



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

AGENDA

Thursday, May 22, 2025 12:30 PM

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

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

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

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

REGULARLY SCHEDULED MEETING

Meeting Called to Order Pledge of Allegiance

- Item #1.....Comments from the Public
- *Item #2**ACTION**.....Excused Absence(s)
- *Item #3**ACTION**.....Consider for Approval Minutes from April 24, 2025 Governing Board Meeting
- *Item #4**ACTION**.....Consider for Approval Ratification of the Action from the Executive Committee Special Meeting Wednesday, April 30, 2025
- *Item #5**ACTION**.....Consider for Approval Provider Leave Request and Task Management Procedure
- *Item #6**ACTION**.....Consider for Approval Coastal Health & Wellness 2022-2025 Strategic Health Plan 2024 Closeout Update
- *Item #7**ACTION**.....Consider for Approval Coastal Health & Wellness Dental Scope of Service Policy
- Item #8**ACTION**.....Consider for Approval Financial Report Submitted by Cindy Wallace
 - a) April 2025
- Item #9**ACTION**.....Consider for Approval Coastal Health & Wellness Medical Referral Tracking and Management Policy Submitted by Debra Martin
- Item #10.....Coastal Health & Wellness Updates
 - a) Organizational Updates Submitted by Executive Director
 - b) Operational Updates Submitted by Chief Operating Officer
 - c) Dental Updates Submitted by Dental Director
 - d) Medical Updates Submitted by Medical Director
 - e) Human Resources Updates Submitted by Human Resources
- Item #11.....Comments from Board Members

Adjournment

Next Regular Scheduled Meeting: June 26, 2025

Appearances before the Coastal Health & Wellness Governing Board

A speaker whose subject matter as submitted relates to an identifiable item of business on this agenda will be requested by the presiding officer to come to the podium where they will be limited to three minutes (3). A speaker whose subject matter as submitted does not relate to an identifiable item of business on this agenda will be limited to three minutes (3) and will be allowed to speak before the meeting is adjourned. Please arrive prior to the meeting and sign in with Galveston County Health District staff.

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
April 24, 2025**

Board Members:

Donnie VanAckeren
Rev. Jones
Sharon Hall
Flecia Charles
Victoria Dougharty

Staff:

Philip Keiser, MD, Executive Director
Lane Baker, MHA, Chief Operating Officer
Chris Garcia, MD, Medical Director
Hanna Lindskog, DDS, Dental Director
Ruth Cable, Chief Financial Officer
Liz Lentz, Human Resources Director
Ashley Sciba, RN, Chief Nursing Officer
Tiffany Carlson, RN, Nursing Director

Cindy Wallace
Christina Bates
Lisa Garceau
Wendy Jones
Amanda Wolff
Tikeshia Thompson-Rollins

Excused Absences: Elizabeth Williams, Kevin Avery, Cynthia Darby, Courtni Tello, DDS Sergio Cruz and Kendall Campbell, MD

Items#1 Comments from the Public

There were no comments from the public

Due to not having a quorum at the start of the meeting Donnie VanAckeren, Board Chair, asked the Board to proceed to the nonaction items, Coastal Health & Wellness Updates.

Item#14 Coastal Health & Wellness Updates

- a) Organizational Updates Submitted by Executive Director
- b) Operational Updates Submitted by Chief Operating Officer
- c) Dental Updates Submitted by Dental Director
- d) Medical Updates Submitted by Medical Director
- e) Human Resources Updates Submitted by Human Resources Manager

Organizational Updates:

Philip Keiser, MD, Executive Director, presented Organizational Updates to the Governing Board.

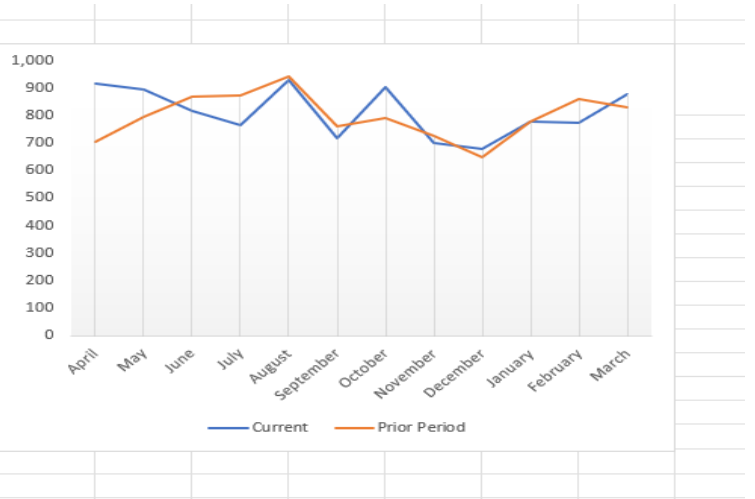
Operational Updates:

Lane Baker, Chief Operating Officer, presented Operational Updates to the Governing Board.

Dental Updates:

- Visit Numbers – Based on “FQHC Qual Enc” in NextGen
 - We continue to see walk in patients in pain as we can fit them into our schedule.
 - We continue to release comprehensive exams on the 15th of every month.
 - For March 2025, the Dental Clinic had an increase of 5.9% in qualifying encounters compared to March 2024.
 - The Dental Clinic had an increase of 1.92% in qualifying encounters when comparing April 1, 2024 – March 31, 2025, with April 1, 2023 – March 31, 2024.

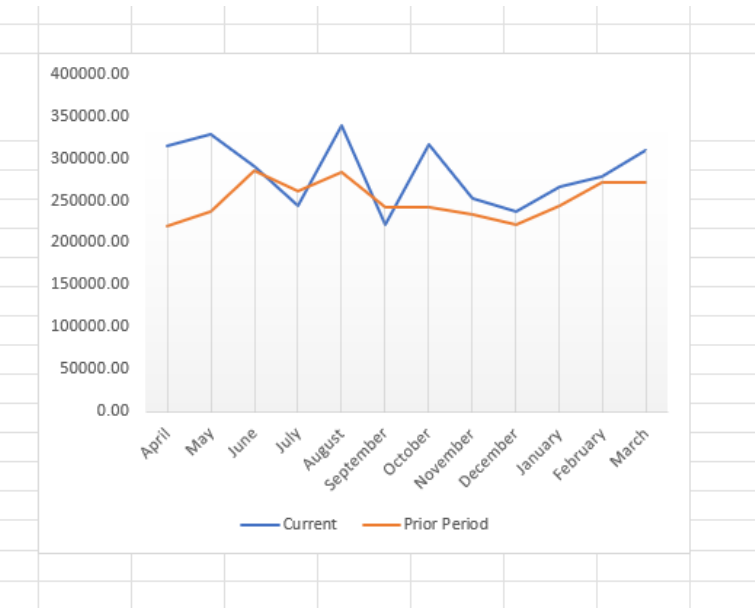
	Dental Visits		Percentage Change
	Current	Prior Period	
April	917	703	30.44%
May	896	794	12.85%
June	816	869	-6.10%
July	765	873	-12.37%
August	931	942	-1.17%
September	719	760	-5.39%
October	903	790	14.30%
November	702	727	-3.44%
December	679	651	4.30%
January	778	777	0.13%
February	775	860	-9.88%
March	879	830	5.90%
	9,760	9,576	1.92%



- Dental Charges

- For March 2025, the Dental Clinic had an increase in charges of 13.96% compared to March 2024.
- The Dental Clinic had an increase of 12.69% in charges when comparing April 1, 2024 – March 31, 2025, with April 1, 2023 – March 31, 2024.

