



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

AGENDA

Thursday, March 26, 2020 – 12:00 PM

ON MARCH 16, 2020, GOVERNOR GREG ABBOTT TEMPORARILY SUSPENDED PART OF THE TEXAS OPEN MEETINGS ACT TO HELP MITIGATE THE SPREAD OF COVID-19. SPECIFICALLY, THIS AMENDMENT ALLOWS FOR LOCAL GOVERNMENTS TO CONVENE VIRTUALLY SO LONG AS MEMBERS OF THE PUBLIC ARE PROVIDED A MEANS BY WHICH THEY CAN HEAR AND PROVIDE COMMENT TO THE GOVERNING BODY.

The Coastal Health & Wellness Governing Board will convene for its regularly scheduled March meeting by utilizing Zoom, which will allow for Board members and the public alike to partake in and/or view the meeting either online or over the phone.

CONNECTING VIA INTERNET:

1. Access the URL: <https://bit.ly/2QEhbUq>
2. An automated prompt should appear on your screen; when it does, click “Open Zoom Meetings”
3. If you would prefer to use your computer for audio connection, please do the following:
 - a. When prompted, select “Join Audio”
 - b. Another popup box will appear, select the tab, “Computer Audio”
 - c. Now click the box stating, “Join With Computer Audio.” Your connection to the meeting will be automatically established upon doing so.
4. If you would prefer to utilize a phone for your audio connection, please do the following:
 - a. Mute your computer’s volume;
 - b. When prompted, select “Join Audio”
 - c. Another popup box will appear, select the tab, “Phone Call”
 - d. You will be presented with a Dial-In, Audio Code, and Participant ID. Call the Dial-In number from your phone and follow the subsequent voice prompts. Your connection to the meeting will be automatically established upon doing so.

CONNECTING VIA PHONE (AUDIO ONLY):

1. Dial 346-248-7799
2. You’ll be prompted to enter the Meeting ID, which is 477 078 265 #
3. Finally, you’ll be instructed to enter your Participant ID. When this occurs, merely select the pound (hashtag) key without entering any numbers. Your connection to the meeting will be automatically established upon doing so.

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.

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 27, 2020 Governing Board Meeting

- *Item #4**ACTION**.....Policies Approved by United Board of Health as Authorized Under the Shared Services Agreement
 - a) Emergency Operations Plan
 - b) Dress Code Policy
 - c) Limited English Proficiency Policy
 - d) Safety & Risk Management Policy
 - e) Workers’ Compensation Policy
 - f) Work Environment Policy
 - g) Fund Balance Policy

- *Item #5**ACTION**.....Information Items
 - a) Letter of Support to University of Texas Health Science Center for Colorectal Cancer Screening

- Item #6.....Executive Report

- Item #7**ACTION**.....Consider for Approval February 2020 Financial Report

- Item #8**ACTION**.....Consider for Approval Updates to Shared Serviced Agreement Between Galveston County Health District and Coastal Health & Wellness

- Item #9**ACTION**.....Consider for Approval Re-Privileging Rights for Jason Borillo, PA-C

- Item #10**ACTION**.....Consider for Approval Re-Privileging Rights for Jacklyn Morgan, PA-C

- Item #11**ACTION**.....Consider for Approval Privileging Rights for Tandace McDill, MD

- Item #12**ACTION**.....Consider for Approval Privileging Rights for the following UTMB Residents
 - a) Rediet Haileselassie, MD

Adjournment

Next Regular Scheduled Meeting: April 30, 2020

Appearances before the Coastal Health & Wellness Governing Board

The Coastal Health & Wellness Governing Board meetings are conducted under the provisions of the Texas Open Meetings Act, and members of the public that wish to address the Board about an item presented on the agenda shall be offered three minutes to do so. The Board cordially requests that individuals desiring to make a such a statement notify the Board of their intention by writing their name on the sign-in sheet located at the Boardroom’s main entrance.

A citizen desiring to make comment to the Board regarding an item not listed on the agenda shall submit a written request to the Executive Director by noon on the Thursday immediately preceding the Thursday of the Board meeting. A statement of the nature of the matter to be considered shall accompany the request. The Executive Director shall include the requested appearance on the agenda, and the person shall be heard if he or she appears.

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.



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

**Governing Board
March 2020
Item#2
Excused Absence(s)**

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

March 2020

Item#3

Consider for Approval Minutes from February 27, 2020

Governing Board Meeting

**Coastal Health & Wellness
Governing Board
February 27, 2020**

Board Members

Present:

Samantha Robinson
Milton Howard, MD
Jay Holland
Virginia Valentino
Dorothy Goodman
Flecia Charles
Victoria Dougharty
Miroslava Bustamante
Barbara Thompson, MD

Staff:

Kathy Barroso, Executive Director
Cynthia Ripsin, MD
Hanna Lindskog, DDS
Eileen Dawley
Andrea Cortinas
Richard Mosquera
Pisa Ring
Debra Howey
Mary Orange

Michelle Peacock
Kristina Garcia
Cheryl Golla
Kenna Pruitt
Tyler Tipton
Sergio Rios
Alberto Medellin
Tikeshia Thompson Rollins

Excused Absence: Elizabeth Williams

Unexcused: Aaron Akins

***Items 1-4 Consent Agenda**

A motion was made by Virginia Valentino to approve the consent agenda items one through four. Jay Holland seconded the motion and the Board unanimously approved the consent agenda.

Item #5 Executive Reports

Kathy Barroso, Executive Director, presented the February 2020 Executive Report to the Board.

Item #6 Consider for Approval FY2019 Independent Auditor's Report and Financial Statement and Single Audit Reports

Amanda Eaves, CPA, Director for BKD, LLC presented a summary of the FY2019 Independent Auditor's Report, Financial Statements and Single Audit Reports to the Board via conference call. Ms. Eaves communicated to the Board that there were no findings and that they were issuing a clean opinion. A motion to accept the FY2019 Independent Auditor's Report as presented was made by Virginia Valentino. Jay Holland seconded the motion and the Board unanimously approved.

Item #7 Consider for Approval Patient Assistance Partnership with Lone Star Legal Aid

Samantha Robinson, Board Chair, asked the Board to defer the Patient Assistance Partnership with Lone Star Legal Aid since a representative from the agency was not present. A motion to defer the item was made by Virginia Valentino and seconded by Miroslava Bustamante. The Board unanimously approved the motion.

Item #8 Consider for Approval 2020 Coastal Health & Wellness Infection Control Plan

Debra Howey, Infection Control Nurse, presented the 2020 Coastal Health & Wellness Infection Control Plan to the Board. A motion to accept the plan as presented was made by Jay Holland and seconded by Dr. Howard. The Board unanimously approved the motion.

Item #9 Consider for Approval January 2020 Financial Report

Mary Orange, Business Office Manager, presented the January 2020 financial report to the Board. A motion to accept the report as presented was made by Jay Holland and seconded by Virginia Valentino. The Board unanimously approved the motion.

Item #10 Consider for Approval 2019 Bad Debt Write-off and Adjustment Report

Mary Orange, Business Office Manager, presented the 2019 bad debt write-off and adjustment report. Mary informed the Board that the 2019 bad debt write-off totals \$489,619.69 and the four-year average totals \$550,901.17. A motion to accept the report as presented was made by Miroslava Bustamante and seconded by Virginia Valentino. The Board unanimously approved the motion.

Item #11 Consider for Approval 2020/2021 Sliding Fee Scale

Mary Orange, Business Office Manager, asked the Board to consider for approval the 2020/2021 sliding fee scale. Mary informed the Board that the sliding fee scale is updated based on the federal poverty guidelines. A motion to accept the sliding fee scale as presented was made by Dr. Howard and seconded by Dorothy Goodman. The Board unanimously approved the motion.

Item #12 Consider for Approval New Coastal Health & Wellness Care Team Guide for Patients

Kristina Garcia, Patient Services Manager, presented the new Coastal Health & Wellness Care Team Guide for patients to the Board. Kristina informed the Board that all the recommended changes to the Coastal Health & Wellness Guide from the previous Board meeting were implemented and the packet is now ready to be added to the website. Kristina is asking the Board to approve the patient guide and pilot the care team folder. An update will be provided to the Board at a future meeting. A motion to pilot the care team folder and approve the Coastal Health & Wellness Patient Guide as presented was made by Jay Holland and seconded by Miroslava Bustamante. The Board unanimously approved the motion.

Item #13 Consider for Approval Adding Two New Consumer Board Member Positions to the Coastal Health & Wellness Governing Board

Kathy Barroso, Executive Director, asked the Board to consider for approval adding two new consumer Board members positions to the Coastal Health & Wellness Governing Board. Kathy informed the Board that we currently have an eleven-member Board that consist of six consumer members and 5 community members. As part of HRSA requirements the Governing Board is required to have 51% of its Board members be consumers. Adding additional consumer members would assure compliance in the event there are consumer vacancies. A motion to accept two new consumer Board member positions to the Coastal Health & Wellness Governing Board was made by Miroslava Bustamante and seconded by Dr. Howard. The Board unanimously approved the motion.

Item #14 Consider for Approval Revisions to the Coastal Health & Wellness Mission Statement

Kathy Barroso, Executive Director, asked the Board to consider for approval revisions to the Coastal Health & Wellness Mission Statement. Kathy informed the Board that we are currently preparing for the HRSA site visit as well as reviewing the Governing Board Bylaws and the current mission statement states to “Provide access to high-quality primary care to any Galveston County Resident”. The proposed mission statement is to “Provide access to high-quality primary care to any and all individuals in need”. A motion to accept the proposed mission statement as presented was made by Virginia Valentino and seconded by Miroslava Bustamante. The Board unanimously approved the motion.

Item #15 Review Coastal Health & Wellness Governing Board Annual Assessment Form and Determine Date for the Board to Review

Samantha Robinson, Board Chair, reviewed the Coastal Health & Wellness Governing Board Annual Assessment form and determined a date for review. A motion to submit the annual assessment forms to Tikeshia Rollins and Anthony Hernandez by Friday March 13, 2020 was made by Jay Holland and seconded by Miroslava Bustamante. The Board unanimously approved the motion.

