



# COASTAL HEALTH & WELLNESS

## GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

### AGENDA

Thursday, March 28, 2019 – 12:00 PM

**CONSENT AGENDA:** ALL ITEMS MARKED WITH A SINGLE ASTERICK (\*) ARE PART OF THE CONSENT AGENDA AND REQUIRE NO DELIBERATION BY THE GOVERNING BOARD. ANY BOARD MEMBER MAY REMOVE AN ITEM FROM THIS AGENDA TO BE CONSIDERED SEPARATELY.

### *PROCEED TO BOTTOM OF THIS DOCUMENT FOR APPEARANCE & EXECUTIVE SESSION GUIDELINES*

In accordance with the provisions of the Americans with Disabilities Act (ADA), persons in need of a special accommodation in order to participate in this proceeding should, within two (2) days prior to the proceeding, request necessary accommodations by contacting CHW’s Executive Assistant at 409-949-3406, or via email at [trollins@gchd.org](mailto:trollins@gchd.org).

ANY MEMBERS NEEDING TO BE REACHED DURING THE MEETING MAY BE CONTACTED AT 409-938-2288

### REGULARLY SCHEDULED MEETING

#### Meeting Called to Order

- \*Item #1 ..... Agenda
- \*Item #2**ACTION**..... Excused Absence(s)
- \*Item #3**ACTION**..... Consider for Approval Minutes from February 28, 2019 Governing Board Meeting
- \*Item #4**ACTION**..... Annual Policy/Plan Review
  - a) Coastal Health & Wellness Billing and Collections Policy
- \*Item #5**ACTION**..... Policies Approved by United Board of Health as Authorized Under the Shared Services Agreement
  - a) Emergency Operations Plan
  - b) Dress Code Policy
  - c) Employee and Pre-Hire Immunizations Policy
  - d) Limited English Proficiency Policy
  - e) Safety & Risk Management Policy
  - f) Workers’ Compensation Policy
  - g) Work Environment Policy
  - h) Fund Balance Policy
- Item #6**EXECUTIVE SESSION**..... **Texas Government Code Section 551.071, *Consultation with Attorney:* The Coastal Health & Wellness Governing Board will enter into an executive session as permitted under the Texas Open Meetings Act, Chapter 551 of the Texas Government Code, pursuant to Section 551.071 of the Government Code: to seek the advice of its attorney about pending or contemplated litigation or on a matter in which the duty of the attorney to Coastal Health & Wellness under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with the Open Meetings Act relating to 17-CV-00109, United States of America, ex rel. Tammy Lynn Babcock and Malek Bohsali v. Coastal Health & Wellness, and Galveston County Health District**
- Item #7**ACTION**..... Possible Action from Executive Session
- Item #8**ACTION**..... Consider for Approval February 2019 Financial Report

- Item #9.....Executive Report
- Item #10.....Update on Substance Use Disorder- Mental Health (SUD-MH) Program
- Item #11**ACTION** .....Consider for Approval Change in Scope (CIS) Request to Add Psychiatry as a Specialty Service
- Item #12.....Presentation on the Patient Centered Medical Home Model and Future Plans
- Item #13**ACTION**.....Consider for Approval Proposed Changes in Distributing and Collecting Patient Satisfaction Survey Data
- Item #14**ACTION**.....Consider for Approval the Reappointment of Jay Holland as a Community Representative to the Coastal Health & Wellness Governing Board for a 3 Year Term Expiring March 2022
- Item #15**ACTION**.....Consider for Approval Privileging Rights for the following UTMB Residents
  - a) Juliet McKee, MD
  - b) Katherine Serrano, MD
  - c) Kenneth Kenneth-Nwosa, MD
  - d) Amanda Song, MD

**Adjournment**

*Tentative Next Meeting: April 25, 2019*

**Appearances before Governing Board**

A citizen desiring to make comment(s) to the Board, shall submit a written request to the Executive Director by noon on the Thursday preceding the Thursday Board meeting. The written request must include a brief statement identifying the specific topic and matter presented for consideration. The Executive Director shall include the requested appearance on the agenda, and the person shall be heard, so long as he or she appears at the Board Meeting.

**Executive Sessions**

When listed, an Executive Session may be held by the Governing Board in accordance with the Texas Open Meetings Act. An Executive Session is authorized under the Open Meetings Act pursuant to one or more the following exceptions: Tex. Gov't Code §§ 551.071 (consultation with attorney), 551.072 (deliberation regarding real property), 551.073 (deliberation regarding a prospective gift or donation), 551.074 (personnel matters), 551.0745 (personnel matters affecting Coastal Health & Wellness advisory body), 551.076 (deliberation regarding security devices or security audits), and/or 551.087 (deliberations regarding economic development negotiations). The Presiding Officer of the Governing Board shall announce the basis for the Executive Session prior to recessing into Executive Session. The Governing Board may only enter into Executive Session if such action is specifically noted on the posted agenda.

**Governing Board  
March 2019  
Item #2  
Excused Absence(s)**

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# **COASTAL HEALTH & WELLNESS**

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**GOVERNING BOARD**

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

**Governing Board**

**March 2019**

**Item #3**

**Consider for Approval Minutes from February 28, 2019  
Governing Board Meeting**

**Coastal Health & Wellness  
Governing Board  
February 28, 2019**

**Board Members**

**Present:**

David Delac  
Dr. Howard  
Jay Holland  
Victoria Dougharty  
Virginia Valentino  
Samantha Robinson  
Aaron Akins  
Mario Hernandez  
Elizabeth Williams

**Staff:**

Kathy Barroso, Executive Director	Eileen Dawley
Dr. Ripsin, Medical Director	Richard Mosquera
Dr. Lindskog, Dental Director	Tyler Tipton
Judie Olivares	Kenna Pruitt
Mary Orange	Diana Driskill
Kristina Garcia	Cherree Windham
Tiffany Carlson	Caressa Mumme
Ashley Tompkins	Amanda Wolff
Michelle Peacock	Tikeshia Thompson Rollins
Pisa Ring	
Andrea Cortinas	

**Excused Absence: Miroslava Bustamante, Dorothy Goodman, Dr. Thompson**

**Guest: Amanda Eaves (BKD)**

**\*Items 1-6 Consent Agenda**

A motion was made by Mario Hernandez to approve the consent agenda items one through six. Dr. Howard seconded the motion and the Board unanimously approved the consent agenda.

**Item #7 Executive Session**

**Texas Government Code Section 551.071, *Consultation with Attorney*: the Coastal Health & Wellness Governing Board will enter into an executive session as permitted under the Texas Open Meetings Act, Chapter 551 of the Texas Government Code, pursuant to Section 551.071 of the Government Code: to seek the advice of its attorney about pending or contemplated litigation or on a matter in which the duty of the attorney to Coastal Health & Wellness under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with the Open Meetings Act relating to 17-CV-00109, United States of America, ex rel. Tammy Lynn Babcock and Malek Bohsali v. Coastal Health & Wellness, and Galveston County Health District**

**Item #8 Possible Action from Executive Session**

Jay Holland made a motion to take no action related to the Executive session. Dr. Howard seconded the motion and the Board unanimously approved.

**Item #9 Executive Report**

Kathy Barroso, Executive Director, presented the February 2019 Executive Report to the Board.

**Item #10 Consider for Approval FY 2018 Independent Auditor's Report and Financial Statements and Single Audit Reports**

Amanda Eaves, with BKD, presented the FY 2018 independent auditor's report and financial statement and single audit report. A motion to accept the report as presented was made by Jay Holland. Mario Hernandez seconded the motion and the Board unanimously approved.

**Item #11 Consider for Approval January 2019 Financial Report**

Mary Orange, Business Office Manager, presented the January 2019 financial report to the Board. A motion to accept the financial report as presented was made by Virginia Valentino. Mario Hernandez seconded the motion and the Board unanimously approved.

**Item #12 Consider for Approval 2018 Bad Debt Write-off and Adjustment Report**

Mary Orange, Business Office Manager, presented the 2018 bad debt write-off and adjustment report. A motion to accept the report as presented was made by Virginia Valentino and seconded by Dr. Howard. The Board unanimously approved the motion.

**Item #13 Consider for Approval Consulting Services Agreement with J2 Strategic Solutions**

Kathy Barroso, Executive Director, asked the Board to consider for approval a consulting services agreement with J2 Strategic Solution. The scope of work would include technical assistance related to grant requirements, review of policies and procedures and board training. The estimated term of the agreement is four months but could be completed sooner since there is no minimum number of months required. A motion to accept the agreement was made by Virginia Valentino and seconded by Elizabeth Williams. The Board unanimously approved the motion.

**Item #14 Consider for Approval Payment to Management Advisory Group (MAG) in the Amount of \$11,147 for Coastal Health & Wellness' Portion of the Compensation and Benefit Study**

Mary Orange, Business Office Manager, asked the Board to consider for approval a payment to Management Advisory Group (MAG) in the amount of \$11,147 for Coastal Health & Wellness' portion of a compensation and benefit study. A motion to accept approval of the payment was made by Jay Holland and seconded by Mario Hernandez. The Board unanimously approved the motion.

Adjournment

A motion to adjourn was made by Virginia Valentino and seconded by Mario Hernandez. The Board adjourned at 1:32 p.m.

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Secretary/Treasurer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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**Governing Board  
March 2019  
Item #4  
Annual Policy/Plan Review**

- a) Coastal Health & Wellness Billing and Collections Policy**

# Coastal Health & Wellness Billing and Collection Policy

## Purpose

Coastal Health & Wellness (CHW) is committed to ensuring everyone receives the services they need regardless of ability to pay for services. Coastal Health & Wellness expects patients to pay their outstanding balances in a timely manner. A bill for services is based on the patient's ability to pay. Coastal Health & Wellness also provides payment plans as necessary should financial circumstances of a patient receiving services change, or if the current financial assessment does not accurately reflect the patient's ability to pay. A patient who refuses to pay his/her outstanding balance will be notified and may be subject to a payment plan, which may lead to suspension of services if not followed.

Coastal Health & Wellness accepts third-party coverage, but patients are expected to pay any remaining balance owed after the third-party coverage makes payments. Please note co-pays are required if a qualified insurance carrier is used to pay for services. Patients who do not have third-party coverage will be billed based on their ability to pay. All patients will be charged based on the Coastal Health & Wellness Patient Financial Guide (see attached).

Patients have a right to receive an explanation of their bill. Patients are also responsible for providing accurate information regarding health insurance, address, and applicable financial resources. (See Patient Rights and Responsibilities)

## Definitions

**Ability to Pay** If services rendered to a patient are not covered by insurance or a public program, patients may undergo financial screening to determine what degree patients are able to pay.

Based on financial screening, patients are assigned a discount based on the Board approved Sliding Fee Schedule Policy. A determination is made rendering the patient as either unable to pay our charges for services (0% pay) or able to pay 20%, 40%, 60%, 80% or 100% pay of Board approved fees for service.

**Bad Debt** Self-Pay charges classified as uncollectable.

**Nominal Fee** A \$15 nominal fee per visit is charged to patients on a 0% pay code.



## Deposits

Uninsured patients determined to have financial responsibility from 20% to 80% will be requested to pay a deposit and those on 100% will be required to pay a deposit per visit based on the following scale:

Patient Responsibility	20%	40%	60%	80%	100%
Deposit Requested at Check-in	\$20	\$25	\$30	\$40	
Deposit Required at Check-in					\$50

If an uninsured patient is financially screened to be below or at 80% pay (less than 200% Federal Poverty Level), the person is not refused services for inability to pay. If the nominal fee or deposit is not paid at time of check-in then the patient will receive a bill for the total amount due. However, the deposit must be collected on patients who waive financial screening or are deemed able to pay 100% (greater than the 200% Federal Poverty Limit) of Board approved fees prior to receiving services.

## Payment Plan

A monthly minimum payment will be determined on the amount owed based on the patient's current financial status.

## Self-Pay

All fees that are the patient's responsibility.

## Third Party Payors

An organization that is utilized as a payment source for financing a patient's health services. (Examples: Medicare, Medicaid, Private Insurance).

## Co-Pay

This applies to persons with private insurances and the Co-Pay amount is determined by the health insurance plan.

## Billing Process

- A. Coastal Health & Wellness maintains dental and medical schedules of fees for all patients and these fee schedules are designed to cover reasonable costs of providing services in the approved scope of project using a Relative Value Unit (RVU's) and adjusting as needed for consistency with locally prevailing rates. These fee schedules are approved by the Governing Board and evaluated annually to ensure they are consistent with locally prevailing rates and Coastal Health & Wellness's cost structure.

Patients will be billed for all outstanding charges, including the unpaid portion of the claim which is deemed patient responsibility within 30 days of date-of-service.

- B. ~~Coastal Health & Wellness~~CHW will offer to all eligible patients a sliding fee discount based on income and family size and no other factor. The definition of income and family size will be based on the established current Federal Poverty Guidelines (FPG). Individuals and families with annual income above two hundred percent (200%) of the FPG are not eligible for sliding fee discount program. See [current year sliding fee scale in Appendix A.](#)
- C. ~~Coastal Health & Wellness~~CHW provides access to services without regard for a person's ability to pay. The center ensures sustainability by contracting with and billing Medicaid, CHIP, Medicare, and other government programs and also private insurers of patients in the center's service area; the center charges for services not covered by insurance per our board-approved Sliding Fee Schedule Policy. ~~Coastal Health & Wellness~~CHW will first evaluate a patient's existing coverage or eligibility for coverage under public and private third payors before assessing their eligibility for sliding fee discount.
- D. ~~Coastal Health & Wellness~~CHW will bill third party payors daily.
- E. ~~Coastal Health & Wellness~~CHW makes every reasonable effort to collect reimbursements by public assistance programs and private health insurance on the basis of the full amount of fees and payments for such services without application of any discount.

## Procedure

Coastal Health & Wellness will:

- A. Survey its service area for the costs of health care services, assess its costs and create a schedule of charges that it updates annually to reflect actual costs.
- B. Create a sliding fee schedule of discounts to apply to its various charges and review it periodically, updating as needed.
- C. Ensure a reasonable collection policy is approved by the Board. This will occur annually in conjunction with the update of the FPG.
- D. Enroll the center in Medicare Part A using the form CMS 855-A, setting up an NPI number for each site, a reimbursement rate with a cost report for the entire center, and; enroll all providers in Part B, getting them an NPI number so they may order and refer under the Medicare program.

- E. Enroll the center in the appropriate Medicaid and CHIP programs available to ~~it, audit and renew~~, as required in Texas, the programs of interest including primary Medicaid, preventive care (Texas Health Steps), care for foster children, dental care, behavioral health care, Healthy Texas Women's program, family planning, case management, and CHIP perinatal care. Enroll all providers as needed getting them an NPI number so they may order and refer under various Medicaid programs.
- F. Contract with the Medicaid/CHIP MCOs and appropriate MCO subcontractors in its area.
- G. Review what other government programs the center might work with.
- H. Ensure proper cost reports are submitted for rate setting with government programs.
- I. Conduct assessments annually to determine whether to contract with any Medicare MCOs in its area.
- J. Conduct assessments annually to determine whether to contract with any private insurers in its area.
- K. Ensure regular training of staff regarding billing for various payors.
- L. Review billing practices. This should include:
  - 1. Avoiding under-coding and over-coding;
  - 2. Ensuring proper documentation for what is billed, and
  - 3. Ensuring timely claims filing and appeals.
- M. Conduct regular assessments through the Quality Assurance Committee to ensure appropriate enrollment in programs, contracting and billing is occurring.

## **Financial Screening**

- A. Patients may complete an Application for Discounted Health Services with Coastal Health & Wellness. If a patient completes the application and the financial screening process, the patient may be eligible for a discount of Governing Board approved fees for clinic services. To complete the application a patient/parent/legal guardian must bring:
  - 1. Proof of Identification (only for each household member that would like to become a patient)
  - 2. Proof of Income (for each household member)

## Registration

A. To complete registration within the Coastal Health & Wellness system a patient/parent/legal guardian must bring:

1. Proof of Address (not required for discount eligibility but needed for registration)
2. If insured, a copy of all Health Care Coverage (only for each household member that would like to become a patient)

## Collection Classifications & Debt Collection Process

A. The following classifications determine how a patient's payment plan will be executed if full or partial payment is not made within 60 days after the date of service. Process will only be utilized after reasonable efforts have been made to secure payments and/or bill for amounts owed to Coastal Health & Wellness. Depending on the Collection Classification, a **Debt Warning Notice** may be issued. This Notice will inform the patient of his/her failure to pay the outstanding balance and either: a) request the patient to call the Business Office to initiate a budget payment plan or, b) warn the patient of his/her failure to comply with the budget payment plan. Patients will be billed for each visit based on their financial screening at the time services are received.

0% Pay	<p>Patients will be sent statements for outstanding balances.</p> <p>Outstanding balances at 180 days will be written off to Bad Debt.</p>
20% - 80% Pay	<p>Patients will be sent statements for outstanding <u>balances</u>.</p> <p>If at 60 days the balance is over \$100, the patient will be sent a Debt Warning Notice requesting that the patient contact the Business Office to setup a payment plan.</p>
100% Pay	<p>Patients will be sent statements for outstanding <u>balances</u> until paid.</p> <p>Patients at 100% pay are those who waived financial screening or have been assessed through financial screening to pay 100% of Board approved fees and are expected to pay the required deposit at the time of service.</p>

B. If there is no response after 30 days from the first Notice, a second Debt Warning Notice will be issued stating that future access to clinic services may be suspended due to failure to pay outstanding debt.

- C. If after 60 days from the second Debt Warning Notice there is no response or if the patient has failed to initiate or comply with a payment plan, the patient will be sent a Notice to Suspend his/her access to the Coastal Health & Wellness services based on non-payment.
- D. Outstanding balances at 180 days will be written off to Bad Debt.

## **Inability to Pay versus Refusal to Pay**

Once a patient's ability to pay is determined, the patient is expected to pay for services based on the assigned percent of charges they are deemed able to pay. Patients who *refuse to pay* for services are patients who have not made full or partial payment within the 90 days, according to Collection Classifications. Patients with the *inability to pay* for services are those who have been financially screened to be at the 100% Federal Poverty Level or less (0% pay).

## **Provisions for Waiving Charges**

Coastal Health & Wellness understands there may be extenuating circumstances that prevent a patient from being financially able to pay for the services in which they are responsible. These circumstances will be considered self-declared by the patient or parent/legal guardian, must be submitted in writing and approved by the appropriate level of management.

- A. Circumstances for waiving current visit fees:
  - 1. Recent loss of employment and no current income to help support their needs
  - 2. Recent hospitalization of self or person whom resides in the same household they are responsible for that impairs their ability to pay for care at this time
  - 3. A sudden death in the family or person whom resides in the same household they are responsible for that impairs their ability to pay for care at this time
  - 4. Persons affected by a natural disaster
  - 5. Homeless as determined by recent catastrophic events where their home dwelling is not habitable
- B. All current visit charges will be billed as normal and after review and approval from Patient Services Manager, Patient Information Manager or Business Office Manager, the charges will be adjusted accordingly.
- C. Circumstances for waiving outstanding balance due:
  - 1. Admitted to skilled nursing facility for long term care or hospice that impairs their financial ability to pay
  - 2. Persons affected by a natural disaster that impairs their financial ability to pay
  - 3. Homeless as determined by recent catastrophic events where their home dwelling will be not habitable for an undeterminable time

- D. All outstanding charges will be billed as normal and after review and approval from Executive Director the charges will be adjusted accordingly.

## Revenue Cycle Management

- A. Revenue Cycle Management is made up of three basic components which identify the various stages of the revenue generating process.

Front Office	This includes appointment scheduling, financial screening, and the check-in process.
Middle Office	After the patient receives services, this process includes charge completion, charge capture, diagnosis coding, charge entry and check-out.
Back Office	This includes billing, error and rejection process, accounts receivable management, collections, managing outstanding claims, payment and adjusting posting, contract compliance, denial and appeal processing and customer service.

- B. An electronic system is in place to track each stage of the revenue generating process. Written procedures are in place for the Revenue Cycle Management system, and job descriptions and responsibilities reflect those procedures.

## Bad Debt & Adjustment Policy

- A. All self-pay patient's balances will be written off as Bad Debt after 180 days and will be brought to the Governing Board for review and approval annually.
- B. It is the policy of Coastal Health & Wellness to track and monitor monies that are written off from the original charge submitted to a third-party payor. Two distinct categories of adjustments are handled and monitored separately: contractual amounts, which are considered uncollectible as a result of a contractual agreement with a third-party payor and non-contractual amounts, which are considered uncollectible for reasons other than the contract. Third-party payor adjustments will be brought to the Board and the reason for the adjustment will be identified. These processes will happen biannually in December and June.
- C. To track and monitor all adjustments, ~~Coastal Health & Wellness~~ CHW maintains a dictionary of detailed adjustment codes for contractual and non-contractual adjustments.

The non-contractual adjustments also may be attached with transaction message codes, if applicable.

## Reports to the Board

- A. The following items will be reported on quarterly to the Coastal Health & Wellness Finance Committee and the Governing Board for their review:
1. Quarterly and YTD breakdown of visits by Department and Payor
  2. New patient analysis
  3. Quarterly and YTD breakdown of Charges and Collections
  4. Account receivables by Payor and number of days in Accounts Receivable
  5. Current collection rates by Payor
  6. Adjustments during the reporting period
  7. Number of patients with Budget Payment Plans
  8. Number of patients suspended due to refusal to pay and number of those reinstated
  9. Biannually third party no-contractual adjustments in December and June.

## Authority Delegated to Executive Director

The Governing Board delegates to the Executive Director authority to review individual cases and make decisions in the best interest of the Coastal Health & Wellness. All individual cases that are presented are done so by a Patient Advocate who is familiar with the patient's current status regarding payments and collection efforts.

# Coastal Health & Wellness (CHW) Financial Guide

## Information that ALL PATIENTS need to know:

### PAYMENT OPTIONS & BILLED CHARGES

The Clinic accepts CASH, CHECKS, CREDIT CARDS (Visa, MasterCard, & Discover) and MONEY ORDERS. If you are uninsured, a nominal fee or deposit is requested at the time of service; and any remaining charges, based on your discounted rate, will be billed to you.

### MAILED CHARGES

The Billing Office will mail you a statement of your account balance each month. If you have any questions about your bill, contact the billing office immediately at **(888) 354-4767 ext. 1**. The billing office is open Monday through Thursday from 8:00 to 5:00 p.m. and Friday from 8:00 a.m. to 4:00p.m.

### PAST DUE ACCOUNTS

Your bill is past due if it is not paid in full within 30 days from the date you receive your bill. If you are unable to fully pay your bill, contact the billing office, at **(409) 938-2234**, to discuss a payment plan. Past due accounts may be referred for suspension or termination of clinic services.

## MEDICAID PATIENTS

- Each time you arrive at the clinic, present your **Medicaid Form and a picture ID**.
  - Medical, Counseling and Dental (under age 21), No charge
  - Dental (21 – years and over) - a \$15 nominal fee or deposit is requested at the time of service; and your remaining charges, based on your discounted rate (if applicable), will be billed to you. Unless you are covered by Medicaid for dental services.
- If the CHW Clinic is not listed as your Primary Care Provider (PCP), we cannot see you as a patient; however, we can assist you in changing your PCP to CHW.

## MEDICARE PART B PATIENTS

- Each time you arrive at the clinic, present your **Medicare Card and a picture ID**.
  - Medical – NO CLINIC FEE
  - Counseling - NO CLINIC FEE
  - Dental – a \$15 nominal fee or deposit is requested at the time of service; and your remaining charges, based on your discounted rate (if applicable), will be billed to you.
- You are responsible for 20% of the Medicare Allowable charges; however you may request financial screening for to see if you are eligible for a discounted rate.
- If the CHW Clinic is not listed as your Primary Care Provider (PCP), we cannot see you as a patient; however, we can assist you in changing your PCP to CHW

## INSURED PATIENTS

- Each time you arrive at the clinic, present your **Insurance Card and a picture ID**.
- Co-payment will be due at the time of service; if you have no-copy, a \$50.00 deposit will be required before services are received if deductible or any out of pocket amounts have not been met.
- Your insurance company sets the amount of your co-payment and deductible.
- After verifying your insurance coverage, the Clinic will bill your insurance company.
- You are financially responsible for services not covered by your insurance company; however, you may request financial screening to see if you are eligible for a discounted rate
- If the CHW Clinic is not listed as your Primary Care Provider (PCP), we cannot see you as a patient; however, we can assist you in changing your PCP to CHW.