	Dental Charges		Percentage Change
	Current	Prior Period	
April	314429.45	219287.99	43.39%
May	328409.64	237808.77	38.10%
June	289848.88	286067.92	1.32%
July	243424.92	260500.48	-6.55%
August	338990.64	284240.20	19.26%
September	222065.08	242952.55	-8.60%
October	315700.01	242484.94	30.19%
November	253331.60	232984.87	8.73%
December	236611.52	220707.93	7.21%
January	266371.40	243868.23	9.23%
February	278563.44	272270.63	2.31%
March	310276.56	272270.63	13.96%
	3398023.14	3015445.14	12.69%



- Current projects, plans, department overview for dental

- Dr. Lindskog continues to serve on the COM Hygiene School Advisory Board
 - Exploring opportunities for rotations at CHW for dental hygiene students
- UT Health School of Dentistry (Houston)
 - Exploring opportunities for rotations at CHW for dental students and residents
- Head Start
 - Francine is continuing to work with the school to develop ways to proactively complete packets for the 2025-2026 school year during their registration and Back to School events.

Medical Updates:

School Based Clinic:	February	March
Students:	3	0
Staff:	1	1
Telehealth:	36	44
Total :	40	45

Telehealth/Doxyme:	February visits	March visits
	160	163

CHW Clinic Visits:	February visits	March visits
Kept:	2093	2145
No Shows:	664	667
No show rate:	24.1%	23.7%
Retinal scans	40	23
Total charges:	\$573,375.73	\$618,784.69

Clinic Updates:

We have started an internal orthopedic focused clinic. One of our current providers has extensive experience in orthopedics. This may include injections of knees and shoulders IF appropriate. We are collaborating with chiropractic clinic if clinically indicated

We have had preliminary discussions with the Internal Medicine and Family Medicine departments from UTMB about the possibility of having their residents staffing evening and Saturday clinics. We met internally to discuss potential use of the residents and how this would integrate with CHW. Once we finalize our needs and processes, we will present and discuss further with UTMB faculty

We are in the process of developing a comprehensive weight management clinic including a behavioral health aspect.

Human Resources Updates:

Liz Lentz, Human Recourses Director, presented Human Recourse Updates to the Board.

- Active EE Count (95)
- Hired EE’s for Month -March (0)
- Termed EE’s for Month - March (0)
- Active EE Count for Prior Year - March 2024 (124)
- Hired EE’s for Month – March 2024 (5)
- Termed EE’s for Month - March2024 (7)
- Open Positions (0)

Turnover Rate Calculation

Month	Number of Separated Employees	Average Number of Employees	Monthly Turnover Rates (Percentage)	Quarterly Turnover Rates	Annual Turnover Rate
January	24	95	25.3%	26.3%	
February	1	95	1.1%		
March	0	95	0.0%		
April	0	95	0.0%	0.0%	
May	0	95	0.0%		
June	0	95	0.0%		
July	0	95	0.0%	0.0%	
August	0	95	0.0%		
September	0	95	0.0%		
October	0	95	0.0%	0.0%	
November	0	95	0.0%		
December	0	95	0.0%		

As of 04/09/25

2025 New Hires & Upcoming

Hire Date	Department	Job Title	Position #
01/23/25	CHW RCM	RCM Billing Specialist	CHW-RCM-003
02/03/25	CHW Administration	CHW Chief Operating Officer	CHW-ADM-001

Item #15 Comments from Board Members

Tikeshia Rollins, Executive Assistant, will schedule a special meeting with the Executive Committee to approve all actions items from the April Governing Board meeting.

The meeting was adjourned at 1:08p.m.

Chair

Secretary/Treasurer

Date

Date

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**Coastal Health & Wellness
Governing Board Special Meeting
April 30, 2025**

Executive Committee Members:

Donnie VanAckeren
Courtnei Tello, DDS

Staff:

Chris Garcia, MD, Medical Director
Hanna Lindskog, DDS, Dental Director
Ruth Cable, Chief Financial Officer
Ashley Sciba, RN, Chief Nursing Officer
Lisa Garceau, Payor Contracting & Credentialing
Manager
Cindy Wallace, Controller

Items#1 Comments from the Public

There were no comments from the public

Items#2-6 Consent Agenda

A motion was made by Donnie VanAckeren, to approve consent agenda items two through six. Courtnei Tello, DDS, seconded the motion, and the Executive Committee approved the consent agenda.

Item#8 Consider for Approval Revenue Cycle Management Policies and Procedures Submitted by Lisa Garceau

Lisa Garceau, Payor Contracting & Credentialing Manager, asked the Board to consider for approval revenue cycle Management Policies and Procedures. A motion to accept the policies and procedures as presented was made by Donnie VanAckeren. Courtnei Tello, DDS, seconded the motion, and the Executive Committee approved.

Item#9 Consider for Approval Coastal Health & Wellness 2025 Medical Fee Schedule Submitted by Lisa Garceau

Lisa Garceau, Payor Contracting & Credentialing Manager, asked the Board to consider for approval the medical fee schedule. Chris Garcia, MD, Medical Director, informed the committee that Coastal Health & Wellness has changed to 150% of the CMS rate. A motion to accept the medical fee schedule as presented was made by Donnie VanAckeren. Courtnei Tello, DDS, seconded the motion, and the Executive Committee approved.

Item#10 Consider for Approval Coastal Health & Wellness 2025 Dental Fee Schedule Submitted by Lisa Garceau

Lisa Garceau, Payor Contracting & Credentialing Manager, asked the Board to consider for approval the dental fee schedule. Hanna Lindskog, DDS, Dental Director, informed the committee that Coastal Health & Wellness was using Fair health fee schedule however previously used NDAS fee schedule and would like to go back. NDAS fees are listed at 80%. A motion to accept the dental fee schedule as presented was made by Donnie VanAckeren. Courtnei Tello, DDS, seconded the motion, and the Executive Committee approved.

Item#11 Consider for Approval Coastal Health & Wellness 2025 Dental Contract Fee Schedule Submitted by Lisa Garceau

Lisa Garceau, Payor Contracting & Credentialing Manager, asked the Board to consider for approval the dental contract fee schedule. A motion to accept the dental contract fee schedule as presented was made by Donnie VanAckeren. Courtnei Tello, DDS, seconded the motion, and the Executive Committee approved.

Item#12 Consider for Approval Coastal Health & Wellness 2025 Dental Contract Discount Eligibility Fee Schedule Submitted by Lisa Garceau

Lisa Garceau, Payor Contracting & Credentialing Manager, asked the Board to consider for approval the dental contract discount eligibility fee schedule. A motion to accept the fee schedule as presented was made by Donnie VanAckeren. Courtnei Tello, DDS, seconded the motion, and the Executive Committee approved.

Item#7 Consider for Approval Financial Report Submitted by Ruth Cable

a) March 2025

Ruth Cable, Chief Financial Officer, presented the March 2025 financial report. Ruth informed the Executive Committee that she is currently working with management on FY26 budget and will bring it to the Finance Committee for review. A motion to accept the March 2025 finance report as presented was made by Donnie VanAckeren. Courtnei Tello, DDS, seconded the motion, and the Executive Committee approved.

Item#13 Comments from Executive Committee Members

No comments from the Executive Committee

The meeting was adjourned at 5:20p.m.

Chair

Date

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Effective: 3/2/2022
Last Approved: 2/19/2025
Expires: 2/28/2026

Coastal Health & Wellness

Medical and Dental Provider Leave Request and Task Management Procedure

Purpose: To provide a standard leave request and approval procedure for all Coastal Health & Wellness medical and dental providers. A standardized leave request and approval procedure will ensure adequate clinical coverage to meet the needs of the patients and clinic.

Procedure: All medical and dental providers receive vacation, personal, sick and continuing education leave as outlined in the Employee Leave Policy. A leave request must be completed in UKG for any planned absence.

Medical and dental providers are responsible for submitting leave requests in UKG at least six weeks prior to the requested leave date. Leave requests will be approved or denied by the department director based on the needs of the clinic.