Item #16 Review CEO Annual Performance Evaluation Forms and Process and Determine Date for Evaluation

Samantha Robinson, Board Chair, discussed the CEO annual performance evaluation forms and process. Ms. Robinson informed the Board that she will submit a questionnaire to Directors reporting to the CEO and will compile results in a summary format to Board members once all have been received. Each Board member will be responsible for completing an evaluation and submitting to Tikeshia Rollins by Friday March 13, 2020. A motion to complete the evaluation forms by Friday March 13, 2020 for review at the March Board meeting was made by Virginia Valentino and seconded by Miroslava Bustamante. The Board unanimously approved the motion.

Item #17 Update on Proposed Plans for Galveston Clinic and Next Steps

Kathy Barroso, Executive Director, updated the Board on proposed plans for the Galveston Clinic and next steps. Ms. Barroso informed the Board that the Housing Authority is looking to repurpose the land to mixed income housing units. It was suggested that members of both the United Board of Health and Governing Board meet with Betty Massey, Housing Authority representative, who is currently over this project. The United Board of Health appointed Dr. Godinich, Dr. Hackbarth and Eric Froeschner as their representatives. Ms. Barroso also informed the Board that the Housing Authority will be hosting an open house on Monday March 3, 2020 so that the public can learn more about the proposed project. Board members are invited to attend and provide input. A motion to appoint Jay Holland, Dr. Howard, and Samantha Robinson to represent the Governing Board at the joint meeting with the Housing Authority was made by Miroslava Bustamante and seconded by Virginia Valentino. The Board unanimously approved the motion.

Adjournment

A motion to adjourn was made by Jay Holland and seconded by Virginia Valentino. The Board adjourned at 1:25 p.m.

Chair

Secretary/Treasurer

Date

Date

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Governing Board

March 2020

Item#4

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

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

Emergency Operations Policy

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 Officer, 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 required to return to work.
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, at the discretion of the Chief Executive Officer, will 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 forth in Point of Dispensing (POD) 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 Policy

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.*

IT

Office professional attire must be worn while attending meetings with outside agencies. A polo style shirt with jeans and athletic/tennis shoes are acceptable. Croc or Croc-like shoes are not permitted.

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 ort-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 employees 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.

Limited English Proficiency Policy

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.

Safety and Risk Management Policy

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 regard 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/Risk Management Committee

For operations guided by the Governing Board, the Quality Assurance/Risk Management Committee, through the Chief Nursing Officer, 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 responsibility of program managers to:

- Assist the Risk Management Committees by ensuring safety recommendations are implemented within applicable departments;
- Document corrective actions when relevant to preventable safety incidents; and
- Ensure staff receive 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 Risk Management Committees 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 present reported incidents to the Risk and Safety Committees; Introduce, enforce

and monitor safety guidelines;

- Act as a resource to management and employees on matters concerning safety and risk management;
- Collect and track training records and incident data;
- Review 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 Policy

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 injuries:** An event or occurrence in the course and scope of employees' designated work which results in damage or harm to the body; and
- **Occupational illnesses:** 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/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 the *Drug-Free Workplace* policy.

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 or illness which renders him/her unfit for performing the duties of their job and the injury or illness is deemed compensable by the District's TPA, the TPA will remit workers' compensation pay to the employee as follows:

- If the employee is out on workers' compensation for less than eight days, the employee will not receive pay for workers' compensation but has the option to utilize his/her sick, personal, or vacation leave for up to the first seven days they are off of work.
- Beginning on the eighth day and for any days thereafter that the employee is medically 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, sick or personal leave and will not be paid for holidays; however, they will be

still be credited during their absence with service toward vesting for the employee's retirement.

- Employees on workers' compensation leave will be required to pay the employee and dependent portion of their elected benefits plan (e.g. medical, dental, etc). Employees shall not be permitted to supplement workers' compensation benefits with paid vacation, sick 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 physician within the Alliance network. The Alliance network includes both primary care physicians and specialists. Any employee who chooses to seek non-emergency treatment from provider not enrolled in the Alliance network 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. Employees may also contact TMLIRP, the District's TPA, at 1-800-537-6655 or consult the District's Risk and Safety Coordinator 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 functions required of their job following a work-related injury. Only work that is necessary and considered to meet legitimate business needs of the Health District will be offered.

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 The Uniformed Services Employment and Reemployment Rights Act (“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 the Health District’s safety policies and procedures;
- Report any injury or exposure incurred on-the-job 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 of how the incident occurred 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, present clearance paperwork to their supervisor, 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 on-the-job injury or exposure;
- Ensure that an *Employee Incident/Injury Report* 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 medical restrictions understands to not violate his/her medical restrictions; and
- Report any incidents in which the injured worker violates medical restrictions to the 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;
- In applicable circumstances, work with the injured employee’s supervisor to find a bona fide opportunity that will 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 recurring 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 if necessary; and
 - Work in conjunction with Human Resources to 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/Injury Report Form*

Work Environment Policy

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

Employees are prohibited from possessing illegal weapons or explosives on District property. Employees are required to follow regulations described in Chapter 411 of the *Texas Government Code*, which through the Department of Public Safety sets forth all stipulations regarding an individual's right to carry a handgun in the State of Texas..

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 Human Resources Manager will give annual trainings on procedures detailing 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

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.

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.



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

**Governing Board
March 2020
Item#5
Information Items**

- a) Letter of Support to University of Texas Health Science Center for Colorectal Cancer Screening



March 9, 2020

Maria E. Fernandez PhD
Lorne Bain Distinguished Professor in Public Health and Medicine
Professor, Health Promotion and Behavioral Sciences
University of Texas Health Science Center at Houston
School of Public Health
7000 Fannin, Suite 2080
Houston, TX 77030

Dear Dr. Maria Fernandez,

As the Director of the Coastal Health and Wellness Clinic, I fully support the proposed application to the Centers for Disease Control and Prevention to improve implementation of colorectal cancer screening (CRCS) interventions in Federally Qualified Health Center (FQHC) settings. The focus of this work, to implement evidence-based interventions (EBIs) to increase CRCS in underserved patients is in line with our mission. As an FQHC, the Coastal Health and Wellness serves low-income patients in Galveston County, with approximately 4,252 patients between the ages 50-75. According to UDS, our clinic CRCS rate is 15.4%. We currently collaborate with MD Anderson and the UTHealth through the Alliance for Colorectal Cancer Testing (ACT) program, which provides eligible patients with free, take-home fecal immunochemical tests (FITs) and offers free colonoscopies to those who test positive. Despite efforts to increase access to screening services through free FITs and colonoscopies, many patients remain unscreened. Assistance with implementing CRCS EBIs according to recommendations from the Guide to Community Preventive Services, as described in the proposed project, would be most welcome so that we can address barriers that are negatively impacting our CRCS rates.

If funded, we will work collaboratively with the team at UTHealth School of Public Health/School of Biomedical Informatics and MD Anderson Cancer Center during the designated funding dates. We are prepared to complete a readiness assessment to determine our needs and capacity for implementing CRCS EBIs and work with project partners to select recommended EBIs based on the assessment results. We will designate a point-of-contact to make program-related decisions and assist with activities, such as monitoring implementation progress, delivering high quality CRCS to patients, and evaluating program outcomes. We look forward to our continued collaboration with your team as we work to reduce the burden of colorectal cancer in Texas.

Sincerely,



Kathy Barroso, CPA
Executive Director

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

**Governing Board
March 2020
Item#6
Executive Report**

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

March 2020

Item#7

Consider for Approval February 2020 Financial Report

COASTAL HEALTH & WELLNESS

Governing Board



FINANCIAL SUMMARY

For the Period Ending February 29, 2020

March 26, 2020

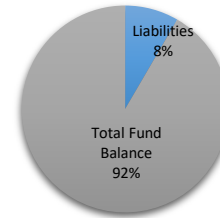
GCHD Board Room | 9850-A Emmett F. Lowry Expy. | Texas City, TX 77591

CHW - BALANCE SHEET

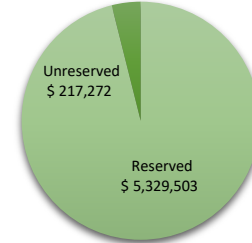
as of February 29, 2020

	Current Month Feb-20	Prior Month Jan-20	Increase (Decrease)
ASSETS			
Cash & Cash Equivalents	\$5,505,486	\$5,119,478	\$386,008
Accounts Receivable	1,467,540	1,879,196	(411,656)
Allowance For Bad Debt	(1,030,654)	(992,146)	(38,508)
Pre-Paid Expenses	85,761	103,814	(18,054)
Due To / From	(40,490)	(110,470)	69,980
Total Assets	\$5,987,644	\$5,999,873	(\$12,230)
LIABILITIES			
Accounts Payable	\$148,479	\$102,257	\$46,222
Accrued Salaries	228,987	223,911	5,075
Deferred Revenues	125,578	126,929	(1,351)
Total Liabilities	\$503,045	\$453,098	\$49,947
FUND BALANCE			
Fund Balance	\$5,628,397	\$5,628,397	\$0
Current Change	(143,798)	(81,622)	(62,176)
Total Fund Balance	\$5,484,599	\$5,546,775	(\$62,176)
TOTAL LIABILITIES & FUND BALANCE	\$5,987,644	\$5,999,873	(\$12,230)

Current Period Assets



Total Fund Balance



CHW - REVENUE & EXPENSES

as of February 29, 2020

	Actual Feb-20	Budgeted Feb-20	PTD Budget Variance	YTD Budget Variance
REVENUE				
County Revenue	\$311,222	\$324,070	(\$12,848)	(\$64,236)
DSRIP Revenue	0	79,167	(79,167)	(502,708)
HHS Grant Revenue	246,630	260,617	(13,987)	299,140
Patient Revenue	198,301	368,553	(170,253)	(1,323,289)
Other Revenue	10,515	23,635	(13,120)	(59,328)
Total Revenue	\$766,668	\$1,056,042	(\$289,374)	(\$1,650,421)
EXPENSES				
Personnel	\$561,781	\$680,896	\$119,115	\$808,146
Contractual	66,008	85,808	19,800	270,828
IGT Reimbursement	1,538	37,500	35,962	266,988
Supplies	70,660	121,986	51,326	294,305
Travel	1,795	2,519	724	(12,902)
Bad Debt Expense	38,508	35,045	(3,463)	(198,072)
Other	88,555	92,289	3,734	(144,124)
Total Expenses	\$828,844	\$1,056,042	\$227,197	\$1,285,170
CHANGE IN NET ASSETS	(\$62,176)	\$0	(\$62,176)	(\$396,087)

