	\$1,606,147.01	\$22,910,369.10	\$7,862,040.64	34.3%	\$15,048,328.46
Fringe Benefits	\$608,728.29	\$571,910.86	\$7,304,739.30	\$2,768,224.47	37.9%	\$4,536,514.83
Travel	\$27,491.14	\$15,290.67	\$329,893.73	\$112,087.88	34.0%	\$217,805.85
Consumables	\$27,383.58	\$34,873.00	\$328,602.21	\$128,933.63	39.2%	\$199,668.58
Pharmaceuticals/other	\$27,173.73	\$3,154.11	\$326,084.83	\$93,540.70	28.7%	\$232,544.13
Furniture/Equip/Computer->\$5000	\$13,950.32	\$6,588.27	\$167,403.56	\$91,785.76	54.8%	\$75,617.80
Furniture/Equip/Computer<\$5000	\$6,891.07	\$40,992.14	\$82,692.11	\$187,554.95	226.8%	(\$104,862.84)
Facility Costs:	\$45,366.54	\$45,361.94	\$544,396.89	\$235,875.29	43.3%	\$308,521.60
Utilities	\$12,661.20	\$13,153.26	\$151,934.63	\$68,361.44	45.0%	\$83,573.19
Communications:	\$39,939.67	\$50,849.04	\$479,275.81	\$218,540.89	45.6%	\$260,734.92
Insurance	\$45,322.26	\$47,540.88	\$543,865.82	\$236,925.53	43.6%	\$306,940.29
Vehicle Operating	\$15,705.43	\$11,689.29	\$188,463.78	\$84,591.37	44.9%	\$103,872.41
Other Operating	\$30,981.74	\$5,691.98	\$371,781.01	\$59,786.27	16.1%	\$311,994.74
Client Support Cost	\$44,024.75	\$24,932.89	\$528,296.83	\$143,705.45	27.2%	\$384,591.38
Unallowable Costs	\$5,620.44	\$2,454.79	\$67,445.11	\$37,566.68	55.7%	\$29,878.43
Consultant/Professional - External	\$23,274.82	\$15,090.63	\$279,297.78	\$68,427.57	24.5%	\$210,870.21
Other Organizations - Internal	\$500.00	\$21,624.12	\$6,000.00	\$21,624.12	360.4%	(\$15,624.12)
Other Organizations - External	\$1,029,844.10	\$1,062,431.83	\$12,358,129.04	\$4,719,773.50	38.2%	\$7,638,355.54
Other Organizations - Non-Clinical	\$519,177.26	\$92,783.68	\$6,230,127.27	\$779,039.62	12.5%	\$5,451,087.65
<b>TOTAL EXPENSES:</b>	<b>\$4,433,233.79</b>	<b>\$3,672,560.39</b>	<b>\$53,198,798.81</b>	<b>\$17,918,385.76</b>	<b>33.7%</b>	<b>\$35,280,413.05</b>
<b>REVENUES</b>						
County Funds	\$99,367.28	\$128,158.94	\$1,192,407.00	\$502,676.14	42.2%	\$689,730.86
Patient Fees/ins/Reimb	\$63,461.58	\$58,713.11	\$761,538.77	\$254,757.84	33.5%	\$506,780.93
Miscellaneous	\$174,936.56	(\$10,408.21)	\$2,099,238.85	\$279,497.63	13.3%	\$1,819,741.22
State Funds Contracted	\$2,380,330.60	\$2,074,047.37	\$28,563,967.37	\$9,619,498.16	33.7%	\$18,944,469.21
State Funds - Other:	\$887,628.28	\$791,492.23	\$10,651,539.50	\$4,063,058.40	38.2%	\$6,588,481.10
Federal Funds Contracted:	\$129,514.32	\$116,783.70	\$1,554,171.84	\$614,017.31	39.5%	\$940,154.53
Federal Funds - Other:	\$697,994.62	\$538,953.26	\$8,375,935.22	\$2,722,052.82	32.5%	\$5,653,882.40
<b>Total Revenue</b>	<b>\$4,433,233.24</b>	<b>\$3,697,740.40</b>	<b>\$53,198,798.55</b>	<b>\$18,055,558.30</b>	<b>33.9%</b>	<b>\$35,143,240.25</b>
<b>EXCESS OF REVENUE OVER EXPENSES</b>	<b>(\$0.55)</b>	<b>\$25,180.01</b>	<b>(\$0.26)</b>	<b>\$137,172.54</b>	<b>52758669.2%</b>	<b>(\$137,172.80)</b>



