



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 24, 2018** at **6:15 p.m.** at the **Brazoria County Community Service Center**, located at **101 Tigner, Angleton, Texas.**

Thank you,

Cathy Claunch-Scott
Secretary to the Board of Trustees

cc: January Board of Trustees File

123 ROSENBERG, SUITE 6
GALVESTON, TEXAS 77550

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www.GulfCoastCenter.org

Our mission is to provide accessible, efficient and quality services to support the independent and health living of those we serve.

THE GULF COAST CENTER
Regular Board of Trustees Meeting
Brazoria County Community Service Center
101 Tigner, Angleton, TX 77515
Wednesday, January 24, 2018
6:15 pm



"Better community healthcare promoting healthy living."

- 1. Call To Order**..... Jamie Travis, Board Chair
- 2. Citizens' Comments**
- 3. Program Report**
 - IDD Respite Voucher Plan.....Deanna David & Jamie White
- 4. Board Member Reports**
 - a. Texas Council of Community Centers Jamie Travis, Board Chair
 - b. Texas Council Risk Management FundMary Lou Flynn-Dupart, TCRMF Board Chair
- 5. CEO Report** Melissa Tucker, CEO
 - a. Center Reorganization and Transition Update
 - b. 1115 Waiver Status Report
 - c. Communication, Legislative & Community Development Efforts
 - d. Hurricane Harvey Update
- 6. Operations Report**.....Jerry Freshour, COO
 - a. IDD Services
 - b. Adult Mental Health
 - c. Recovery Services
 - d. Youth Behavioral Health Services
 - e. Medical Services
 - f. Crisis & Forensic Services
 - g. Information Services
 - h. Connect Transit
 - i. Quarterly Board Report – FY18 Quarter 1

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

- a. Financial Board Monthly & YTD Summary (**Pg. 1-3**)
- b. Financial & Operational Highlight – Managed Care
- c. Property Update
- d. Annual Corporate Compliance Report (**Pg. 4-9**)

8. Consent Agenda.....Linda Bell, JD

Consideration and Approval of Recommendations and Acceptance of Consent Agenda Items. (*Consent agenda items may be pulled from this consideration for individual action or presentation.*)

- a. Review and approval of December 13, 2017 board meeting minutes. (**Pg. 10-15**)
- b. Review and approval of December 2017 check register.

9. Action Items.....Linda Bell, JD

All Action items terminate at the end of FY2018 unless indicated otherwise

- a. Consider the approval of Jamie Smith as the new HUD Permanent Housing Liaison. The liaison will be responsible for reporting issues related to homelessness in Galveston and Brazoria counties.
- b. Consider the approval of the update revision to the Center’s Bank Account listing and recommended bank account signature adding the Asset Coordinator to the Facility Management account.
- c. Consider the RESOLUTION BY THE BOARD OF TRUSTEES OF THE GULF COAST CENTER AUTHORIZING THE CHIEF EXECUTIVE OFFICER TO SUBMIT APPLICATIONS FOR THE TEXAS DEPARTMENT OF TRANSPORTATION 2018 COORDINATED CALL FOR PROJECTS.
- d. Consider the RESOLUTION BY THE BOARD OF TRUSTEES OF THE GULF COAST CENTER AUTHORIZING THE CHIEF EXECUTIVE OFFICER TO TAKE ACTION TO ENSURE THE LEAGUE CITY PARK AND RIDE OPERATIONS ARE TRANSFERRED FROM THE CITY OF GALVESTON ISLAND TRANSIT TO GULF COAST CENTER CONNECT TRANSIT.
- e. Consider the approval of the FY18 Agreement with **Chris Cahill d/b/a The Cahill Law Firm** for legal representation and consultation services to the Center and its Board of Trustees. Term: January 1, 2018 to August 31, 2018. FY18 Annual Flat Rate \$7,500.00.
- f. Consider the approval of the Interlocal Agreement with **University of Texas Medical Branch at Galveston** for short term maintenance of the park and ride vehicles as of March 1, 2018, for a period not to exceed one-hundred and eighty (180) days.

10. Pending or Revised Action Items.....Linda Bell, JD

Pending or revised items are those items which were on a prior board agenda but not completely resolved or there has been a revision since approval. The items may be listed for update purposes or final action by the Board.

- a. Consider ratification of the lease extension with **Educare Community Living Corporation-Gulf** for an additional 3 months at the current lease rate of \$6,593.33 per month. Term: September 1, 2017 to November 30, 2017.