## SELF-PAY / UNINSURED PATIENTS

You must be financially screened to determine your eligibility for discounted health services. If you are uninsured and do not wish to be financially screened, you will be responsible for 100% of charges. For financial screening, please provide proof of ID, and Income and submit an *Application for Discounted Services*. Also, ask about special programs for women and children.

- Self-pay and Uninsured patients - a nominal fee or deposit is requested at the time of service; and any remaining charges, based on your discounted rate (if applicable), will be billed to you.



**APPENDIX A**

Coastal Health & Wellness  
 9850-C Suite C 103 E. F. Lowry Expressway  
 Texas City, Texas 77591  
 H80CS00344

I. CHW's DISCOUNT ELIGIBILITY SCHEDULE 2019/2020

% OF POVERTY PAY CODE:	GROSS ANNUAL INCOME													
	0	100%	20	125%	40	150%	60	175%	80	200%	100	Over		
	From	To	From	To	From	To	From	To	From	To	Over			
FAMILY SIZE	1	0	12,490	12,491	15,613	15,614	18,735	18,736	21,858	21,859	24,980	24,980 +	3123	12490
	2	0	16,910	16,911	21,138	21,139	25,365	25,366	29,593	29,594	33,820	33,820 +	4228	16910
	3	0	21,330	21,331	26,663	26,664	31,995	31,996	37,328	37,329	42,660	42,660 +	5333	21330
	4	0	25,750	25,751	32,188	32,189	38,625	38,626	45,063	45,064	51,500	51,500 +	6438	25750
	5	0	30,170	30,171	37,713	37,714	45,255	45,256	52,798	52,799	60,340	60,340 +	7543	30170
	6	0	34,590	34,591	43,238	43,239	51,885	51,886	60,533	60,534	69,180	69,180 +	8648	34590
	7	0	39,010	39,011	48,763	48,764	58,515	58,516	68,268	68,269	78,020	78,020 +	9753	39010
	8	0	43,430	43,431	54,288	54,289	65,145	65,146	76,003	76,004	86,860	86,860 +	10858	43430

For each added family member add: (to max. income) 4,420 5,525 6,630 7,735 8,840

Effective Date 3/1/2019

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### Governing Board

March 2019

Item #5

### Policies Approved by United Board of Health as Authorized Under the Shared Services Agreement

- a)** Emergency Operations Plan
- b)** Dress Code Policy
- c)** Employee and Pre-Hire Immunizations Policy
- d)** Limited English Proficiency Policy
- e)** Safety & Risk Management Policy
- f)** Workers' Compensation Policy
- g)** Work Environment Policy
- h)** Fund Balance Policy

# Emergency Operations

-Approved  
UBOH 03/01/2019  
-Effective 01/29/2009

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## **Audience**

This policy applies to all Galveston County Health District, Galveston Area Ambulance Authority, and Coastal Health & Wellness (CHW) (collectively "District") employees, volunteers, and contractors.

## **Policy**

It is the District's policy that all employees fulfill their respective emergency response duties during a declared emergency. There is a specific group of emergencies that shall statutorily compel the District and select personnel to respond accordingly.

## **Chief Executive Officer**

In the event of an emergency declared by either the County Judge or Local Health Authority, the Chief Executive Officer or designee, shall have the authority to control District operations and associated employees by:

- Expanding and/or altering operations;
- Reducing services;
- Permitting employees to evacuate the District and setting terms of said evacuation;
- Approving the emergency expenditure of funds;
- Granting emergency leave as needed due to extenuating circumstances (*Reference: Employee Leave Policy*);
- Paying overtime to non-exempt and exempt employees outside of the normal payroll process;
- Waiving or changing regular fees; and
- Taking other actions deemed necessary to protect the health and safety of the citizens of Galveston County.

## **Non-Essential and Essential Employees**

Depending upon the type and scope of emergency, employees shall be designated either as essential or non-essential employees by the Chief Executive Officer, or designee. Accordingly, it is the responsibility of the employee to contact his/her supervisor to determine if he/she has been deemed essential or non-essential as a result of the circumstance.

**Non-essential employees** are defined as employees whose presence is unnecessary in the implementation of all or some portions of the *All Hazards Emergency Management Plan*, or in sustaining the continuity of other District operations as deemed necessary by the Chief Executive, but who cannot leave their positions until released by their supervisor. Non-essential employees are responsible for:

- If evacuated and/or temporarily relieved of their duties as a result of the emergency, calling the District's emergency number (409-938-2489) on a daily basis for return to duty information;
- Remaining in contact with his/her supervisor regarding assignments and return to duty information; and
- Remaining abreast of the emergency situation by monitoring radio, television, internet and other means of communication for relevant instruction.

**Essential employees** are defined as employees whose presence is critical in implementing at least some aspect of the *All Hazards Emergency Management Plan*. Any exempt or non-exempt employee may be deemed essential in order to provide for the safety and well-being of the general public or for the restoration of vital services before, during and/or after an emergency circumstance. Such personnel typically include, but are not limited to, executive managers and staff, PHEP staff, and EMS employees as well as other individuals who are required within the course and scope of their employment to provide services for the benefit of the general public during emergency situations. The Chief Executive Officer, or designees shall determine which essential employees are required to remain in the workplace, county or otherwise designated location during an emergency.

All employees are required to annually complete an Employee Hurricane Location Form (*Reference: All Hazards Emergency Management Plan*) and submit a copy to their supervisor and the Human Resources Department. It shall remain the employee's responsibility to pre-plan the safeguarding and /or relocation of his/her family before the employee is required to report to the District for his/her respective duty during an emergency situation.

**Non-Essential and Essential Employee Compensation**  
(*Reference: All Hazards Emergency Management Plan*)

If a public health emergency/disaster situation occurs or a Disaster Declaration is issued for any jurisdiction which may incorporate crucial services provided by the District or its employees, both exempt and non-exempt employees may be compensated in accordance with the following clauses.

1. **Non-essential employees** released from duty by the Chief Executive Officer—or designee may receive compensation (disaster pay) at their regular rate of pay until they are expected to return to work, or the expiration of three (3) working days – whichever event occurs sooner.
2. **Essential employees** performing District responsibilities during declared emergencies shall be paid in accordance with the terms set forth below.

During such circumstances, non-exempt employees shall be paid their regular wage for the first forty (40) hours they work during the work week, which shall always begin and reset each Thursday at 12:01 am, and one-hundred fifty percent (150%) their regular wage for every hour worked thereafter. Exempt employees undertaking District responsibilities during a declared emergency may, at the discretion of the Chief Executive Officer, be paid at straight-rate of their average respective hourly pay (individual weekly salary/40) for every additional hour worked in excess of forty (40) hours. Likewise, the work week for exempt employees shall begin and reset every Thursday at 12:01 am.

This policy may be modified in emergency situations as deemed necessary by the Chief Executive Officer, or designee. Each emergency approval made by the Chief Executive Officer, or designee will be brought to the respective Board at the next board meeting for review and ratification.

**Employee Responsibilities**

Each employee shall be responsible for:

- Understanding and following this policy, and seeking clarification from his/her supervisor if unsure about any portion of the policy or charged responsibilities during a declared emergency;
- Calling the District's emergency number daily at (409) 938-2489 for return to duty information;
- Contacting his/her supervisor to determine if he/she is considered a non-essential or essential employee;
- Reporting to work and possibly performing duties outside of his/her current job description to assist during emergency circumstances, as delegated by the Chief Executive Officer or designee;
- Remaining in contact with his/her supervisor regarding specific assignments and return to duty information;
- Remaining abreast of the emergency situation by monitoring the radio, television and/or internet for work-related instructions;
- Referring to the ICS chart and/or his/her supervisor for assigned roles during an emergency; and
- Providing a telephone contact outside of the potential evacuation area via the Employee Hurricane Location Form to act as a point of contact between the evacuated employee and their supervisor.

### **Linkages and Collaborations**

The District has established numerous contractual agreements and procedures with entities in and around Galveston County that address how the District shall partner with these entities to engage in rescue and safety collaborations during declared emergencies and multiple other incidents which may pose a threat to the health, safety and/or wellbeing of area residents. Depending upon the posed circumstance, employees shall abide by specific instructions as delineated in the *All Hazards Emergency Management Plan*, or as set for in Point of Distribution or other specified agreements, which are retained in the District's contract library, MediTract.

### **Maintaining Operational and Financial Stability**

The District has established administrative controls necessary to manage the expenditure of funds and to provide reasonable accountability and justification for expenditures made to support emergency operations. This shall be done in accordance with the established local fiscal policies and standard cost accounting procedures. Records should be collected and centrally stored by event, to the maximum extent possible. These procedures are explicitly defined in *Section H* of the District's *All Hazards Emergency Management Plan*.

### **Supervisor Responsibilities**

In the event of an emergency situation, each supervisor is shall responsible for:

- Understanding and following this policy, and seeking clarification from his/her supervisor if ambiguity or uncertainty about any portion of the policy or responsibilities during a declared emergency exists;
- Communicating non-essential and essential statuses to direct reports;
- Communicating expectations to essential employees regarding job duties during an emergency; and
- Orienting new and existing employees to emergency operations upon hire and annually thereafter.

### **Law**

It is the intent of this policy to be in compliance with provisions set forth by the District's *All Hazards Emergency Management Plan*, and by the Health Resources and Services Administration's Public Information Notice (PIN) 2007-15.

### **Violation**

Violation of this policy may result in appropriate corrective disciplinary action, up to and including suspension or dismissal.

# Dress Code

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-Approved  
UBOH 3/01/2019  
-Effective 09/28/2007

## Audience

This policy applies to all Galveston County Health District, Galveston Area Ambulance Authority, Coastal Health & Wellness (collectively “the District”) employees, volunteers, temporaries, and contractors.

## Policy

Employees are required to maintain a professional appearance and public image at all times and are expected to report to work neat, clean, well-groomed, and dressed in appropriate attire for their job functions.

In addition, employee identification badges are to be visibly worn at all times while in the workplace and while conducting District business outside of the workplace.

This is a general overview of appropriate attire for each area. Items not appropriate for office are also listed. Neither list is all inclusive. The lists tell you what is generally acceptable and what is generally not acceptable attire. No dress code can cover all contingencies, so employees must use a certain amount of judgment in their choice of clothing. If you are uncertain about what is acceptable work attire, please ask your supervisor.

## **OFFICE PROFESSIONAL DRESS CODE**

*All staff not covered under another category*

### **Slacks, Pants and Suit Pants**

Suit pants and slacks (similar to Dockers and other makers of cotton or synthetic material pants,) are acceptable. Inappropriate pants include any that are wrinkled, holey, frayed, stained or patched. In addition, sweatpants, exercise pants, shorts, skorts, bib overalls, leggings and any spandex or other form-fitting pants are always inappropriate. Leggings may be worn under appropriate length skirts/dresses, but not alone as pants.

### **Skirts, Dresses and Skirted Suits**

Dresses, skirts and skirted suits are acceptable. Dresses and skirts should not be shorter than 2” above the knee while standing. Short, tight skirts that ride up the thigh are inappropriate for work. Mini-skirts, sun dresses, beach dresses and spaghetti-strap dresses are inappropriate for the work place. Exposure of cleavage is not acceptable.

### **Shirts, Tops, Blouses and Jackets**

Dress shirts/blouses, sweaters, casual shirts/blouses, turtlenecks and collared polo-shirts are acceptable attire for work. Most suit jackets or sport jackets are also acceptable attire for the work place. All tops must have sleeves. Inappropriate attire for work includes tank tops, spaghetti strap tops, midriff tops, t-shirts, halter-tops, tops with bare shoulders, undershirts and wrinkled shirts. Exposure of cleavage is not acceptable.

## **Footwear**

Dress heels (including peep-toe pumps and sling-back pumps), dress flats, loafers, boots and leather deck-type shoes are acceptable. Athletic, tennis or walking shoes are acceptable for work on Fridays and in approved areas (all of which must be in good repair & clean). Thong type (between the toe) sandals/shoes, flip-flops, slippers, mules, Crocs and house shoes are not acceptable in the work place.

## **SPECIFIC PUBLIC HEALTH & GAAA FIELD DRESS CODE**

### **Air & Water Pollution**

Field staff must wear blue jeans, a polo style shirt provided by the District with the name of the division and District logo, and athletic/tennis shoes -OR- office professional attire. Steel-toed boots, which are purchased by the District, must be worn while in the field.

Staff conducting water sampling must wear an orange shirt with the District's logo (which is purchased by the District) and nylon sampling pants (winter) or shorts (summer). A baseball cap or hat is optional in the field. Employees are also provided rubber boots, fire retardant clothing and rain coats for field use. *If you have a meeting with an outside entity, management may require staff to wear clothing that falls within the approved office professional attire.*

### **Animal Services**

Animal Control Officers will be issued uniform shirts, utility pants, black utility boots and winter coats, which are provided by the District on an annual basis. New Animal Control Officers, within the probationary period, must wear utility pants or jeans with a collared shirt or approved District approved t-shirt. Clothing must not be torn or ripped.

Shelter staff must wear scrub pants, utility pants or jeans. Scrub tops, collared shirts or District approved t-shirts are acceptable. Clothing must not be torn or ripped.

For safety reasons, closed-toe shoes must be worn at all times while working in the shelter. Croc or Croc-like shoes are not permitted. *If you have a meeting with an outside entity, management may require staff to wear clothing that falls within the approved office professional attire.*

### **Community Health Services: Public Health Nurses, Immunizations, TB, WIC, Office Program Staff**

Office professional attire must be worn while in the office setting or while attending meetings with outside agencies. The District polo style shirt may be worn with athletic/tennis shoes while performing community outreach or field activities. Scrubs must be worn when working in any clinic setting. For safety reasons, closed-toe and closed-heel shoes must be worn at all times while working in any clinic setting or outreach activity. Croc or Croc-like shoes are not permitted.

### **Consumer Health Services**

Office professional attire must be worn Monday through Thursday. For safety reasons, closed-toe and closed-heel shoes or athletic/tennis shoes must be worn at all times while performing any type of inspections. Croc or Croc-like shoes are not permitted. On Fridays, the District approved t-shirt or polo shirt, jeans and athletic/tennis shoes are acceptable.

Staff conducting inspections on septic systems or public health nuisance may wear jeans and athletic/tennis shoes along with District approved shirts.

In addition, all personnel inspecting food establishments must wear a lab coat, which is provided by the District, and have their ID badge on and visible to the food establishment operator. *If you have a meeting with an outside entity, you must wear clothing that falls within the approved office professional attire.*

### **Swimming Pool Inspections**

Swimming pool inspections are generally performed outside in hot, sunny, wet environments. Staff may wear nine inch or greater inseam dress shorts with pockets in front and back and athletic shoes to help prevent slipping on deck surfaces if desired. Otherwise, staff must comply with District general staff dress code requirements. Keep in mind a professional image is to be displayed at all times.

### **Epidemiology, Public Health Emergency Preparedness and HIV/STD Services**

Office professional attire must be worn while in the office setting or while attending meetings with outside agencies. The Health District polo style shirt may be worn with jeans and athletic/tennis shoes while performing community outreach or field activities. For safety reasons, closed-toe and closed-heel shoes must be worn at all times while working in the clinic setting. Croc or Croc-like shoes are not permitted.

### **GAAA Field Employees**

See Standard Operating Guidelines, Section III, Uniform Guidelines

The official uniform consists of:

- GAAA-issued polo shirt (a solid white t-shirt or a long sleeve solid black under shirt may be worn underneath)
- white uniform shirt (short or long-sleeved version)
- navy pants
- black belt
- white crew socks with solid white tennis shoes
- dark blue or black socks with solid black tennis shoes
- black shoes or boots that can be polished
- Navy baseball cap (may not have any printing or logo except the letters “Galveston EMS” in white).



**Summer Uniform:** Between April 15th and October 15th employees have the option of wearing navy pants or shorts as long as the shorts have a greater than nine inch in-seam and have pockets in both the front and back. The employee may not wear the summer uniform if they have any open wounds on the legs, if they are testifying in court, representing GAAA at formal function or at a Community Outreach event, or on an air medical flight.

**Special Events:** In other than normal response situations (i.e. attending business functions, public meetings, official work-related non-personal courtroom proceedings, funerals, etc.), employees are required to wear the following when attending in an official capacity:

- GAAA-issued uniform pant
- white uniform shirt
- black shoes or boots that can be polished
- black belt
- black or dark blue socks

### **Facilities & Purchasing**

Staff may wear jeans and athletic/tennis shoes *-OR-* office professional attire. Shirts must fall within the current office professional attire or be a District polo style shirt or an approved District t-shirt. *If you have a meeting with an outside entity, you must wear clothing that falls within the approved office professional attire.*

### **Coastal Health & Wellness Staff**

#### **Patient Services, Electronic Records, Unit Receptionist**

Staff whose primary responsibility is assisting patients through the clinic check-in, screening and check-out processes should follow the Office Professional Dress Code as stated in this policy. On certain occasions, Friday attire can vary based on special events and with prior approval. In all cases, clothing must be work appropriate and cannot be torn or ripped.

#### **CHW Nursing, Lab, Dental & Medical Staff**

##### **Scrubs**

Scrubs are required for all Nursing, Lab and Dental Assistant staff. Individuals wearing scrubs will be allowed to wear a either a solid-colored long sleeve shirt or t-shirt under their scrubs for warmth. Jackets can be worn over scrubs but should be solid in color (preferably black or navy blue) and without a hood.

##### **Footwear**

Athletic/tennis or walking shoes are acceptable for work (shoes must be in good repair & clean). Closed-toe and closed-heel shoes are required for all direct service areas.

##### **Grooming**

To reduce the risk of infections, ALL Medical/Dental staff directly involved in patient care must keep fingernails at a minimal length (no longer than ¼ of an inch beyond the end of the finger). Artificial nails are not permitted. Polish is allowed as long as it is not chipped or peeling.

## **EXAMPLES OF UNACCEPTABLE ATTIRE**

This is not an all-inclusive list and other things may be prohibited if found to be offensive or inappropriate for the workplace. In addition, each Program Manager may have additional requirements for staff.

The following is a list of items which are considered unacceptable (not all-inclusive) for general staff:

- Torn, dirty, or frayed clothing
- Any clothing that has unapproved and unofficial words, terms, pictures, or logos
- Sweatpants, exercise pants, shorts, overalls, leggings, and any spandex or other form-fitting pants such as people wear for biking
- Excessively tight or short skirts, sun dresses, beach dresses, and spaghetti-strap dresses
- Tank tops or t-shirts (unless worn under another blouse, shirt, jacket, or dress). A t-shirt is defined as collarless short-sleeved or sleeveless usually cotton undershirt or outer shirt of similar design.
- Midriff tops and sweatshirts
- Dress or casual shirts that are see-through or excessively low cut
- Thong-type sandals (between the toes), Thongs, flip-flops, slippers
- Tennis/athletic shoes (except on Fridays or in approved areas)
- Crocs or Croc-like shoes
- Hats (except in approved areas)
- Jeans (except on Fridays or in approved areas)

## **PERSONAL APPEARANCE**

Jewelry, piercings, make-up, perfume, and cologne should be worn in good taste and moderation. *Some employees and clients may be allergic to chemicals in perfumes and make-up, so wear these substances with restraint.* Body modification that may be offensive to the public including excessive visible body piercing and tattoos may have to be covered. Please contact your supervisor for specific departmental expectations or if you have questions.

## **FRIDAYS**

Category specific guidelines are the norm Monday through Thursday; “Jean Day” is an option on Fridays. Jeans may be worn with office professional attire shirts or District approved polo shirts or t-shirt. All shirts must have sleeves and no exposed cleavage. Employees are to keep in mind that their appearance should portray a professional image and reflection of GCHD/CHW. Dress and employee’s overall appearance should still be considered professional.

## **EXCEPTIONS**

Employees needing to request an exception to the Dress Code policy for any reason are to put their request in writing to the Human Resource Director for executive management consideration.

## **SUPERVISOR RESPONSIBILITIES**

Supervisors are responsible for:

- communicating program specific expectations to assigned employees;
- providing feedback (which may include corrective action) to employees who fail to adhere to the approved dress code; and
- developing and submitting a request for an alternate dress code that meets the business needs of the program or service area (if needed).

## **VIOLATION**

Violation of this policy may result in appropriate corrective disciplinary action, up to and including termination of employment.

## Employee and Pre-hire Immunizations and Screenings

### **Audience**

This policy applies to all Galveston County Health District, Galveston Area Ambulance Authority, Coastal Health & Wellness (collectively “the District”) employees, pre-hires, volunteers, and students.

### **Policy**

As a condition of employment, each pre-hire and current employee must provide proof of meeting the recommended minimal immunizations requirements listed below. Any vaccine that is given in a series, the pre-hire must show proof of getting the initial dosage prior to being employed but can get the final dosages provided by GCHD as an employee. Volunteers and students are required to receive the same vaccinations as employees and at their own expense. (*Reference: Volunteer policy*)

Employees who experience a job-related exposure are required to follow post-exposure recommendations (including follow-up blood tests) as instructed by the Chief Nursing Officer or designee. Failure to follow post-exposure recommendations may result in corrective disciplinary action up to and including dismissal.

### **Required Immunizations**

<b>Category</b>	<b>Employee Group</b>	<b>Vaccine Requirement</b>	<b>Vaccine Responsibility</b>
1	All employees	MMR, Tdap, Varicella	Proof must be shown prior to hire date.
2	Health Care Employees performing tasks involving exposure to blood or blood-contaminated body fluids. For example, nurses, medical aides, providers, lab technicians, dentists, dental assistants, EMS employees and WIC staff.	All Category 1 requirements and Hepatitis B	Hepatitis B vaccine is required for state licensing. Pre-hire must show proof of beginning series, GCHD will provide remaining dosages after hire date.
3	Employees performing tasks involving exposure to animals that may have rabies.	All Category 1 requirements and Rabies	Pre-hires and Employees will be provided the vaccine by GCHD after hire date.

### **Tuberculosis (TB) Screening**

All new employees will be required to begin TB two-step (TST) prior to their hire date. All employees will complete an annual TB screening questionnaire based upon the results of annual TB Risk Assessment. Any employee exposed to TB will undergo post-exposure repeat screening.

Positive reactors will be evaluated by the TB Program Manager. Any employee found to have active pulmonary tuberculosis will be excluded from the workplace while contagious.

### **Responsibilities**

Each employee is responsible for:

- providing the Immunization Program Manager a copy of their immunization record (if available) or proof of immunity, prior to their start date; and
- keeping immunizations up-to-date in accordance with this policy.

All supervisors are responsible for:

- working with the Immunization Program Manager to identify the category of immunization requirements for each position;
- ensuring employees follow this policy;
- reporting non-compliance to the Chief Nursing Officer or designee; and
- taking appropriate corrective action against any employee who fails to follow this policy.

The Human Resources Director, or designee, is responsible for:

- incorporating vaccine requirements into individual job descriptions, and
- notifying pre-hires of requirements based on national guidelines adopted by the Health District.

The Immunization Program Manager, or designee, is responsible for:

- working with the supervisor to identify the category of immunization requirements for each position;
- screening pre-hires for compliance with vaccine requirements;
- establishing a system for tracking employee immunization records and assuring ongoing compliance;
- notifying the employee and supervisor of requirements, need for vaccination, and follow-up dates; and
- following protocols established by the Local Health Authority.

TB Program Manager

- Evaluates all positive Reactions of Pre-hires and employees

### **Violation**

Violation of this policy may result in appropriate corrective disciplinary action, up to and including suspension or dismissal.

### **Forms**

*Employee Immunization Category*

# Limited English Proficiency

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## **Audience**

This policy applies to all Galveston County Health District (“GCHD”), Galveston Area Ambulance Authority (“GAAA”), and Coastal Health and Wellness (“CHW”) (collectively “the District”) employees, volunteers, students, and contractors (business associates).

## **Policy**

To ensure compliance with *Title VI of the Civil Rights Act of 1964*, the Galveston County Health District sets forth the following policy for persons with limited English proficiency (LEP). The purpose of this policy is to provide persons with limited English proficiency meaningful access to the District services and benefits. No person will be denied access to the District services and benefits as the result of the inability or limited ability to communicate in the English language. This policy shall apply to all the District programs and services.

## **Director of Human Resources Responsibilities:**

It is the Director of Human Resources’ responsibility to:

- assist employees in accessing language line and/or other available interpretation services; and
- investigate complaints.

## **Supervisor’s Responsibilities**

It is the supervisor’s responsibility to:

- ensure employees, patients or customers know resources are available to provide effective language assistance; and
- document employee training on accessing or requesting language assistance.