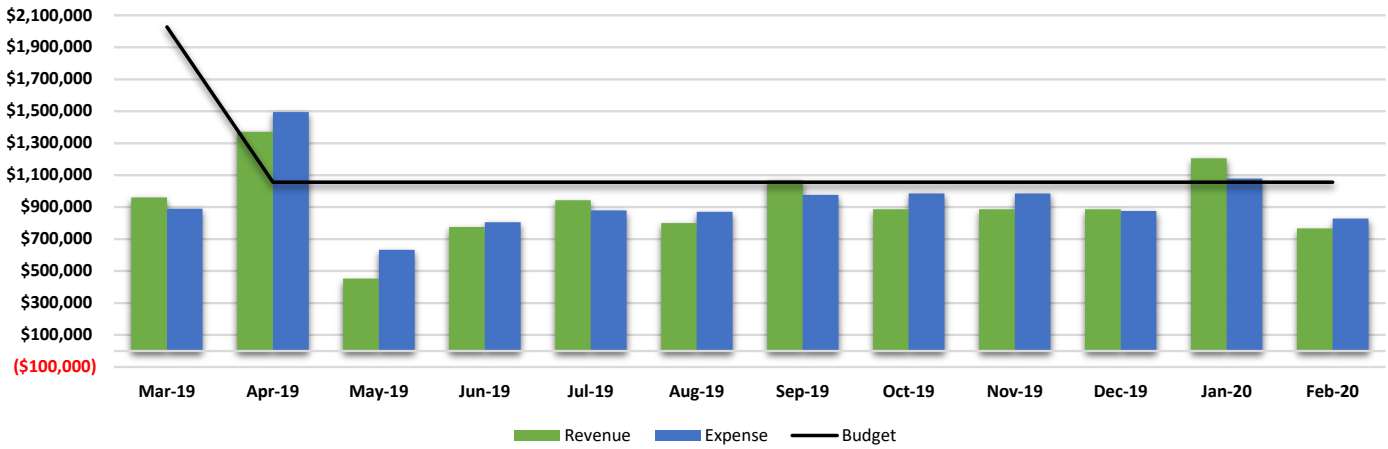
Current Month Revenue & Expenses Actual



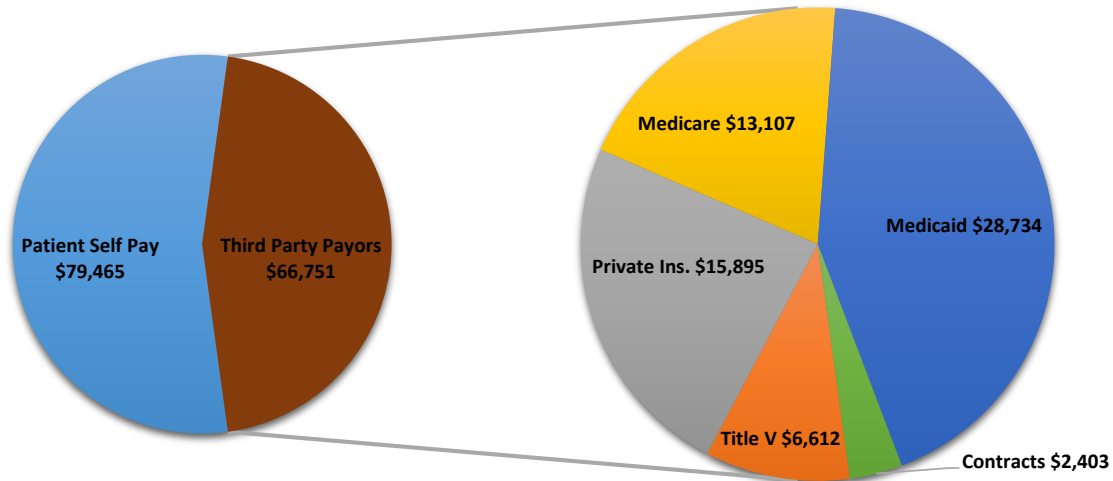
HIGHLIGHTS

- MTD decrease in Fund Balance of (\$62,176).
- MTD revenues are \$289,374 lower than budget due to lower revenue across all categories. Patient visits are not at budgeted levels, County Revenue decreased starting in October, and DSRIP revenue is budgeted monthly as opposed to the month it would be received.
- YTD revenues are (\$1.65M) lower than budgeted due to Patient Revenue (\$1.3M), DSRIP Revenue (\$502K), County Revenue (\$64K) and Other (\$13K). This is offset by the increase in HHS Grant Revenue of \$299K. A true-up of HHS Grant Revenue for the base grant will be done in March. Currently the base grant is \$67,322 under budget thru February.
- MTD Expenses are \$227K under budget due to savings in Personnel \$119K, Contractual \$19K, IGT Reimbursement \$36K, Pharmacy Supplies \$55K and Other \$3K.
- YTD Expenses are \$1.285 M lower than budgeted due to lower Personnel, Contractual, IGT and Pharmaceutical supplies expense. This offsets overages in Travel, Bad Debt, and Other expenses. YTD Overages in Office, Operating, Outside Dental supplies, and Operating equipment are covered by CARE Grant funding.
- YTD decrease in Fund Balance of (\$143,798). Total Fund Balance is \$5,484,599 as of 2/29/2020.

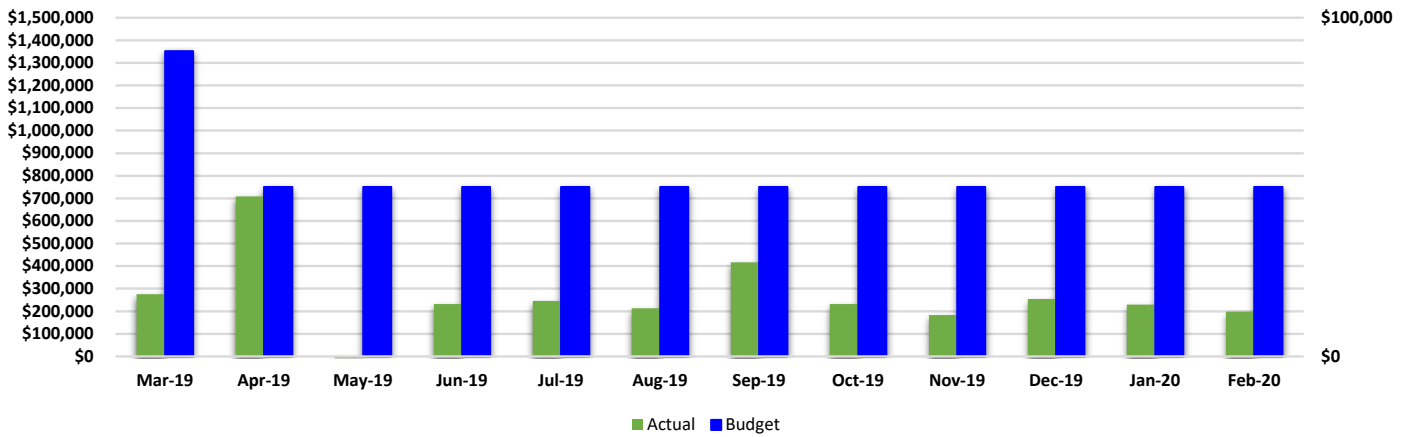
Actual Revenue & Expenses in Comparison to Budget