For any unplanned absences (including late arrivals), the provider must notify their direct supervisor and email CHW_Clinic_Scheduling@gchd.org at least one hour prior to the scheduled shift start time. If the provider is unable to email CHW_Clinic_Scheduling@gchd.org, they should immediately notify their supervisor or designee, who will send the email on their behalf.

Before any planned absence of more than one day, the provider must complete all high priority tasks (at the provider's discretion), close all open notes/charts and address any urgent emails. The provider will email CHW_Clinic_Scheduling@gchd.org to notify Patient Services staff of their absence. Dental providers will designate another provider to address any urgent tasks or emails. All urgent tasks in the Medical Clinic can be delegated to any available provider. Routine tasks will be addressed by the absent provider upon their return.

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Coastal Health & Wellness 2022-2025 Strategic Health Plan 2024 Closeout Update

Coastal Health and Wellness (CHW) is in its third year of the 2022-2025 Strategic Health Plan. This report is a comprehensive review of current performance, enabling insights into current and projected future operations. Strategic planning assists CHW to manage performance in a changing environment; helps to align goals and top initiatives; creates a culture of accountability and expectations on results; clearly defines goals and objectives in relation to organization-wide communication and demonstrates a commitment to progress monitoring with a comprehensive review of performance. A high-level summary of key accomplishments and key challenges are listed below.

Key Accomplishments:

Priority 1: Be an Exceptional Health Center and Workplace

- Coastal Health and Wellness is reorganizing staff structure. HR is conducting a staffing needs assessment, as well as monitoring vacancy fill and turnover rates, to better support employee recruitment and retention.
- Three key leadership roles were filled. A provider was promoted to Medical Director, the Public Health Director of Community Health Services was promoted to Chief Nursing Officer, and a new HR Director was hired.
- CHW continues to partner with Texas City/La Marque ISD, Hitchcock ISD, Galveston College LVN Students, College of the Mainland for LVN, MA, Phlebotomy, and LMRT students. We are a clinical rotation site for all these programs.
- CHW is in the process of opening an in-house pharmacy to expand healthcare resources through pharmaceutical care within Coastal Health and Wellness.
- CHW achieved successful Patient-Centered Medical Home (PCMH) recertification through TJC after 2024 site visit.

Priority 2: Scale Services

- CHW increased our Women's Health program. We continue to have Substance Use Disorder (SUD) treatment programs and aim to expand services in the future. We continue to offer Healthy Concepts Clinic Lease Galveston and Hepatitis C treatment and partner with UTMB Internal Medicine and Family Medicine residents with the goal of increasing collaborations and clinic presence.
- There is an increase in providers and ancillary staff from the baseline in 2021 at 99 employees to 2024 at 127 employees. These numbers do not include residents or contracted employees.

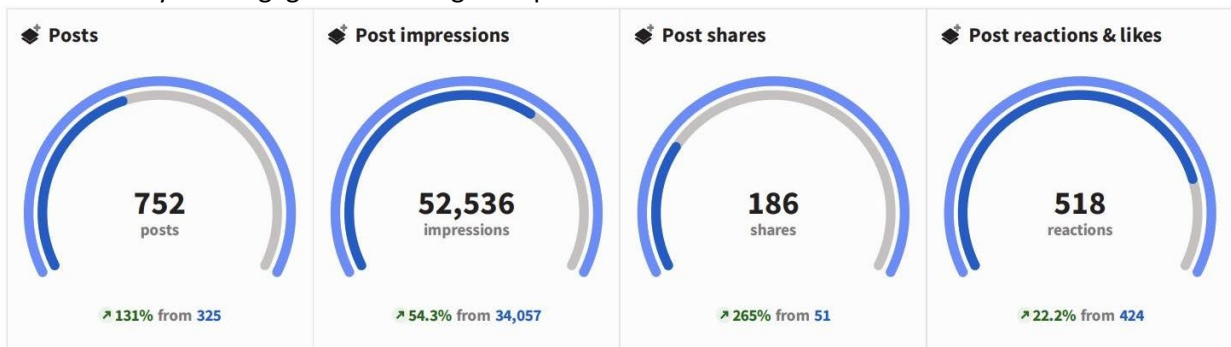
- The unduplicated patient count for 2024 was 11,458 and a total of 34,870 patient visits. This shows progress from the baseline of 9,834 patients set in 2021. To reach the goal set in 2021, the patient population must grow to 13,334, meaning 1,876 additional patients must visit CHW in 2025.

Priority 3: Strategically Address Health Disparities

- Population Health software extracts data from electronic health records (EHRs). We have used this to engage patients with a focus on closing patient care gaps.
- Phreesia, a software used for patient intake, registration, and payment processing, is also used to conduct outreach activities. We started utilizing the care guidelines feature in NextGen for disease-specific quality measures as we continue to discuss medical topics, including chronic diseases, at our monthly provider in-services.
- CHW hosts monthly Grand Rounds, a one-hour lecture on various medical topics, usually featuring a guest speaker to give this lecture. Providers, as a group, discuss and recommend any topics or further education they would like shared with them in the future.
- CHW is in the early stages of value-based care (Pay for Performance). We are currently active partners with several insurance companies and can analyze their payer data and focus on care gaps for patients. Care gap closure focuses on closure of HEDIS measures which range from addressing basic primary care needs to tracking patients after hospitalization.

Priority 4: Expand CHW Community Reach through Maximizing Community Stakeholder Relationships

- The Chief Nursing Officer is on multiple advisory boards including College of the Mainland Medical Assistant Board, College of the Mainland Licensed Vocational Nurse Board, and the Galveston County Teen Parenting Collation.
- Monthly diabetes education classes are held at CHW in collaboration with UTMB.
- Social media posting, impressions, reactions, shares, and follows, all increased in 2024 compared to the previous year. The Communications Team is now able to track social media activity and engagement through the platform Hootsuite.



- The Community Engagement Team (CET) regularly attends monthly networking events hosted by community partners, and local chambers of commerce including Texas City-La Marque, Santa Fe, and Galveston. CET also partners with organizations such as AgriLife, Texas City Community Action Council, Santa Fe ISD, Texas City ISD, Galveston County Workforce Partnership, and coalitions like Gulf Coast Homeless Coalition and African American Health Coalition by sitting on various committees and boards.

Priority 5: Upgrade Technology and Processes

- Virtual care has improved since its implementation through our medical line and behavioral health line. AGNES, a telemedicine platform, is used for patients at a school-based clinic to be seen virtually. CHW started using retinal scan cameras for diabetic patients thus improving annual retinal exam quality measures. We have also added spirometry testing to our clinics.
- Population Health used alongside Phreesia and CareMessage has provided targeted outreach and engagement to patients experiencing care gaps and disparities.
- CHW continues to monitor workflows in clinics and in NextGen for efficiency. In collaboration with UTMB and HCA Mainland hospitals, enhanced electronic communication has improved patient follow up and transitional care. A daily log sheet is kept of some of the CHW patients admitted and discharged from UTMB, HCA, and Methodist ED/Hospital and they are called to schedule follow up appointments.

Key Challenges:

Priority 1: Be an Exceptional Health Center and Workplace

- HR is under new leadership which offers opportunities to develop our workplace practices. HR is currently working on conducting an organization-wide staffing needs assessment and will use the assessment to reorganize CHW. This will mean changes and adjustments to come.
- After a deep dive into the budgets, issues and gaps were identified. The finance team caught everything up and devised quarterly goals and monthly benchmarks to achieve financial sustainability.

Priority 2: Scale Services

- There could be greater coordination of social media marketing and promotion (relates to Priority 4) with partners.
- While there has been growth in the unduplicated patient population at 11,458 compared to the baseline of 9,834 in 2021, the number of patients in 2024 was less than 2023. 2023 saw 12,040 unduplicated patients.
- At the end of the calendar year 2023, CHW's mental health patient count was 370, which dropped to 287 in 2024. However, total patient visits increased from 807 to 1,255 between 2023 and 2024. There was also an increase in mental health visit charges. CHW had an eight-month vacancy when recruiting Licensed Clinic Social Work (LCSW). Two mental health professionals now work with CHW.