## **Employee Responsibilities**

It is the employee’s responsibility to:

- schedule sign language as needed and send information to the Accounts Payable clerk;
- utilize the Language Line to assist clients, as needed; and
- within one business day of accessing the Language Line, complete the Language Line Usage form and forward the approved form to the Accounts Payable Clerk.

## **Laws**

It is the intent of this policy to be in compliance with *Title VI of the Civil Rights Act of 1964*.

## **Violation**

Violation of this policy may result in appropriate corrective disciplinary action, up to and including suspension or dismissal.

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# **Safety and Risk Management**

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## **Audience**

This policy applies to all Galveston County Health District (“GCHD”), Galveston Area Ambulance Authority (“GAAA”), and Coastal Health & Wellness (“CHW”) (collectively “the District”) employees, volunteers, and contractors.

## **Policy**

It is the District’s policy to comply with applicable federal, state, and local standards in regards to safety and risk management.

Personnel at all levels shall be accountable for the reporting of injuries and/or incidents, as well as the prevention of job related injuries, illnesses and incidents. Every employee shall be required to comply with all safety regulations, policies and procedures as set forth by the District, and the District will provide the necessary support to ensure that comprehensive safety processes and policies are maintained.

Program Managers are responsible for developing program specific guidelines to address procedural and/or other specific safety needs. Program specific guidelines must be aligned with the *Safety and Risk Management Policy*, and applicable portions of the *Emergency Operations Plan*.

## **Risk and Safety Committee**

For operations guided by the United Board of Health, a team of staff members shall comprise the GCHD Risk and Safety Committee, which will be responsible for reviewing incidents, offering recommendations for pertinent safety improvements and/or training and, if approved, implementing these recommendations.

## **Quality Assurance Committee**

For operations guided by the Governing Board, the Quality Assurance Committee will be responsible for reviewing incidents, offering recommendations for pertinent improvements and/or training and, if approved, implementing these recommendations.

## **Program Manager Responsibilities**

It is the Program Manager’s responsibility to:

- Assist the Risk and Safety Committee and Quality Assurance Committee by ensuring safety recommendations are departmentally implemented;
- Document corrective actions when relevant to preventable safety incidents; and
- Ensure staff receives safety training and job related supplies and equipment as deemed applicable to staff members’ scope of employment.

## **Chief Compliance Officer and Risk and Safety Coordinator Responsibilities**

It is the responsibility of the Chief Compliance Officer and Risk and Safety Coordinator to:

- Work with the Risk and Safety Committee and Quality Assurance Committee to develop comprehensive safety guidelines to include reporting procedures and processes, carry out incident investigation procedures, and educate and train staff about safety plans and policies;
- Conduct surveys, audits and inspections;
- Prepare and submit incident reports to the Risk and Safety Committee;

- Assist the Chief Nursing Officer in preparing and submitting incident reports to the Quality Assurance Committee;
- Assist in implementing safety guidelines;
- Act as a resource to management and employees on matters concerning safety and risk management;
- Collect and track training records and accident data;
- Review accident and incident reports for accuracy and completeness; and
- Retain all records and information related to investigations, trainings, and meetings in accordance with record retention guidelines.

### **Employee Responsibilities**

District employees shall remain responsible for:

- Practicing safety in the workplace at all times;
- Contacting emergency services immediately if he/she suspects any behavior that is life threatening or poses safety or security risks;
- Understanding and following policies, procedures, and/or guidelines related to safety and risk management;
- Attending safety trainings, as required;
- Complying with job related program requirements;
- Utilizing personal protective equipment (PPE) properly and in accordance with departmental procedures;
- Immediately reporting at-risk conditions, behaviors, accidents, and incidents to his/her supervisor, and the Risk and Safety Coordinator via an Incident Report form;
- Immediately reporting on-the-job injuries or exposures to his/her supervisor, and the Risk and Safety Coordinator via an Incident Report form, **AND** following necessary steps as outlined in the *Infection Control Plan* (if applicable);
- Completing an *Employee Incident/Injury Report* as soon as possible, and absolutely no later than twenty-four (24) hours after occurrence of the injury, exposure or incident; and
- Accepting safety as a personal responsibility and remaining aware of the safety and general wellbeing of other employees, clients and the general public.

### **Supervisor Responsibilities**

It is a supervisor's responsibility to:

- Understand and follow policies and procedures related to safety and risk management;
- Inform and educate employees about policies and procedures related to safety and risk management;
- Develop and train employees about program specific safety guidelines;
- Train employees on how to properly use and store personal protective equipment (PPE) in accordance with District guidelines;
- Document all trainings;
- Report all accidents and incidents in accordance with District policy and guidelines;
- Identify and report unsafe and hazardous working conditions and, when appropriate, initiate corrective measures;
- Counsel employees requiring guidance or redirection;
- Take or recommend appropriate corrective disciplinary action when necessary; and
- Promote safety within his/her specific work area by setting an example of safe behavior.



**Violations**

Violation of this policy may result in appropriate corrective disciplinary action, up to and including suspension or dismissal.

**Forms**

- *Employee Incident/Injury Report*

# Workers' Compensation

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## Audience

This policy applies to all Galveston County Health District ("GCHD"), Galveston Area Ambulance Authority ("GAAA"), and Coastal Health and Wellness ("CHW") (collectively "the District") employees who have not voluntarily opted out of their common law right as a class-member to the Worker's Compensation Act.

## Policy

It is the District's policy to be in compliance with and follow the minimum requirements of the Texas Workers' Compensation Act (TWCA), which covers:

- **On-the-job injury:** An event or occurrence in the course and scope of employees' designated work which results in damage or harm to the body; and
- **Occupational illness:** An illness contracted by an employee due to a condition or exposure present in the workplace which the employee otherwise wouldn't have been exposed to.

Workers' Compensation benefits are provided through a Third Party Administrator (TPA) who determines if claims are compensable. If a claim is compensable, the TPA may provide compensation and medical benefits in accordance with the TWCA.

## Reporting

An employee who sustains an injury or exposure in the course and scope of employment must immediately notify his/her supervisor and the Risk and Safety Coordinator. The employee must also complete an *Employee Incident or Injury Report* form, which is available on the employee extranet site, as soon as possible and no later than twenty-four (24) hours after occurrence of the injury or exposure. A drug and/or alcohol test may be performed on employees sustaining a work-related injury or exposure in accordance with executive guidelines and the *Drug-Free Workplace* policy.

Those occupational illnesses and/or exposures which require post exposure management will be handled in accordance with the District's *Infection Control Plan*, which outlines prevention, reporting and follow-up requirements.

## Compensation

If an employee sustains an on-the-job injury which renders him/her unfit for performing the duties of the job and it is deemed compensable by TPA, the employee will receive pay as follows:

- If the employee is out on workers' compensation for less than eight days, the employee has the option to utilize his/her vacation and personal leave for up to the first seven days off work.
- Beginning on the eighth day and for any days thereafter that the employee is unfit for duty, the employee will not be able to utilize his/her vacation or personal leave. The employee shall receive payments from the TPA in accordance with the law, via checks issued directly to the employee from the TPA.
- Employees out due to a compensable workers' compensation injury will not accrue paid benefits, such as vacation and personal leave and will not be paid for holidays; however, this time period

will be credited service toward vesting for the employee's retirement and longevity. Employees on workers' compensation leave will be required to pay the employee and dependent portion of benefits (medical, dental, etc). Employees shall not be permitted to supplement workers' compensation benefits with paid vacation or personal leave.

### **Seeking Treatment**

*Employees should not use their personal health insurance for work related injuries or exposures.*

In response to Texas Labor Code § 504.053, employees who sustain a work related injury or exposure should seek treatment from a treating doctor on the Alliance network list of doctors. The Alliance network includes both primary care physicians and specialists. Any employee who chooses to seek treatment from a non-Alliance provider assumes the risk of payment for medical treatment and the potential loss of income benefits.

Please note that in emergency care situations, employees should seek care at the nearest emergency facility, ***regardless*** of whether or not the emergency care facility is a part of the Alliance network. However, all related post-emergency care treatments should be sought through a provider in the Alliance network.

The Alliance provider listing is available online at [www.pswca.org](http://www.pswca.org). Employees may also contact TML, the District's TPA, at 1-800-762-1818 for assistance in locating an in-network provider.

Designated staff are permitted to attend medical visitations with injured employees to facilitate communication with the provider, and to assist the employee in returning to work and/or home.

### **Returning to Work**

The Health District will make reasonable efforts to provide suitable return to work opportunities for employees who are unable to perform regular duties following a work related injury. Only work that is considered to meet legitimate business needs of the Health District will be considered.

The Risk and Safety Coordinator will work with the employee, Human Resources, the treating provider, and the employee's supervisor to research work assignments in which the injured employee is capable of accepting. Refusal of a bona fide offer of employment will directly i) impact income benefits provided to the employee by the TPA; and ii) may impact the employee's continued employment with the District.

### **Family and Medical Leave Act (FMLA)**

If an employee sustains an injury in the course and scope of employment for which the employee is receiving workers' compensation benefits, the injury may also qualify the employee for FMLA leave. In such cases, it will be the policy of the District to facilitate workers' compensation and FMLA concurrently on behalf of the employee. While out on workers' compensation and approved FMLA, accrued paid leave shall not be used for any purpose during the period in which the employee is receiving workers' compensation benefits. (*Reference: Family Medical Leave policy*)

### **Neutral Absence Control**

Any employee away from work for whatever reason for a period of six consecutive months may be terminated from the District due to unavailability for work, except for those employees who are out in accordance with USERRA, as defined by federal law (*Reference: Family and Medical Leave Act and Employee Leave policies*).

### **Employee Responsibilities**

It is the employee's responsibility to:

- Know and follow safety policies and procedures;
- Report any injury or exposure **immediately** to the supervisor **and** Risk and Safety Coordinator as soon as possible and no later than twenty-four (24) hours after occurrence of the injury or exposure;
- Complete the *Employee Incident* form and return it to Risk and Safety Coordinator within twenty-four (24) hours of the injury or exposure;
- Seek treatment from an in-network provider on the Alliance network (unless emergency circumstances dictate otherwise);
- Provide a notarized statement to the Risk and Safety Coordinator within seven (7) calendar days of the employee sustaining a work-related exposure;
- Complete baseline testing within twenty-four (24) hours if the employee sustains a work-related exposure;
- If medical attention is necessary, inform the treating provider that return to work opportunities may be available to accommodate the employee's inhibited physical abilities;
- Notify the Risk and Safety Coordinator immediately if the employee's work status changes;
- When released by the treating provider to return to work, the employee shall present clearance paperwork to the Risk and Safety Coordinator and Human Resources, and notify these parties of the employee's next regular shift as assigned by his/her supervisor;
- Comply with TPA procedures and TWCA regulations;
- Cooperate with and assist the TPA representative(s) handling the workers' compensation case; and
- Stringently follow all orders and restrictions made by providers while at home and at work.

### **Supervisor Responsibilities**

It is the supervisor's responsibility to:

- Assist in obtaining immediate medical attention for the injured worker, as deemed appropriate;
- Notify the Risk and Safety Coordinator **immediately** and no later than twenty-four (24) hours of an injury/illness;
- Ensure that an *Employee Incident* form is completed and sent to the Risk and Safety Coordinator as soon as possible and no later than twenty-four (24) hours following occurrence of the injury or exposure;
- Ensure the injured worker with restrictions understands to not violate restrictions; and
- Report any incidents in which the injured worker violates medical restrictions to Risk and Safety Coordinator.

### **Risk and Safety Coordinator Responsibilities**

It is the Risk and Safety Coordinator's responsibility to:

- Ensure the Health District's compliance with the Workers' Compensation Act;
- Work with the injured employee's supervisor to find a bona fide opportunity that'll enable the employee to return to work;
- Monitor workers' compensation claims and serve as a liaison between the employee and the TPA;
- Maintain a log of accidents and injuries, train employees on proper reporting of incidents, and make official recommendations to supervisors pertaining to training of common incidents;
- Regularly communicate with the injured worker and supervisor during the employee's time away from work and monitor progress of the employee during his/her recovery period;
- Attend medical appointments as necessary; and

- Determine if the employee's absence meets requirements to be designated as FMLA in accordance with the Family and Medical Leave Act. (*Reference: Family and Medical Leave Act.*)

### **Retaliation**

Texas law prohibits retaliation against an employee because the employee in good faith filed a workers' compensation claim, hired an attorney, testified or will testify in a workers' compensation proceeding.

### **Law**

It is the intent of this policy to be in compliance with the Texas Workers' Compensation Act and Uniformed Services Employment and Reemployment Rights Act.

### **Violation**

Violation of this policy may result in appropriate corrective disciplinary action, up to and including suspension or dismissal.

### **Forms**

- *Employee Incident or Injury Report*

# Work Environment

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## Audience

This policy applies to all Galveston County Health District (“GCHD”), Galveston Area Ambulance Authority (“GAAA”), and Coastal Health & Wellness (“CHW”) (collectively “the District”) employees, volunteers, students and contractors (business associates).

## General Policy

The District is responsible for promoting a work environment free of hostile, intimidating, threatening, humiliating, bullying, or violent behavior in which customers and employees can conduct official business. The District intends for its work environment to be safe, positive, respectful, and productive, and has zero tolerance for behavior, actions, or language that is not conducive to that type of environment.

Employees are expected to act in a manner which acknowledges their responsibility in helping the District achieve this goal through such things as adherence to the **District’s I CARE values**, maintaining a safe and functional work area, properly using District office materials/machines and assisting in the effort to maintain a harassment-free, retaliation-free, and violence-free workplace as outlined below.

An employee who violates this policy and/or a supervisor who knows about and fails to report the violation or take appropriate corrective action against such an employee is subject to corrective action up to and including dismissal.

## The District’s I CARE Values:

The District employees are expected to adhere to the District’s I CARE values as follows:

- **Integrity** - We are honest, trustworthy and transparent in all we do.
- **Customer Service** – We are committed to providing exceptional customer service.
- **Accountability** - We hold ourselves to high standards and take responsibility for our actions.
- **Respect** - We uphold a standard of conduct that recognizes and values the contributions of all.
- **Equality** - We equally value and serve all members of the community.

Public service is a public trust. As public servants, we will be fair, open, ethical, responsive, accountable, and dedicated to the public we serve. We foster a work environment that makes the best use of available resources. In so doing, we will make the District an example of leadership and excellence. We will be guided by the **I CARE values**.

## Work Areas

Work areas are expected to be maintained in a manner which adheres to safety rules, assists staff in doing their jobs, and projects the District’s commitment to providing quality service. Work areas must be secured in a manner which allows for accessibility by authorized persons as designated by the supervisor. Staff must not use, duplicate, or possess keys to District work sites without proper

authorization. Unauthorized persons require management approval to access District work sites. Visitors are to be appropriately identified.

### **Equipment Use**

The District computer hardware and software, copy machines, office supplies and other equipment are only intended for use in conducting official District business. Employees are expected to:

- adhere to this restriction; and
- handle District equipment in a manner that will not cause damage or loss of such equipment.

The District maintains the right to monitor equipment usage and employees do not have an expectation of privacy to use District equipment for District business. Other business equipment expectations can be found in the *Computer Usage* policy.

### **Workplace Harassment and Workplace Violence**

Employees are expected to conduct themselves in a manner which promotes a work environment that is free of harassment and violence. The District prohibits and will not tolerate an employee engaging in such behavior, either at a District work site or during the performance of work-related duties.

### **Weapons**

Unless authorized by law, employees are prohibited from possessing illegal weapons or explosives on District property. Employees are required to follow all laws and regulations as described in Government Code, Chapter 411, pertaining to a license to carry a concealed handgun.

### **Workplace Harassment**

Workplace harassment is a form of offensive and/or oppressive treatment or behavior which to a reasonable person creates an intimidating, hostile, or abusive work environment. It can be verbal or physical behavior which is derogatory, abusive, disparaging, “bullying”, or disrespectful.

It may or may not be related to a person’s legally protected status or a status protected by District policy (e.g., sex, race, color, national origin, age disability, religion, sexual orientation, veteran’s status). Harassing behavior is prohibited under this policy and any employee found engaging in such behavior directed at fellow employees, customers, contractors, or visitors to the workplace will be subject to disciplinary action up to and including dismissal.

Some examples of behavior which may be considered harassment include, but are not limited to the following:

- Unwelcome touching of a personal nature which can encompass leaning over, cornering or pinching.
- Slurs and jokes about a class of persons, such as those who are disabled.
- Display of calendars, posters, pictures, drawings, or cartoons which reflect disparagingly upon a class of persons.
- Disparaging or disrespectful comments even if unrelated to a person’s protected status.
- Loud, angry outbursts or obscenities directed toward another employee, a customer, contractor, or visitor in the workplace.

- A pattern of action and/or words which demean or humiliate a subordinate/coworker.

Please refer to the District's policy on *Sexual Harassment* for specific information relating to sexual harassment.

Any employee who feels that he/she has been adversely affected by workplace harassment is to refer to the District's *Employee Complaint/Issue Resolution* policy.

### **Violence in the Workplace**

Workplace violence is behavior that threatens the safety of District employees and/or customers; affects the health, life or well-being of District employees and/or customers; or results in damage to property belonging to the District or its employees/customers. Such acts include, but are not limited to:

- threatening, coercing, or assaulting an employee or customer;
- carrying weapons on a District work site or concealing a weapon on a District work site that is not legally authorized;
- any behavior that causes other to feel unsafe; or
- damaging or attempting to damage property belonging to the District or another employee.

Situations at the work site that cause an immediate threat to the health, safety, or a negative outcome are to be immediately reported to the Risk and Safety Coordinator and Chief Compliance Officer, local building security (if available), and/or local law enforcement authorities.

### **Training**

The Chief Compliance Officer and/ or the Risk and Safety Coordinator will give annual trainings on procedures on how to handle workplace issues involving harassment, safety, security, or confidentiality.

### **Violation**

Violation of this policy may result in appropriate corrective action, up to and including suspension or dismissal. Supervisors are to take appropriate corrective action according to the *Corrective Action* policy.

### **Forms**

- *Employee Incident or Injury Report*



# Fund Balance Policy

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## Audience

This policy applies to Galveston County Health District, Galveston Area Ambulance Authority, Coastal Health & Wellness (collectively “the District”).

## Purpose

The maintenance of a fund balance is essential to the preservation of the financial integrity of the District. This policy establishes definitions and provides guidance concerning the desired level of fund balance maintained by the District to mitigate financial risk that can occur from revenue fluctuations and unanticipated expenditures, in addition to allowing for the response to emergency events and/or opportunities.

## Definitions

Fund balance is a measurement of available financial resources and is the difference between total assets and total liabilities in each fund.

Fund balance amounts will be reported in the following categories:

- 1) **Reserved Fund Balance** – amounts designated to be used for specific purposes such as non-recurring budgeted expenses, public health emergencies, leave payout liability, Coastal Health & Wellness and Animal Services specified funds.
- 2) **Operating Reserve** – amounts designated to provide stability and respond to unplanned events or opportunities.
- 3) **Unreserved Fund Balance** – includes all amounts not contained in the above classifications which are available for any purpose.

## Policy

**Fund Balance Levels** – It is the goal of the District to achieve and maintain an operating reserve in all funds equivalent to 3 months of budgeted operating expenses. Unreserved fund balance amounts should be kept to under 10% of the total fund balance.

**Assigning Fund Balance** – A three-year forecast and classification of fund balance expenditures will be developed on an annual basis by designated District staff for presentation to and approval by the appropriate governing board.

**Conditions for Use of Fund Balance** – It is the intent of the District to use reserved fund balances to address non-recurring needs. Expenditures shall not normally be for recurring operating expenses. However, exceptions may be made at the discretion of the CEO and appropriate governing board.

**Cash Balance** – Cash balances will be maintained in money market accounts and/or pooled cash (TexPool) accounts in order to provide liquidity adequate to meet the needs of the District.

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**Replenishment of Reserves** – In the event that operating reserves are used resulting in a balance below the 3 month minimum, a plan to replenish the reserves would be developed and included in a three-year forecast for presentation to the appropriate governing board.

**Governing Board  
March 2019  
Item #6  
EXECUTIVE SESSION**

Texas Government Code Section 551.071, *Consultation with Attorney*: the Coastal Health & Wellness Governing Board will enter into an executive session as permitted under the Texas Open Meetings Act, Chapter 551 of the Texas Government Code, pursuant to Section 551.071 of the Government Code: to seek the advice of its attorney about pending or contemplated litigation or on a matter in which the duty of the attorney to Coastal Health & Wellness under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with the Open Meetings Act relating to 17-CV-00109, United States of America, ex rel. Tammy Lynn Babcock and Malek Bohsali v. Coastal Health & Wellness, and Galveston County Health District

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**Governing Board  
March 2019  
Item #7  
Possible Action from Executive Session**

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# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

**Governing Board**

**March 2019**

**Item #8**

**Consider for Approval February 2019 Financial Report**

# COASTAL HEALTH & WELLNESS

Governing Board



## FINANCIAL SUMMARY

For the Period Ending February 28, 2019

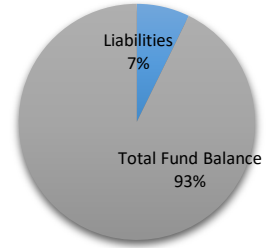
March 28, 2019

GCHD Board Room | 9850-A Emmett F. Lowry Expy. | Texas City, TX 77591

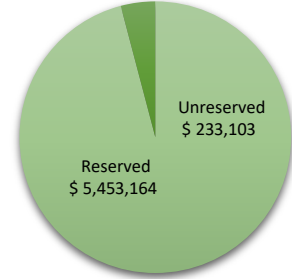
**CHW - BALANCE SHEET** as of February 28, 2019

	Current Month Feb-19	Prior Month Jan-19	Increase (Decrease)
<b>ASSETS</b>			
Cash & Cash Equivalents	\$5,335,997	\$5,074,700	\$261,297
Accounts Receivable	1,882,542	\$2,147,091	(264,549)
Allowance For Bad Debt	(1,088,000)	(\$1,088,000)	0
Pre-Paid Expenses	89,471	\$99,705	(10,233)
Due To / From	44,389	(\$113,810)	158,198
<b>Total Assets</b>	<b>\$6,264,399</b>	<b>\$6,119,686</b>	<b>\$144,713</b>
<b>LIABILITIES</b>			
Accounts Payable	\$234,237	\$194,684	\$39,552
Accrued Salaries	203,597	233,831	(30,234)
Deferred Revenues	16,471	4,903	11,567
<b>Total Liabilities</b>	<b>\$454,305</b>	<b>\$433,419</b>	<b>\$20,886</b>
<b>FUND BALANCE</b>			
Fund Balance	5,813,682	5,813,682	0
Current Change	(3,588)	(127,415)	123,828
<b>Total Fund Balance</b>	<b>\$5,810,095</b>	<b>\$5,686,267</b>	<b>\$123,828</b>
<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<b>\$6,264,399</b>	<b>\$6,119,686</b>	<b>\$144,713</b>

**Current Period Assets**



**Total Fund Balance**



**CHW - REVENUE & EXPENSES** as of February 28, 2019

	Actual Feb-19	Budgeted Feb-19	PTD Budget Variance	YTD Budget Variance
<b>REVENUE</b>				
County Revenue	\$324,071	\$324,070	\$1	\$4
DSRIP Revenue	0	79,167	(79,167)	(312,708)
HHS Grant Revenue	363,247	260,617	102,630	25,504
Patient Revenue	254,350	1,352,449	(1,098,099)	(12,391,380)
Other Revenue	11,885	11,187	698	64,166
<b>Total Revenue</b>	<b>\$953,554</b>	<b>\$2,027,490</b>	<b>(\$1,073,936)</b>	<b>(\$12,614,416)</b>
<b>EXPENSES</b>				
Personnel	\$576,169	\$652,685	\$76,516	\$579,624
Contractual	65,861	60,260	(5,602)	(12,168)
IGT Reimbursement	0	37,500	37,500	175,109
Supplies	97,717	106,440	8,722	(27,812)
Travel	1,694	2,510	817	(791)
Bad Debt Expense	0	1,084,467	1,084,467	11,928,900
Other	88,284	83,628	(4,656)	(133,542)
<b>Total Expenses</b>	<b>\$829,726</b>	<b>\$2,027,490</b>	<b>\$1,197,764</b>	<b>12,509,321</b>
<b>CHANGE IN NET ASSETS</b>	<b>\$123,828</b>	<b>\$0</b>	<b>\$123,828</b>	<b>(105,094)</b>