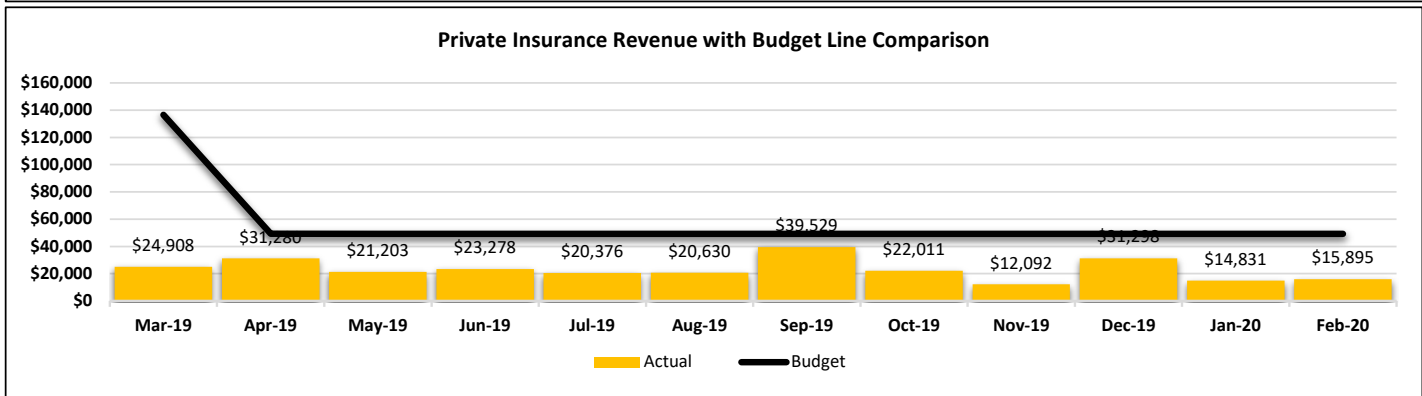
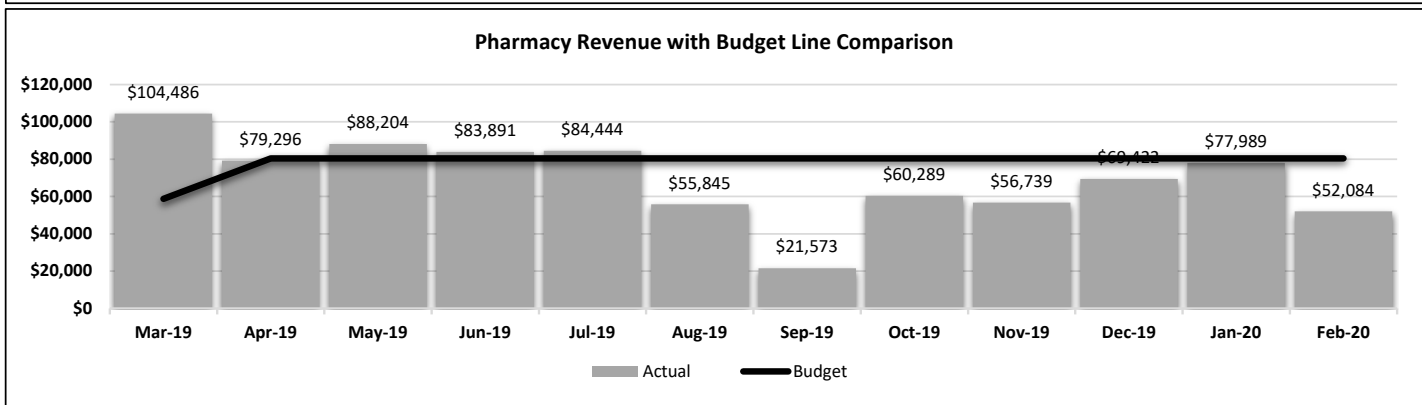
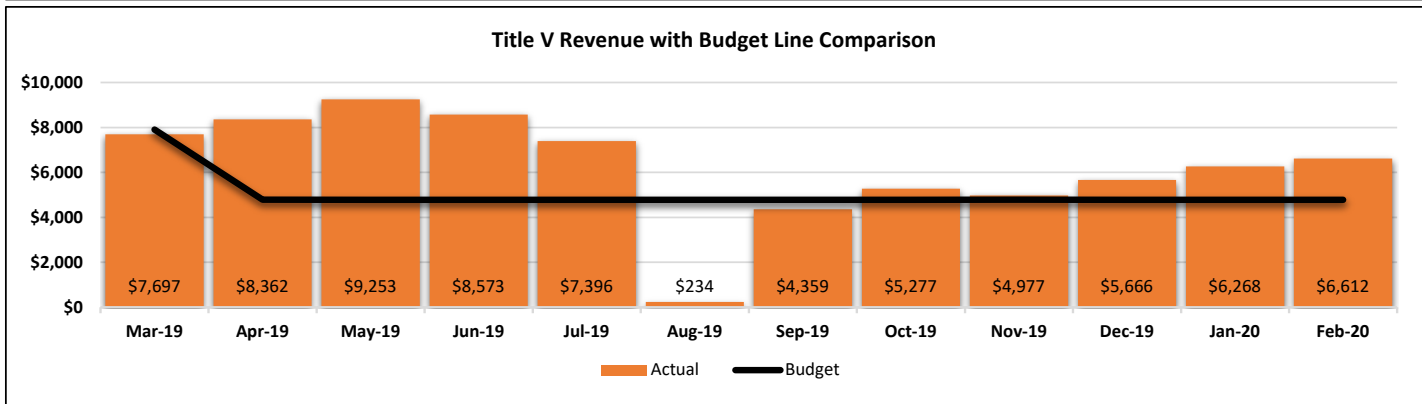
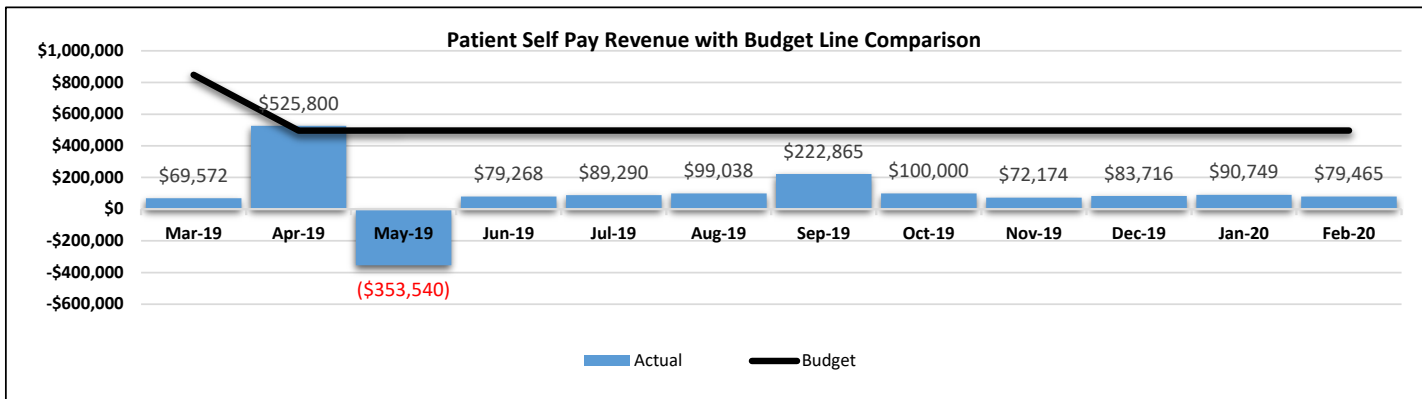


Current Period Patient Revenue with Third Party Payor Contributions Identified

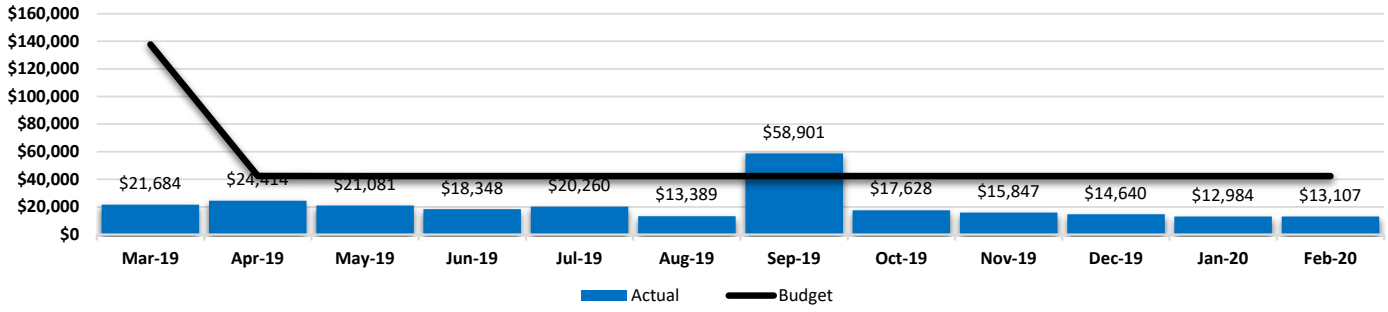


Actual Patient Revenue Rec'd vs Budget

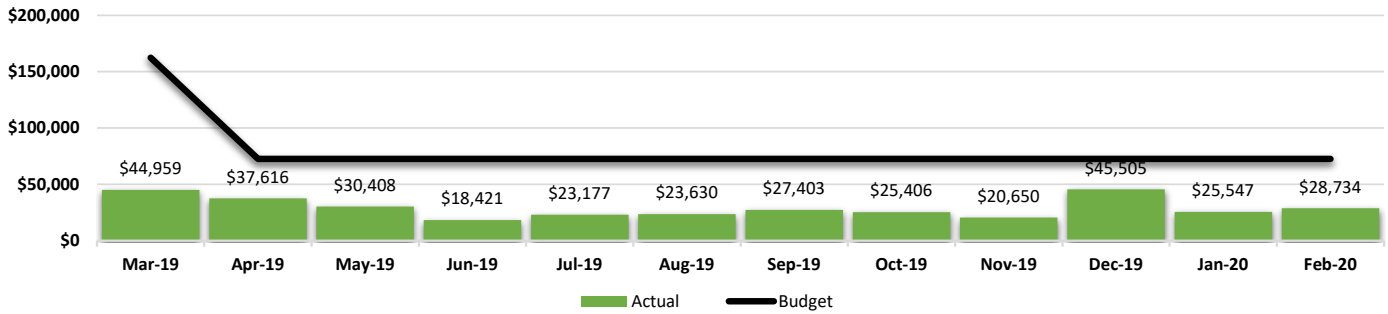




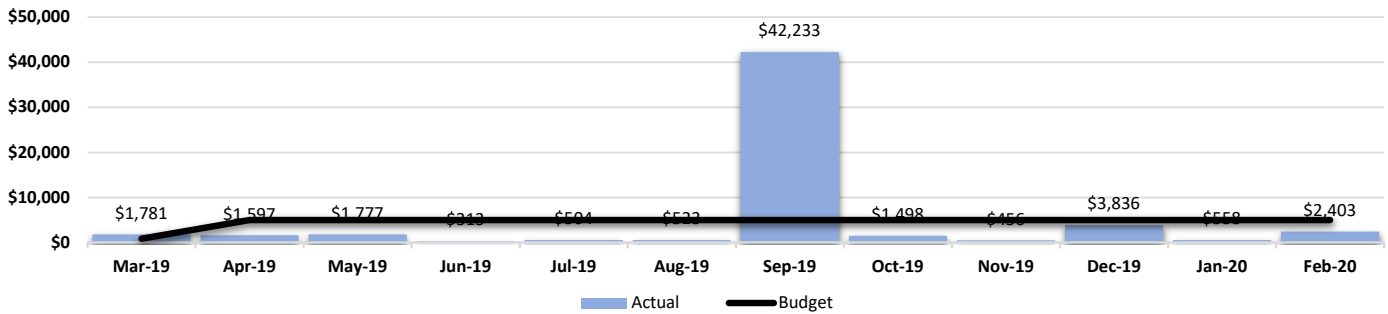
Medicare Revenue with Budget Line Comparison