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

Date	Event	Time	Location
February 28, 2018	Board Meeting	6:30 p.m.	Administration (Mall of the Mainland) Texas City
March 28, 2018	Board Meeting	6:30 p.m.	Angleton
April 25, 2018	Board Meeting	6:30 p.m.	Administration (Mall of the Mainland) Texas City
May 23, 2018	Board Meeting	6:30 p.m.	Angleton
June 20-22, 2018	TX Council Conference		Sheraton, Dallas
July 25, 2018	Board Meeting	6:30 p.m.	Administration (Mall of the Mainland) Texas City
August 22, 2018	Board Meeting	6:30 p.m.	Angleton

12. Executive Session

As authorized by Chapter §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at any time during the course of this meeting to seek legal advice from its Attorney about any matters listed on the agenda.

13. Action Regarding Executive Session

14. Adjourn

	<u>MONTHLY</u>	<u>MONTHLY</u>	<u>ANNUAL</u>	<u>YEAR TO DATE</u>	<u>YTD</u>	<u>YTD</u>
	<u>FY2018</u>	<u>FY 2018</u>	<u>FY 2018</u>	<u>FY 2018</u>	<u>Percent</u>	<u>Dollar</u>
	<u>BUDGET</u>	<u>December</u>	<u>BUDGET</u>	<u>December</u>	<u>Variance</u>	<u>Variance</u>
<u>EXPENSES</u>						
Salary and Wages	\$1,250,430.89	\$1,106,477.20	\$15,005,169.95	\$4,323,960.95	29	\$10,681,209.00
Fringe Benefits	\$466,831.11	\$435,802.06	\$5,601,971.66	\$1,680,266.21	30	\$3,921,705.45
Travel	\$19,368.08	\$13,989.53	\$232,417.00	\$53,151.67	23	\$179,265.33
Consumables	\$45,190.49	\$14,213.05	\$542,286.00	\$87,543.43	16	\$454,742.57
Pharmaceuticals/other	\$20,448.84	\$21,469.42	\$245,386.00	\$82,846.47	34	\$162,539.53
Capital Improvements	\$4,166.67	\$0.00	\$50,000.00	\$0.00	0	\$50,000.00
Furniture/Equip/Computer>\$5000	\$15,234.87	\$189,858.77	\$182,818.48	\$228,247.76	125	(\$45,429.28)
Furniture/Equip/Computer<\$5000	\$26,671.29	\$1,127.57	\$320,055.64	\$73,286.35	23	\$246,769.29
Facility Costs:	\$69,056.54	\$74,446.70	\$828,678.00	\$288,363.07	35	\$540,314.93
Debt Service	\$14,008.34	\$14,141.67	\$168,100.00	\$42,425.01	25	\$125,674.99
Utilities	\$20,651.44	\$15,907.28	\$247,816.64	\$73,908.60	30	\$173,908.04
Communications:	\$39,493.58	\$18,789.01	\$473,923.27	\$132,562.80	28	\$341,360.47
Insurance	\$47,747.18	\$46,696.90	\$572,965.74	\$217,015.36	38	\$355,950.38
Vehicle Operating	\$77,788.79	\$84,342.73	\$933,465.34	\$251,853.50	27	\$681,611.84
Other Operating	\$22,556.17	\$10,838.57	\$270,674.00	\$46,448.78	17	\$224,225.22
Client Support Cost	\$44,763.06	\$32,912.04	\$537,157.00	\$161,842.65	30	\$375,314.35
Unallowable Costs	\$3,443.09	\$1,800.03	\$41,317.00	\$4,014.20	10	\$37,302.80
Consultant/Professional - Internal	\$0.00	\$1,785.00	\$0.00	\$5,530.00	0	(\$5,530.00)
Consultant/Professional - External	\$10,579.34	\$8,710.50	\$126,952.00	\$32,765.16	26	\$94,186.84
Other Organizations - Internal	\$24,683.41	\$26,441.25	\$296,201.00	\$82,271.25	28	\$213,929.75
Other Organizations - External	\$579,073.13	\$536,101.32	\$6,948,877.50	\$2,034,185.81	29	\$4,914,691.69
Other Organizations - Non-Clinical	\$265,717.60	\$185,285.90	\$3,188,611.00	\$757,772.18	24	\$2,430,838.82
<u>TOTAL EXPENSES:</u>	<u>\$3,067,903.91</u>	<u>\$2,841,136.50</u>	<u>\$36,814,843.22</u>	<u>\$10,660,261.21</u>	<u>29</u>	<u>\$26,154,582.01</u>
<u>REVENUES</u>						
County Funds	\$95,582.89	\$94,432.49	\$1,146,995.00	\$377,658.47	(33)	\$769,336.53
Patient Fees/ins/Reimb	\$72,635.44	\$130,911.59	\$871,625.00	\$340,983.62	(39)	\$530,641.38
Miscellaneous	\$147,296.71	\$113,201.92	\$1,767,560.51	\$350,816.56	(20)	\$1,416,743.95
State Funds Contracted	\$1,158,859.31	\$1,163,640.81	\$13,906,311.50	\$4,597,057.14	(33)	\$9,309,254.36
State Funds - Other:	\$833,410.32	\$527,427.64	\$10,000,923.55	\$2,055,135.99	(21)	\$7,945,787.56
Federal Funds Contracted:	\$104,471.82	\$91,448.58	\$1,253,662.00	\$364,286.62	(29)	\$889,375.38
Federal Funds - Other:	\$655,647.14	\$727,846.89	\$7,867,765.76	\$2,538,710.35	(32)	\$5,329,055.41
Total Revenue	\$3,067,903.63	\$2,848,909.92	\$36,814,843.32	\$10,624,648.75	(29)	\$26,190,194.57
EXCESS OF REVENUE OVER EXPENSES	(\$0.28)	\$7,773.42	\$0.10	(\$35,612.46)	35612460	\$35,612.56