Priority 3: Strategically Address Health Disparities

- CHW is still in the early stages of value-based care through performance-based programs where we participate in fee-for-service care, primary care incentives, and performance-based contracts. Clinical workflows and Health IT still need to be optimized. We will accomplish this through looking at payer data to identify high-risk patients, track Healthcare Effectiveness Data and Information Set (HEDIS) measures, and meet performance incentives. We continue to partner with Texas Association of Community Health Centers (TACHC) whose goal is for more of a Health Center Controlled Network (HCCN) type of reimbursement, but we are not there yet.
- In partnership with UTMB, a research study was conducted using Electronic Medical Records (EMRs) of high-risk diabetic patients who had language barriers. There are opportunities to expand these efforts by analyzing EMR data to address other SDoH measures, but capacity could be a challenge.

Priority 4: Expand CHW Community Reach through Maximizing Community Stakeholder Relationships

- Geographic health data is collected and updated, especially around SDoH, but currently heat maps aren't being produced.
- The Communications Team is now able to track social media activity and engagement through the platform Hootsuite. The team observed opportunities to improve post engagement and video content.

Priority 5: Upgrade Technology and Processes

- UKG implementation for payroll was done July 2023. There is more potential for the use of UKG that needs to be explored.
- Not every department has SOPs and most GCHD/CHW shared services departments do not have inter-departmental SOPs but they are in progress as of the new year.
- The contract management platform MedTrainer needs to be updated and reorganized.

Detailed Summary of Progress toward Goals

Priority 1: Be an Exceptional Health Center and Workplace

Goal 1.1 Recruit and retain top talent.

1.1.1 Complete market analysis and applicable wage adjustments by 2025.

CHW is currently reorganizing. After reorganization and HR's staffing needs assessment, this measure can be revisited.

1.1.2 Explore options for performance-based incentives by 2025.

CHW is currently reorganizing. HR has a plan to better engage employees, assess their satisfaction, and improve morale and company culture.

1.1.3 Provide staff shout outs, icebreakers, and team building on an ongoing basis.

Shout outs are sent randomly as received from management and staff. Shout outs are also given to employees based on patient satisfaction survey comments. We also receive Circle of Excellence nominees which are done quarterly by GCHD Executive Manager, Amanda Wolff. Those are sent out weekly once received. Team building exercises are done ad-hoc during in-service.

1.1.4 Provide opportunities to laterally transfer and be promoted.

CHW is currently reorganizing. Three key leadership roles were filled. A provider was promoted to Medical Director, the Director of Community Health Services was promoted to Chief Nursing Officer, and a new HR Director was hired.

1.1.5 Increase the number of educational opportunities for all CHW staff.

Pharmacy staff will receive 340B training and attend relevant conferences. In the meantime, Pharmacy staff are conducting quarterly educational sessions for 340B stakeholders, using Apexus 340B materials tailored to their responsibilities.

All medical assistants are able to get their certification within six months of hire. All staff who are required to have Continuing Education are given time off to allow training. CPR classes are free for the nurses and medical assistants. CHW hosts ongoing annual training with some offering CEU credits and staff perform written and observed competencies to show knowledge of work.

1.1.6 Work toward CHW becoming a teaching facility for community healthcare and clinical site rotations.

CHW partners with Texas City/La Marque ISD, Hitchcock ISD, Galveston College LVN Students, College of the Mainland for LVN, MA, Phlebotomy, and LMRT students. We are a clinical rotation site for all of the above entities and programs.

Goal 1.2 Expand facility resources.

1.2.1 Develop ideas to create new revenue streams.

Total revenue without expenses for 2024 was \$13,758,816.95. However, due to RCM writing off \$8,059,330.53 in August 2024 as a cleanup for items dated back from 2010, expenses became \$24,805,530.89 leaving CHW with a negative \$11,046,713.94 for that year. The bad debt write-off was investigated by the new CFO and an action plan was put together to address these issues so they will not happen again. After a deep dive into the budgets, the finance team caught everything up and devised quarterly goals and monthly benchmarks to achieve financial sustainability.

CHW is opening an in-house pharmacy to expand healthcare resources through pharmaceutical care within Coastal Health and Wellness, which can also bolster revenue for the healthcare center.

1.2.2 Counsel patients who qualify for coverage in accessing insurance.

In 2023, 3,242 patients were counseled. In 2024, the total increased to 4,383 patients.

1.2.3 Grant exploration in the areas of substance use disorder, mental health counseling, social work, and dental health.

Due to lack of resources, grants were not formally explored in 2024. A grant management position was posted and will be hired for 2025.

Goal 1.3 Maintain excellent care that is patient centered.

1.3.1 PCMH certification through TJC was achieved in 2021. Continue to follow workflows and processes.

We have maintained PCMH certification through Joint Commission and improved our literacy screening by developing a single question screener in NextGen and working on our process for patient goals, plans, and follow-ups through our partners with OSIS and NextGen.

1.3.2 Explore applicability of PCMH to the Dental Clinic.

PCMH does not have specific dental measures, but we do focus on creating a Primary Dental Provider for the patient. After the comprehensive periodic exam, the patient returns to complete all treatments, except in emergencies, with the Primary Dental Provider. We also complete Self-Management Goals with our Pediatric (21 years of age and younger) population which is a component of PCMH.

1.3.3 Use PCMH Patient Guide for new patient introduction to CHW.

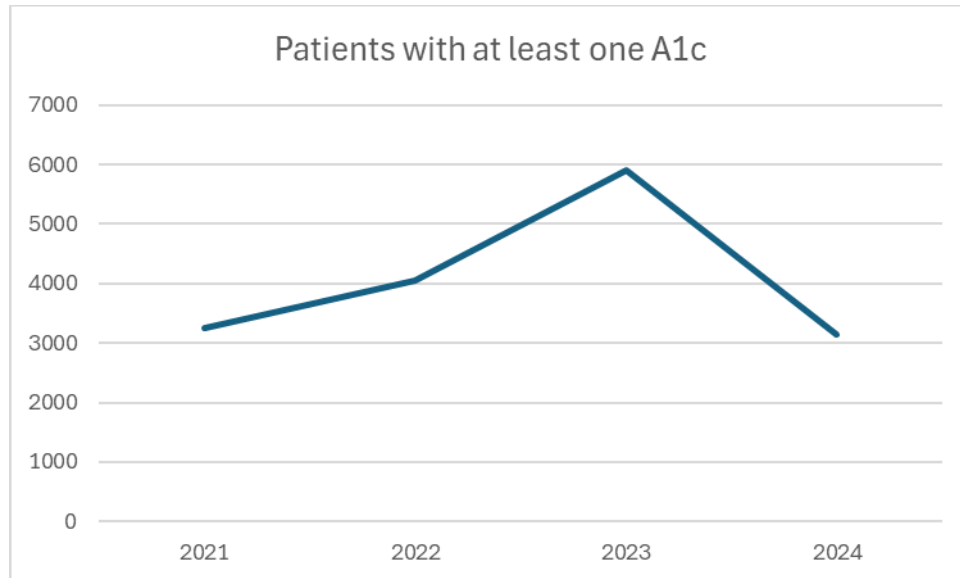
The PCMH Patient Guide document is located on our website for patient access and was last updated in June 2024.

1.3.4 Increase screening and prevention of the following chronic conditions: HTN, A1C or diabetes care, Mammograms, Colorectal Screening, and HIV care.

UDS performance from 2021 through 2023 shows increases in the numbers of patients with diagnoses of diabetes, hypertension, and Pre-exposure Prophylaxis against HIV (PrEP) patients. See graph below.