Gulf Coast Center

Corporate Compliance  
Annual Report

Fiscal Year 2025

Submitted by:  
Linda Bell, JD,BSN,RN  
GCC General Counsel  
February 2026

**Gulf Coast Center**  
**Corporate Compliance Annual Report**  
**Fiscal Year 2025**

Gulf Coast Center’s Corporate Compliance Program has been in place since FY 2002 and continues to serve as the framework for the compliance efforts within the organization. The Compliance Plan and Business Code of Conduct convey the Center’s clear commitment to honest and responsible conduct and reinforce the expectation of lawful and ethical behavior throughout the organization. This report reflects key components of the Center’s Compliance Program with corresponding activities of FY 2025, as well as comparison figures from FY 2002 through FY 2025 where indicated. The report also includes a summary of accomplishments from the Federal fiscal year (October 2023 – September 2025) as reported by the Office of Inspector General (OIG) and the Department of Justice (DOJ).

**Corporate Compliance Training**

Addressing identified concerns is essential to an effective compliance program; however, a well-educated workforce may help prevent issues from occurring and is therefore paramount to a successful compliance strategy. With mandatory compliance training for new hires as part of new employee orientation, the Center is better positioned to preemptively establish compliance expectations. Annual compliance training is also mandatory to help ensure that all staff maintain an acceptable level of knowledge. Additionally, the Compliance Officer, Client Rights Officer and General Counsel are readily available to answer questions and provide guidance on specific situations that arise throughout the year.

In September 2023 the Compliance Officer and General Counsel recorded an updated Corporate Compliance & Rights Protection training video for the Center. New hires and existing staff review the video and complete the post-test/final exam to meet their initial and annual training requirements, respectively. During FY 2025, 96% of staff who were required to complete the training by 8/31/25 accomplished the task. Two hundred and sixty-six (266) staff completed the compliance training video and seventy (70) eligible staff opted to complete the Corporate Compliance and Rights Protection Exemption Test with a passing score of 80% or better. Confirmation of training/test completion is maintained by both Human Resources.

**Compliance Reports / Investigations**

The Center’s Compliance Officer investigated three (3) compliance concerns during FY 2025.

- Staff Licensure issue: Involving a staff using credentials from another State but not licensed in Texas.
- HIPAA Violations: Staff discussed a client’s personal health information (PHI) with another client in services.

Date of Incident	Department	Summary	# of Clients Impacted
9/13/2024	Crisis	Documents released to nursing facility without a signed authorization	1

10/16/2024	IDD	Client's name was on a form used for another individual	1
10/17/2024	IDD	Staff unable to locate annual paperwork in her home/office; 6 individuals impacted	6
3/19/2025	Texas City Recovery	Client's name was included in a letter to DFPS	1
3/25/2025	Texas City Recovery	OCR complaint: unauthorized disclosure of PHI	1
6/27/2025	SHSE	PHI	1
6/9/2025	SHSE	Document released to landlord without a signed authorization	1
7/3/2025	TCCOMI	Mass Text Sent to group of clients	17

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

(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)
2022	2	0	0	0	0	0	2	(0)
2023	4	0	0	0	0	0	4	(0)
2024	3	0	0	0	0	0	3	(0)
2025	8	0	1	0	0	0		(0)
Total	343	23	5	9	9	7	396	\$126,826.71 (22)

### **Corporate Compliance Committee**

The Corporate Compliance Committee meets regularly and continues to advise, assist and support the Compliance Officer in operating and monitoring the Compliance Program. The committee convened quarterly during FY 2025 with meetings on September 17, 2024; January 14, 2025; March 18, 2025; and June 17, 2025.