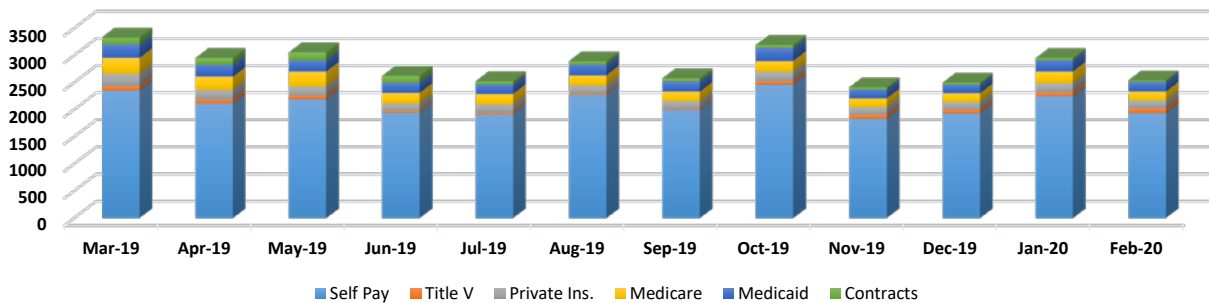
Medicaid Revenue with Budget Line Comparison



Contract Revenue with Budget Line Comparison



Total Number of Patient Visits



Coastal Health & Wellness
Statement of Revenue and Expenses for the Period ending Feb 29,2020

		<i>Period Ending</i>	<i>MTD</i>	<i>MTD Budget</i>	<i>YTD</i>	<i>YTD</i>	<i>YTD Budget</i>	<i>Annual</i>	
	<i>Description</i>	<i>2/28/2020</i>	<i>Budget</i>	<i>Variance</i>	<i>Actual</i>	<i>Budget</i>	<i>Variance</i>	<i>Budget</i>	<i>Budget</i>
Grouping	REVENUE								
HRSA	HHS GRANT REVENUE - Federal	\$246,630	\$260,617	(\$13,987)	\$3,165,924	\$2,866,783.33	\$299,141	\$3,127,400	
	HHS GRANT REVENUE - BASE	\$225,083	\$260,617	(\$35,533)	\$2,799,462	\$2,866,783.33	(\$67,322)	\$3,127,400	
	HHS GRANT REVENUE - SUD-MH	\$11,657	\$15,417	(\$3,760)	\$107,735	\$169,583.33	(\$61,848)	\$185,000	
	HHS GRANT REVENUE - Care	\$4,387	\$28,084	(\$23,697)	\$252,680	\$308,927.67	(\$56,247)	\$337,012	
	HHS GRANT REVENUE - QI 2019	\$5,503	\$1,931	\$3,572	\$6,047	\$21,241.00	(\$15,194)	\$23,172	
Patient Rev	GRANT REVENUE - Title V	\$6,612	\$4,780	\$1,833	\$66,978	\$52,575	\$14,403	\$57,355	
Patient Rev	PATIENT FEES	\$79,465	\$114,102	(\$34,637)	\$1,088,825	\$1,255,123	(\$166,298)	\$1,369,225	
Patient Rev	PRIVATE INSURANCE	\$15,895	\$49,289	(\$33,394)	\$252,424	\$542,183	(\$289,759)	\$591,472	
Patient Rev	PHARMACY REVENUE - 340b	\$52,084	\$80,417	(\$28,332)	\$729,776	\$884,583	(\$154,807)	\$965,000	
Patient Rev	MEDICARE	\$13,107	\$42,380	(\$29,273)	\$230,599	\$466,178	(\$235,579)	\$508,558	
Patient Rev	MEDICAID	\$28,734	\$72,608	(\$43,874)	\$306,496	\$798,688	(\$492,192)	\$871,296	
Other Rev.	LOCAL GRANTS & FOUNDATIONS	\$1,351	\$1,351	\$0	\$36,770	\$14,857	\$21,913	\$16,208	
Other Rev.	MEDICAL RECORD REVENUE	\$1,339	\$1,354	(\$15)	\$16,825	\$14,896	\$1,929	\$16,250	
Other Rev.	MEDICAID INCENTIVE PAYMENTS	\$0	\$0	\$0	\$3,380	\$0	\$3,380	\$0	
County	COUNTY REVENUE	\$311,222	\$324,070	(\$12,848)	\$3,500,538	\$3,564,775	(\$64,236)	\$3,888,845	
DSRIP	DSRIP REVENUE	\$0	\$79,167	(\$79,167)	\$368,125	\$870,833	(\$502,708)	\$950,000	
Other Rev.	MISCELLANEOUS REVENUE	\$1,152	\$0	\$1,152	\$15,265	\$0	\$15,265	\$0	
Other Rev.	OTHER REVENUE - SALE OF FIXED ASSET	\$0	\$0	\$0	\$6,964	\$0	\$6,964	\$0	
Other Rev.	INTEREST INCOME	\$6,330	\$5,750	\$580	\$85,271	\$63,250	\$22,021	\$69,000	
Patient Rev	CONTRACT REVENUE	\$2,403	\$4,978	(\$2,575)	\$55,698	\$54,755	\$943	\$59,733	
Other Rev.	LOCAL FUNDS / OTHER REVENUE	\$343	\$0	\$343	\$5,346	\$0	\$5,346	\$0	
Other Rev.	CONVENIENCE FEE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Other Rev.	Fund Balance	\$0	\$0	\$0	\$144,600	\$144,600	\$0	\$182,160	
	Total Revenue	\$766,668	\$1,040,862	(\$274,194)	\$10,079,804	\$11,594,080	(\$1,514,277)	\$12,672,502	
	EXPENSES								
Personnel	SALARIES	\$458,400	\$526,677	\$68,277	\$5,418,144	\$5,793,447	\$375,303	\$6,320,124	
Personnel	SALARIES, Merit Compensation	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	
Personnel	SALARIES, PROVIDER INCENTIVES	\$0	\$4,400	\$4,400	\$3,652	\$48,400	\$44,748	\$52,800.00	
Personnel	SALARIES, supplemental	\$0	\$0	\$0	\$40,750	\$0	(\$40,750)	\$0.00	
Personnel	SALARIES, O/T	\$4,661	\$5,000	\$339	\$31,939	\$55,000	\$23,061	\$60,000.00	
Personnel	SALARIES, PART-TIME	\$12,348	\$36,141	\$23,793	\$127,041	\$397,553	\$270,512	\$433,694.00	
Personnel	Comp Pay	\$0	\$0	\$0	\$189	\$0	(\$189)	\$0.00	
Personnel	FICA EXPENSE	\$35,194	\$43,775	\$8,580	\$404,944	\$481,522	\$76,578	\$525,296.33	
Personnel	TEXAS UNEMPLOYMENT TAX	\$255	\$1,215	\$960	\$407	\$13,369	\$12,962	\$14,584.05	
Personnel	LIFE INSURANCE	\$1,500	\$1,380	(\$120)	\$16,253	\$15,178	(\$1,076)	\$16,557.68	
Personnel	LONG TERM DISABILITY INSURANCE	\$1,096	\$1,284	\$188	\$11,847	\$14,127	\$2,280	\$15,411.28	
Personnel	GROUP HOSPITALIZATION INSURANCE	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	
Personnel	WORKER'S COMP INSURANCE	\$1,307	\$2,861	\$1,554	\$9,483	\$31,472	\$21,989	\$34,333.12	
Personnel	EMPLOYER PAID HEALTH INSURANCE	\$32,065	\$46,032	\$13,967	\$359,958	\$506,351	\$146,394	\$552,383.31	
Personnel	EMPLOYER SPONSORED HEALTHCARE	\$6,397	\$0	(\$6,397)	\$73,391	\$0	(\$73,391)	\$0.00	
Personnel	HRA EXPENSE	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	
Personnel	PENSION / RETIREMENT	\$10,487	\$12,131	\$1,644	\$120,172	\$133,441	\$13,269	\$145,572.38	
Contractual	OUTSIDE LAB CONTRACT	\$13,403	\$30,475	\$17,072	\$183,174	\$335,225	\$152,051	\$365,700.00	
Contractual	OUTSIDE X-RAY CONTRACT	\$1,416	\$4,428	\$3,012	\$20,316	\$48,703	\$28,387	\$53,130.00	
Contractual	MISCELLANEOUS CONTRACT SERVICES	\$28,084	\$23,990	(\$4,094)	\$213,109	\$263,885	\$50,776	\$287,874.00	
Personnel	TEMPORARY STAFFING	(\$1,930)	\$0	\$1,930	\$63,543	\$0	(\$63,543)	\$0.00	
Contractual	CHW CONTRACT BILLING SERVICE	\$6,313	\$9,000	\$2,687	\$72,958	\$99,000	\$26,042	\$108,000.00	
IGT	IGT REIMBURSEMENT	\$1,538	\$37,500	\$35,962	\$145,512	\$412,500	\$266,988	\$450,000.00	
Contractual	JANITORIAL CONTRACT	\$13,926	\$13,926	\$0	\$151,960	\$153,183	\$1,223	\$167,109.24	
Contractual	PEST CONTROL	\$80	\$80	(\$0)	\$881	\$880	(\$1)	\$960.00	
Contractual	SECURITY	\$2,787	\$3,910	\$1,123	\$30,659	\$43,010	\$12,351	\$46,920.00	
Supplies	OFFICE SUPPLIES	\$3,270	\$5,115	\$1,845	\$258,799	\$56,261	(\$202,537)	\$61,376.00	
Supplies	OPERATING SUPPLIES	\$28,498	\$24,032	(\$4,466)	\$340,285	\$264,350	(\$75,935)	\$288,382.00	
Supplies	OUTSIDE DENTAL SUPPLIES	\$4,264	\$2,000	(\$2,264)	\$42,633	\$22,000	(\$20,633)	\$24,000.00	
Supplies	PHARMACEUTICAL SUPPLIES	\$34,432	\$89,889	\$55,458	\$402,006	\$988,779	\$586,773	\$1,078,668.00	
Supplies	JANITORIAL SUPPLIES	\$0	\$333	\$333	\$0	\$3,667	\$3,667	\$4,000.00	
Supplies	PRINTING SUPPLIES	\$196	\$200	\$4	\$2,615	\$2,200	(\$415)	\$2,400.00	
Supplies	UNIFORMS	\$0	\$417	\$417	\$1,198	\$4,583	\$3,386	\$5,000.00	
Other	POSTAGE	\$671	\$667	(\$4)	\$8,534	\$7,333	(\$1,201)	\$8,000.00	
Other	TELEPHONE	\$3,727	\$4,066	\$339	\$37,022	\$44,724	\$7,702	\$48,790.00	
Other	WATER	\$31	\$31	\$1	\$336	\$344	\$8	\$375.00	
Other	ELECTRICITY	\$968	\$2,083	\$1,116	\$14,793	\$22,917	\$8,124	\$25,000.00	
Travel	TRAVEL, LOCAL	\$183	\$383	\$200	\$3,771	\$4,217	\$446	\$4,600.00	
Travel	TRAVEL, OUT OF TOWN	\$1,612	\$0	(\$1,612)	\$1,612	\$0	(\$1,612)	\$0.00	
Travel	LOCAL TRAINING	\$0	\$417	\$417	\$7,111	\$4,583	(\$2,527)	\$5,000.00	
Travel	TRAINING, OUT OF TOWN	\$0	\$1,719	\$1,719	\$28,115	\$18,905	(\$9,210)	\$20,624.00	
Other	RENTALS	\$3,055	\$3,290	\$235	\$34,168	\$36,190	\$2,022	\$39,480.00	
Other	LEASES	\$43,121	\$43,702	\$581	\$474,327	\$480,722	\$6,395	\$524,424.00	
Other	MAINTENANCE / REPAIR, EQUIP.	\$7,053	\$6,977	(\$77)	\$79,017	\$76,743	(\$2,274)	\$83,720.00	
Other	MAINTENANCE / REPAIR, AUTO	\$0	\$42	\$42	\$0	\$458	\$458	\$500.00	
Other	FUEL	\$0	\$42	\$42	\$0	\$458	\$458	\$500.00	