		UDS 2021	UDS 2022	UDS 2023	UDS 2024
Table 6A: Services Rendered	Patients diagnosed with diabetes	1564	1545	1874	1910
	Patients diagnosed with hypertension	2536	2491	2986	2685
	Patients with one HIV test performed	1681	2093	3277	2405
	Patients: PrEP management	15	53	78	17*
Table 6B: Quality of Care	Patients: Colorectal CA screening	1084	1072	1388	1127
	Patients: Breast CA screening	317	326	522	511
	# patients HIV screening	2726	3362	4729	4345

*Diagnosis coding changed between 2023 and 2024. 2024 specifically identifies patients with “encounters for pre-exposure prophylaxis”



For specific screening tests, the number of A1c tests have increased from 2021 to 2023.

CHW hosted mammogram bus visits with The Rose & UTMB on site for 11 dates including two in Galveston. Based on age, risk and last study identified by population health software to find those who require gap closure, 1,222 FIT/Colorectal screening reminders were sent in 2024.

Priority 2: Scale Services

Goal 2.1 Expand access to specialties.

2.1.1 Integrate specialists for Physical Therapy, Gastroenterology, and Cardiology.

We have increased our Women’s Health program, continue to have substance use disorder (SUD) programs and hope to expand services in the future. CHW offers PrEP and Hepatitis C treatment. CHW is partnered with UTMB Internal Medicine and Family Medicine Residencies with hopes of increasing collaboration and clinic presence.

2.1.2 Expand mental health resources.

EMDR training was achieved by counselors working at CHW. At the end of the calendar year 2023, CHW’s mental health patient count was 370, which dropped to 287 in 2024. However, total patient visits increased from 807 to 1,255 between 2023 and 2024. There was also an increase in mental health visit charges. CHW has struggled with hiring LCSW and the positions remained vacant for eight months. However, two new counselors have been hired and a partnership with the local Behavioral Health community center providing integrated healthcare will yield a higher percentage of reached patients.

2.1.3 Expand general dentistry resources.

A part-time dentist was hired in March 2024 to add availability on Saturdays and replace one of our other part time providers on Tuesday afternoons. Although this is not a specialty, the provider has excellent surgical skills and is able to complete extractions that some of our other dentists cannot provide. This provider has expanded our ability to provide oral surgery to our patients. Additionally, dental has increased qualifying encounters despite provider absences.

Goal 2.2 Grow child health.

2.2.1 Partner with school health advisory councils and school nurses to expand CHW's reach to the pediatric population.

CHW is partnered with Texas City/La Marque ISD. We attend nurses' meetings to assist with any questions or concerns and to better serve children. We have attended several school outreaches for student vaccines and back to school events. CHW has also worked closely with the Calvin Vincent school and TCISD nurses to improve access and conducted multiple outreach programs to improve awareness of pediatric health information.

2.2.2 Operate with an increased number of providers and ancillary staff in comparison to the close of 2016-2021 SHP date.

Overall staffing, not including residents and contracted employees, increased from 99 employees in 2021 to 127 at the end of 2024.

Goal 2.3 Grow patient population.

2.3.1 Increase number of total unduplicated patients by 3,500 patients by December 2025.

The unduplicated patient count for 2024 was 11,458 and a total of 34,870 patient visits. This is less than the 2023 total of 12,040, however, this shows progress from the baseline of 9,834 set in 2021. To reach the goal set in 2021, the patient population must grow to 13,334, meaning 1,876 additional patients must visit CHW in 2025.

2.3.2 Leadership ensures marketing and promotion of CHW across all platforms.

CHW posts almost daily on CHW social media, which includes Facebook and LinkedIn. We can still work to increase partners sharing our posts and who do collaborative posts with us. Nursing staff attend multiple in-person outreaches, as well as CET.

Priority 3: Strategically Address Health Disparities

Goal 3.1 Deliver care that is patient centered and responsive to community.

3.1.1 Monthly review of chronic disease best practice workflows using Population Health software, and provide more opportunities for staff, leader, and provider input.

Population Health software can extract data from our Electric Health Records (EHR) and we have used this to engage patients. Our focus has been to close patient care gaps and conduct some outreaches to address patients with health disparities. Phreesia is used to conduct outreach activities, and we are starting to utilize care guidelines featured in NextGen for disease specific quality measures.

We discuss medical topics including chronic diseases at our monthly provider in-services. We continue with monthly Grand Rounds, a one hour lecture on various medical topics, are often delivered by a guest speaker (cardiologist, nephrologist, gastroenterologist, etc.). As a group, providers discuss and recommend any topics they would like presented in the future for further education.

3.1.2 Continue to grow bilingual staff and providers.

Baseline in 2021 had 37 bilingual employees. In 2024, 19 employees are certified medically bilingual. The reason for our decrease in bilingual staff is due to a necessary reduction in force and subsequent performance and job duty evaluations.

Goal 3.2 Identify and address disparities.

3.2.1 Implement the TACHC Pilot program, the Social Determinants of Health (SDoH) Initiative in 2022. The SDoH Initiative will allow CHW to identify and address disparities and in turn focus on providing greater resources were needed to patients.

In 2024 we used population health data to target specific populations with SDoH needs. Our Nextgen consultants are also assisting us with keeping better track of patients who have out of the ordinary SDoH measures. We are guided by CMS, HRSA, Joint Commission, and insurance payers to meet the needs of our patients.

3.2.2 Implementation of value-based care into practice.

Currently CHW is in the early stages of value-based-care (Pay for Performance). We are active partners with several insurance companies and can analyze their payer data and focus on care gaps for patients. Care gap closure focuses on closure of HEDIS measures, which range from addressing basic primary care needs to tracking patients after hospitalization.

3.2.3 Utilize Electronic Medical Record (EMR) data from NextGen to drive SDoH efforts.

Our partner, UTMB, conducted a research study for high-risk diabetic patients who had language barriers. The research showed there are opportunities to expand these efforts to address other SDoH measures although capacity might be a challenge for us.

3.2.4 Continue in-service discussions educating staff about the collection of SDoH data, identify patient needs, and connect patients to resources.

Starting in late 2023 this data is collected and reported by nursing staff and providers submit referrals for enabling services to contact patients. There have been 281 social needs assisted.

Priority 4: Expand CHW Community Reach through Maximizing Community Stakeholder Relationships

Goal 4.1 Expand and maintain strategic partnerships with other organizations and community leaders.

4.1.1 Expand partnerships with more community leaders through community health worker outreach and outreach activities, leveraging the special relationship between GCHD and CHW to enhance outreach.

The Pharmacy team meets monthly with 340B business partners to ensure ongoing compliance and effectiveness. CET regularly attends monthly networking events hosted by community partners, and local chambers of commerce (Texas City-La Marque, Santa Fe, and Galveston). CET also partners with organizations such as AgriLife, Texas City Community Action Council, Santa Fe ISD, Texas City ISD, Galveston County Workforce Partnership, and coalitions such as Gulf Coast Homeless Coalition, African American Health Coalition, by sitting on various committees and boards. OEE outreaches include ADA House, VA Food Bank monthly.

4.1.2 Maintain communications with partners through in-person meetings, phone calls, emails, and events. Ensure communications occur at least every six months.

Monthly community conversations, emails, and social media interactions are ongoing. Community Partner Meetings are held at least two times a year for planning purposes or check-ins.

4.1.3 Provide opportunities for partners to deliver feedback to CHW through surveys, interviews, and focus groups.

The Nursing Director is part of several Advisory Boards including College of the Mainland Medical Assistant Board, College of the Mainland Licensed Vocational Nurse Board, Galveston County Teen Parenting Collation. When community partners sponsor an event then more time is allocated to gaining their insight for planning and assessment. If a community partner is a vendor at an event, then a post-survey is usually sent out for vendor feedback. No focus groups have been conducted since April 2024.