Membership during FY 2025 included the following individuals and is reflective of the major service areas:

Amy McMahon, Director of Behavioral Health Services, Brazoria County (ended January 2025)  
Casey Duty, Utilization Manager  
Cindy Kegg, Corporate Compliance Officer/Rights Protection Officer  
Juanita Nolley, Corporate Compliance Officer/Rights Protection Officer  
Devon Stanley, Chief Information Officer  
Jerry Freshour, Senior Director for Crisis & Justice Services  
Kelsey Hoosier, Director of Human Resources  
Mary Ann Mallini, Director of Reimbursement Services  
Melissa Hollman, Director of Quality and Contracts Management  
Sandy Patterson, Director of Behavioral Health Services, Galveston County  
Timothy Ornelas, IDD Crisis Intervention Specialist

During FY 2025, guest attendees included Linda Bell, General Counsel; Dr. Renee Valdez, Chief Medical Officer; and Ashlyn Murphy; HR.

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!
- Licensure / website verifications / background check issues
- OIG List of Excluded Individuals/Entities (LEIE)<sup>1</sup> reports
- HITECH Breach Notification issues
- The Compliance Plan, Compliance Procedures and Business Code of Conduct
- Risk and Compliance Annual Assessment
- BT&T Security Risk Assessment

### **Fiscal Audit**

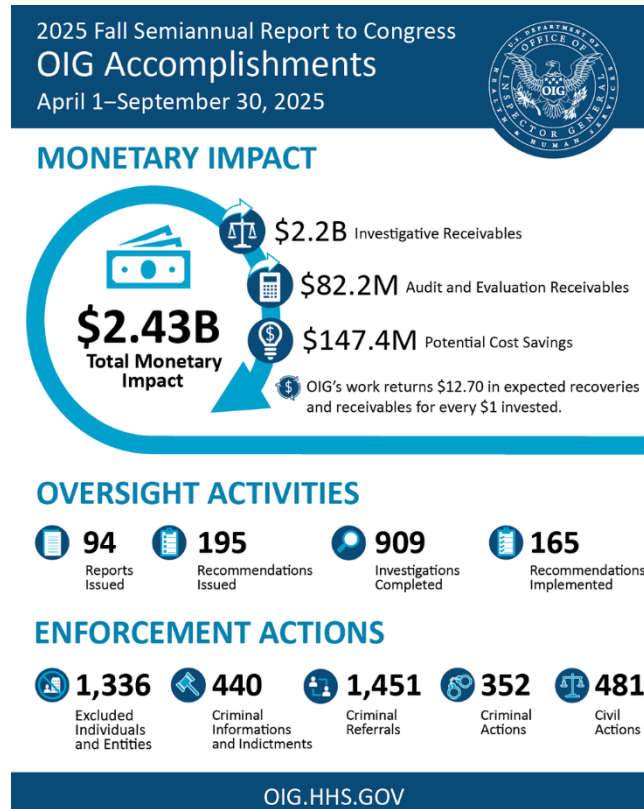
*The Center's annual Financial and Compliance Audit for the year ending August 31, 2025, was completed by Eide Bailly in January 2026. Per Chief Financial Officer Rick Elizondo, **there were no Federal or State compliance findings**. The audit was presented to the Center's Board of Trustees on January 28, 2026 for review and approval.*

---

<sup>1</sup> Anyone who hires an individual or entity on the LEIE may be subject to civil monetary penalties (CMP). To avoid CMP liability, health care entities should routinely check the list to ensure that new hires and current employees are not on it. (U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, DC, 20201, US; subscription email, January 10, 2025).