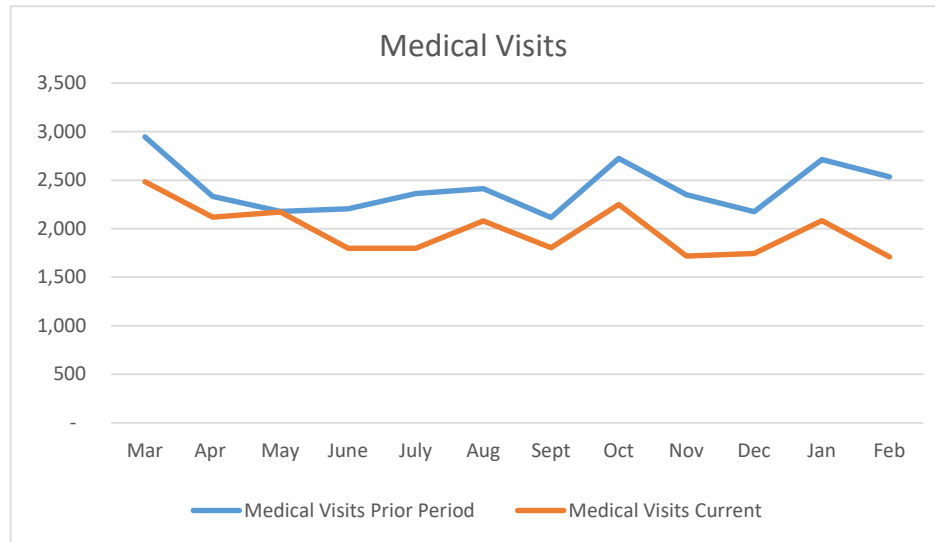
Coastal Health & Wellness

Statement of Revenue and Expenses for the Period ending Feb 29,2020

		<i>Period Ending</i>	<i>MTD</i>	<i>MTD Budget</i>	<i>YTD</i>	<i>YTD</i>	<i>YTD Budget</i>	<i>Annual</i>
	<i>Description</i>	<i>2/28/2020</i>	<i>Budget</i>	<i>Variance</i>	<i>Actual</i>	<i>Budget</i>	<i>Variance</i>	<i>Budget</i>
Other	MAINTENANCE / REPAIR, BLDG.	\$0	\$417	\$417	\$4,655	\$4,583	(\$72)	\$5,000.00
Other	MAINT/REPAIR, IT Equip.	\$0	\$1,273	\$1,273	\$4,545	\$14,002	\$9,457	\$15,275.00
Other	MAINTENANCE / Preventative, AUTO	\$0	\$42	\$42	\$10	\$458	\$448	\$500.00
Other	INSURANCE, AUTO/Truck	\$10	\$208	\$198	(\$1,157)	\$2,292	\$3,449	\$2,500.00
Other	INSURANCE, GENERAL LIABILITY	\$1,051	\$1,029	(\$22)	\$11,412	\$11,321	(\$91)	\$12,350.00
Other	INSURANCE, BLDG. CONTENTS	\$1,445	\$1,633	\$188	\$15,935	\$17,962	\$2,027	\$19,595.00
Other	Settlements	\$0	\$0	\$0	\$87,500	\$0	(\$87,500)	\$0.00
Other	COMPUTER EQUIPMENT	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	OPERATING EQUIPMENT	\$0	\$0	\$0	\$35,537	\$0	(\$35,537)	\$0.00
Other	BUILDING IMPROVEMENTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	NEWSPAPER ADS	\$211	\$1,500	\$1,289	\$17,168	\$16,500	(\$668)	\$18,000.00
Other	SUBSCRIPTIONS, BOOKS, ETC	\$210	\$125	(\$85)	\$1,684	\$1,375	(\$309)	\$1,500.00
Other	ASSOCIATION DUES	\$2,617	\$2,883	\$266	\$31,368	\$31,709	\$341	\$34,592.00
Other	IT SOFTWARE, LICENSES, INTANGIBLES	\$16,673	\$18,355	\$1,683	\$231,280	\$201,910	(\$29,370)	\$220,265.00
Other	PROF FEES/LICENSE/INSPECTIONS	\$482	\$203	(\$279)	\$1,368	\$2,228	\$860	\$2,430.00
Other	PROFESSIONAL SERVICES	\$88	\$1,875	\$1,787	\$41,364	\$20,625	(\$20,739)	\$22,500.00
Other	MED/HAZARD WASTE DISPOSAL	\$372	\$483	\$112	\$4,953	\$5,317	\$364	\$5,800.00
Other	TRANSPORTATION CONTRACT	\$552	\$650	\$98	\$5,238	\$7,150	\$1,912	\$7,800.00
Other	BOARD MEETING OPERATIONS	\$2,790	\$29	(\$2,761)	\$5,279	\$321	(\$4,958)	\$350.00
Other	SERVICE CHG - CREDIT CARDS	\$840	\$685	(\$155)	\$7,983	\$7,535	(\$448)	\$8,220.00
Other	CASHIER OVER / SHORT	(\$5)	\$0	\$5	(\$5)	\$0	\$5	\$0.00
Other	BAD DEBT EXPENSE	\$38,508	\$35,045	(\$3,463)	\$583,565	\$385,492	(\$198,072)	\$420,537.00
Other	MISCELLANEOUS EXPENSE	\$2,595	\$0	(\$2,595)	\$4,989	\$0	(\$4,989)	\$0.00
	Total Expenses	\$828,844	\$1,056,042	\$227,197	\$10,331,291	\$11,616,461	\$1,285,169	\$12,672,502
	Net Change in Fund Balance	(\$62,176)	(\$15,180)	(\$46,996)	(\$251,487)	(\$22,380)	(\$229,107)	(\$0)
					Expenses Fund Bal. Reserve	(\$144,600)		
						(\$396,087)		

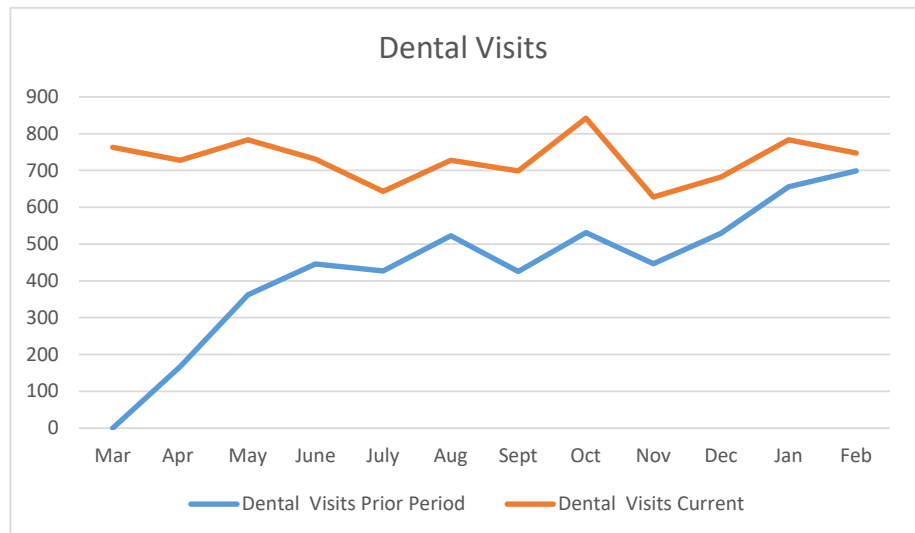
Medical Visits

	<u>Prior Period</u>	<u>Current</u>
Mar	2,946	2,484
Apr	2,334	2,119
May	2,177	2,171
June	2,205	1,797
July	2,363	1,798
Aug	2,413	2,081
Sept	2,115	1,804
Oct	2,725	2,250
Nov	2,351	1,719
Dec	2,175	1,745
Jan	2,714	2,082
Feb	2,534	1,710
	<u>29,052</u>	<u>23,760</u>