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The Gulf Coast Center
FY2018 Monthly Board Financial Review

Unaudited as of 12/31/2017

Fiscal Year 2018 Unaudited Centerwide General Fund Balance Status

Total General Fund Balance as of 08/31/17 (UnAudited).....				\$	(2,311,470)
FY2018 Year-to-Date Reported Expense and Revenue Totals (Unaudited)					
Expenditures		<i>Operational</i>	10,626,703		
		<i>Non-Operational</i>	-		
		<i>Fund Balance</i>	33,559	10,660,261	
Revenues		<i>Operational</i>	10,624,649		
		<i>Non-Operational</i>	-	10,624,649	\$ (35,612)
Total General Fund Balance Year-to-Date (Unaudited).....				\$	(2,275,858)

Board Committed Use General Funds (Fiscal Year Committed)

Capital Projects - Facility (FY2008-FY2011)	(200,000)				
Capital Projects - Facility (FY2013)	(100,000)				
Capital Projects - Facility (FY2014)	(100,000)				
Capital Projects - Facility (FY2015)	(150,000)	(550,000.00)			
fy2008-fy2015 Expenditure		408,065.86			
fy2016 Expenditure		31,088.00			
fy2017 Expenditure		-			
fy2018 Expenditure		-			
				(110,846)	
Capital Projects - IT (FY2003-FY2014)	(600,000)				
Capital Projects - IT (FY2015)	(150,000)				
Capital Projects - IT (FY2017)	(140,000)	(890,000.00)			
fy2003-fy2015 Expenditure		677,587.43			
fy2016 Expenditure		-			
fy2017 Expenditure		66,432.75			
fy2018 Expenditure		-			
				(145,980)	
IDD Community Service Support (FY2011)	(200,000)				
IDD Community Service Support (FY2014)	(100,000)				
IDD Community Service Support (FY2016)	(100,000)	(400,000.00)			
fy2011-fy2015 Expenditure		263,360.65			
fy2016 Expenditure		57,046.30			
fy2017 Expenditure		27,159.00			
fy2018 Expenditure		24,252.50			
				(28,182)	
Connect Transit (FY2015) LJ Urban	(320,000)	(320,000.00)			
fy2016-fy2017 Expenditure		-			
fy2018 Expenditure		-		(320,000)	
Connect Transit (FY2013) General Services	(422,869)	(422,869.00)			
fy2015-fy2016 Expenditure		300,000.00			
fy2017 Expenditure		-			
fy2018 Expenditure		-			
				(122,869)	
Major Facility Repairs (FY2014)	(186,940)	(186,940.00)			
fy2014-fy2015 Expenditure		186,940.00			
fy2016 Expenditure		-			
fy2017 Expenditure		-			
fy2018 Expenditure		-			
Flexible Spending Supports (FY2004)	(400,000)				
Flexible Spending Supports (FY2013)	(100,000)	(500,000.00)			
fy2005-fy2015 Expenditure		456,602.07			
fy2016 Expenditure		18,880.53			
fy2017 Expenditure		9,984.17			
fy2018 Expenditure		9,306.01			