4.1.4 Co-host collaborative events with partners' involvement quarterly.

Monthly financial literacy classes are hosted with Amoco Federal Credit Union and Wellby Financial. Monthly BINGO Health Events are held in partnership with the African American Health Coalition. Monthly HEAL collaborations happen with YMCA, Ignite, Greater St. Matthews, and Hitchcock Head Start. CET conducts monthly health screenings at local senior centers: Bayside, Dickinson, Wayne Johnson, Santa Fe, and Wright Cuney. CET has partnered with the Rho Nu Chapter of Omega Psi Phi for our annual Back to School Block Party and Fall Festival events, where they have sponsored and cooked the food for attendees.

Goal 4.2 Execute activities with attention to maximizing impact.

4.2.1 Utilize the most up to date data, including heat maps, regarding health concerns in Galveston County and create activities to address those concerns.

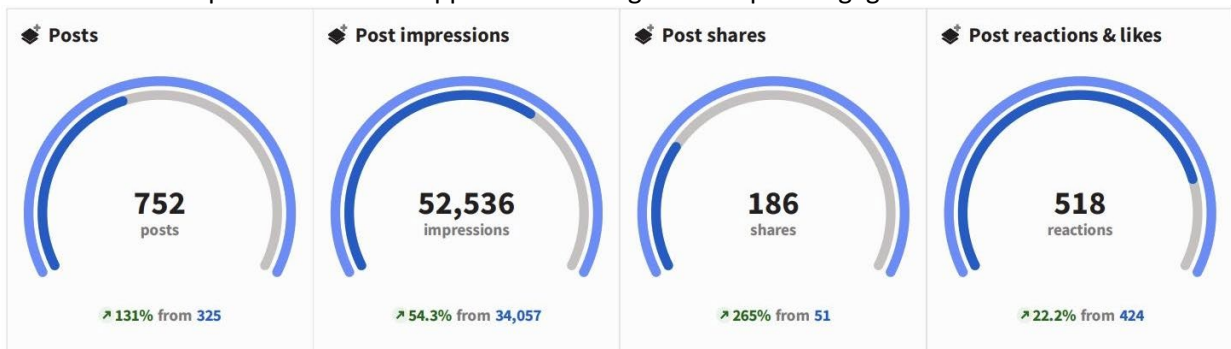
HRSA UDS mapper info is tracked in a group setting and CHW reports frequently. UDS is submitted February 15th and information is tracked at data.hrsa.gov.

4.2.2 Conduct educational and health promoting activities in geographic locations that respond to needs relevant to that area.

CET has conducted two health education classes at Ignite Community School in La Marque on menstruation and puberty and hygiene. HEAL classes are conducted twice a month at Hitchcock Head Start and Greater St. Matthews School, both located in Hitchcock. HEAL classes are conducted once a month at Ignite Community School. Monthly diabetes education classes are held at CHW.

4.2.3 Increase social media outreach partnerships, sharing information from partners to CHW's network and ask partners to share CHW posts to their networks.

CHW showed improvement in social media post numbers, impressions, shares, and reactions in 2024 compared to 2023. Video view, engagement, and link clicks were less than the year before, showing opportunities for growth. Hootsuite is a new platform that was implemented December 2023. With an ability to review metrics, the Communications department can monitor and improve social media performance. The platform showed opportunities for growth in post engagement and video content.



Priority 5: Upgrade Technology and Processes

Goal 5.1 Upgrade CHW technology for care improvements and efficiency.

5.1.1 Upgrade HR, payroll, and accounting and finance software.

UKG and BambooHR are still being used, which is a vast improvement from the paper-based system used at the beginning of the strategic planning process. HR added Organimi software to streamline the creation, sharing, and management of organizational charts, as well as set up electronic unemployment claim processing. The contract management platform MedTrainer needs to be updated and reorganized.

5.1.2 Expand and optimize virtual care.

Virtual care has improved since its implementation through our medical line and behavioral health line. 582 total virtual visits occurred in 2024. AGNES, a telemedicine platform, is used for patients at a school-based clinic to be seen virtually. CHW started using retinal scan cameras for diabetic patients thus improving annual retinal exam quality measures. We have also added spirometry testing to our clinics.

5.1.3 Population Health implementation beginning in April 2022.

Through Population Health Implementation, we have been able to identify care gaps and health care disparities between different populations. Population Health pairs well with Phreesia and CareMessage to provide targeted outreach and engagement.

5.1.4 Monitor patient experience based on patient satisfaction surveys and develop interventions as needed.

We developed interventions as needed during CHW management QAPI monthly meetings and reported to QAPI the Governing Board quarterly. Efforts are in place to follow up with patients who report dissatisfactions with service.

5.1.5 Routine audits of newly implemented technology for functionality and potential gaps.

Quarterly audits are made on all assets by Accounting. Monthly QAPI meetings assist this process.

Goal 5.2 Develop or update processes enhancing communication and work performance.

5.2.1 Develop more robust standard operating procedures for all aspects of care.

Pharmacy is developing SOPs and work instructions as necessary. The rest of CHW has SOPs, guidelines, and standing delegation orders for operating procedures in the clinic.

5.2.2 Regularly solicit and act upon meaningful staff and patient feedback.

Staff surveys were distributed in May. There are opportunities to expand and enhance efforts to obtain staff feedback that HR is engaging with in 2025. Patient surveys are collected daily and presented monthly or quarterly. Management reviews these and responds accordingly.

5.2.3 Conduct annual performance reviews and improvement plans.

Performance reviews were completed and will be evolved by HR for the coming year.

5.2.4 Development of SHP dashboard that is updated bi-annually.

The dashboard is up to date.

Goal 5.3 Leverage existing technologies.

5.3.1 Maximize the current use of NextGen through tracking patient referrals and emergency room discharges.

A daily log sheet is kept detailing some of the CHW patients admitted and discharged from UTMB, HCA, and Methodist ED/Hospital and tracks calls made to patients to schedule a hospital follow-up appointment.

5.3.2 Maximize the current use of NextGen by creating workflows that allow improved patient follow-up.

We continue to monitor workflows in-clinic including NextGen to improve efficiency. We have created better electronic communication with our partners, UTMB and HCA Mainland hospitals, to improve patient follow-up and transitional care.

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Coastal Health & Wellness Dental Clinics Scope of Services Policy

Purpose

This policy applies to all Coastal Health & Wellness patients that require primary oral health services.

Policy

It is the Coastal Health & Wellness policy to provide comprehensive primary oral health services to its patients. Personal oral health care is delivered in the context of family, culture, and community, which includes all but the most specialized oral health needs of the individuals being served. The range of services includes required preventive care and education as well as additional dental services outlined below.

Definitions

Preventive Dental (Required) – Activities include basic dental screenings and recommendations for preventive intervention; oral hygiene instruction and related oral health education (e.g., prevention of oral trauma and oral cancer), oral prophylaxis, as necessary; and topical application of fluorides (e.g., fluoride varnishes) and the prescription of fluorides for systemic use when not available in the water supply.

Services may include the application of sealants, and diagnostic screening for caries and periodontal disease through the use of dental x-rays.

Risk assessment should occur for all patients at all comprehensive and periodic exam visits. Screening for caries and periodontal disease may be completed using dental x-rays.

Additional Dental Services – Additional dental services are basic services at a general practice level to diagnose and treat disease, injury, or impairment in teeth and associated structures of the oral cavity and include any diagnostic x-rays or imaging.

Services include fillings and single unit crowns, non-surgical endodontics, extractions, periodontal therapies, bridges or dentures.

Specialty Dental Services – Surgical periodontal services including gingivectomy/gingivoplasty, crown lengthening, osseous surgery, etc.