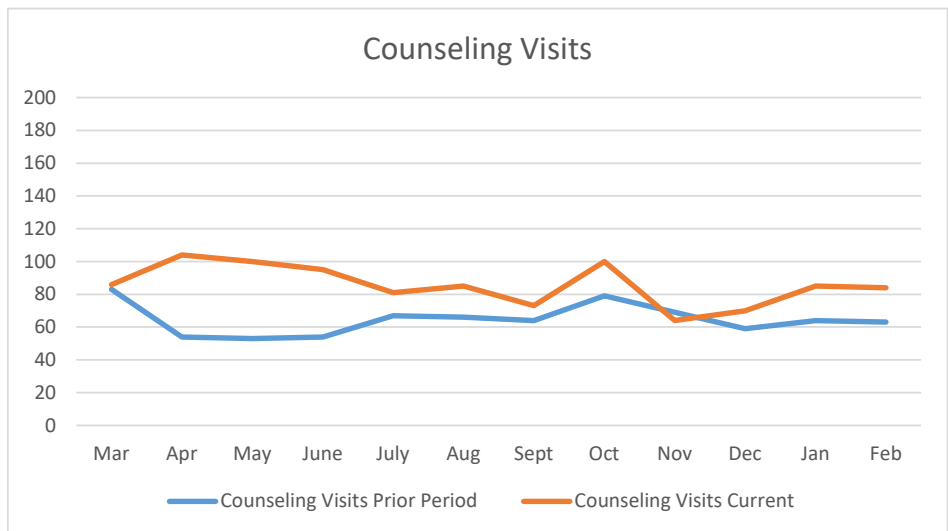
Dental Visits

	<u>Prior Period</u>	<u>Current</u>
Mar	0	763
Apr	167	728
May	362	783
June	446	731
July	427	643
Aug	523	728
Sept	426	699
Oct	531	842
Nov	447	628
Dec	530	682
Jan	656	783
Feb	699	747
	<u>5,214</u>	<u>8,757</u>



Counseling Visits

	<u>Prior Period</u>	<u>Current</u>
Mar	83	86
Apr	54	104
May	53	100
June	54	95
July	67	81
Aug	66	85
Sept	64	73
Oct	79	100
Nov	69	64
Dec	59	70
Jan	64	85
Feb	63	84
	<u>775</u>	<u>1,027</u>



Vists by Financial Class - Actual vs. Budget
As of February 29, 2020 (Grant Year 4/1/19-3/31/20)

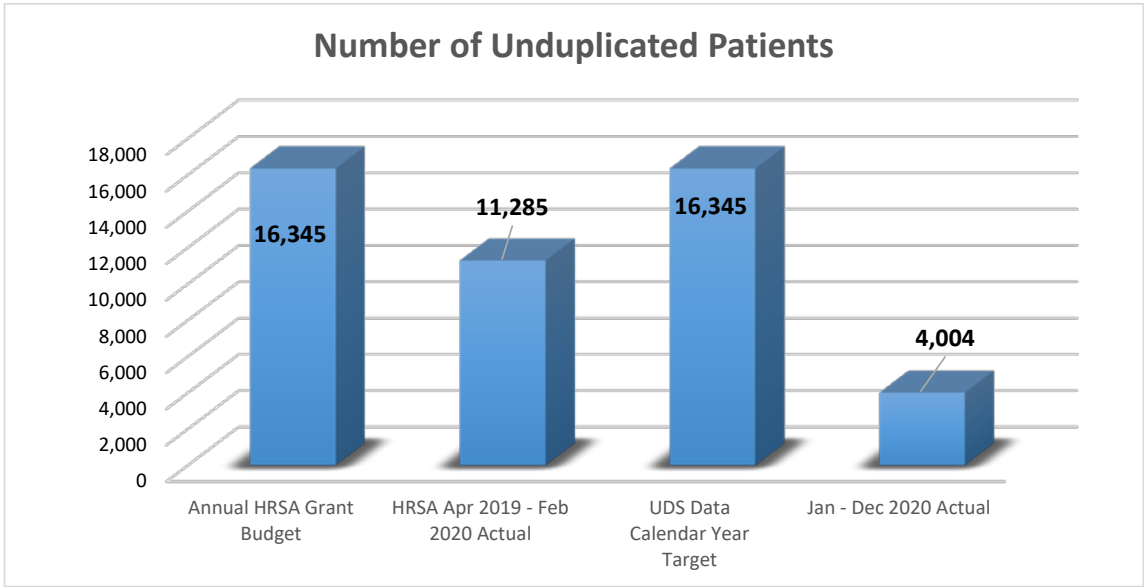
	Annual HRSA		Over/(Under)		YTD Actual	YTD Budget	Over/(Under) YTD Budget	% Over/ (Under) YTD Budget
	Grant Budget	MTD Actual	MTD Budget	MTD Budget				
Medicaid	5,442	177	454	(277)	2,185	4,989	(2,804)	-56%
Medicare	3,640	166	303	(137)	2,219	3,337	(1,118)	-33%
Other Public (Title V, Contract)	1,728	118	144	(26)	1,070	1,584	(514)	-32%
Private Insurance	4,718	141	393	(252)	1,734	4,325	(2,591)	-60%
Self Pay	31,361	1,939	2,613	(674)	23,095	28,748	(5,653)	-20%
	46,889	2,541	3,907	(1,366)	30,303	42,982	(12,679)	-29%

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

	Current Year Annual Target	Jan-Feb 2019 Actual	Jan-Feb 2020 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 2018 - Feb 2019 Actual	Apr 2019 - Feb 2020 Actual	Increase/ (Decrease) Prior Year	% of Annual Target



[Back to Agenda](#)



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

March 2020

Item#8

**Consider for Approval Updates to Shared Services Agreement
Between Galveston County Health District and Coastal Health & Wellness**

**THE CO-APPLICANT AND SHARED SERVICES AGREEMENT BETWEEN THE
COASTAL HEALTH & WELLNESS GOVERNING BOARD AND
THE GALVESTON COUNTY HEALTH DISTRICT'S UNITED BOARD OF HEALTH**

This Co-Applicant Agreement (“Agreement”) is entered into effective March 29, 2017 by and between the Coastal Health & Wellness Governing Board (“CHWGB”), and the Galveston County United Board of Health (“UBOH”) (hereinafter collectively referred to as “the Parties”). This first amendment to the Agreement, intended to reflect structural changes undergone by the organization since the Agreement’s inception, is effective March 26, 2020.

WHEREAS, the Coastal Health & Wellness Governing Board, through the Galveston County Health District (“District”) has applied for and received a grant from the United States Department of Health and Human Services Health Resources and Services Administration (“HRSA”), pursuant to Section 330 of the Public Health Services Act to support the planning and delivery of services to medically underserved populations;

WHEREAS, these grant funds are earmarked and used exclusively to support the operations and services of the Coastal Health & Wellness clinic (“Clinic”);

WHEREAS, as a condition of the receipt of the Section 330 grant funds, the Clinic must have a governance structure that complies with HRSA requirements, including establishment of a governing board with sole oversight powers relating to the Clinic;

WHEREAS, the UBOH established the CHWGB to serve as this governing board over the Clinic, and the Parties have agreed that the CHWGB will serve as the Section 330 public entity grantee and in doing so will operate as the “Co-applicant” governing board consistent with the requirements of Section 330, the law’s implementing regulations and the policies of HRSA;

WHEREAS, in order to accomplish their joint interests, the UBOH and the CHWGB through this Co-Applicant Agreement wish to clearly define their responsibilities with respect to the governance and operation of the Clinic consistent with Section 330 rules and regulations, as well as the terms and conditions set forth in HRSA policies regarding co-applicants;

WHEREAS, the CHWGB establishes policies and procedures designed to ensure the Clinic’s provision of preventive, primary and supplemental health care services (including health education and enabling services) to the residents of Galveston County and surrounding counties, regardless of an individual’s or family’s ability to pay;

NOW THEREFORE, in consideration of the promises and the mutual covenants set forth in this Agreement, the receipt and adequacy of which are acknowledged by the Parties to this Agreement, the UBOH and the CHWGB hereby agree as follows:

Section 1. Establishment of Co-Applicant Board:

Section 12 of the United Board of Health Bylaws establishes the authority and rightful autonomy of the Coastal Health and Wellness Governing Board. In accordance with this provision, “A separate Board, referred to as the Coastal Health & Wellness Governing Board, shall have complete authority of oversight and policy-making for Coastal Health & Wellness, a clinic operated by the Galveston County Health District but independent of the United Board of Health. The United

Board of Health herein grants exclusive authority to the Governing Board to set policies for and operate Coastal Health & Wellness in accordance with the Governing Board's Bylaws.”

Section 2. Purpose:

The CHWGB shall oversee the implementation of the Section 330 grant and operation of the Clinic in accordance with the terms of this Agreement and the Bylaws as adopted by the CHWGB. The CHWGB shall set priorities and goals for the Clinic, monitor, provide input and feedback to the District's administrators regarding the Clinic's operations, and evaluate the Clinic, and act as the governing board of the Clinic in a manner consistent with Section 330 rules and regulations as set forth by HRSA.

Section 3. Membership and Appointment:

A. Membership

As set forth in the CHWGB Bylaws, membership in the CHWGB will comply with Section 330 requirements. The CHWGB shall consist of no less than nine (9) and no more than fifteen (15) persons collectively representing the community at large and accurately reflecting the ethnic and socioeconomic distribution of the region's population. A majority of the Governing Board's membership (at least 51%) will be comprised of persons served by Coastal Health & Wellness, as delineated within the CHWGB Bylaws. The remaining Governing Board members will be representatives of the community served by Coastal Health & Wellness, and shall be selected for their expertise in health care delivery, community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community (“non-consumer representatives”). No voting member of the CHWGB shall be an employee of Coastal Health & Wellness, the Galveston County Health District, the United Board of Health, or a spouse, child, parent, brother, or sister, by blood, marriage or adoption, of a member within the aforementioned groups. Furthermore, no more than two of the non-consumer representatives may receive more than ten percent (10%) of their income from the healthcare industry as required by HRSA.

B. Appointment

All voting members of the CHWGB are elected by a majority of the seated Governing Board members, upon consideration of a slate of recommended nominees presented to the CHWGB. Either the CHWGB or the UBOH may recommend one or more qualified nominees for each vacancy to be included on the slate of recommended nominees presented to the Governing Board.