(5,227) (733,104)

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

\$ (2,275,858)

Unrestricted Use General Fund Balance (Unaudited)

\$ (1,542,754)

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The Gulf Coast Center
FY2018 Monthly Fund Balance Report

Unaudited as of 12/31/2017

Fiscal Year 2018 Unaudited Centerwide General Fund Balance Status

Total General Fund Balance as of 08/31/17 (Unaudited)..... \$ (2,311,470)

FY2018 Monthly Reported Expense and Revenue Totals (Unaudited)												
	September	October	November	December	January	February	March	April	May	June	July	August
<i>Operational Expenses:</i>	2,454,092	2,677,277	2,660,577	2,834,756								
<i>Non-Operational Expenses:</i>	8,860	9,681	8,638	6,380								
<i>Fund Balance Expenses:</i>	2,462,952	2,686,958	2,669,215	2,841,137								
<i>Total Expenses:</i>												
<i>Operational Revenues:</i>	2,495,572	2,653,083	2,627,084	2,848,910								
<i>Non-Operational Revenues:</i>												
<i>Fund Balance Revenues:</i>	2,495,572	2,653,083	2,627,084	2,848,910								
<i>Total Revenues:</i>												
<i>Net increase/decrease to Fund Balance</i>	32,620	(33,876)	(42,130)	7,773								

Total General Fund Balance: (2,344,090) (2,377,966) (2,420,096) (2,412,323) (2,412,323) (2,412,323) (2,412,323) (2,412,323) (2,412,323) (2,412,323) (2,412,323) (2,412,323) (2,412,323)

Avg. Cost per day: 81,803 86,364 88,686 91,444

DAYS OF OPERATION 29 28 27 26 #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!



Gulf Coast Center

Corporate Compliance Annual Report

Fiscal Year 2017

Submitted by:
Cindy Kegg, Corporate Compliance Officer
Gulf Coast Center
January 2017

Gulf Coast Center
Corporate Compliance Annual Report
Fiscal Year 2017

The Gulf Coast Center’s Board of Trustees formalized the organization’s commitment to compliance with a Board Resolution signed on August 22, 2001. Since that time, the Compliance Plan and Business Code of Conduct have continued to provide the foundation for the Center’s compliance efforts and clearly convey the expectation of legal and ethical behavior throughout the organization. This report reflects key components of the Center’s compliance program with corresponding activities of fiscal year 2017, as well as comparison figures from FY 2002 through FY 2017 where indicated. The report also includes a summary of accomplishments from the Federal fiscal year (October 2016 – September 2017) as reported by The Office of Inspector General (OIG) and The Department of Justice (DOJ).

Corporate Compliance Training

The Office of Inspector General’s Compliance Program guidance identifies effective training and education as one of the seven elements of an effective compliance program. *“Annual training events create an important opportunity for a health center to convey its organizational values, including its commitment to ethical and legal conduct.”* In order to meet this expectation, the Compliance Officer and/or General Counsel provide multiple training opportunities each year to communicate the procedures, laws, and expectations of the Center’s Compliance Plan. In addition, annual training affords an important opportunity to both reinforce the Center’s commitment to ethical and legal conduct and to promote a culture of compliance within the organization.

The Compliance Officer and/or General Counsel provided sixteen (16) Corporate Compliance Trainings during FY 2017, including ten (10) trainings in New Employee Orientation (NEO). In January 2017, the frequency of NEO’s increased from bimonthly to monthly to provide new employees more timely access to required trainings/information. A total of two-hundred and ninety-one (291) individuals received compliance training during FY 2017. An additional fifty-two (52) eligible staff¹ opted to take the exemption test in lieu of attending a scheduled training and passed with the required score of 80% or better. Human Resources staff and the Compliance Officer continue to work collaboratively to ensure that all staff register, participate, and receive proper credit for attendance or testing. Both departments also retain training documents as evidence of staff’s compliance with this mandatory requirement.

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



Reports / Investigations

The Center’s Compliance Officer received twenty-five (25) compliance concerns impacting four hundred and seventeen (417) individuals during FY 2017. All incidents were related to confidentiality/HIPAA violations and included unencrypted emails, incorrect fax numbers / mailing addresses and client information stolen from staff vehicles. The majority of incidents impacted seven (7) individuals or less with 75% of these events affecting only one (1) individual. A notable exception was the theft of a single appointment book from a staff’s vehicle which impacted two hundred and ninety-eight (298) individuals. This incident alone accounted for 71% of the total breaches. A second vehicle theft affected thirty-seven (37) individuals and was the second highest number of breaches in one event. When combined, these two (2) thefts accounted for 80% of the total breaches during FY 2017.