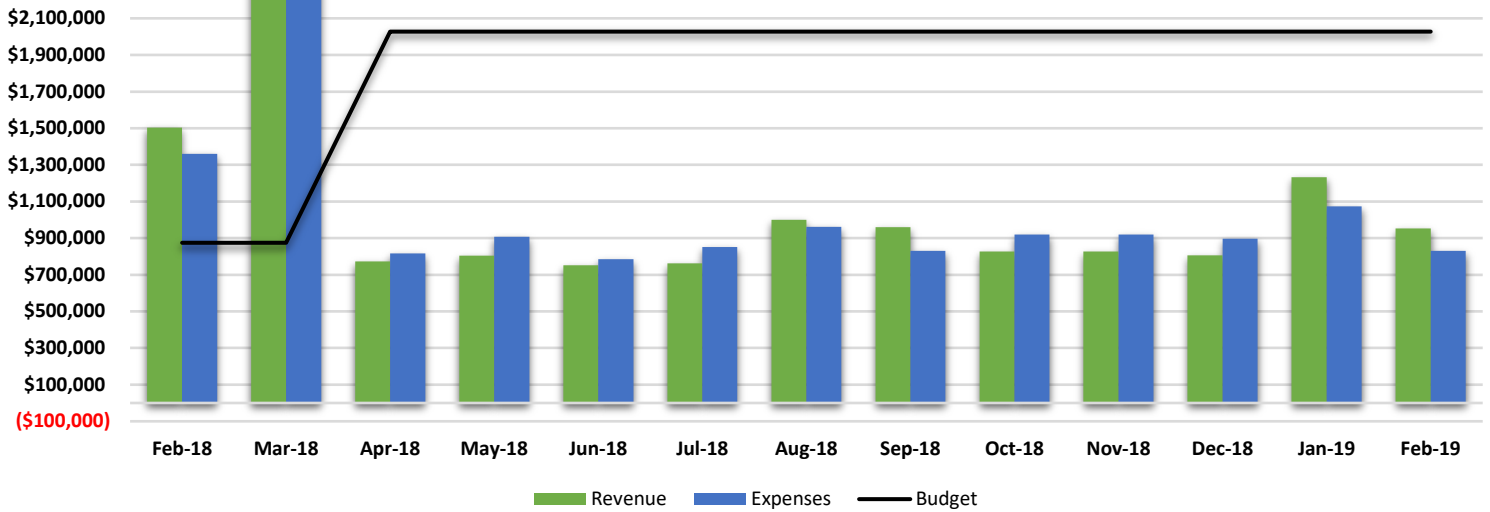
**Current Month Revenue & Expenses Actual**



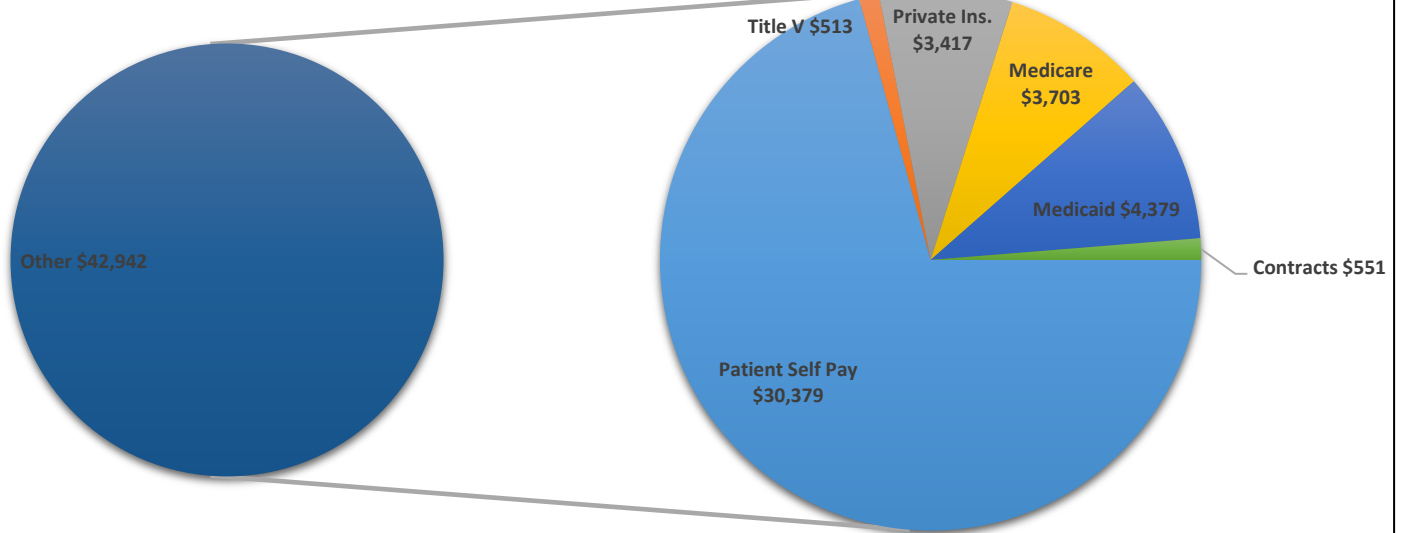
**HIGHLIGHTS**

- MTD increase in Fund Balance of \$123,828.
- Revenues were adjusted per auditors, resulting in a decrease in revenue MTD of (\$1,073,936) compared to budget, and a decrease in expenses MTD of \$1,197,764 compared to budget.
- Personnel expenses were underbudget \$76,516. Supplies expenses included expenses incurred for CARE Grant in the amount of \$36,896, and IT Firewall \$1,713.
- Maintenance/Repair Building expenses were overbudget MTD (\$1,083) due to installation of a stand alone access control for a waiting room door in Galveston (\$1,500).
- Total Fund Balance was \$5,810,095 as of 2/28/19.

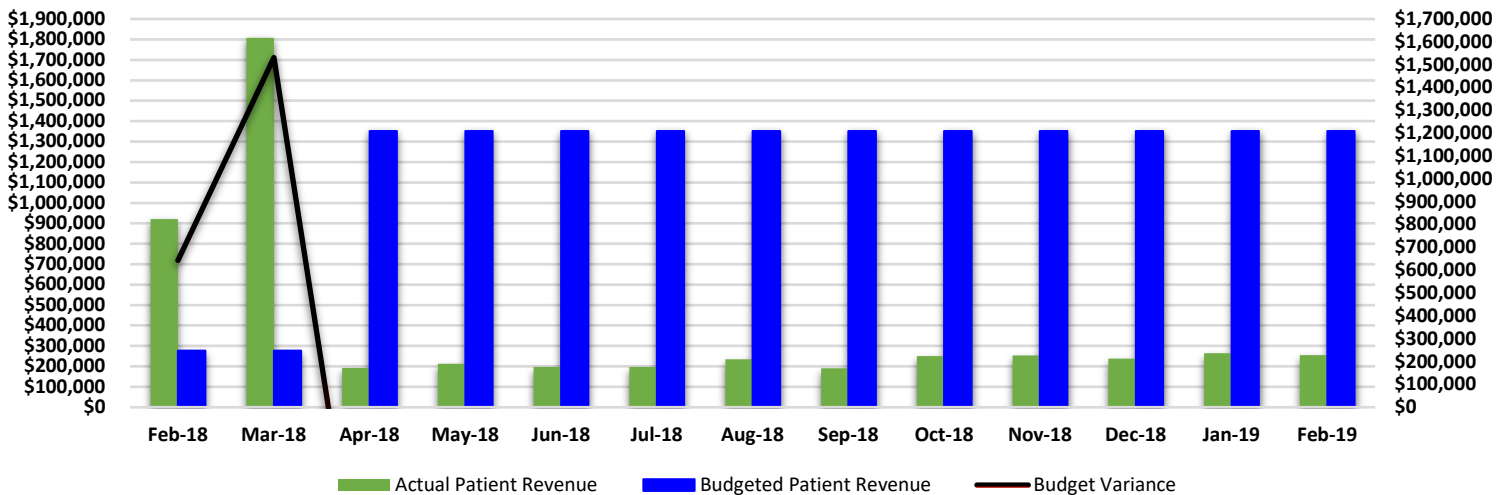
### Actual Revenue & Expenses in Comparison to Budget

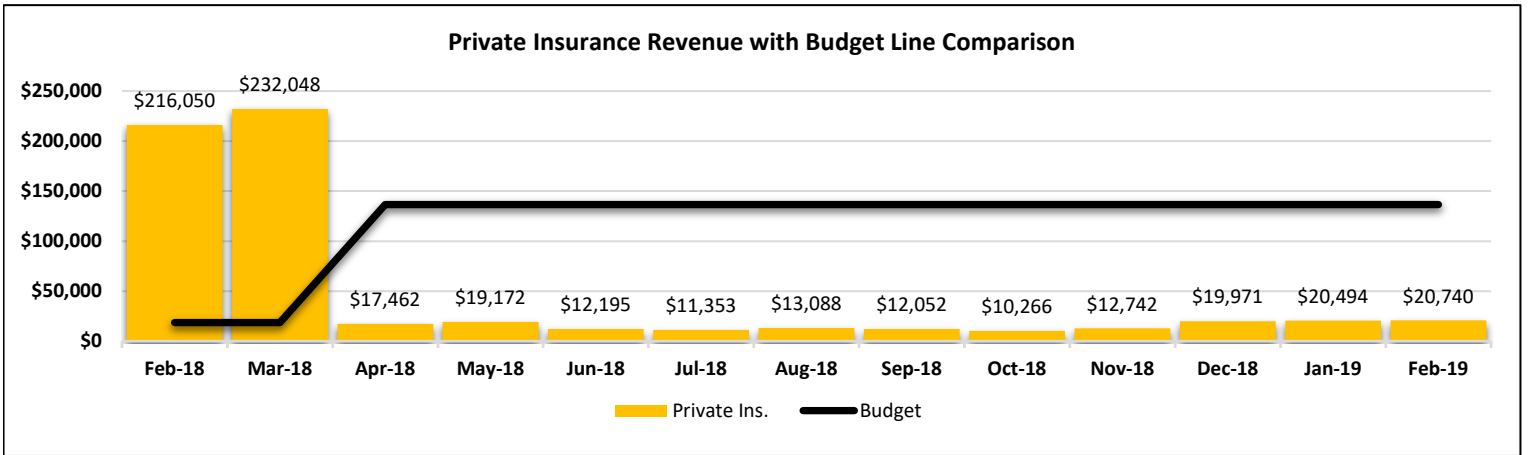
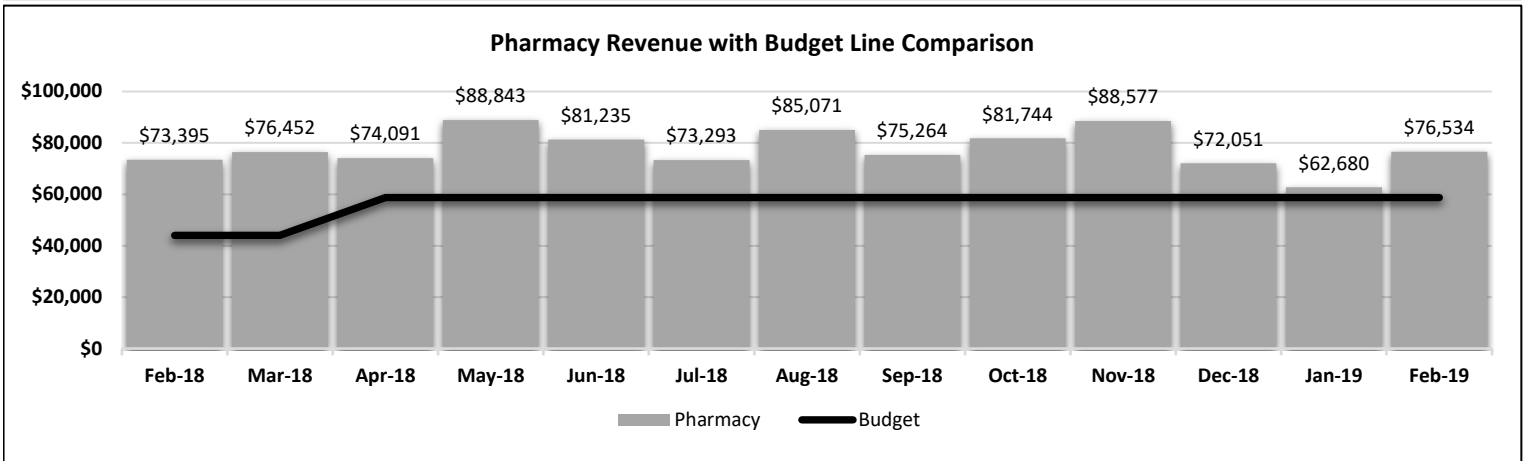
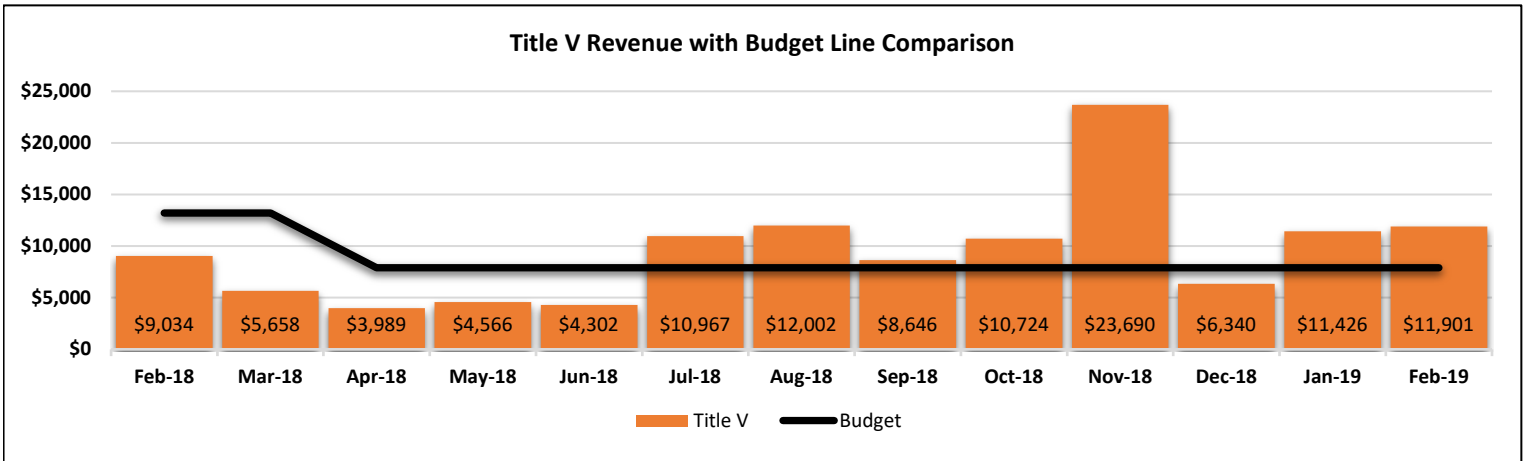
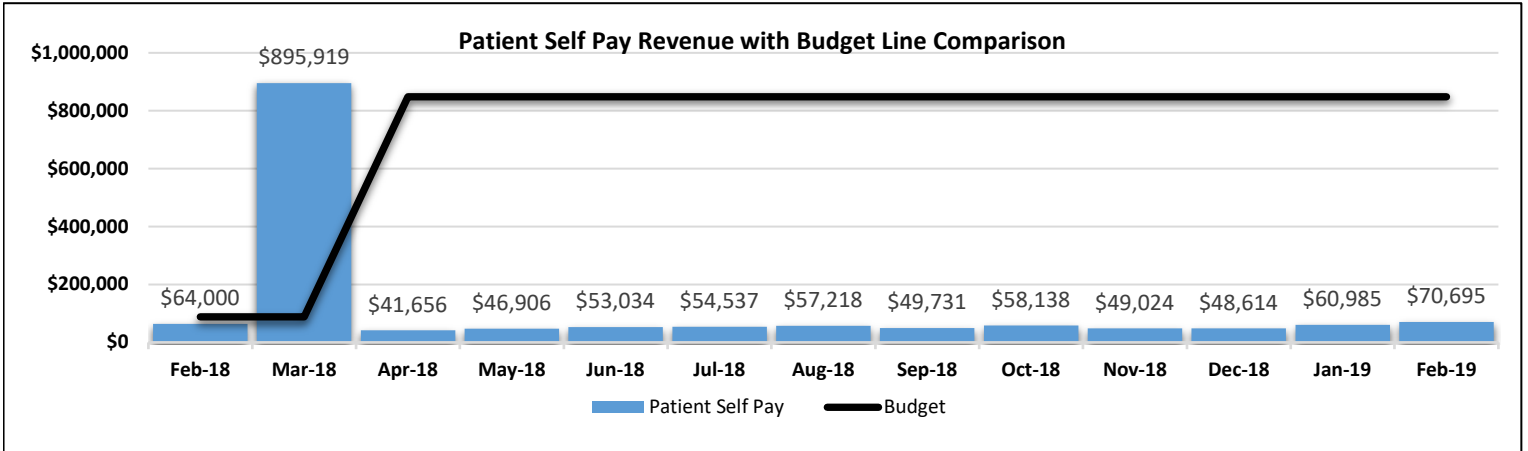


### Current Period Patient Revenue with Third Party Payor Contributions Identified



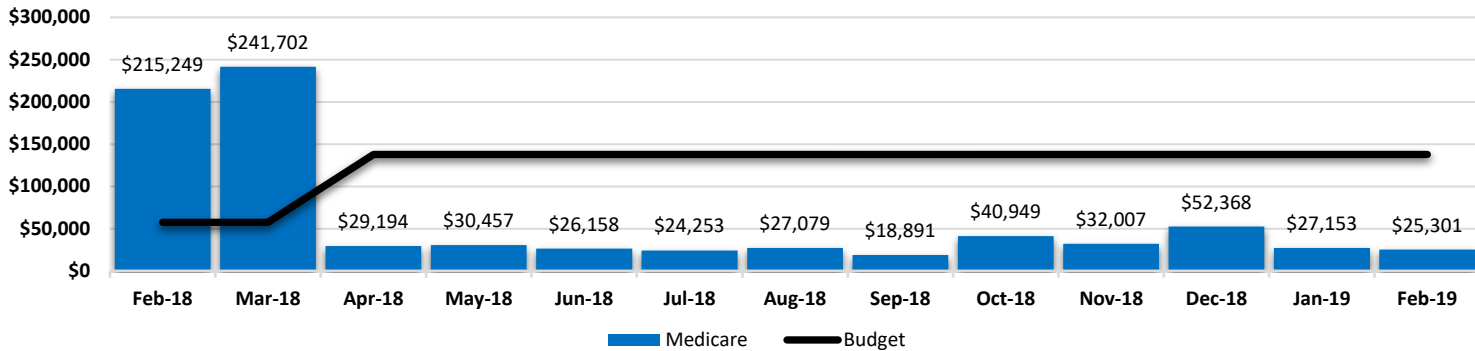
### Actual Patient Revenue Rec'd vs Budget with Variance



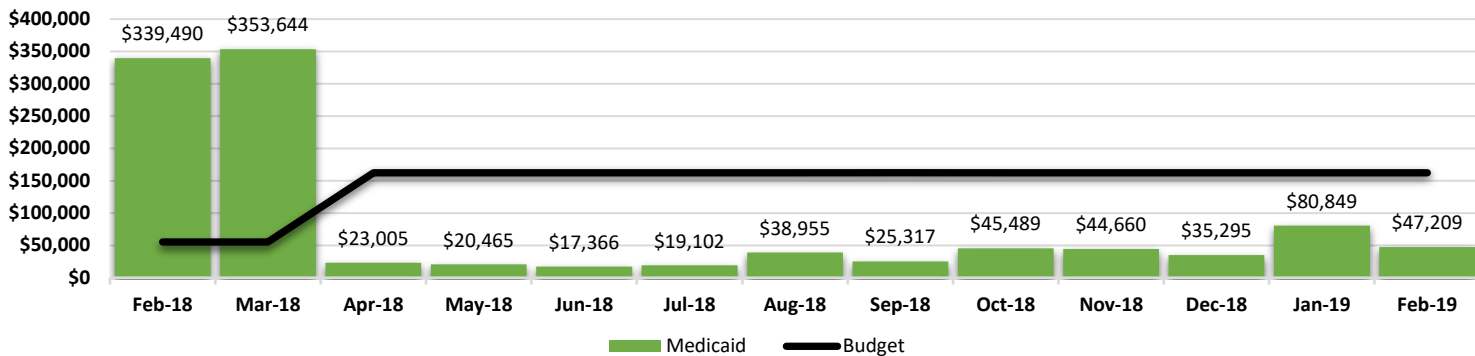




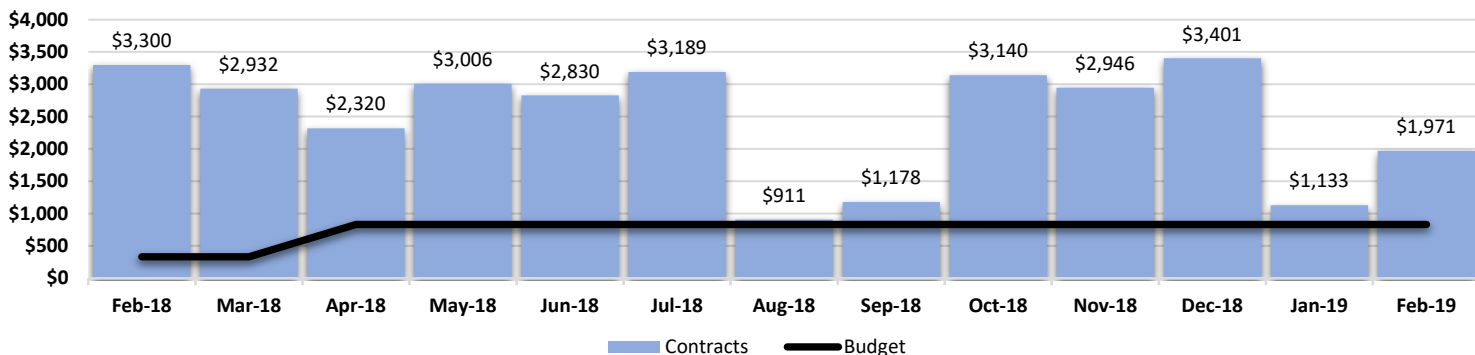
**Medicare Revenue with Budget Line Comparison**



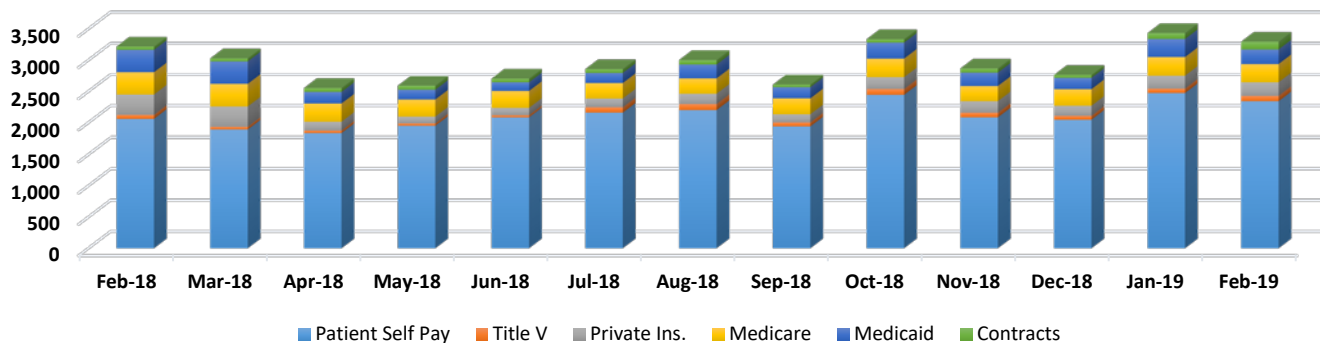
**Medicaid Revenue with Budget Line Comparison**