## Compliance – A Federal Perspective

On January 21, 2026, the Health and Human Services Office of Inspector General posted the OIG’s Semi-Annual Report to Congress covering April 1, 2025 – September 30, 2025. The press release highlighted the achievements of the 2025 Federal fiscal year (April 1, 2025 – September 30, 2025) and included the following accomplishments:



Settlements and judgments under the False Claims Act exceeded \$6.8 billion in the fiscal year ending Sept. 30, 2025. That amount is the highest in a single year in the history of the False Claims Act. Whistleblowers filed 1,297 qui tam lawsuits, the highest number in a single year, and the government opened 401 investigations, including matters announced as Administration policy objectives.

## Conclusion

Gulf Coast Center’s Compliance Plan and Business Code of Conduct continue to serve as the cornerstone for the compliance program by establishing clear expectations for professional conduct and accountability within the organization. This well-established commitment to compliance is indicative of the Center’s dedication to promoting a culture that values personal, professional, and organizational integrity while mitigating the risk of improper and unlawful conduct. As reflected in our core value of accountability: *we value achievement of an exemplary standard of accountability for our individual and collective performance.* The Compliance Officer, Compliance Committee, General Counsel and Executive Leadership/ Management will continue to work collaboratively to help ensure that Gulf Coast Center business is conducted in an environment with the highest ethical, legal and professional standards.

**THE GULF COAST CENTER**  
 Regular Board of Trustees Meeting  
 Southern Brazoria Community Service Center  
 101 Tigner, Angleton, TX  
 Wednesday, January 28, 2026  
 6:15 pm



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

**Minutes**

1. **Call To Order** ..... Jamie Travis, Board Chair  
**The following Board Members were present:** Jamie Travis, Chair; Stephen Holmes, Vice-Chair; Caroline Rickaway, Brazoria County Sheriff Bo Stallman, Galveston County Sheriff Lt. Jaime Castro, and Chris Cahill.  
**The following Board Members were absent:** Mary Lou Flynn-DuPart (excused) and Chris Barcelo (unexcused).  
**Also present:** Felicia Jeffery, CEO – Gulf Coast Center; Rick Elizondo, CFO; Linda Bell, General Counsel, Devon Stanley, CIO, Britni Mueck, Jerry Freshour, Sandy Patterson, Sam Tingle, Amanda Groller, Liley McPeek, Veronica Foye.
2. **Citizens' Comments**
3. **Program Report:**
  - a. FY 2025 Financial and Compliance Audit ..... Rebekah Scott, CPA, Audit Partner, Eide Bailly
    - Gulf Coast Center received an unmodified (clean) audit opinion, the highest level available.
    - No findings in internal controls or compliance.
    - GCC continues to qualify as a low-risk auditee, a distinction becoming increasingly rare across centers statewide.
4. **Board Member Reports**
  - a. Texas Council of Community Centers ..... Jamie Travis, Board Chair
    - HHSC has a new Executive Commissioner, Stephanie Muth.
    - HHSC is undergoing Sunset Review this cycle.
    - Texas Council is adjusting its meeting schedule: board meetings will move to Fridays, and Capitol visits will shift to Thursday afternoons to improve access to legislators.
    - Congratulations again to Gulf Coast Center for being selected as one of the eight new YCOT sites.
  - b. Texas Council Risk Management Fund .....Mary Lou Flynn-Dupart, TCRMF Board Chair  
 TCRMF is working to clarify new state requirements for reporting AI use.
5. **Operations Report:** .....Felicia Jeffery, CEO
  - a. Operational, Clinical, & Financial Excellence
    - Strategic Plan Update – Leadership Excellence
      - Gulf Coast Center earned its official Great Place to Work designation, with 78% of employees rating GCC as a great workplace.
      - Gulf Coast Center continues to make strong progress on its three strategic pillars—Clinical Excellence, Training Redesign, and Leadership Excellence. We are restructuring key departments, strengthening cross-department collaboration, and standardizing tools to improve service quality and capacity. Our training redesign is modernizing onboarding and

learning systems to support a stronger employee experience, and our leadership excellence work is building accountability, resilience, and coaching capacity across all levels.

- Galveston County Mental Health Wellness Center Update
  - We are preparing for the EOU opening later this spring.