The below table denotes the number and type of compliance concerns reported to the Compliance Officer since the initiation of the compliance program in FY 01 / FY 02.

(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)
Total	282	23	5	8	9	7	334	\$126,826.71 (22)

Annual Compliance Survey

The annual *Corporate Compliance Survey* was distributed to all staff in September 2017. The survey serves as a follow-up to the FY 2017 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. Follow-up was completed with six (6) staff to further explore comments made on the survey. Several issues were either already being addressed or were program specific and directed to the manager. The remainder were resolved with minimal inquiry. Overall survey



responses indicated that staff were both knowledgeable and satisfied with the manner in which reported issues were addressed during FY 2017.

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 2017 with meetings on September 19, 2016; December 19, 2016; March 20, 2017; and June 19, 2017.

Staff changes during FY 2017 prompted the committee to review membership and consider new appointments to both fill vacant positions and ensure Center wide representation. The following changes were implemented after review and discussion at the December 19, 2016 (2nd quarter) compliance meeting:

- The new Chief Operating Officer, Jerry Freshour replaced CEO, Melissa Tucker;
- The new Director of Recovery Services, Monica Mehalshick replaced Mary Diaz, the Interim Recovery Administrative Assistant;
- IDD Quality Assurance Coordinator, Timothy Ornales replaced Service Coordination Manager, Nola Graham;
- The committee discussed the need to add representation from MH services. It was agreed that rotating participation between the MH Adult Program Managers would afford the best opportunity to ensure that all MH managers are informed, knowledgeable and involved in the compliance process;
- The committee discussed the need to add representation from Human Resources and agreed upon the appointment of Jeanine McNulty, the Center's new Chief Human Resources Officer.

Membership during FY 2017 is as follows and is reflective of the major service areas:

Cindy Kegg, Corporate Compliance Officer
Amy McMahan, Director of Child and Adolescent Services
Casey Duty, Utilization Manager
Donna Gordon, Reimbursement Coordinator
Jeanine McNulty, Chief Human Resources Officer
Jerry Freshour, Chief Operating Officer
Melissa Hollman, Contract Manager/QM Supervisor
Monica Mehalshick, Recovery Services Director
Pam Melgares, Chief Information Officer
Timothy Ornales, IDD Quality Assurance Coordinator

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 and other Center programs)
- Licensure / website verifications / exclusion lists / background check issues
- HITECH Breach Notification issues
- The Compliance Plan, Compliance Procedures and Business Code of Conduct
- Risk and Compliance Annual Assessment
- MIS Security Risk Assessment

Fiscal Audit

The Center's Annual Financial and Compliance Audit for the year ending August 31, 2017 was completed by Davis Kinard during August and November 2017. Although the final report had not been received by the date this Annual Compliance Report was submitted, per Chief Financial Officer, Rick Elizondo, there were no Federal or State compliance findings. The audit will be presented to the Center's Board of Trustees for review and approval on February 28, 2018.

Compliance – A Federal Perspective

On November 30, 2017 the Health and Human Services (HHS) Office of Inspector General posted the OIG's Semi-Annual Report to Congress covering April 1, 2017 – September 30, 2017. The report highlighted the achievements of the 2017 Federal fiscal year (October 1, 2016 through September 30, 2017) and included the below accomplishments:

- expected recoveries of more than \$4.13 billion
- exclusions of 3,244 individuals and entities from participation in Federal healthcare programs
- 881 criminal actions against individuals or entities that engaged in crimes against HHS programs
- 826 civil actions against individual or entities

On December 21, 2017, a press release from the *Office of Public Affairs* reported that The Department of Justice recovered over \$3.7 billion in settlements and judgments from civil cases involving fraud and false claims against the government in the fiscal year ending Sept. 30, 2017. Accomplishments highlighted in the DOJ report include:

- \$2.4 billion in settlements and judgments involved the health care industry, including drug companies, hospitals, pharmacies, laboratories and physicians.



- Of the \$3.7 billion in settlements and judgments reported by the government in fiscal year 2017, \$3.4 billion related to lawsuits filed under the qui tam provisions of the False Claims Act. During the same period, the government paid out \$392 million to the individuals who exposed fraud and false claims by filing a qui tam complaint

According to the press release, recoveries since 1986, when Congress substantially strengthened the civil False Claims Act, now total more than \$56 billion.