**Contract Revenue with Budget Line Comparison**



**Total Number of Patient Visits**



**Coastal Health & Wellness**  
**Statement of Revenue and Expenses for the Period ending February 28, 2019**

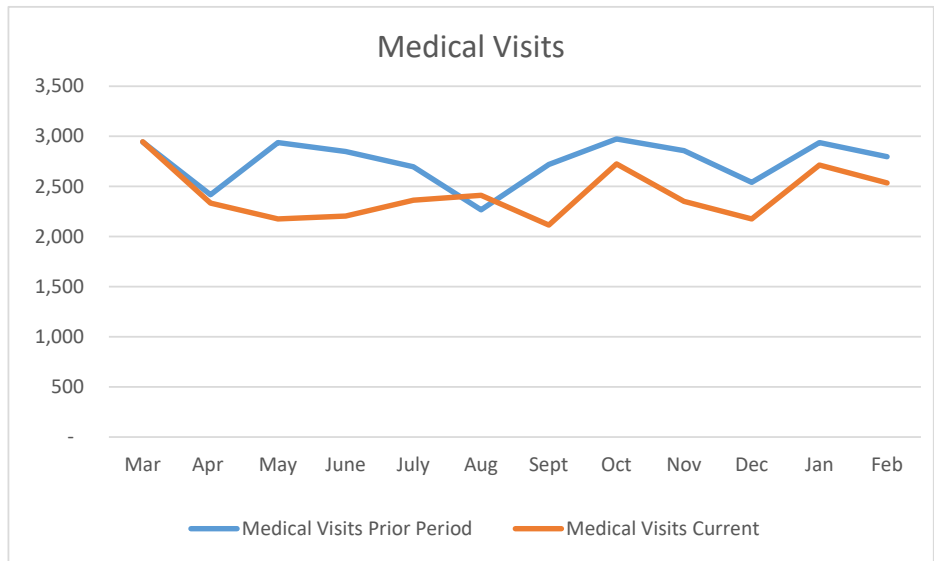
	<i>Description</i>	<i>Period Ending 2/28/2019</i>	<i>MTD Budget</i>	<i>MTD Budget Variance</i>	<i>YTD Actual</i>	<i>YTD Budget</i>	<i>YTD Budget Variance</i>	<i>Annual Budget</i>
<b>Grouping</b>	<b>REVENUE</b>							
HRSA	HHS GRANT REVENUE - Federal	\$363,247	\$260,617	\$102,630	\$2,892,287	\$2,866,783.33	\$25,504	\$3,127,400
Patient Rev	GRANT REVENUE - Title V	\$11,901	\$7,905	\$3,997	\$108,553	\$86,950	\$21,603	\$94,855
Patient Rev	PATIENT FEES	\$70,695	\$848,258	(\$777,563)	\$590,538	\$9,330,834	(\$8,740,297)	\$10,179,092
Patient Rev	PRIVATE INSURANCE	\$20,740	\$136,556	(\$115,815)	\$169,536	\$1,502,112	(\$1,332,576)	\$1,638,668
Patient Rev	PHARMACY REVENUE - 340b	\$76,534	\$58,750	\$17,784	\$859,383	\$646,250	\$213,133	\$705,000
Patient Rev	MEDICARE	\$25,301	\$137,727	(\$112,426)	\$333,812	\$1,514,996	(\$1,181,184)	\$1,652,723
Patient Rev	MEDICAID	\$47,209	\$162,421	(\$115,212)	\$397,711	\$1,786,628	(\$1,388,917)	\$1,949,049
Other Rev.	LOCAL GRANTS & FOUNDATIONS	\$1,351	\$2,701	(\$1,351)	\$80,065	\$29,715	\$50,351	\$32,416
Other Rev.	MEDICAL RECORD REVENUE	\$1,795	\$1,354	\$441	\$22,652	\$14,896	\$7,756	\$16,250
Other Rev.	MEDICAID INCENTIVE PAYMENTS	\$0	\$0	\$0	\$3,025	\$0	\$3,025	\$0
County	COUNTY REVENUE	\$324,071	\$324,070	\$1	\$3,564,778	\$3,564,774	\$4	\$3,888,844
DSRIP	DSRIP REVENUE	\$0	\$79,167	(\$79,167)	\$558,125	\$870,833	(\$312,708)	\$950,000
Other Rev.	MISCELLANEOUS REVENUE	\$0	\$0	\$0	\$541	\$0	\$541	\$0
Other Rev.	OTHER REVENUE - SALE OF FIXED ASSET	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Rev.	INTEREST INCOME	\$7,846	\$2,083	\$5,763	\$75,298	\$22,917	\$52,381	\$25,000
Patient Rev	CONTRACT REVENUE	\$1,971	\$833	\$1,137	\$26,025	\$9,167	\$16,858	\$10,000
Other Rev.	LOCAL FUNDS / OTHER REVENUE	\$893	\$0	\$893	\$5,644	\$0	\$5,644	\$0
Other Rev.	CONVENIENCE FEE	\$0	\$670	(\$670)	\$0	\$7,370	(\$7,370)	\$8,040
Other Rev.	Fund Balance	\$0	\$4,378	(\$4,378)	\$0	\$48,162	(\$48,162)	\$52,540
	<b>Total Revenue</b>	<b>\$953,554</b>	<b>\$2,027,490</b>	<b>(\$1,073,936)</b>	<b>\$9,687,973</b>	<b>\$22,302,387</b>	<b>(\$12,614,416)</b>	<b>\$24,329,877</b>
	<b>EXPENSES</b>							
Personnel	SALARIES	\$465,001	\$515,172	\$50,170	\$5,267,347	\$5,666,888	\$399,541	\$6,182,060
Personnel	SALARIES, Merit Compensation	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Personnel	SALARIES, PROVIDER INCENTIVES	\$0	\$4,400	\$4,400	\$3,000	\$48,400	\$45,400	\$52,800.00
	SALARIES, supplemental	\$0	\$0	\$0	\$40,750	\$0	(\$40,750)	\$0.00
Personnel	SALARIES, O/T	\$3,280	\$5,000	\$1,720	\$32,137	\$55,000	\$22,863	\$60,000.00
Personnel	SALARIES, PART-TIME	\$8,248	\$19,149	\$10,900	\$94,134	\$210,634	\$116,499	\$229,782.00
Personnel	Comp Pay	\$199	\$0	(\$199)	\$786	\$0	(\$786)	\$0.00
Personnel	FICA EXPENSE	\$35,157	\$41,595	\$6,437	\$387,711	\$457,540	\$69,830	\$499,135.00
Personnel	TEXAS UNEMPLOYMENT TAX	(\$5,332)	\$92	\$5,424	\$16,442	\$1,015	(\$15,427)	\$1,107.00
Personnel	LIFE INSURANCE	\$1,496	\$1,222	(\$274)	\$15,577	\$13,437	(\$2,140)	\$14,659.00
Personnel	LONG TERM DISABILITY INSURANCE	\$1,095	\$1,125	\$29	\$11,342	\$12,371	\$1,030	\$13,496.00
Personnel	GROUP HOSPITALIZATION INSURANC	\$33,462	\$48,838	\$15,376	\$345,708	\$537,217	\$191,509	\$586,055.00
Personnel	WORKER'S COMP INSURANCE	\$1,453	\$2,719	\$1,266	\$5,810	\$29,904	\$24,094	\$32,623.00
Personnel	EMPLOYER SPONSORED HEALTHCARE	\$7,551	\$0	(\$7,551)	\$79,437	\$0	(\$79,437)	\$0.00
Personnel	HRA EXPENSE	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Personnel	PENSION / RETIREMENT	\$10,102	\$13,376	\$3,274	\$129,281	\$147,131	\$17,850	\$160,506.00
Contractual	OUTSIDE LAB CONTRACT	\$22,151	\$26,500	\$4,349	\$236,816	\$291,500	\$54,684	\$318,000.00
Contractual	OUTSIDE X-RAY CONTRACT	\$3,588	\$3,850	\$262	\$28,104	\$42,350	\$14,246	\$46,200.00
Contractual	MISCELLANEOUS CONTRACT SERVICES	\$15,478	\$14,720	(\$759)	\$187,659	\$161,915	(\$25,744)	\$176,634.00
Personnel	TEMPORARY STAFFING	\$14,457	\$0	(\$14,457)	\$170,453	\$0	(\$170,453)	\$0.00
Contractual	CHW CONTRACT BILLING SERVICE	\$8,057	\$8,400	\$343	\$73,882	\$92,400	\$18,518	\$100,800.00
IGT	IGT REIMBURSEMENT	\$0	\$37,500	\$37,500	\$237,391	\$412,500	\$175,109	\$450,000.00
Contractual	JANITORIAL CONTRACT	\$13,742	\$2,800	(\$10,942)	\$107,378	\$30,800	(\$76,578)	\$33,600.00
Contractual	PEST CONTROL	\$80	\$80	(\$0)	\$881	\$880	(\$1)	\$960.00
Contractual	SECURITY	\$2,765	\$3,910	\$1,145	\$40,302	\$43,010	\$2,708	\$46,920.00
Supplies	OFFICE SUPPLIES	\$7,265	\$5,115	(\$2,151)	\$85,357	\$56,261	(\$29,096)	\$61,376.00
Supplies	OPERATING SUPPLIES	\$63,809	\$19,500	(\$44,309)	\$310,818	\$214,500	(\$96,318)	\$234,000.00
Supplies	OUTSIDE DENTAL SUPPLIES	\$1,411	\$2,000	\$589	\$7,960	\$22,000	\$14,040	\$24,000.00
Supplies	PHARMACEUTICAL SUPPLIES	\$25,233	\$78,850	\$53,617	\$789,658	\$867,350	\$77,692	\$946,200.00
Supplies	JANITORIAL SUPPLIES	\$0	\$375	\$375	\$1,754	\$4,125	\$2,371	\$4,500.00
Supplies	PRINTING SUPPLIES	\$0	\$200	\$200	\$581	\$2,200	\$1,619	\$2,400.00
Supplies	UNIFORMS	\$0	\$400	\$400	\$2,520	\$4,400	\$1,880	\$4,800.00
Other	POSTAGE	\$1,187	\$667	(\$521)	\$7,726	\$7,333	(\$392)	\$8,000.00
Other	TELEPHONE	\$3,750	\$4,055	\$305	\$43,681	\$44,605	\$924	\$48,660.00
Other	WATER	\$31	\$31	\$1	\$336	\$341	\$6	\$372.00
Other	ELECTRICITY	\$680	\$2,083	\$1,404	\$19,122	\$22,917	\$3,795	\$25,000.00
Travel	TRAVEL, LOCAL	\$138	\$375	\$237	\$4,003	\$4,126	\$123	\$4,501.00
Travel	TRAVEL, OUT OF TOWN	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Travel	LOCAL TRAINING	\$265	\$417	\$152	\$7,314	\$4,583	(\$2,731)	\$5,000.00
Travel	TRAINING, OUT OF TOWN	\$1,291	\$1,719	\$428	\$17,089	\$18,905	\$1,816	\$20,624.00
Other	RENTALS	\$3,160	\$3,044	(\$116)	\$33,813	\$33,484	(\$329)	\$36,528.00
Other	LEASES	\$43,121	\$43,702	\$581	\$477,814	\$480,722	\$2,908	\$524,424.00
Other	MAINTENANCE / REPAIR, EQUIP.	\$6,699	\$6,609	(\$90)	\$82,053	\$72,701	(\$9,352)	\$79,310.00
Other	MAINTENANCE / REPAIR, AUTO	\$0	\$42	\$42	\$3,023	\$458	(\$2,565)	\$500.00
Other	FUEL	\$0	\$42	\$42	\$0	\$458	\$458	\$500.00
Other	MAINTENANCE / REPAIR, BLDG.	\$1,500	\$417	(\$1,083)	\$13,150	\$4,583	(\$8,567)	\$5,000.00
Other	MAINT/REPAIR, IT Equip.	\$0	\$0	\$0	\$186	\$0	(\$186)	\$0.00
Other	MAINTENANCE / Preventative, AUTO	\$0	\$42	\$42	\$0	\$458	\$458	\$500.00
Other	INSURANCE, AUTO/Truck	\$200	\$166	(\$34)	\$2,093	\$1,826	(\$267)	\$1,992.00
Other	INSURANCE, GENERAL LIABILITY	\$1,026	\$750	(\$276)	\$9,475	\$8,250	(\$1,225)	\$9,000.00
Other	INSURANCE, BLDG. CONTENTS	\$1,484	\$1,380	(\$104)	\$16,294	\$15,180	(\$1,114)	\$16,560.00
Other	COMPUTER EQUIPMENT	\$2,223	\$0	(\$2,223)	\$8,504	\$0	(\$8,504)	\$0.00

**Coastal Health & Wellness**  
**Statement of Revenue and Expenses for the Period ending February 28, 2019**

	<i>Description</i>	<i>Period Ending 2/28/2019</i>	<b>MTD Budget</b>	<b>MTD Budget Variance</b>	<b>YTD Actual</b>	<b>YTD Budget</b>	<b>YTD Budget Variance</b>	<b>Annual Budget</b>
Other	OPERATING EQUIPMENT	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	BUILDING IMPROVEMENTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	NEWSPAPER ADS	\$540	\$1,500	\$960	\$20,021	\$16,500	(\$3,521)	\$18,000.00
Other	SUBSCRIPTIONS, BOOKS, ETC	\$0	\$125	\$125	\$2,085	\$1,375	(\$710)	\$1,500.00
Other	ASSOCIATION DUES	\$2,667	\$2,883	\$216	\$33,260	\$31,709	(\$1,551)	\$34,592.00
Other	IT SOFTWARE, LICENSES, INTANGIBLES	\$14,210	\$12,712	(\$1,498)	\$228,371	\$139,828	(\$88,543)	\$152,540.00
Other	PROF FEES/LICENSE/INSPECTIONS	\$50	\$191	\$141	\$6,578	\$2,097	(\$4,481)	\$2,288.00
Other	PROFESSIONAL SERVICES	\$4,052	\$1,342	(\$2,710)	\$23,980	\$14,758	(\$9,222)	\$16,100.00
Other	MED/HAZARD WASTE DISPOSAL	\$524	\$483	(\$41)	\$4,846	\$5,317	\$471	\$5,800.00
Other	TRANSPORTATION CONTRACT	\$631	\$650	\$19	\$6,291	\$7,150	\$859	\$7,800.00
Other	BOARD MEETING OPERATIONS	\$0	\$29	\$29	\$174	\$321	\$147	\$350.00
Other	SERVICE CHG - CREDIT CARDS	\$551	\$685	\$134	\$7,002	\$7,535	\$533	\$8,220.00
Other	CASHIER OVER / SHORT	\$0	\$0	\$0	(\$5)	\$0	\$5	\$0.00
Other	LATE CHARGES	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	BAD DEBT EXPENSE	\$0	\$1,084,467	\$1,084,467	\$236	\$11,929,136	\$11,928,900	\$13,013,603.00
Other	MISCELLANEOUS EXPENSE	\$0	\$0	\$0	\$3,578	\$0	(\$3,578)	\$0.00
	<b>Total Expenses</b>	<b>\$829,726</b>	<b>\$2,027,490</b>	<b>\$1,197,764</b>	<b>\$9,793,069</b>	<b>\$22,302,387</b>	<b>\$12,509,321</b>	<b>\$24,329,877</b>
	<b>Net Change in Fund Balance</b>	<b>\$123,828</b>	<b>\$0</b>	<b>\$123,828</b>	<b>(\$105,094)</b>	<b>\$0</b>	<b>(\$105,094)</b>	<b>\$0</b>

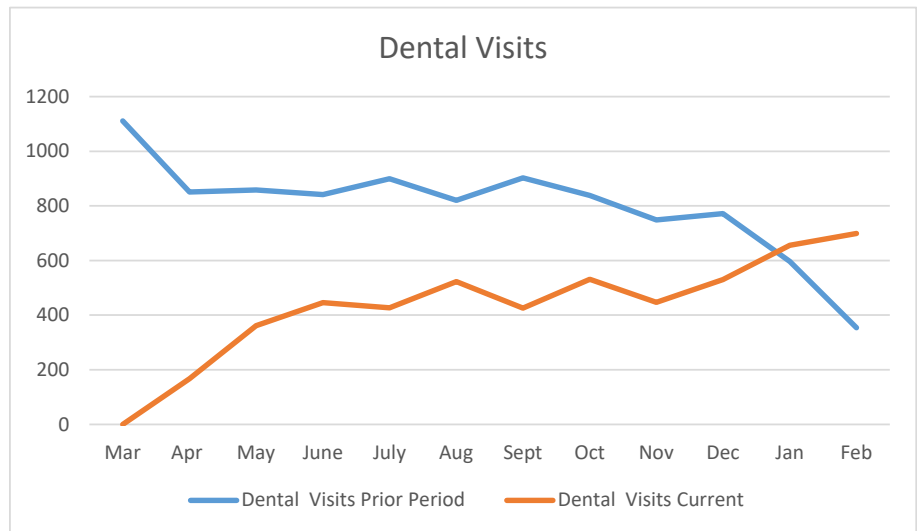
### Medical Visits

	<u>Prior Period</u>	<u>Current</u>
Mar	2,943	2,946
Apr	2,417	2,334
May	2,939	2,177
June	2,850	2,205
July	2,696	2,363
Aug	2,267	2,413
Sept	2,720	2,115
Oct	2,974	2,725
Nov	2,857	2,351
Dec	2,542	2,175
Jan	2,939	2,714
Feb	2,798	2,534
	<u>32,942</u>	<u>29,052</u>



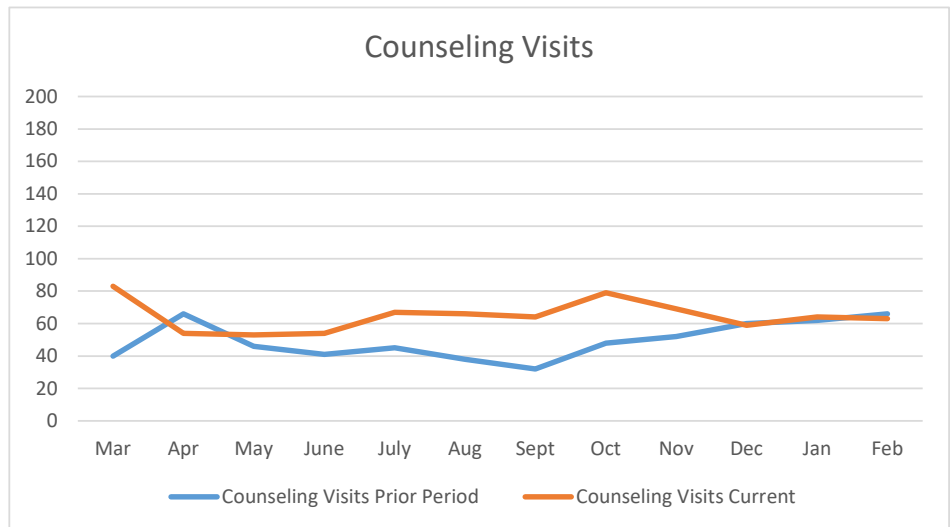
### Dental Visits

	<u>Prior Period</u>	<u>Current</u>
Mar	1111	0
Apr	851	167
May	858	362
June	841	446
July	899	427
Aug	820	523
Sept	903	426
Oct	838	531
Nov	749	447
Dec	772	530
Jan	597	656
Feb	354	699
	<u>9,593</u>	<u>5,214</u>



### Counseling Visits

	<u>Prior Period</u>	<u>Current</u>
Mar	40	83
Apr	66	54
May	46	53
June	41	54
July	45	67
Aug	38	66
Sept	32	64
Oct	48	79
Nov	52	69
Dec	60	59
Jan	62	64
Feb	66	63
	<u>596</u>	<u>775</u>



**Vists by Financial Class - Actual vs. Budget**  
**As of February 28, 2019 (Grant Year 4/1/18-3/31/19)**

	Annual HRSA		Over/(Under)		YTD Actual	YTD Budget	Over/(Under) YTD Budget	% Over/ (Under) YTD Budget
	Grant Budget	MTD Actual	MTD Budget	MTD Budget				
Medicaid	4,379	233	365	(132)	2,246	4,014	(1,768)	-44%
Medicare	3,703	292	309	(17)	2,993	3,394	(401)	-12%
Other Public (Title V, Contract)	1,064	211	89	122	1,514	975	539	55%
Private Insurance	3,417	217	285	(68)	1,770	3,132	(1,362)	-43%
Self Pay	30,379	2,343	2,532	(189)	23,490	27,847	(4,357)	-16%
	<b>42,942</b>	<b>3,296</b>	<b>3,579</b>	<b>(283)</b>	<b>32,013</b>	<b>39,364</b>	<b>(7,351)</b>	<b>-19%</b>

**Unduplicated Patients - Current vs. Prior Year**  
**UDS Data Calendar Year**  
**January through December**

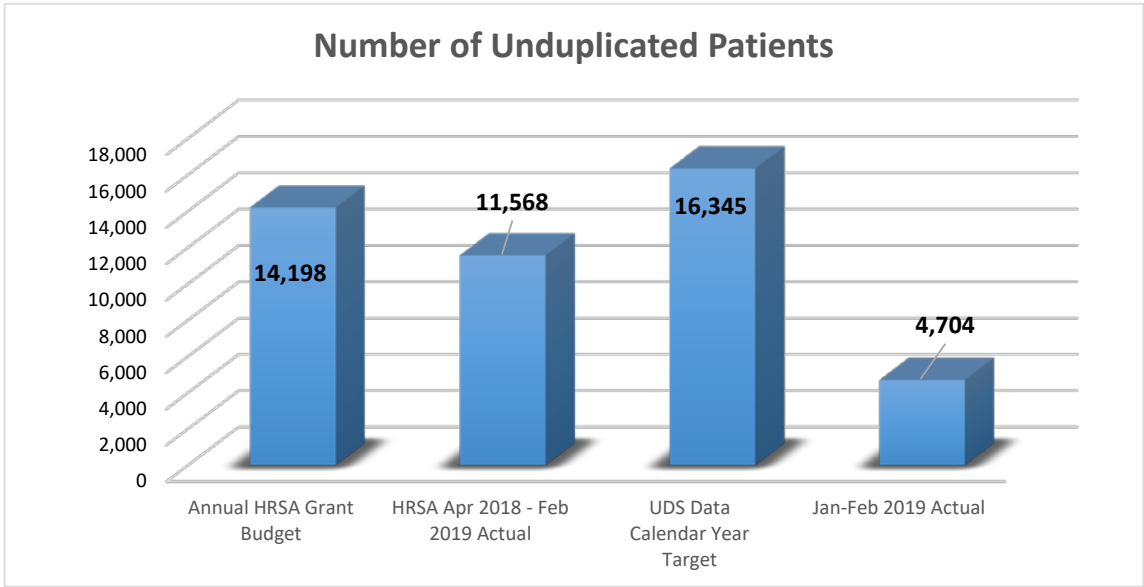
	Current Year Annual Target	Jan-Feb 2018 Actual	Jan-Feb 2019 Actual	Increase/ (Decrease) Prior Year	% of Annual Target

**Unduplicated Patients - Current vs. Prior Year**  
**HRSA Grant Year**  
**April through March**

	Annual HRSA Grant Budget	Apr 2017 - Feb 2018 Actual	Apr 2018 - Feb 2019 Actual	Increase/ (Decrease) Prior Year	% of Annual Target

\* The Texas City Dental Clinic reopened on April 16, 2018.

\* The Galveston Dental Clinic reopened on December 18, 2018.



[Back to Agenda](#)



# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

**Governing Board  
March 2019  
Item #9  
Executive Report**



A monthly newsletter about Galveston County's Community Health Center, Coastal Health & Wellness.

# April marks National Autism Awareness Month

Autism affects an estimated 1 in 59 children in the United States today, according to the Centers for Disease Control and Prevention (CDC).

Early intervention affords the best opportunity to support healthy development. April marks National Autism Awareness Month and April 2 is World Autism Day, highlighting the increasing number of children identified with autism spectrum disorder (ASD).

We know there is not one autism, but several subtypes, according to the Autism Speaks organization. Most are influenced by a combination of genetic and environmental factors.



## APRIL IS NATIONAL AUTISM AWARENESS MONTH

Because autism is a spectrum disorder, each person with autism has a distinct set of strengths and challenges.

ASD refers to a broad range of conditions characterized by challenges with social skills, repetitive behaviors, speech and nonverbal communication, according to the CDC.

The ways in which people with autism learn, think and problem-solve can range from highly skilled to severely chal-

lenged. Some people with ASD may require significant support in their daily lives while others may need less support

Autism page 5

# Employee spotlight features CHW directors

This month's Employee Spotlight features Coastal Health & Wellness (CHW) Dental Director Dr. Hanna Lindskog and Medical Director Cynthia Ripsin.

Both joined CHW late last year and share their hopes for dental and medical care at CHW in this month's episode. We also celebrate National Dentist's Day and National Doctor's Day this month.

Employee Spotlight is a monthly video series highlighting the employees of Galveston County Health District (GCHD), GCHD EMS, Galveston County Animal Resource Center and



**Dr. Hanna Lindskog**  
Dental Director

CHW.

This series introduces co-workers and the community to the wonderful employees protecting and promoting the optimal health and well-being of



**Dr. Cynthia Ripsin**  
Medical Director

Galveston County.