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

- a. Financial & Operational Monthly Report & YTD Summary **(Pg.4)**

**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 10, 2025 Board Minutes. **(Pg. 9)**  
On motion by Stephen Holmes, and a second by Jaime Castro, the board approved the December 10, 2025, Board Minutes. The motion carried with all members voting in favor. There was no public comment.
- b. Review and approval of December 2025 Check Registers.  
On motion by Jaime Castro, and a second by Caroline Rickaway, the board approved the December 2025 Check Registers. The motion carried with all members voting in favor. There was no public comment.

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

**GCC Administration Agreements**

- a. **Consider approval of the FY2025 Financial and Compliance Audit**  
On motion by Bo Stallman, and a second by Stephen Holmes, the board approved the FY2025 Financial and Compliance Audit. The motion carried with all members voting in favor. There was no public comment.
- b. **Consider the approval of an increase in the Center’s mileage reimbursement rate from \$0.67 cents per mile to \$0.72.5 cents per mile retro to January 1, 2026, 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, which were revised effective January 1, 2026, to \$0.72.5 cents per mile rate.**  
On motion by Stephen Holmes, and a second by Jaime Casto, the board approved the increase in the Center’s mileage reimbursement rate from \$0.67 cents per mile to \$0.72.5 cents per mile retro to January 1, 2026. The motion carried with all members voting in favor. There was no public comment.
- c. **Consider approval of the revised Quality Management Policy and Procedures which were revised to add the Continuous Quality Improvement CQI requirements.**  
On motion by Caroline Rickaway, and a second by Stephen Holmes, the board approved the revised Quality Management Policy and Procedures. The motion carried with all members voting in favor. There was no public comment.
- d. **Consider the approval of the below five Office of the Governor Resolutions:**
1. Office of the Governor - **Victims of Crime Act Formula Grant Program (Funding Source) grant application** for GCC Crime Victims Counseling for the FY 2027
  2. Office of the Governor - **State Criminal Justice Planning (421) Fund Juvenile Justice and Youth Diversion Grant Program (Funding Source) grant application** for GCC Juvenile Justice Youth Diversion Grant Program for FY 2027
  3. Office of the Governor - **State and Local Cybersecurity Grant Program (SLCGP) grant application** for the Gulf Coast Center Cybersecurity Safeguards and Threat Mitigation Project be operated for the Fiscal Year 2027

4. Office of the Governor - **Nonprofit Security Grant Program (NSGP) application** for the Gulf Coast Center Threat Prevention and Security Readiness Project be operated for the Fiscal Year 2027
5. Office of the Governor - **Crisis Diversion Program project as required by the Byrne State Crisis Intervention (Funding Source) grant application** for a Gulf Coast Center Crisis Diversion Program for the Fiscal Year 2027. The Center is applying for Byrne funding specifically for the Galveston County Crisis Diversion Center operation needs (i.e. transportation, security, etc.) and the operation logistics of expanding service for a Brazoria County Crisis Diversion unit, and co-response, applicable trainings, and transition to a CCBHC.

On motion by Caroline Rickaway, and a second by Stephen Holmes, the board approved the five Office of the Governor Resolutions. The motion carried with all members voting in favor. There was no public comment.

### **HHSC Agreements**

- e. **Consider approval of modification to the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) contract #696-TC-26-27-L052-M-001. The TCOOMMI program aims to prevent re-offending by linking individuals to intensive case management and rehabilitative services while collaborating with probation and parole offices. This modification increases funding for FY26-27 by \$47,308 with new amount not to exceed \$967,308.**

On motion by Caroline Rickaway, and a second by Stephen Holmes, the board approved the modification to the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) contract #696-TC-26-27-L052-M-001. The motion carried with all members voting in favor. There was no public comment.

- f. **Consider approval of amendment #1 to the HHSC FY26 IDD performance contract #HHS001586900035. This amendment includes revision of the special conditions and scope of grant attachments with changes to performance measures, deliverable submissions, and training requirements. The amendment also includes a reduction in local match by \$18,347.61.**

On motion by Bo Stallman, and a second by Jaime Castro, the board approved the amendment #1 to the HHSC FY26 IDD performance contract #HHS001586900035. The motion carried with all members voting in favor. There was no public comment.