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COASTAL HEALTH & WELLNESS

Governing Board



FINANCIAL SUMMARY

For the Period Ending

April 30, 2025

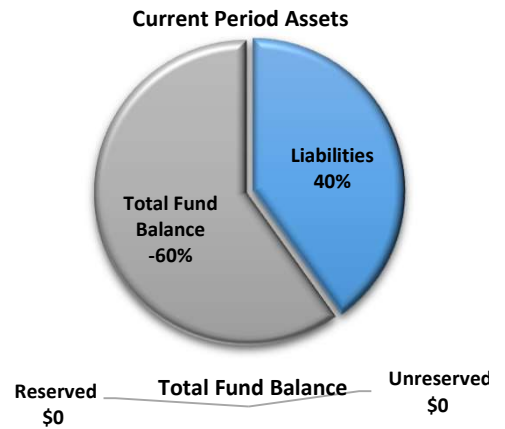
GCHD Board Room | 9850-A Emmett F. Lowry Expy. | Texas City, TX 77591

May 9, 2025

CHW - BALANCE SHEET

as of April 30, 2025

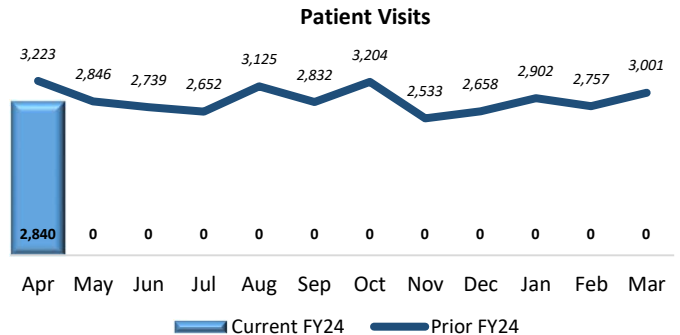
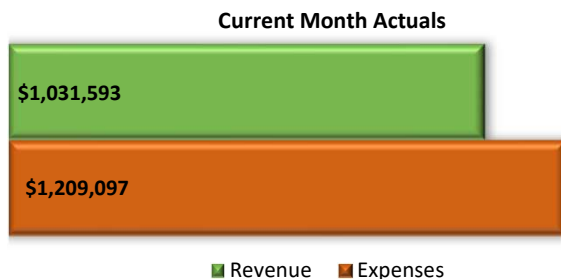
	Current Month Apr-25	Prior Month Mar-25	Increase (Decrease)
ASSETS			
Cash & Cash Equivalents	\$209,949	\$377,377	(\$167,428)
Accounts Receivable	3,323,816	3,105,245	218,571
Allowance For Bad Debt	(617,858)	(575,271)	(42,587)
Pre-Paid Expenses	593,833	574,528	19,305
Due To / From	(4,409,049)	(3,483,387)	(925,663)
Total Assets	\$ (899,310)	\$ (1,508)	\$ (897,802)
LIABILITIES			
Accounts Payable	\$536,326	\$867,727	(\$331,401)
Accrued Expenses	1,234,287	1,623,184	(388,897)
Deferred Revenues	48,525	48,525	0
Total Liabilities	\$1,819,138	\$ 2,539,436	\$ (720,298)
FUND BALANCE			
Fund Balance	(\$2,540,945)	(2,764,438.52)	\$223,494
Current Change	(177,504)	223,494	(401,897)
Total Fund Balance	\$ (2,718,449)	\$ (2,540,945)	\$ (178,403)
TOTAL LIABILITIES & FUND BALANCE	\$ (899,310)	\$ (1,508)	\$ (897,802)

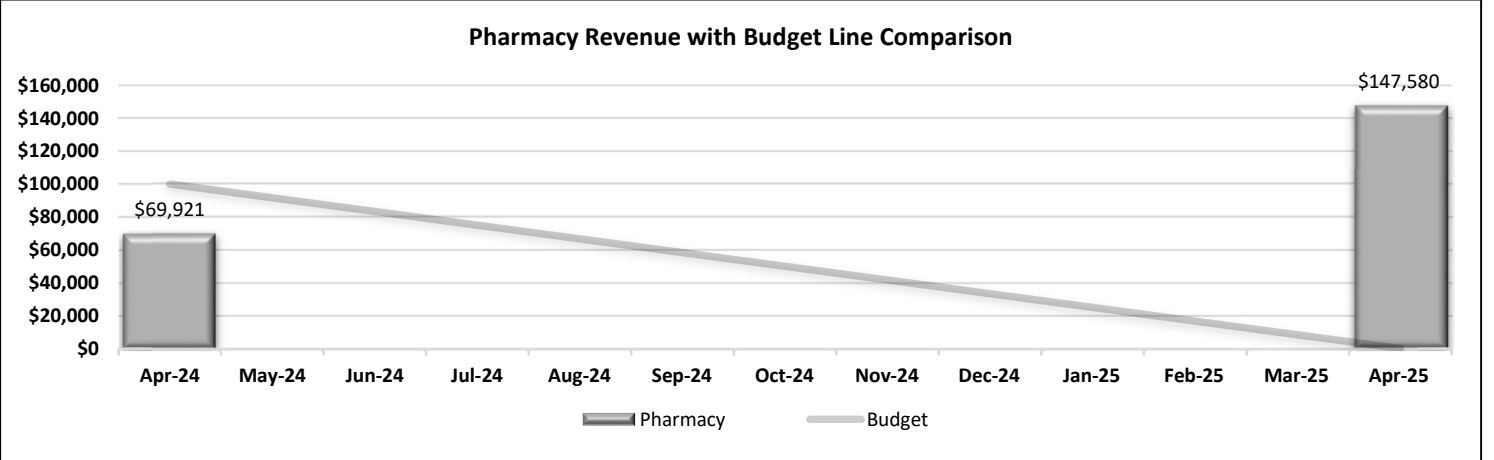
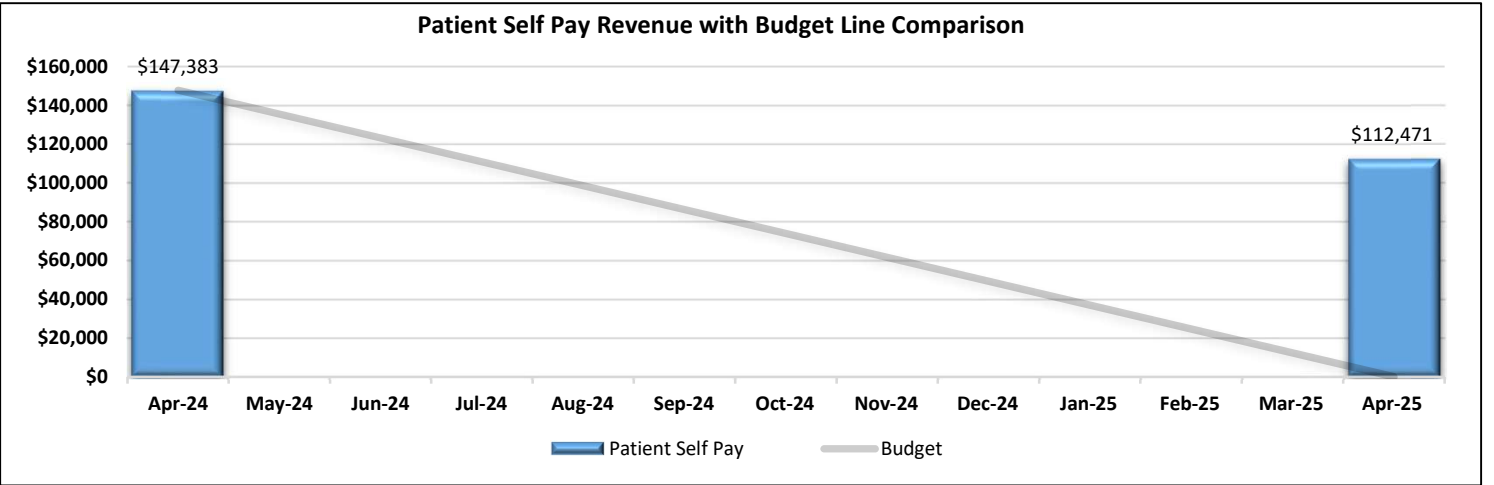
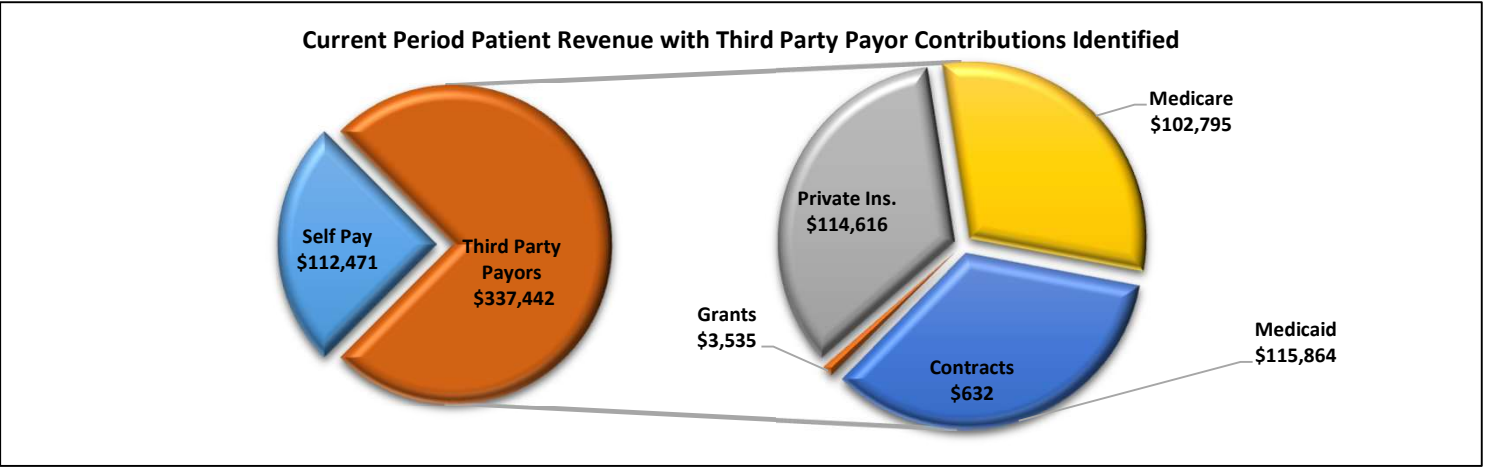
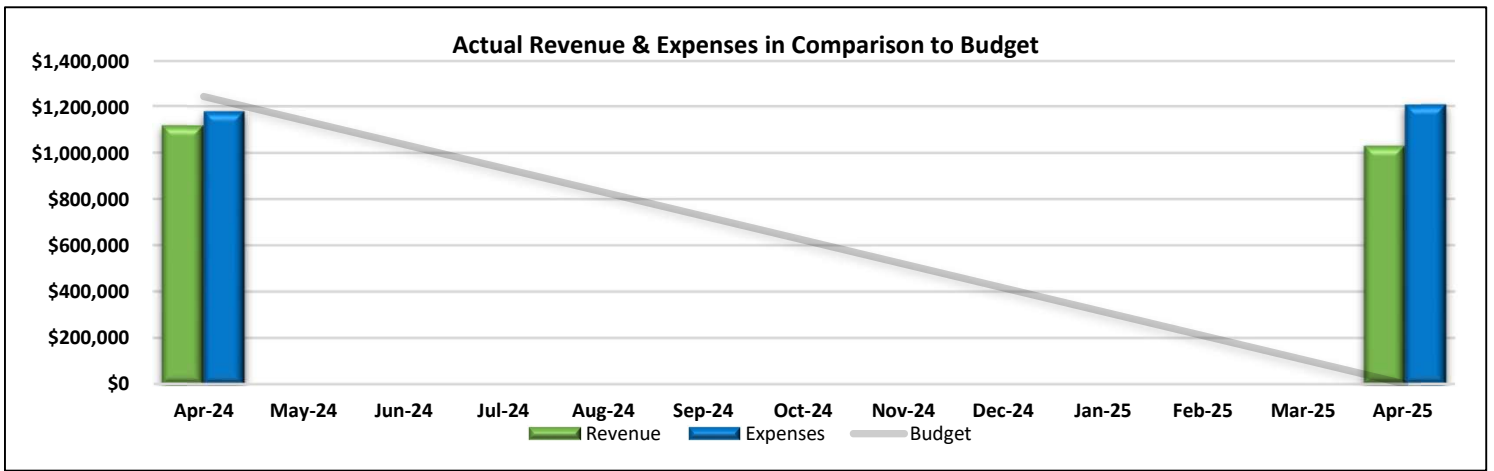