Conclusion

Gulf Coast Center recognizes the importance of an effective compliance program and understands that all healthcare providers are expected to not only establish and maintain an effective compliance strategy but to also promote a culture of compliance that begins at the highest level and extends throughout the organization. The Center's commitment to the prevention of fraud and abuse as well as identifying, investigating and responding to potential compliance concerns clearly demonstrates the agency's dedication to honest and responsible corporate conduct. The Compliance Officer, Compliance Committee, General Counsel and Executive Management will continue to work collaboratively to ensure that the Center's enduring commitment to ethical and compliant conduct remains both a high priority and a clear expectation within the organization.

THE GULF COAST CENTER

Regular Board of Trustees Meeting
Mall of The Mainland Administration Office
10000 Emmet F. Lowry Expressway, Suite 1220
Wednesday, December 13, 2017
6:15 pm



"Better community healthcare promoting healthy living."

Minutes

- 1) **Call To Order**– Jamie Travis, Board Chair of the Board of Trustees, convened the regular meeting on Wednesday, December 13, 2017 at 6:26 p.m. at the Mall of the Mainland Administration Office located at 10000 Emmet F. Lowry Expressway, Suite 1220, Texas City, Texas.

The following Board Members were present: Caroline Rickaway, Jaime Castro, Vivian Renfrow and Stephen Holmes

The following Board Members were absent: Mary Lou Flynn-Dupart and Linda Coleman

Also present were: Melissa Tucker, CEO – Gulf Coast Center, Chris Cahill – Mills, Shirley LLP, and other Center staff.

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

- 3) **Program Report:**

Heather Melton, Veteran Volunteer Coordinator for Gulf Coast Center Veteran Services, presented on the Military Veteran Peer Network Program. Heather gave a brief statement on what the program does by explaining that "the Military Veteran Peer Network" (MVPN) recruits and trains veteran and family member volunteers to provide peer support for one another. This MVPN Program is supported by the Veterans Mental Health Program of the Texas Veterans Commission. Volunteers receive different levels of training in order for them to provide peer support. Trainings include Basic Training, VCAMP (Veteran Court Advocacy Mentorship Program), BEITZ (Bring Everyone in the Zone – Support Group Facilitation Training), Military Informed Care, Trauma Informed Care and MHFA (Mental Health First Aid) for Veterans – just to name a few. Heather discussed program growth stating that Peer Mentoring for Veterans Treatment Courts grew by 72% and; One-on-One Peer Support by 60%. Heather discussed the Veteran Task Force which is comprised of different committees like Women Veterans Committee, Health and Wellness, Homeless Veterans and Justice involved Veterans. From this Task Force, members create and host community events like local Blue Santa Toy Drive and The Veteran Family Beach Day. The mission is to expand Peer Support groups in the area, with hope to start a group at the Gulf Coast Center as a Peer Support group for Women Veterans.

- 4) **Board Member Reports:**

- a. Texas Council of Community Centers: Jamie Travis, Board Chair presented a \$10,000 check from the Texas Council for hosting the 2017 Annual Conference in Galveston.

- b. Texas Council Risk Management Fund: Linda Bell, Chief General Counsel gave a brief update on the Board of Trustees and Advisory Committee which was held November 2017.

5. CEO Report: Melissa Tucker, CEO

- a. Center Reorganization and Transition Update: Melissa Tucker, CEO reported the focus at this time is Revenue Cycle Management training and operationalization of key functions; Smartcare, for which a 90-day pilot of a dedicated trainer was completed, resulting in the posting of a full-time trainer; efficiency evaluation over the next quarter to areas including Finance, Information Services (IT & Medical Records), Forensic Services, and TCOMMI.
- b. 1115 Waiver Status Report: Melissa Tucker, CEO, gave a brief update on the 1115 Waiver Status Report.
- c. Communication, Legislative & Community Development Efforts: Melissa Tucker, CEO, provided a brief update on grant proposals; disaster response and county jail. Communication efforts will focus on updating brochures, website, disaster response public announcements and flyers.
- d. Hurricane Harvey Update: Melissa Tucker, CEO gave a brief update on the Hurricane Harvey disaster response and further development of the Crisis Counseling Program.