### **BT&T Services**

- g. **Consider approval of the addendum to the ELEOS Health, Inc. master agreement for the expansion of Center users. The Center needs to purchase the Psychiatric module for up to 10 users at \$65 dollars per user per month as well as purchase of Groups for up to 14 users at \$65 dollars per user per month.**

**Term end date: June 12, 2027**

**Amount not to exceed: \$190,420**

On motion by Chris Cahill, and a second by Jaime Castro, the board approved the addendum to the ELEOS Health, Inc. master agreement for the expansion of Center users. The motion carried with all members voting in favor. There was no public comment.

### **Asset Management & Facility Services**

- h. **Consider ratification of the Addendum to the North American Select Service for transportation and security services for designated Center Facilities until the official opening of the Wellness Center/Extended Observation Unit facility.**

**Term: November 1, 2025 – August 31, 2026**

**Amount not to exceed: \$267,988.00**

On motion by Stephen Holmes, and a second by Bo Stallman, the board approved the ratification of the Addendum to the North American Select Service for transportation and security services for

designated Center Facilities until the official opening of the Wellness Center/Extended Observation Unit facility. The motion carried with all members voting in favor. There was no public comment.

**Behavioral Health Services**

- i. **Consider approval of the New Pharmacy and Facility Use agreement with Genoa Healthcare LLC for an expanded pharmacy service at the Wellness Center/Extended Observation Unit facility.**

**Term: until terminated** **Reimbursement: Standard Pharmacy rate for Rx's.**  
 On motion by Stephen Holmes, and a second by Jaime Castro, the board approved the New Pharmacy and Facility Use agreement with Genoa Healthcare LLC for an expanded pharmacy service at the Wellness Center/Extended Observation Unit facility. The motion carried with all members voting in favor. There was no public comment.

- j. **Consider approval of the Interlocal Agreement with the City of Pearland for the purpose of implementing a *Pearland Police Department Crisis Co-Response Team (CCRT)*, pairing Gulf Coast Center qualified mental health professionals with a Pearland Police Department mental health trained officer for co-response to crisis in the city jurisdiction.**

**Term: March 1, 2026 – August 31, 2026** **Funding Source: Rider 48 Mental Health Grant for Justice Involved Individuals (MHG-JI) Grant**  
 On motion by Jaime Castro, and a second by Stephen Holmes, the board approved the Interlocal Agreement with the City of Pearland for the purpose of implementing a *Pearland Police Department Crisis Co-Response Team (CCRT)*, pairing Gulf Coast Center qualified mental health professionals with a Pearland Police Department mental health trained officer for co-response to crisis in the city jurisdiction. 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 that 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

January 28, 2026	Board Meeting	SBCSC	6:15pm
February 25, 2026	Board Meeting	MCSC	6:15pm
March 25, 2026	Board Meeting	<b>NBCSC</b>	6:15pm
May 6, 2026	Board Meeting & Tour of GCMHWC	MCSC/GCMHWC	6:15pm
May 27, 2026	Board Meeting	SBCSC	6:15pm
<b>June 10-12, 2026</b>	<b>Annual Texas Council Conference</b>	<b>San Antonio, TX</b>	
July 22, 2026	Board Meeting	MCSC	6:15pm
August 19, 2026	Board Meeting	SBCSC	6:15pm

**SBCSC location:** 101 Tigner, Angleton, TX | **NBCSC location:** 101 Brennan, Alvin, TX  
**MCSC location:** 7510 FM 1765, Texas City, TX

**11. 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.*

None

**12. Adjourn**

There being no further business the meeting adjourned at 7:21pm

Respectfully,

Approved as to Consent and Form,

*Cathy Rice*

*Jamie Travis*

\_\_\_\_\_  
Cathy Rice  
Secretary to the Board of Trustees

\_\_\_\_\_  
Jamie Travis  
Chair of the Board of Trustees