Section 4. Meetings:

A. Regular Meetings

The CHWGB shall hold regular meetings typically on the final Thursday of every month at 12:00 p.m. CST in the Galveston County Health District Boardroom, located at 9850-A Emmett F. Lowry Expressway, Texas City, TX 77591.

B. Quorum

A quorum is necessary to conduct business and make recommendations. A quorum shall be constituted by the presence of a majority of the voting membership. A majority vote of a quorum is required to take any action.

Section 5. Roles and Responsibilities of the CHWGB:

The CHWGB shall have the following authority as required by HRSA and consistent with state and local law:

- A. To hold monthly meetings and maintain records/minutes that verify and document the CHWGB's functioning.
- B. To periodically review, recommend and approve expenditures pertaining to the Clinic's annual budget.
- C. To review and approve the annual audit of the Clinic.
- D. To approve applications and renewals related to the Health Center Program Statute: *Section 330 of the Public Health Service Act (42 U.S.C. §254b)*. The annual budget and application will be approved by the CHWGB for each fiscal period.
- E. To participate in the selection, evaluation, and dismissal of the Clinic's Executive Director, who also serves as the Chief Executive Officer for the Galveston County Health District.
- F. To establish general policies necessary and proper for the efficient and effective operation of the Clinic, and to review and approve the scope and availability of services, location and hours of services offered by the Clinic.
- G. To provide periodic evaluation of the effectiveness of the Clinic in making services accessible to community residents through a review of its long-term strategic planning goals, which are specifically set forth within the Clinic's five-year strategic health plan.
- H. To develop and implement a procedure for hearing and resolving patient grievances regarding the Clinic.
- I. To evaluate the Clinic's activities, including client satisfaction and achievement of quality improvement measures, and achievement of project objectives.
- J. To review and evaluate compliance with the quality assurance programs.
- K. To maintain compliance with applicable federal, state and local laws, rules and regulations.
- L. In conjunction with staff, develop and approve policies for billing and collections activities, including policies regarding determinations of eligibility for services, charge structure, and criteria for sliding fee discount schedules

Section 6. Shared Responsibilities:

The UBOH shall retain authority to establish any fiscal and personnel policies for both the Galveston County Health District and Coastal Health & Wellness. "Shared Services Personnel" is considered any staff member whose professional scope of duty requires that they perform work for both GCHD and CHW; specifically in accounting and financial reporting; purchasing and inventory services; emergency preparedness; fleet and facility management; human resources; information technology; communications; and compliance, risk and safety. Compensation for Shared Services Personnel shall be split amongst the Parties and justly budgeted for in accordance with the amount of time individuals categorized as Shared Services Personnel respectively allot to tasks chiefly undertaken for the ultimate advancement of directives ordered by the CHWGB and/or the UBOH. The process by which this compensatory apportionment shall be regulated is delineated in *Section 8. Cost Allocation for Shared Services*, of this Agreement.

The CHWGB possesses the sole authority to appoint, terminate, and ascribe professional duties to the CHW Executive Director, and to approve, modify or abolish any policy exclusive to Clinic operations.

The Parties shall coordinate efforts to meet their respective obligations under this Agreement and shall cooperate to communicate and resolve any issues between the Parties. Should a conflict amongst the Parties arise which cannot be amicably settled, the Parties shall abide by the stipulations set forth under *Section 11. Dispute and Conflict Resolution*, of this Agreement.

Section 7. District Support of CHWGB:

In addition to providing the location for regularly scheduled meetings of the CHWGB, the District shall provide support for the Clinic, such as equipment for taking minutes of meetings, providing notice of meetings of the CHWGB, and maintaining archives of CHWGB documents as required by law.

Section 8. Cost Allocation for Shared Services:

Shared personnel and administrative services offer a way to organize administrative functions and optimize the delivery of cost-effective, flexible and reliable healthcare services to all "customers." The United States Department of Health and Human Services published the following vision statement in 2017 regarding the benefits derived from the implementation of shared services business models as a means to mitigate the challenges faced by federal agencies of meeting growing mission necessities while dealing with declining resources.

"Maximize the Economic, Architectural, and Operational Value of HHS's Shared Services in Support of Promoting the Advancement of the Health, Safety, and Well-Being of the American People."

The CHWGB and UBOH recognize the need to reasonably and fairly allocate the costs associated with these shared services between the Clinic and other divisions operated by the District in a manner that complies with local governmental rules, as well as federal regulations applicable to HRSA and Section 330 mandates. Accordingly, the CHWGB and UBOH have developed a cost allocation plan attached hereto as *Exhibit A*, which identifies the costs of shared resources which are to be allocated among the Clinic and other District operations. Thus, the

District agrees every six (6) months to review the cost allocation plan in comparison to the actual expenditure of time by Shared Services Personnel in order to assess the general accuracy of the cost allocation plan and present said findings to the CHWGB and the UBOH during a respective meeting of each board. Furthermore, District executives agree to meet and confer annually prior to the submission of the Clinic's annual budget to HRSA to determine whether any modifications to the cost allocation plan are warranted based on experience or to otherwise ensure compliance with applicable law, including that set forth in 45 C.F.R. Part 75.

Section 9. Term:

This Agreement shall begin on March 29, 2017 and shall remain in effect during the project period of any and all Section 330 grant awards the Galveston County Health District receives with the CHWGB as its co-applicant, unless terminated at an earlier date. Subject to any federal and/or state regulatory approval which might be required to terminate the operation of the Clinic, this Agreement is intended to require that the Clinic remain in operation, and that the District through the continuous and implied consent of the UBOH apply for any required grant funding, including continued Section 330 funding, for the Clinic.

Section 10. Modification of the Co-Applicant Agreement:

Notwithstanding any other provision in this Agreement to the contrary, if the Clinic no longer receives funding under Section 330 of the Public Health Services Act or any successor to or substitute Act(s), this Agreement shall terminate.

Modifications, amendments or waivers of any provision of this Agreement may be made only by written mutual consent of the Parties, signed by their duly authorized representatives.

Section 11. Dispute and Conflict Resolution:

The Parties will use their best efforts to carry out the terms of this Agreement in the spirit of ensuring the provision of access to high-quality primary care to members of the community, and will resolve through a mutually agreed upon mediator in Galveston County any disputes or conflicts occurring hereunder.

-----DOCUMENT TO BE EXECUTED ON THE FOLLOWING PAGE-----



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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


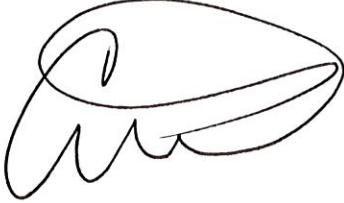
Governing Board

March 2020

Item#9

**Consider for Approval Re-Privileging Rights for
Jason Borillo, PA-C**



Date: March 26, 2020
To: CHW Governing Board
Thru: Kathy Barroso, CPA 
Executive Director
From: Cynthia Ripsin, MS, MPH, MD 
Medical Director
Re: Re-Privileging

After review to determine that Jason Borillo, PA-C, has an active and unrestricted license to practice medicine in the State of Texas, we are requesting re-credentialing approval by the Governing Board.

In addition, after review by Medical Director Cindy Ripsin, MD of the re-privileging documents submitted by Jason Borillo, PA-C, we are requesting re-privileging approval by the Governing Board.

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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


Governing Board

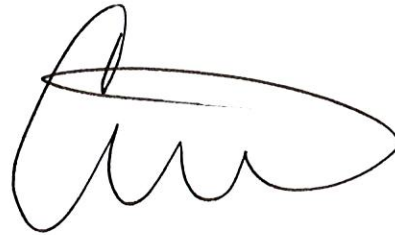
March 2020

Item#10

**Consider for Approval Re-Privileging Rights for
Jacklyn Morgan, PA-C**



Date: March 26, 2020
To: CHW Governing Board
Thru: Kathy Barroso, CPA 
Executive Director
From: Cynthia Ripsin, MS, MPH, MD
Medical Director
Re: Re-Privileging

A large, handwritten signature in black ink, appearing to be "Cynthia Ripsin", is written over the "From:" field.

After review to determine that Jacklyn Morgan, PA-C, has an active and unrestricted license to practice medicine in the State of Texas, we are requesting re-credentialing approval by the Governing Board.

In addition, after review by Medical Director Cindy Ripsin, MD of the re-privileging documents submitted by Jacklyn Morgan, PA-C, we are requesting re-privileging approval by the Governing Board.

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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



Governing Board

March 2020

Item#11

**Consider for Approval Privileging Rights for
Tandace McDill, MD**



Date: March 26, 2020
To: CHW Governing Board
Thru: Kathy Barroso, CPA 
Executive Director
From: Cynthia Ripsin, MS, MPH, MD 
Medical Director
Re: Privileging

After review of the standard credentialing documents by a Coastal Health and Wellness Human Resources representative for Tandace McDill, MD/DO who is certified by the American Board of Family Medicine to practice medicine with an unrestricted license in the State of Texas, we are requesting credentialing approval by the Governing Board.

In addition, after review by Medical Director Cindy Ripsin, MD, of the privileging documents submitted by Dr McDill, we are requesting privileging approval by the Governing Board.

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Governing Board

March 2020

Item#12

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

a) Rediet Haileselassie, MD



Date: March 26, 2020
To: CHW Governing Board
Thru: Kathy Barroso, CPA *KB*
Executive Director
From: Cynthia Ripsin, MS, MPH, MD
Medical Director
Re: Privileging

A handwritten signature in black ink, appearing to be "Cynthia Ripsin", is written over the "From:" line of the email header.

After review of the standard credentialing documents by a Coastal Health and Wellness Human Resources representative for resident physician Rediet Haileselassie, MD, who will work at all times under the direct supervision of a Board Certified faculty physician from UTMB, we are requesting credentialing approval by the Governing Board.

In addition, after review by Medical Director Cindy Ripsin, MD, of the privileging documents submitted by Dr Haileselassie, we are requesting privileging approval by the Governing Board.

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