6. Operations Report:

- a. IDD Services: Jerry Freshour, COO, reported that Director of IDD Services, Jamie White, is working with IDD Provider Program Manager Deanna David, on a plan to transition the respite services from facility-based to a voucher respite system, allowing families more choices of respite providers and more opportunities for respite in the community. Jamie and Deanna project that they will complete transitioning to voucher respite in March 2018.
- b. Adult Mental Health: Jerry Freshour, COO, reported that Director of Adult Mental Health Services, Sandy Patterson, is working with her clinic program manager team to improve clinic operations. The Adult Mental Health management team is also working on improving customer outcomes for access to services, intensity of services and reduced hospital recidivism. Sandy Patterson and Virginia Smith are also having clinic meetings to plan for consistent and efficient revenue cycle management flows at each clinic site.
- c. Recovery Services: Jerry Freshour, COO, reported that the new hours of operations (Monday through Friday 8:00am-5:00pm) projected for implementation in October has been completed. Monica Mehalshick, Program Director, is working with the Directors for Adult Mental Health and Youth Mental Health Services on ways to continue integrating Recovery and Mental Health Services.
- d. Youth Behavioral Health Services: NONE
- e. Medical Services: NONE
- f. Crisis & Forensic Services: Jerry Freshour, COO, introduced the new Director of Intensive Behavioral Health Services, Samantha Heard. Samantha is an LCSW, MBA that comes to



the Center with over 18 years of experience. Gulf Coast Center leadership continues to work with both county jails on the new timeframes for completing magistrate-ordered, mental-health assessments.

g. Information Services: NONE

h. Connect: Jerry Freshour, COO, reported that Connect has hired one driver for the demand response and will be hiring more. Connect has had to decrease demand response but should be able to increase with the new hires. There have been no reported community complaints.

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

a. Financial Board Monthly & YTD Summary: Rick Elizondo, CFO, reported for the month of September and October The Center's preliminarily year-to-date operational expenses totaled \$5,131,369.18 and operational revenue totaled \$5,148,654.36; for an operational balance of \$17,285.18. Rick stated that with fund balance expenditures of \$18,541.00 the Center has a deficit of \$1,255.82.

b. Financial & Operation Highlight-Managed Care: NONE

c. Property Update: Rick Elizondo, CFO gave a brief update on the properties for sale. No changes from last month.

8. **Consent Agenda:**

Consideration and Approval of Recommendations and Acceptance of Consent Agenda Items.

(Consent agenda items may be pulled from this consideration for individual action or presentation.)

a. **Review and approval of October 25, 2017 board meeting minutes.**

On motion by Stephen Holmes, seconded by Vivian Renfrow, the board voted the approval of the October 25, 2017 board meeting minutes. The motion carried with all members voting in favor.

b. **Review and approval of October and November 2017 check registers:**

On motion by Stephen Holmes, seconded by Vivian Renfrow, the board voted the approval of the October and November 2017 check registers. The motion carried with all members voting in favor.

9. **Action Items:**

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

a. **Consider the approval to declare surplus and dispose of Center vehicle #3819, a 2009 Fusion with 135,911 miles, VIN#3FAHP06Z49R133819, License Plate #124-6109, per attachment, due to the fact that the repair costs of this vehicle are no longer cost-effective for continued use.**

On motion by Jaime Castro, seconded by Caroline Rickaway, the board voted the approval to declare surplus and dispose of Center vehicle #3819, a 2009 Fusion with 135,911 miles, VIN#3FAHP06Z49R133819, License Plate #124-6109, per attachment, due to the fact that the repair costs of this vehicle are no longer cost-effective for continued use. The motion carried with all members voting in favor.

- b. **Consider the approval to declare surplus and dispose of the following Connect Transit vehicles with repair cost no longer cost effective for continued use: Vehicle #2402, a Ford Goshen 15 passenger van with 229,903 miles, VIN#1FD FE4FPXADA32402; Vehicle #2405, a Ford Goshen 15 passenger van with 385,793 miles, VIN#1FD FE491ADA32405; and Vehicle #3475, a Ford E-450 20 passenger van with 271,690 miles, VIN#1FD XE45S37D43475.**

On motion by Jaime Castro, seconded by Stephen Holmes, the board voted the approval to declare surplus and dispose of the following Connect Transit vehicles with repair cost no longer cost effective for continued use: Vehicle #2402, a Ford Goshen 15 passenger van with 229,903 miles, VIN#1FD FE4FPXADA32402; Vehicle #2405, a Ford Goshen 15 passenger van with 385,793 miles, VIN#1FD FE491ADA32405; and Vehicle #3475, a Ford E-450 20 passenger van with 271,690 miles, VIN#1FD XE45S37D43475. The motion carried with all members voting in favor.