This month's video is available on CHW social media and the GCHD's YouTube channel, where past Employee Spotlight videos may also be found.





# County racks up 2.5M points in challenge

Galveston County communities kicked off 2019 with the IT'S TIME TEXAS Community Challenge and earned more than 2.5 million points while adopting healthy habits.

The Community Challenge – which allowed individuals, schools and community leaders to earn points for their communities through healthy activities – ended March 3.

Final challenge results were announced March 11. Statewide, Texas City finished second place in the mid-size category with nearly 1.75 million points.

“Texas City stepped up its game this year,” said Galveston County Health District (GCHD) CEO Kathy Barroso. “We applaud their hard work and continued support of the Community Challenge.”

Texas City wasn't the only Galveston County community to place in the top 10 statewide. Galveston finished 10<sup>th</sup> in the mid-size category while Santa Fe placed ninth in the small category.

Community Challenge participants earned points through tracking physical activity and weight loss, posting “Healthy Selfies” and more during the eight-week challenge.

“Thank you to everyone who participated in this year's challenge. So many of us have resolutions at the start of a New Year to get healthy and the Community Challenge is a great way to do that with family and friends,” Barroso said.

Local statewide results are:

Large city: League City, 164,750 points, 12<sup>th</sup>

Mid-size city: Texas City, 1,748,700 points, 2<sup>nd</sup>; Galveston, 156,500 points, 10<sup>th</sup>

Small city: Santa Fe, 252,250 points, 9<sup>th</sup>; Dickinson, 173,300 points, 14<sup>th</sup>; La Marque, 7,300 points, 73<sup>rd</sup>

Extra small city: Kemah, 1,000 points, 57<sup>th</sup>

“I want to extend a special thank you to the League City, Texas City, Galveston, Dickinson and Santa Fe mayors and councils for getting behind the Community Challenge by signing mayor and council pledges,” Barroso said.

## FINAL RESULTS

IT'S TIME TEXAS

TEXAS IS BEST WHEN TEXANS ARE HEALTHY

**AS OF 3 OF 11 19**

### LARGE CITY CATEGORY

LEAGUE CITY: 164,750 | 12TH STATEWIDE

### MID SIZE CATEGORY

TEXAS CITY: 1,748,700 | 2ND STATEWIDE  
GALVESTON: 156,500 | 10TH STATEWIDE  
FRIENDSWOOD: -

### SMALL CATEGORY

SANTA FE: 252,250 | 9TH STATEWIDE  
DICKINSON: 173,300 | 14TH STATEWIDE  
LA MARQUE: 7,300 | 73RD STATEWIDE  
HITCHCOCK: 3,300 | -

### EXTRA SMALL CATEGORY

KEMAH: 1,000 | 57TH STATEWIDE  
BAYOU VISTA: -  
CLEAR LAKE SHORES: -  
TIKI ISLAND: -

## PREGNANCY PROTECTION PRECAUTIONS

# Failure to vaccinate increases risk for preventable disease

Childhood immunization rates, including those for infants, in Galveston County are in line with those reported statewide, but education on immunization importance and safety continues to be a priority for the Galveston County Health District (GCHD).

GCHD is participating in National Infant Immunization Week April 27-May 4 to help raise awareness about the benefits of immunizations to improve the health of children 2 years old and younger.

"These diseases still exist," said Eileen Dawley, GCHD chief nursing officer. "It's easy to think these diseases are not a threat because we don't deal with them on a daily basis, but each year across the country, thousands of children get seriously sick and some pass away from illnesses they didn't have to get."

GCHD's Immunization Services division works to protect the health and well-being of the community by providing children, and adults, protection against vaccine-preventable diseases.

In Galveston County, the most common reported childhood vaccine-preventable illness since 2013 is varicella, better known as chickenpox.

Pertussis, also known as whooping cough, is the second most common during the same period.

Vaccinating children on time is the best way to protect them against 14 serious and potentially deadly diseases before their second birthday.

GCHD recommends parents speak with their medical provider about the vaccines appropriate for their children. The Centers for Disease Control and Prevention (CDC) recommended immunization schedule and other important informa-

tion is available at [www.ImmunizeTexas.com](http://www.ImmunizeTexas.com).

The recommended immunization schedule is designed to protect babies early in life, when they are vulnerable and before it's likely that they will be exposed to diseases, said Dr. Nancy Messonnier, director of the National Center for Immunization and Respiratory Diseases (NCIRD), CDC.

Since 2010, there have been between 10,000 and 50,000 cases of whooping cough each year in the United States, according to the CDC.

The CDC reports up to 20 babies die from whooping cough each year in the United States, with most of those deaths among babies who are too young to be protected by their own vaccination.

"Unfortunately some parents make the decision not to immunize based on debunked information about complications such as autism," Dawley con-

tinued. "Science has repeatedly discounted a link between vaccines and autism."

Parents are encouraged to register their child in ImmTrac, the Texas Department of State Health Services (DSHS) program that stores children's confidential immunization information for medical provider access.

To learn more about ImmTrac, please visit [www.dshs.texas.gov/immunize/immtrac](http://www.dshs.texas.gov/immunize/immtrac).

The GCHD Immunization Clinic, located at 9850-B Emmett F. Lowry Expressway in Texas City, offers many immunizations for children and adults.

The clinic will also offer education resources during National Infant Immunization Week. For more information about the clinic, please call (409) 938-2244 or visit [www.gchd.org/immunizations](http://www.gchd.org/immunizations).

It's National Infant Immunization Week!

## PROTECT YOUR LITTLE ONE

It's National Infant Immunization Week!  
Do you know if your child is up-to-date?

The Galveston County Health District offers vaccines for all ages, including the most important ones for your baby!

 [www.gchd.org/immunizations](http://www.gchd.org/immunizations)



**JOIN THE  
GALVESTON COUNTY  
HEALTH DISTRICT  
AS WE EMBARK  
ON THIS JOURNEY  
TOWARD...**



**LEARN MORE ABOUT HEAL AT  
[WWW.GCHD.ORG/HEAL](http://WWW.GCHD.ORG/HEAL)**

and be sure to follow the Galveston County Health District on Facebook at [Facebook.com/GCHDinfo](https://Facebook.com/GCHDinfo) and Twitter at [Twitter.com/GCHDinfo](https://Twitter.com/GCHDinfo).



## *Need to talk? CHW offers extended hours to help*

Life can be stressful and sometimes, that stress can be overwhelming.

That's where the licensed professional counselors at Coastal Health & Wellness (CHW) can help.

One-on-one talk therapy sessions for adults and children are available at CHW clinics.

CHW is extending its counseling service hours offering evening sessions on Mondays and Thursdays in Texas City and Galveston. These sessions can help patients deal with depression, anxiety and other life stressors.

Counselors can teach coping skills and other tools to help manage stressful life situations.

CHW's professional and caring team is dedicated to helping patients improve their overall health and well-being.

As with all CHW services, many major insurance plans are accepted and discounts are offered for eligible patients.

To learn more about talk therapy and to make an appointment, call (409) 938-2330 or (409) 978-4216. Patient confidentiality will be protected.

An advertisement for "Need to Talk?" counseling services. The background shows a person and a child walking. The text reads: "NEED TO TALK?" in large white letters, followed by "LET OUR LICENSED PROFESSIONALS HELP YOU COPE WITH YOUR DEPRESSION, ANXIETY AND LIFE STRESSORS" in smaller white letters. Below that, "COUNSELING AVAILABLE FOR ADULTS AND CHILDREN" is written in teal. At the bottom, "For appointments call: (409) 938-2330 OR (409) 978-4216" is written in white. The Coastal Health &amp; Wellness logo is in the top right corner.

## Autism

and, in some cases, live entirely independently.

Autism Speaks says several factors may influence the development of autism and it is often accompanied by sensory sensitivities and medical issues such as gastrointestinal (GI) disorders, seizures or sleep disorders, as well as mental health challenges such as anxiety, depression and attention issues.

Indicators of autism usually appear by age 2 or 3, according to Autism Speaks. Some associated development delays can appear even earlier, and often, it can be diagnosed as early as 18 months. Research shows that early intervention leads to positive outcomes later in life for people with autism.

Early intervention can improve learning, communication and social skills, as well as underlying brain development. Autism affects all ethnic and socioeconomic groups. There is no medical detection for autism.

The following signs may indicate your child is at risk for an ASD. If your child exhibits any of the following, please don't delay in asking your pediatrician or doctor for an evaluation:

By 6 months:

- Few or no big smiles or other warm, joyful and engaging expressions

- Limited or no eye contact

By 9 months:

- Little or no back-and-forth sharing of sounds, smiles or other facial expressions

By 12 months:

- Little or no babbling
- Little or no back-and-forth gestures such as pointing, showing, reaching or waving

- Little or no response to name

By 16 months:

- Very few or no words

By 24 months:

- Very few or no meaningful, two-word phrases (not including imitating or repeating)

At any age:

- Loss of previously acquired speech, babbling or social skills
- Avoidance of eye contact
- Persistent preference for solitude
- Difficulty understanding other people's feelings
- Delayed language development
- Persistent repetition of words or phrases
- Resistance to minor changes in routine or surroundings
- Restricted interests
- Repetitive behaviors (flapping, rocking, spinning, etc.)
- Unusual and intense reactions to sounds, smells, tastes, textures, lights and/ or colors



# #FIGHT THE BITE

**THE ZIKA VIRUS  
CAN CAUSE BIRTH DEFECTS IN  
UNBORN AND NEWLY BORN BABIES.**

You can **Fight the Bite** by wearing EPA-approved insect repellent, wearing long sleeves and pants at dawn and dusk, and removing standing water from your home.

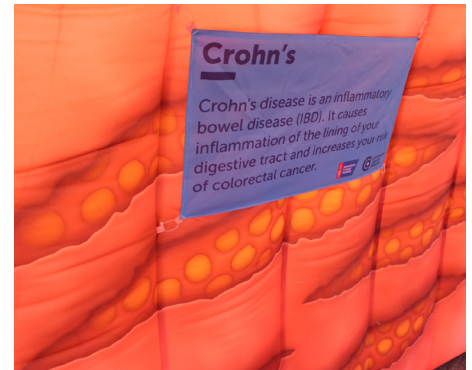


[GCHD.ORG/ZIKA](http://GCHD.ORG/ZIKA)

# CHW offers education on colorectal cancer



Coastal Health & Wellness hosted a National Colorectal Cancer Awareness Month event in March, offering educational materials on colorectal cancer, free FIT screenings for eligible CHW patients and giveaways. There was even a large colon tunnel that guests could walk through to learn more about colorectal cancer, Crohn's disease and more.



## “Tell me something good...”

Below are comments from Coastal Health & Wellness patients following their visit at our clinics.

*“They do everything they can to help.”*

*“Extremely satisfied with service. (Nurse Practitioner Jija) Vargahese (is) super good.”*

*“Second appointment and excellent care and service.”*

*“Everytime I make a visit to Coastal Health & Wellness (Texas City), everyone is courteous and helpful.”*

*“I am very happy with the doctors and dentists here. Thank you!”*

*“(Family Medicine Physician Assistant Jacklyn Morgan) is very good and nice.”*



## **Coastal Health & Wellness Updates**

### **Insurance Contract Updates –**

#### **Dental**

- DenteMax- Pending 1 provider (Lindskog)
- Cigna- Pending 1 provider (Lindskog)
- Liberty- Pending 1 provider (Lindskog)
- MCNA-Recredentialing all providers.

#### **Behavioral Health**

- Texas Children’s Health Plan- Pending (Tigrett & Bailey)
- Molina- Pending (Tigrett & Bailey)

#### **Medical**

- Superior Health Plan- Pending 4 providers (Ripsin, Billingsley, Patel, Coulter)
- Blue Cross Blue Shield- Pending 2 providers (Ripsin, Billingsley)
- Community Health Choice- Pending 1 provider (Ripsin)
- Texas Children’s Health Plan- Pending 4 providers (Ripsin, Patel, Billingsley, Coulter)
- United HealthCare- Pending 1 provider (Ripsin)

### **Committees –**

- *Quality Assurance (QA)/Performance Improvement (PI)* – Effective 3/1/19, this committee will now meet once a month and will be focused on reviewing quality control measures and identifying areas for performance improvement.
- *Infection Control / Environment of Care /Joint Commission Committee (IEJ)*– Effective 3/1/19, monitoring and review of infection control, environment of care and joint commission standards have been combined under one committee which meets monthly. These meetings are being led by Eileen Dawley, Chief Nursing Officer.
- *Patient Centered Medical Home (PCMH) Committee* – This committee, under the direction of Dr. Cynthia Ripsin, Medical Director, continues to meet to evaluate current processes related to this initiative. Changes are currently being made that will allow for better coordination of care between the patient and their medical provider. CHW staff will continue to learn more about this process through weekly and in-service meetings.

### **HRSA Deliverables / Updates –**

- Quarterly call with HRSA Project Officer scheduled for 4/3/19
- The review of the annual Uniform Data System (UDS) report which was submitted on 2/15/19 has been completed by the HRSA reviewer and all questions resolved.
- Substance Use Disorder-Mental Health (SUD-MH) grant – We are in the process of reviewing a contract with CARMAhealth. This contract will provide CHW with a board-certified psychiatrist

who is also board certified in addiction medicine. This agreement will allow the psychiatrist to meet with CHW patients via video conferencing in the CHW clinics. Credentialing applications are currently being completed by the proposed physicians who will provide this service and will be reviewed by the CHW Medical Director. The job listing for a new full-time LVN position that will be dedicated to this program has been posted. Existing clinical space has been identified at both clinic sites, so no remodeling or construction will be needed at this time.

- Capital Assistance for Hurricane Response and Recovery Efforts (CARE) Grant – continue to acquire equipment and supplies budgeted through this grant.
- Federal Financial Report (FFR) for grant period ending 3/31/19 is due 7/30/19

#### **Miscellaneous Updates –**

- We have identified a service through ViewMedica that can be utilized on the TV's in our waiting rooms. This service will provide educational information to patients on healthcare topics as well as information or announcements specific to CHW.
- We are continuing to encourage patients to enroll on the patient portal and have recently developed step by step instructions to hand out to patients who are interested in enrolling. These instructions will also be posted on the internet for reference. Incentives are also being explored to encourage enrollment.
- We are making some changes in handling calls coming into CHW during evening and Saturday clinic hours. Effective 4/1/19, instead of calls going directly to the answering service during evening and Saturday clinics, calls received during these hours will be handled by CHW staff. This change will allow us to make patients aware of current and future appointment availability. Also, patients are now being directed to call the main line, so that all calls can be screened and routed to the appropriate party.
- Walk-in appointments have transitioned into acute care appointments. Previously, walk-in appointments were offered during evening and Saturday clinic hours. These appointment slots are still available but have been renamed as acute care appointments and can be made either over the phone or in person.
- In order to address any patient transportation needs after normal business hours, we have setup an agreement with Lyft as an additional patient transportation option.

#### **Communications –**

- **News Releases/ Website News Posts**
  - National Nutrition Month
  - IT'S TIME TEXAS Community Challenge final tallies
  - National Colorectal Cancer Awareness Month
  - Pediatric flu-related death
- **Social Media**
  - National Nutrition Month
  - WIC National Nutrition Month event
  - Pediatric flu-related death
  - WIC Incredible Years
  - WIC cooking series
  - HEAL switching this for that
  - HEAL – how to read a nutrition label video
  - HEAL – store tour video

- CHW National Colorectal Cancer Awareness Month event
- WIC benefit parade
- Weather impact from Deer Park chemical plant fire
- Counseling services available
- Poison Prevention Week
- Zika awareness – pregnancy
- WIC Incredible Years
- Patient Portal
- Did you know? CHW offers counseling services
- Employee Spotlight – Dr Hanna Lindskog and Dr. Cynthia Ripsin
- Did you know? insurance plans
- #WorkWednesday
- National Dentist’s Day
- National Doctor’s Day
- National Dental Assistants Recognition Week
- Did you know? Basic dental, prenatal care services offered
- **Video**
  - Employee Spotlight – Dr. Hanna Lindskog and Dr. Cynthia Ripsin

### **CHW Career Opportunities:**

Feb. 21-March 21, 2019

### **CHW Career Opportunities:**

- **Employee Onboarding** – Human Resources conducted new employee orientation for the following employee(s):
  - Jessica Rodriguez – Lab & X-Ray Technician
  - Rosemary Gonzales – LVN
  - Brenda Orta-Gonzalez – Medical Aide I (Bilingual)
  - Venessa Rocha – Revenue Cycle Specialist
- **Current Vacancies:**
  - CHW Administration
    - Infection Control Nurse
  - Case Management
    - LVN
  - Dental – Dental Assistant full-time
  - Electronic Records Specialist
  - CHW Lab & X-Ray
    - Phlebotomist
  - Nursing
    - Registered Nurse
    - Medical Aide (bilingual) (3)
    - Medical Aide
  - Providers
    - Physician
    - Mid-level
  - *1 Midlevel On-Hold pending review of Business Needs*



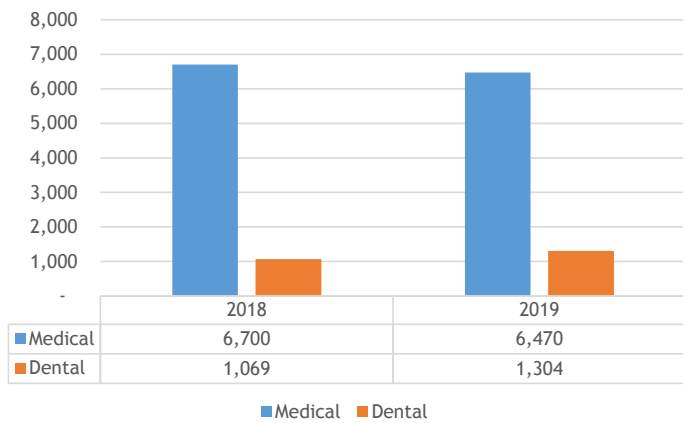
**CHW Executive Contract Report: March 2019**

1. A Professional Services Agreement was executed between UTMB and Coastal Health and Wellness for the medical services provided by Dr. Premal Patel. Both entities were eager to renew the agreement from the previous year. The rate for Dr. Patel's services were increased by a miniscule amount from \$1,145.00 to \$1,150.00 per 4-hour shift, otherwise, the terms of the agreement stayed the same as the previous year.
2. A Consulting Services Agreement and a Business Associate Agreement with J2 Strategic Solutions, Inc. was executed in order to provide the following consulting services:
  - a. Site visits that can be used for pre-audit compliance evaluations
  - b. Board trainings
  - c. Strategic planning sessions with board and/or management team
  - d. Other purposes as mutually agreed upon by GCHD/CHW and ConsultantSite visit travel expenses are the responsibility of GCHD/CHW and include travel expenses for the Principal Consultant including airfare, hotel and a GSA per diem.  
The fee for services is \$1500.00 per month with no minimum number of months.

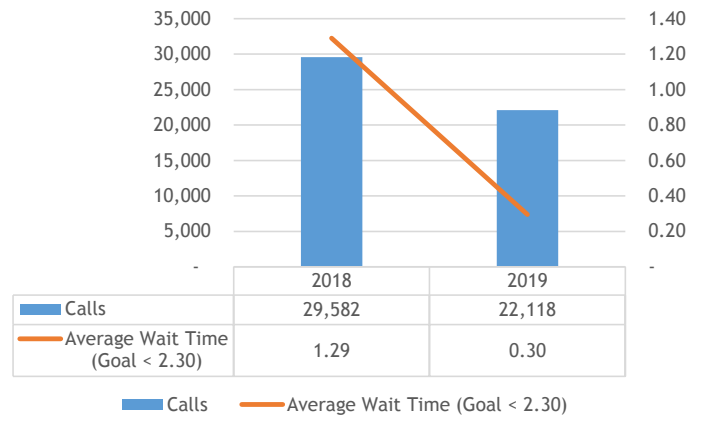
**February 2019**  
**YTD Comparison Report (January to February)**

<b>Patient Services - Patients Checked-In</b>	<b>2018</b>	<b>2019</b>	<b>% Change</b>
Medical	6,700	6,470	-3%
Dental	1,069	1,304	22%
<b>Contact Center</b>	<b>2018</b>	<b>2019</b>	<b>% Change</b>
Calls	29,582	22,118	-25.2%
Average Wait Time (Goal < 2.30)	1.29	0.30	-77%
<b>Electronic Records</b>	<b>2018</b>	<b>2019</b>	<b>% Change</b>
Record Requests	1,797	1,898	6%
<b>County Indigent Program</b>	<b>2018</b>	<b>2019</b>	<b>% Change</b>
Applied	234	300	28%
Referrals	1132	473	-58%
Avg Total Patients on Program	237	263	11%
<b>Case Management</b>	<b>2018</b>	<b>2019</b>	<b>% Change</b>
Referrals	2,326	1,855	-20%

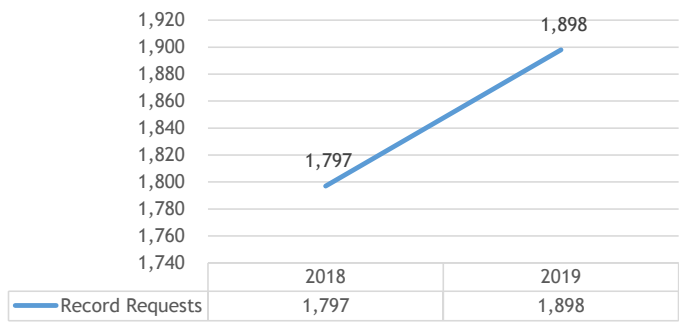
### Patient Services-Total Patients Checked-In



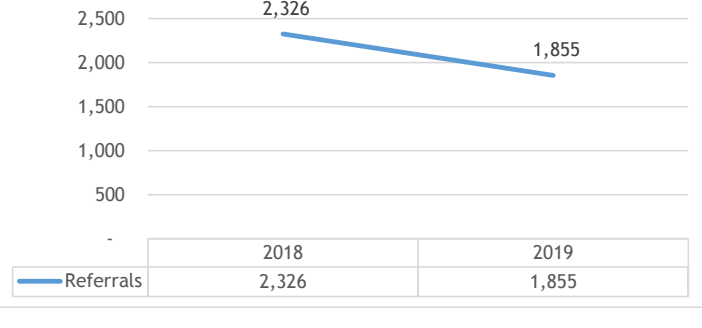
### Contact Center - Calls and Wait Time



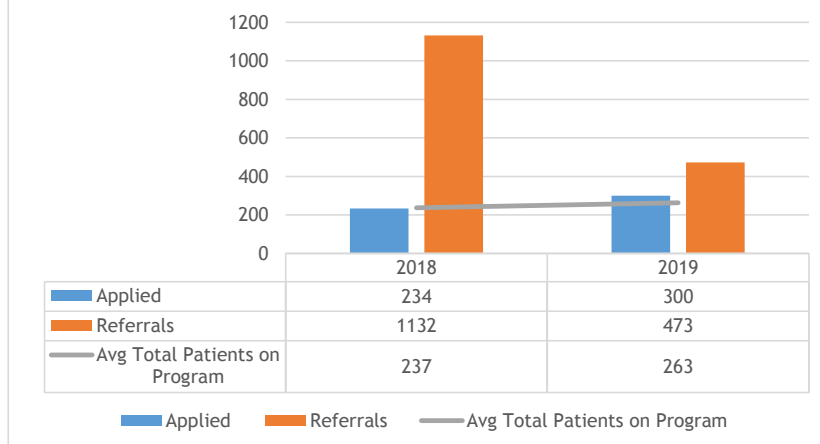
### Electronic Record Requests



### Case Management Referrals



### County Indigent Program



[Back to Agenda](#)



# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

**Governing Board**

**March 2019**

**Item #10**

**Update on Substance Use Disorder- Mental Health  
(SUD-MH) Program**

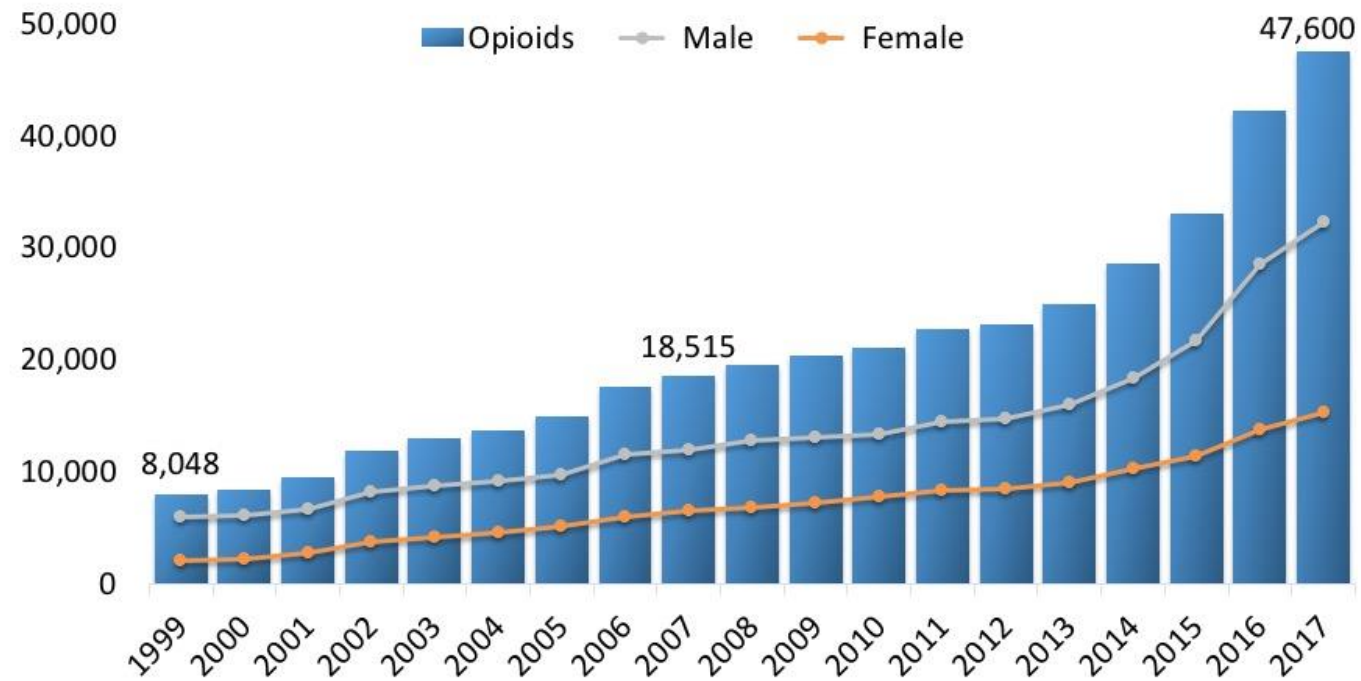


Substance  
Use Disorder  
Program

Coastal Health  
and Wellness

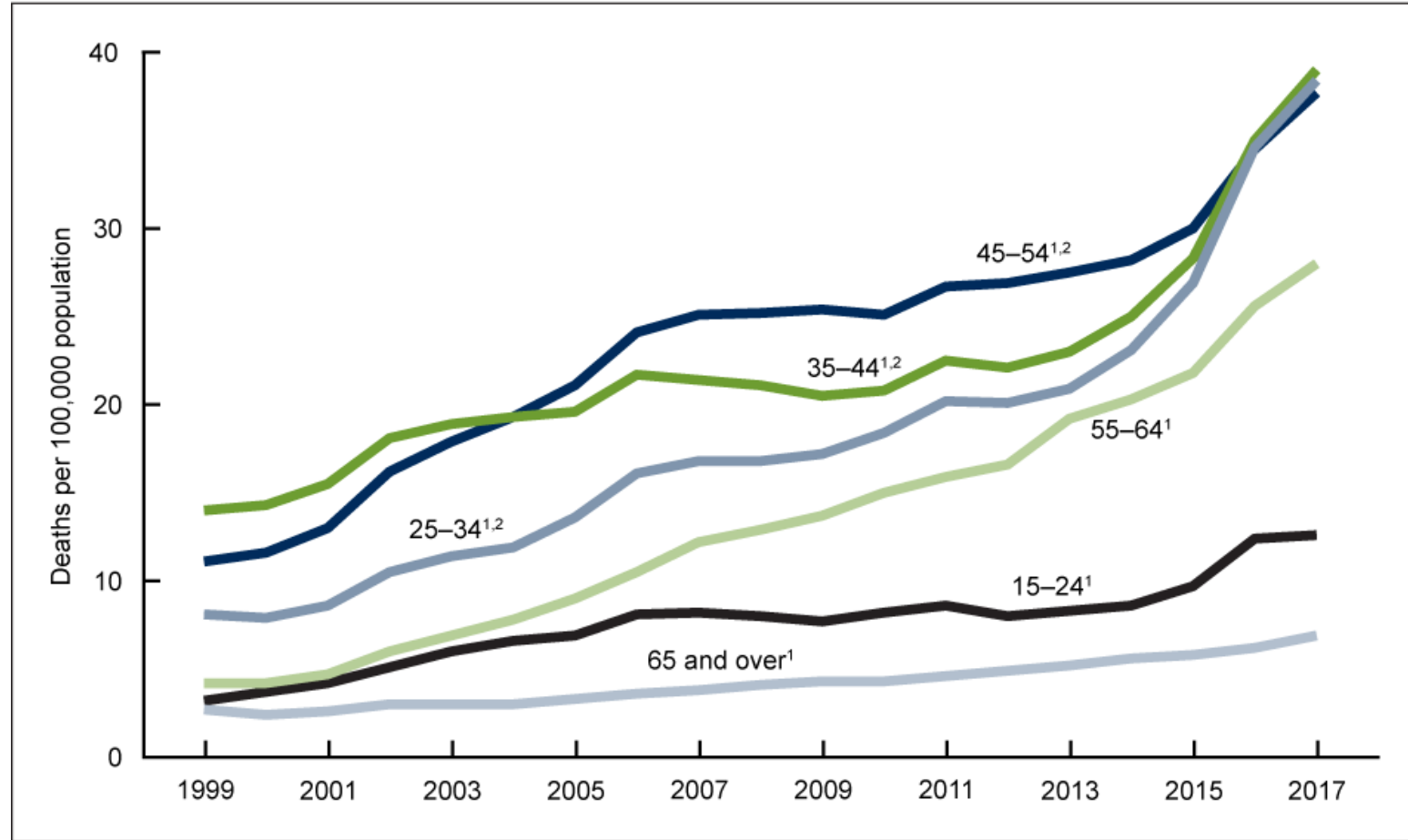
Galveston  
County Health  
District

Figure 3. National Drug Overdose Deaths Involving Any Opioid, Number Among All Ages, by Gender, 1999-2017



Source: : Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018

Figure 2. Drug overdose death rates, by selected age group: United States, 1999–2017



<sup>1</sup>Significant increasing trend from 1999 through 2017 with different rates of change over time,  $p < 0.005$ .

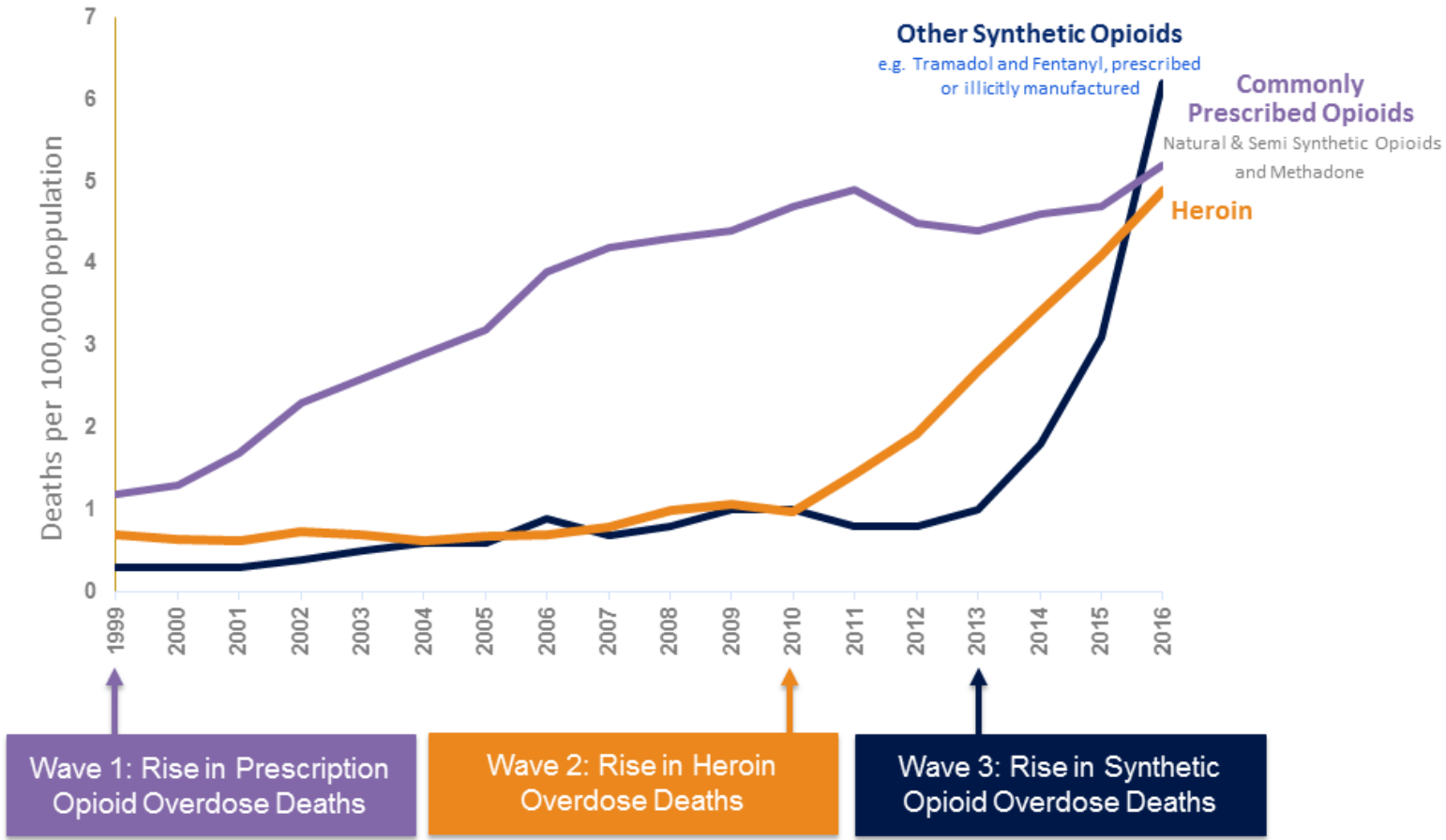
<sup>2</sup>2017 rates were significantly higher for age groups 25–34, 35–44, and 45–54 than for age groups 15–24, 55–64, and 65 and over,  $p < 0.05$ . The rate for age group 35–44 was significantly higher than the rate for age group 45–54 and statistically the same as the rate for age group 25–34.

NOTES: Deaths are classified using the *International Classification of Diseases, 10th Revision*. Drug-poisoning (overdose) deaths are identified using underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Access data table for Figure 2 at:

[https://www.cdc.gov/nchs/data/databriefs/db329\\_tables-508.pdf#2](https://www.cdc.gov/nchs/data/databriefs/db329_tables-508.pdf#2).

SOURCE: NCHS, National Vital Statistics System, Mortality.

### 3 Waves of the Rise in Opioid Overdose Deaths



SOURCE: National Vital Statistics System Mortality File.







## “Natural Opioids”



### Morphine

In 1803, morphine, the principal ingredient in opium, extracted from opium resin. **Morphine is ten times** more powerful than processed opium, quantity for quantity

### Codeine

Codeine, another component of opium, is medically prescribed for the relief of moderate pain and cough suppression. Less pain-killing ability than morphine



### Heroin

First synthesized from morphine in 1874, the Bayer Company of Germany introduced heroin for medical use in 1898.

Heroin was made illegal by federal law in 1924 when rates of addiction skyrocketed.

**Many, many of our veterans of the Vietnam era came home with a heroin addiction**

## Semi-synthetic opioids:

Oxycodone (Percodan)

Hydrocodone (Vicodin)

Hydromorphone (Dilaudid)



- Important for managing **cancer pain**
- Taken in pill form the effects of a single dose will last 3-4 hours.
- For people requiring continuous pain relief this can cause a “roller coaster ride” of pain relief

Longer acting opioids were developed to address the roller coaster problem

“contin” = continuous  
Marketed to last 12 hours per dose  
MS Contin  
Oxycontin

# Abuse of prescription opioids

- Multiple pills can be taken at the same time to obtain euphoria
- Oxycontin tablets have a coating that assists with controlled uptake of the drug into the body so the effects last longer:
  - The tablet can be wetted to soften the coating
  - Then crushed and
    - Snorted or
    - Liquefied and injected
- Snorting/injecting opioids produces an immediate **rush of euphoria**

# Synthetic opioids

## Fentanyl

- Most typical use is in patch form
- 10X as potent as morphine
- Illicitly manufactured fentanyl can be 20-50X as potent
- This is mixed with heroin and also pressed into opioid tablets for a “better” and cheaper high

## Carfentanil

- Only approved use is in large animal anesthesia
- 100X as potent as fentanyl

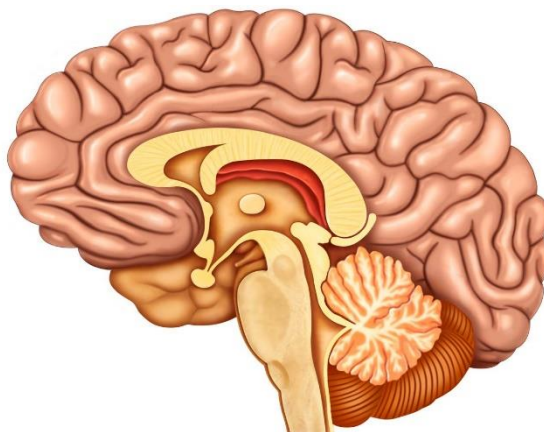
How do common opioids compare with each other for strength?

- Morphine milligram equivalent:
  - Drug potency compared to a single milligram of morphine

<b>Drug</b>	<b>Morphine milligram equivalents</b>
Codeine	0.15
Hydrocodone	1
Hydromorphone (Dilaudid)	4
Methadone (depends on dose)	4
Opium	1
Tramadol	0.1
Acetaminophen, ibuprofen, naproxen	0

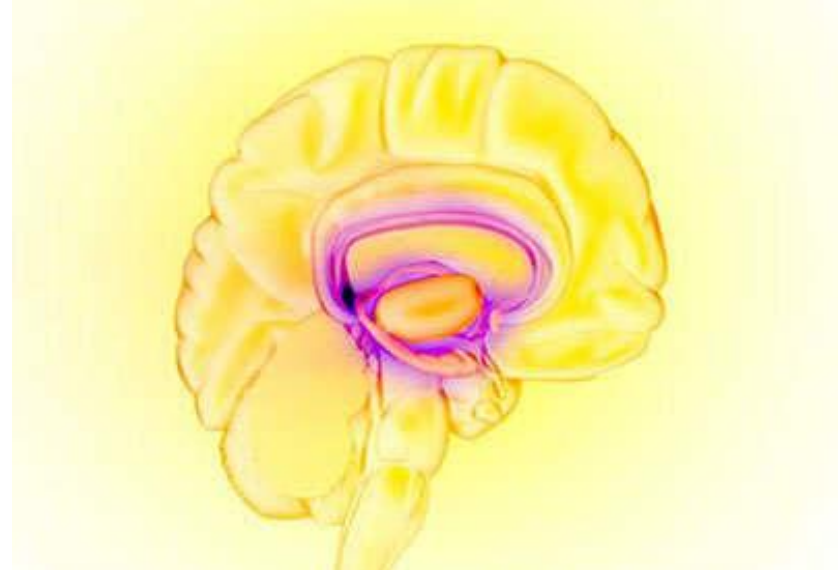


# Primary effects of opioids



# What happens to the brain?

- Our brains have “reward circuits” driven mostly by the chemical dopamine
- When functioning properly we are driven to repeat behaviors that help us thrive
  - Falling in love
  - Exercise
- Certain drugs (opioids, amphetamines, others) trigger the reward system and:
  - Cause euphoria (“high” feeling)
  - Lead to taking more of the drug
- Continued use of the drug
  - **Decreases** the euphoria
  - **Depletes the brain** of dopamine so people no longer feel pleasure from any interactions like spending time with family or getting a job promotion
  - Constant, unrelenting craving even after withdrawal wears off



## Dependence:

The body's physiologic response to regular opioid use

Once dependence is established, stopping the opioid suddenly will cause **withdrawal** symptoms

**Agitation/nervousness**

**Insomnia**

**Chills**

**Nausea/vomiting**

**Diarrhea**

**Muscle aches**

**Pupils dilate**

**Can last 1 – 14 days**



# Features of addiction (DSM V)

- Pronounced craving
- Obsessive thinking
- Erosions of inhibitions
- Compulsive drug-taking
  
- These persist **even after withdrawal symptoms** are no longer present
  
- Associated with structural and functional changes in brain
  - Reward
  - Inhibitions
  - Emotional circuits

# The **marketing** of Oxycontin by Arthur Sackler and Purdue

Lobbied to prohibit prescription monitoring efforts by Federal and state agencies

Lobbied against limits on prescription quantities

Hired thousands of pharmaceutical representatives and paid large bonuses based on volume of opioids prescribed in region

Paid consulting fees to physicians to market opioids to other physicians

Developed a system to monitor prescriptions written by physicians and used it to target marketing efforts

Sponsored all expense paid “educational conferences” that pushed their products

# What else?

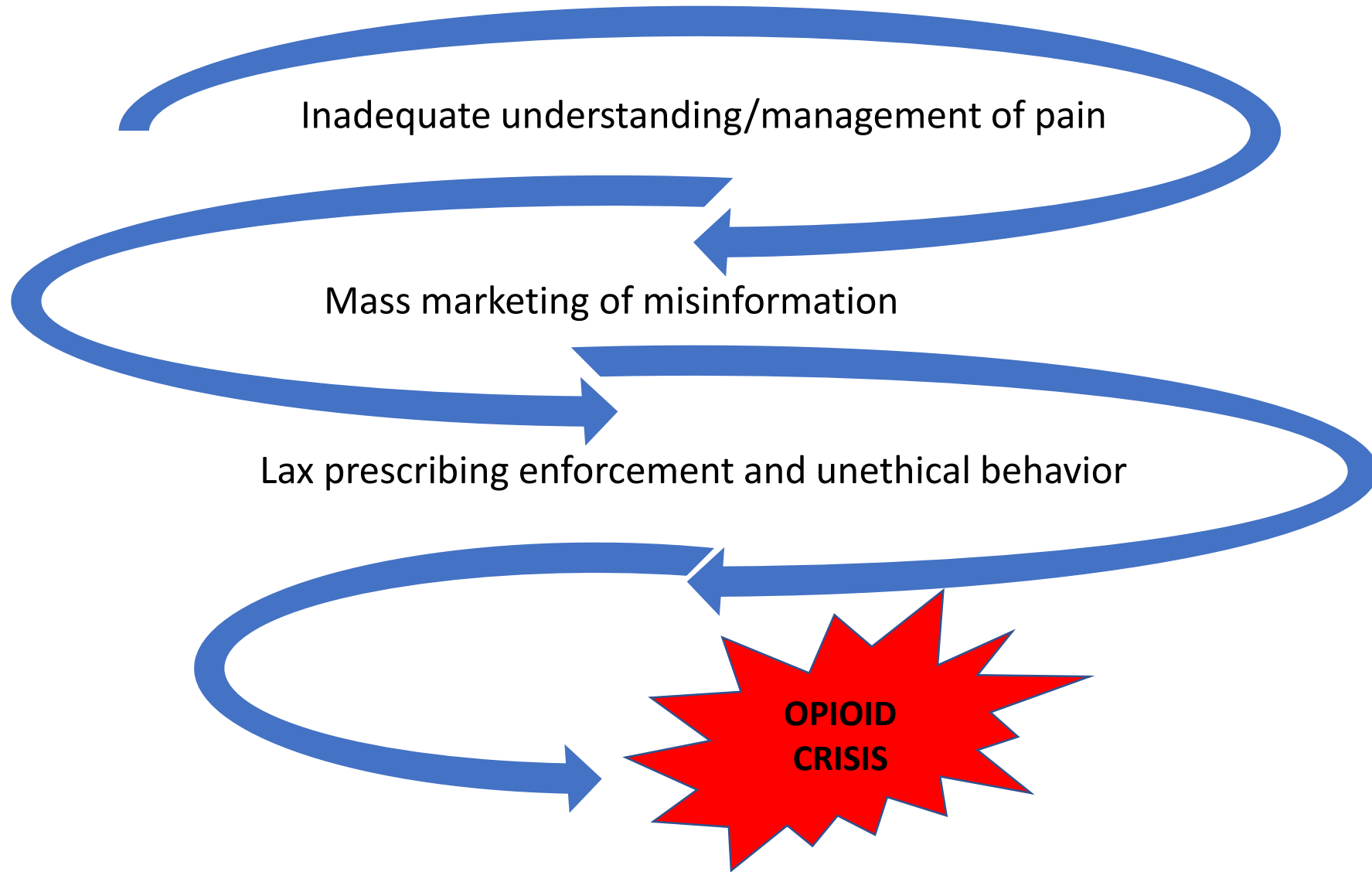
- Marketed Oxycontin as a safer alternative to other opioids touting its patented “tamper-proof” product
  - There was and is still **no evidence** for this claim
- Claimed oxycontin is safe and effective for **MODERATE and severe pain**
- Inaccurately claimed that the effects of Oxycontin last 12 hours
- Misstated the facts of several published studies and communications and repeatedly pushed:
  - Fewer than 1% of people correctly taking opioids will develop addiction
  - People who become addicted have done so because they misused the medications
  - **Opioids are effective for use in managing chronic non-cancer pain**
- Coined the term “pseudoaddiction”:
  - “patients might appear addicted to opioids but in reality need higher doses to better manage pain”
- Fought all efforts to hold them liable for any adverse outcomes related to their inaccurate marketing until trial and then settled so they did not have to defend facts not in evidence
- Heavily sponsored pain societies that were using unsupported claims of unmet pain needs



## Unscrupulous physicians “Pill mills”

- Common scenario:
- One or more physicians/providers saw patients every 5-10 minutes
- Cash only; no insurance filed
- Once patients were established with a pain diagnosis they were seen every month.
- Minimal medical documentation by physicians/providers

# What happened?



Naloxone (Narcan): an opioid antagonist

- Intranasal now most common

## Naloxone (Narcan)

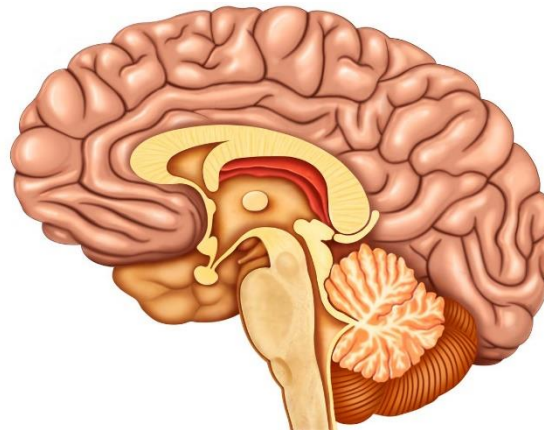
Analgesia

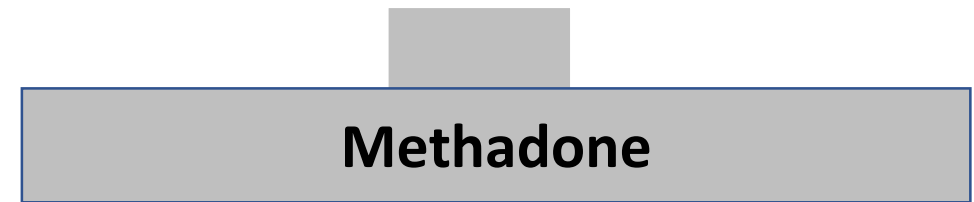
Euphoria

Respiratory  
Depression

Naltrexone:

- Also an opioid antagonist
- Available in pill form
- Used more often in alcoholism





Methadone: opioid agonist

- Minimizes withdrawal symptoms
- No euphoria
- In higher doses can still cause respiratory depression

Buprenorphine: partial opioid agonist. Long acting  
Acts similar to methadone  
Sublingual and buccal film

# Common misperceptions about addiction

- Addiction is simply a set of bad choices
  - **FALSE**
    - Drugs of abuse actually change the brain structure and chemistry
- Pain protects patients from becoming addicted to opioid medications
  - **FALSE:** Purdue Pharma Chief Medical Officer made up the term “pseudo-addiction”
  - Only long term use of certain opioids can cause addiction
  - **FALSE:**
    - Physical dependence can occur as quickly as 5 days for multiple daily doses of opioids (eg: 1 Vicodin every 4-6 hours if needed for pain)
- Only patients with certain characteristics are vulnerable to addiction
  - **FALSE:**
    - only 30-40% of addiction is attributable to family history
- Medication-assisted therapies/treatments are just a substitute for heroin or other opioids.
  - **FALSE:** they block withdrawal and decrease cravings so patients can move toward a healthier life





# Our Substance Use Disorder and Mental Health Program at CHW

Established patients and new patients willing to establish primary care here at CHW who

- Have a substance use disorder
- Have a co-occurring substance use disorder (SUD) and mental health (MH) disorder

Patients will be screened during an hour long process with MD and behavioral health specialist

If it is determined they could derive benefit from this program they will be given an appointment to see the telehealth psychiatrist

# Telehealth Psychiatry link

Our contracted physician is Dr Carlos Tirado, MD

- Board Certified in Psychiatry and Neurology
- Board certified in Addiction Medicine
- Current President of the Texas Society of Addiction Medicine

Dr Tirado and one of his partners will provide 4 hours weekly of face to face consultation with our patients

- Determine an appropriate treatment plan for patients which will be implemented by MDs at our site
- Continue to see our patients in follow up until they are determined to be on a stable regimen

Once patients are on a stable regimen they will transfer to CHW MD/DO for continued care.

# Our Program cont'd

- Each patient will:
  - Establish with the addiction psychiatrist and get ongoing care
  - Establish with our Behavioral Health specialists for ongoing care
    - Our BH specialists are receiving special training through the Opioid Resource Network
  - Establish with a primary care physician here at CHW for ongoing medical care
  - Establish with a Recovery Coach who provides non-medical support
- LVN with experience in mental health/addiction who will
  - Manage the nursing aspects of the SUD weekly clinic
    - Vitals, history, assessments, drug screens
  - Maintain phone contact with patients and provide
    - Appointment reminders
    - Random drug screens

Why are we  
doing what  
we are  
doing?



On average, people with an  
opioid addiction go into  
treatment 8 times before  
they find a sustained  
recovery



**Some of this is due  
to a lack of follow-  
through on the part  
of the health care  
system**



**Many if not most SUD  
programs specialize in only  
SUD**

## We believe

- Opioid addiction and other SUD disorders are chronic illnesses
  - Require ongoing care for many years and ideally lifelong support
  - Might require medication assisted treatment for many years
- Patients will benefit from a patient centered medical home environment
  - Managing care by partnering with patients within a long term relationship

# Recovery outcomes

- Getting patients into sustained recovery has been shown to:
  - Decrease death by overdose
  - Decrease crime (theft, prostitution)
  - Decrease rates of HIV, hepatitis B and C contracted through needle sharing
  - Begin the process of healing lives and families shattered by drug addiction

# Final thoughts

- People who have type II diabetes should avoid most sugary snacks and sugary drinks
  - When a person with diabetes eats too much cake or has too many sodas we don't take away their medications
- No one should smoke cigarettes but people with advanced lung disease who require oxygen especially should not smoke
  - If they do smoke we don't take away their oxygen
- People who have an addiction might relapse on occasion
  - We should not remove them from our program
- All people have the right to compassionate and evidence-based health care regardless of their health condition





# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

**Governing Board**

**March 2019**

**Item #11**

**Consider for Approval Change in Scope (CIS) Request to Add  
Psychiatry as a Specialty Service**



## **Consider for Approval Change in Scope (CIS) Request to Add Psychiatry as a Specialty Service**

We are requesting Board approval to submit the following Change in Scope Request to HRSA in order to implement the Coastal Health & Wellness Substance Use Disorder-Mental Health (SUD-MH) program.

### **Form 5A: Specialty Services**

- We are requesting the addition of psychiatry services to our scope of services, utilizing a contract physician who is a board-certified psychiatrist and is also board-certified in addiction medicine. This specialty service will be provided via video conferencing to persons with substance use disorders which include opiate/heroin dependence, stimulant/methamphetamine/cocaine dependence, alcohol dependence and sedative/benzodiazepine dependence. In addition to providing primary medical care and behavioral health support, we will be offering Medication Assisted Treatment (MAT) to appropriate patients.
  - Requested Change – add Psychiatry to Approved Specialty Services (Column II)

\*Column II of Form 5A includes services that the Health Center pays through a formal written contract/agreement.

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# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

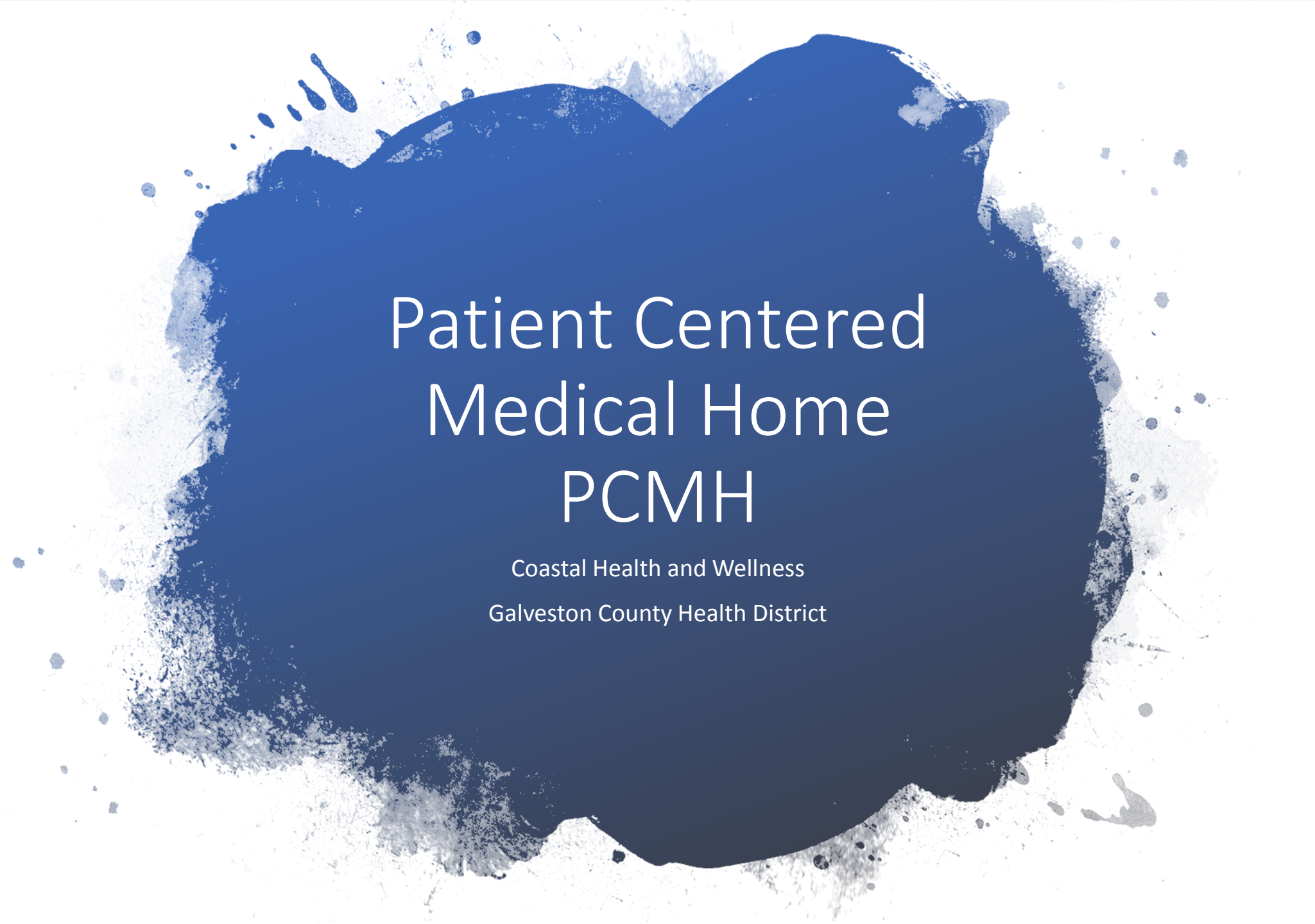
9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

**Governing Board**

**March 2019**

**Item #12**

**Presentation on the Patient Centered Medical Home  
Model and Future Plans**



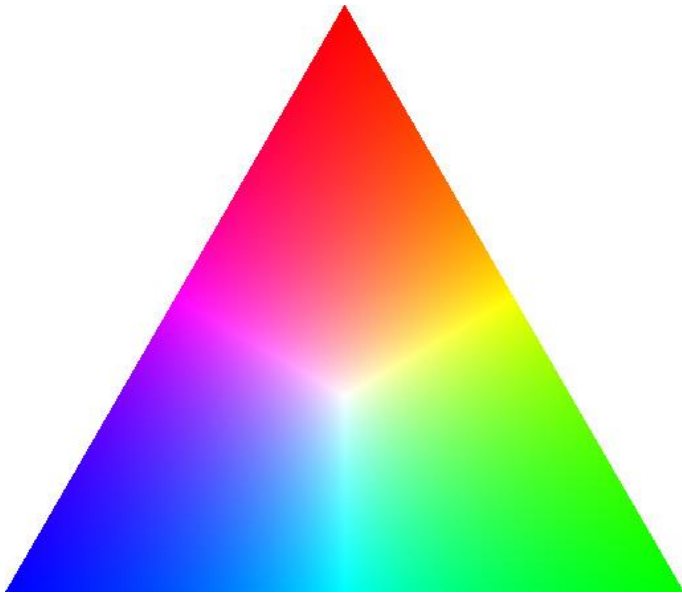
# Patient Centered Medical Home PCMH

Coastal Health and Wellness  
Galveston County Health District

Primary  
health care  
used to be so  
easy.....

Now, the more we know  
the more we need to  
know.....





# From Triple to Quadruple Aim

---

- A healthy community
- High quality patient experience
- Cost containment
- High quality work environment

A1C

LDL

MICROALBUMIN

EXERCISE

EYE EXAM

PREVENTION

EXAM/FEET

**DIABETES II**

SMOKING?

BLOOD  
PRESSURE

MEDICATIONS

ALCOHOL

DEPRESSION

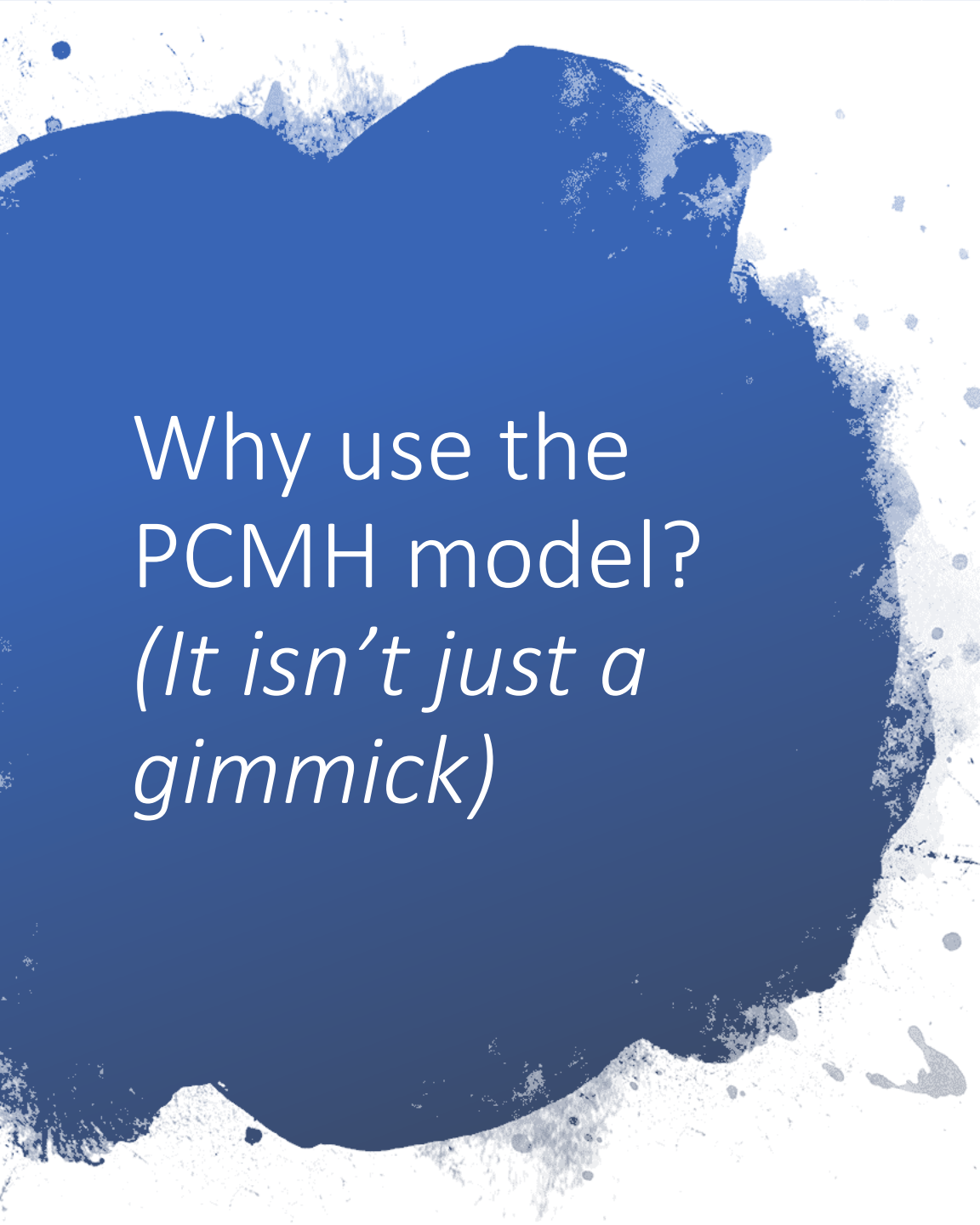
BODY WEIGHT

HEALTHY DIET

DENTAL CARE

While patients are in the  
clinic.....

.....all efforts must be directed toward efficient and effective patient  
care



# Why use the PCMH model? *(It isn't just a gimmick)*

- Small towns are friendlier than big cities
  - This is a large clinic and can feel cold and impersonal
    - Forming small teams within the larger clinic can help make people feel more welcome
- **Our patients** have trouble maintaining continuity with one provider
  - We might never get every patient aligned with one provider but we can get most patients aligned **within a team**
  - **Teams** share patients and patient tasks.
    - This won't be perfect but will improve with time and adaptation
- It is more efficient to make changes within a smaller team initially and then roll out to the larger clinic
  - Change is inevitable; we need to efficiently adapt to patient and community needs



# CHW COLOR TEAMS



Dr Al  
Borillo  
Riggs  
Patel  
Tigrett

Ashley  
Shantavia  
Esmeralda  
Brittany

Jean  
Jeanette  
(open RN)

Dana  
Tamara

Lupe  
Liz  
Tabetha  
Cecilia  
Jamie

Ripsin  
Varghese  
New NP/PA/MD  
OB/prenatal

Dr Khan  
Dr Nagorski  
Morgan  
Bailey

Brenda  
Lily  
Cheryl

Christie  
Crystal  
**Yvette/RN**

**Department/Leader**

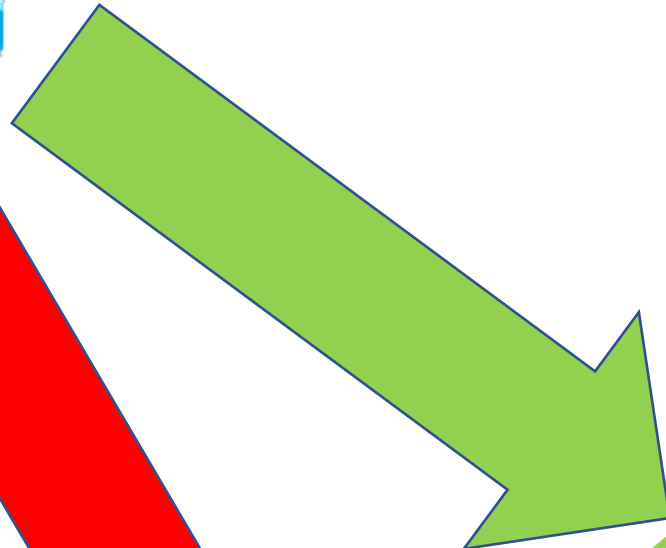
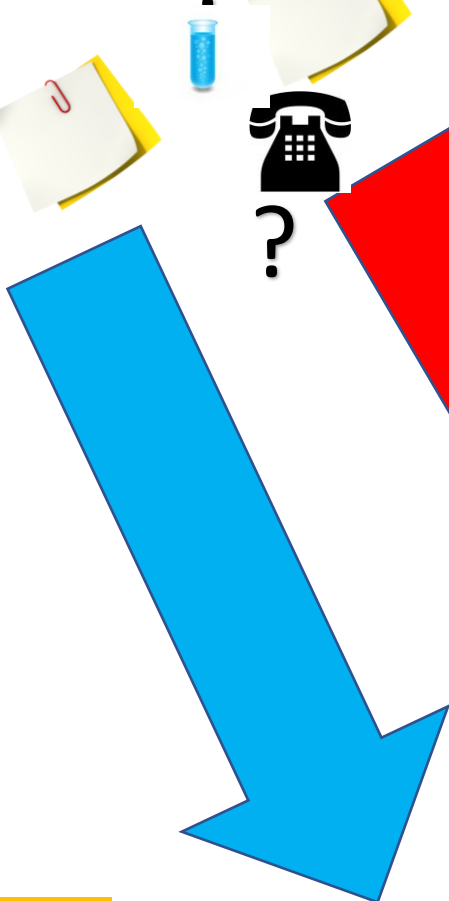
**Health IT/Luz**

**Case Mnt/Michelle**

**Patient Info/Pisa**

**Patient Services/Kristina**

**Lab & Xray/Cheree**



**Health IT  
Case Mnt  
Patient Info  
Patient Services  
Lab & Xray**

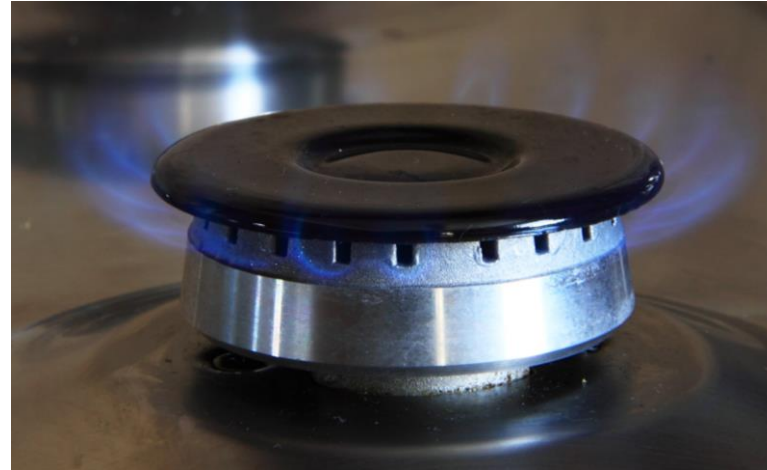
## Working at the top of our license

Nurses are nurses

Medical assistants are medical assistants

Providers are providers

Communication between  
patients and staff:  
Managing phone calls  
Marketing portal



Same day patient care:  
Restructuring this  
concept

Clear understanding of  
the programs we offer

Clinic efficiency

# Huddles

Improving efficiency through communication



## Daily huddles

At the beginning of the day, a 5 minute meeting:

- Provider
- Nurse
- Medical assistant

Anticipate and plan for the expected work

- Point of care urinalysis, A1C, vaccines



## Weekly huddles

Wednesdays for 15-20 minutes

- Provider, nurse, medical assistant, behavioral health, departmental representatives

Look back on previous week and catch “misses”

Look ahead to the next week to find ways to improve efficiency

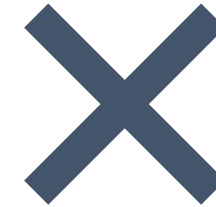
# Monthly team and clinic meetings



Share color team  
efficiency successes



Goal setting for the  
next month

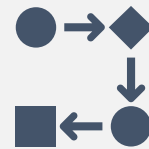


Trouble shoot

# PCMH at CHW



A good beginning



An ongoing process



Always reaching to  
achieve the  
Quadruple Aim

A healthy community  
A high quality patient  
experience  
Cost containment  
A high quality work  
environment

**Governing Board**

**March 2019**

**Item #13**

**Consider for Approval Proposed Changes in Distributing and  
Collecting Patient Satisfaction Survey Data**

[Back to Agenda](#)

### **Governing Board**

**March 2019**

**Item #14**

**Consider for Approval the Reappointment of Jay Holland as a  
Community Representative to the Coastal Health & Wellness  
Governing Board for a 3 Year Term Expiring March 2022**

[Back to Agenda](#)



### **Governing Board**

**March 2019**

**Item #15**

**Consider for Approval Privileging Rights for the  
following UTMB Residents**

- a) Juliet McKee, MD
- b) Katherine Serrano, MD
- c) Kenneth Kenneth-Nwosa, MD
- d) Amanda Song, MD



Date: March 28, 2019  
To: CHW Governing Board  
Thru: Kathy Barroso, CPA *KB*  
Executive Director  
From: Cynthia Ripsin, MS, MPH, MD *CR*  
Medical Director  
Re: Privileging

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Upon the review of the completed credentialing file of Juliet McKee, MD, by Judie Olivares, Human Resources Generalist, and myself (Cynthia Ripsin, MD), we would like to recommend that the Coastal Health & Wellness Governing Board approve privileging for Juliet McKee, MD, based on the following information:


- Juliet McKee, MD is a licensed Professional Doctor of Family Medicine who will practice part-time in the Texas City clinic. Juliet McKee, MD graduated from the University of Texas Medical Branch 2000 with a Doctor of Medicine degree. Dr. McKee requests medical privileges on a part-time basis at the Texas City site.



Date: March 28, 2019

To: CHW Governing Board

Thru: Kathy Barroso, CPA   
Executive Director

From: Cynthia Ripsin, MS, MPH, MD   
Medical Director

Re: Privileging

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Upon the review of the completed credentialing file of Katherine Serrano, MD, by Judie Olivares, Human Resources Generalist, and myself (Cynthia Ripsin, MD), we would like to recommend that the Coastal Health & Wellness Governing Board approve privileging for Katherine Serrano, MD, based on the following information:

- Katherine Serrano, MD, is a licensed Physician IN TRAINING who will practice and train part-time at the Texas City Coastal Health & Wellness Medical Clinic. Dr. Katherine Serrano graduated from University of Texas Medical Branch, Galveston Texas in 2016 with a Doctor of Medicine degree. Dr. Serrano requests medical privileges on a part-time basis at the Texas City site.



Date: March 28, 2019

To: CHW Governing Board

Thru: Kathy Barroso, CPA *KB*  
Executive Director

From: Cynthia Ripsin, MS, MPH, MD *CR*  
Medical Director

Re: Privileging

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Upon the review of the completed credentialing file of Kenneth Kenneth-Nwosa, MD, by Judie Olivares, Human Resources Generalist, and myself (Cynthia Ripsin, MD), we would like to recommend that the Coastal Health & Wellness Governing Board approve privileging for Kenneth Kenneth-Nwosa, MD, based on the following information:

- Kenneth Kenneth-Nwosa, MD, is a licensed Physician IN TRAINING who will practice and train part-time at the Texas City Coastal Health & Wellness Medical Clinic. Dr. Kenneth Kenneth-Nwosa graduated from University of Texas Medical Branch, Galveston Texas in 2016 with a Doctor of Medicine degree. Dr. Kenneth-Nwosa requests medical privileges on a part-time basis at the Texas City site.



Date: March 28, 2019

To: CHW Governing Board

Thru: Kathy Barroso, CPA *KB*  
Executive Director

From: Cynthia Ripsin, MS, MPH, MD *CR*  
Medical Director

Re: Privileging

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Upon the review of the completed credentialing file of Amanda Song, MD, by Judie Olivares, Human Resources Generalist, and myself (Cynthia Ripsin, MD), we would like to recommend that the Coastal Health & Wellness Governing Board approve privileging for Amanda Song, MD, based on the following information:

- Amanda Song, MD, is a licensed Physician IN TRAINING who will practice and train part-time at the Texas City Coastal Health & Wellness Medical Clinic. Dr. Amanda Song graduated from Texas Tech University School of Medicine, Lubbock Texas in 2018 with a Doctor of Medicine degree. Dr. Amanda Song requests medical privileges on a part-time basis at the Texas City site.

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