- c. **Consider a RESOLUTION by the Board of Trustees of Gulf Coast Center calling on the Houston-Galveston Area Council to consider amending the prospective investment Matrix for the 2019-2022 Transportation Improvement Program (TIP) Discretionary call.**

On motion by Stephen Holmes, seconded by Vivian Renfrow, the board voted the approval of the Resolution by the Board of Trustees of Gulf Coast Center calling on the Houston-Galveston Area Council to consider amending the prospective investment Matrix for the 201-2022 Transportation Improvement Program (TIP) Discretionary call. The motion carried with all members voting in favor.

- d. **Consider the approval of the RESOLUTION to allow CFO or designee to obtain short term financing through our current financial institution for an amount to not exceed \$2,000,000.00.**

On motion by Caroline Rickaway, seconded by Stephen Holmes, the board voted the approval of the RESOLUTION to allow CFO, or Designee, to obtain short-term financing through our current financial institution for an amount to not exceed \$2,000,000.00 with the following changes for an ORDER AUTHORIZING THE ISSUANCE OF \$2,200,000 GULF COAST CENTER REVENUE ANTICIPATION NOTES, SERIES 2017. Following discussion the motion carried with all members voting in favor.

- e. **Consider the approval of selection of DATIS for new Payroll/HR software system recommended by the review committee through formal RFP process and the approval of CFO, or designee to negotiate the contract terms with DATIS.**

On motion by Vivian Renfrow, seconded by Stephen Holmes, the board voted the approval of the selection of DATIS for new Payroll/HR software system, recommended by the review committee through formal RFP process, and the approval of CFO or designee, to negotiate the contract terms with DATIS. The motion carried with all members voting in favor.

- f. **Consider the approval of the FY18 renewal Amendment with J Allen and Associates of Texas, LLC for comprehensive psychiatric/telepsychiatric services, mental health services and pharmacy services in the Brazoria County Jail. Term:**

November 1, 2107 to October 31, 2018. Reimbursement rate: \$1000.00/month + medication costs (no change from FY17).

On motion by Stephen Holmes, seconded by Jaime Castro, the board voted the approval of the FY18 renewal Amendment with J Allen and Associates of Texas, LLC for comprehensive psychiatric/telepsychiatric services, mental health services and pharmacy services in the Brazoria County Jail. The motion carried with all members voting in favor.

g. Consider the approval of the MOU with Brazoria County to fund services and supports within the county including Mental Health services at the Brazoria County Detention Center, psychiatric medications, IDD services, mobile crisis, outpatient recovery services, psychiatric hospitalization coordination and public transportation.

On motion by Jaime Castro, seconded by Caroline Rickaway, the board voted the approval of the MOU with Brazoria County to fund services and supports within the county including mental health services at the Brazoria County Detention Center, psychiatric medications, IDD services, mobile crisis, outpatient recovery services, psychiatric hospitalization coordination and public transportation . The motion carried with all members voting in favor.

10. Pending or Revised Action Items: NONE

Pending or revised items are those items which were on a prior board agenda but not completely resolved, or for which there have been revisions since approval. The items may be listed for update purposes or final action by the Board.

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

Date	Event	Time	Location
January 24, 2018	Board Meeting	6:30 p.m.	Angleton
February 28, 2018	Board Meeting	6:30 p.m.	Administration (Mall of the Mainland) Texas City
March 28, 2018	Board Meeting	6:30 p.m.	Angleton
April 25, 2018	Board Meeting	6:30 p.m.	Administration (Mall of the Mainland) Texas City
May 23, 2018	Board Meeting	6:30 p.m.	Angleton
June 20-22, 2018	TX Council Conference		Sheraton, Dallas
July 25, 2018	Board Meeting	6:30 p.m.	Administration (Mall of the Mainland) Texas City
August 22, 2018	Board Meeting	6:30 p.m.	Angleton

12. Executive Session: None

As authorized by Chapter §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at any time during the course of this meeting to seek legal advice from its Attorney about any matters listed on the agenda.

13. Action Regarding Executive Session: None

14. Adjourn

There being no further business to bring before the Board of Trustees the meeting was adjourned at 7:24 p.m.

Respectfully,

Approved as to Content and Form,

Cathy Claunch-Scott

Secretary to the Board of Trustees

Jamie Travis

Board Chair