CHW - REVENUE & EXPENSES

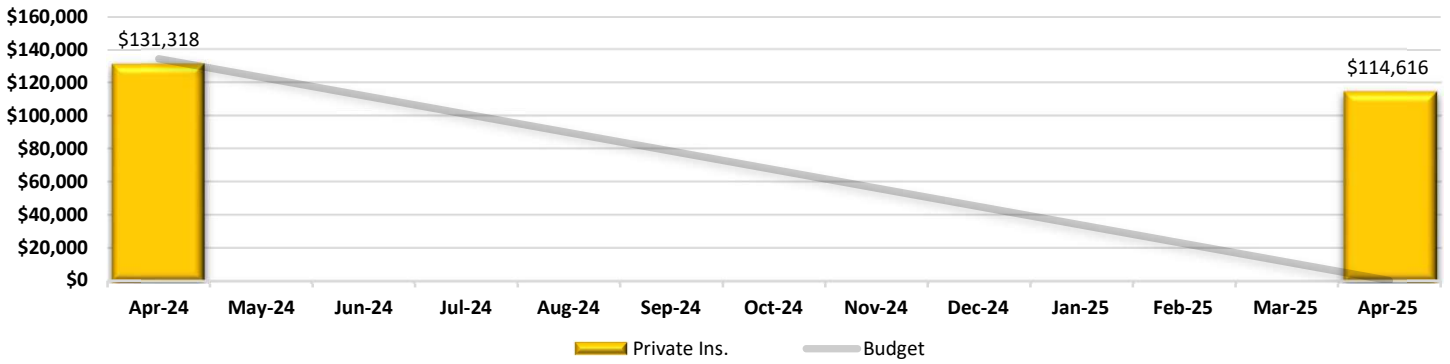
as of April 30, 2025

	MTD Actual Apr-25	MTD Budget Apr-25	MTD Budget Variance	YTD Actual thru Apr-25	YTD Budget thru Apr-25	YTD Budget Variance
REVENUE						
County Revenue	228,380.59	\$0	\$228,381	\$228,381	\$0	\$228,381
HHS Grant Revenue	200,225	0	200,225	200,225	0	200,225
Patient Revenue	597,492	0	597,492	597,492	0	597,492
Other Revenue	5,495	0	5,495	5,495	0	5,495
Total Revenue	\$ 1,031,593	\$ -	\$ 1,031,593	\$ 1,031,593	\$ -	\$ 1,031,593
EXPENSES						
Personnel	751,040.92	\$0	(\$751,041)	\$751,041	\$0	(\$751,041)
Contractual	123,735	0	(123,735)	123,735	0	(123,735)
Supplies	156,962	0	(156,962)	156,962	0	(156,962)
Travel	0	0	0	0	0	0
Equipment/Capital	2,015	0	(2,015)	2,015	0	(2,015)
Bad Debt Expense	42,587	0	(42,587)	42,587	0	(42,587)
Other	132,757	0	(132,757)	132,757	0	(132,757)
Total Expenses	\$ 1,209,097	\$ -	\$ (1,209,097)	\$ 1,209,097	\$ -	\$ (1,209,097)
CHANGE IN NET ASSETS	\$ (177,504)	\$ -	\$ (177,504)	\$ (177,504)	\$ -	\$ (177,504)

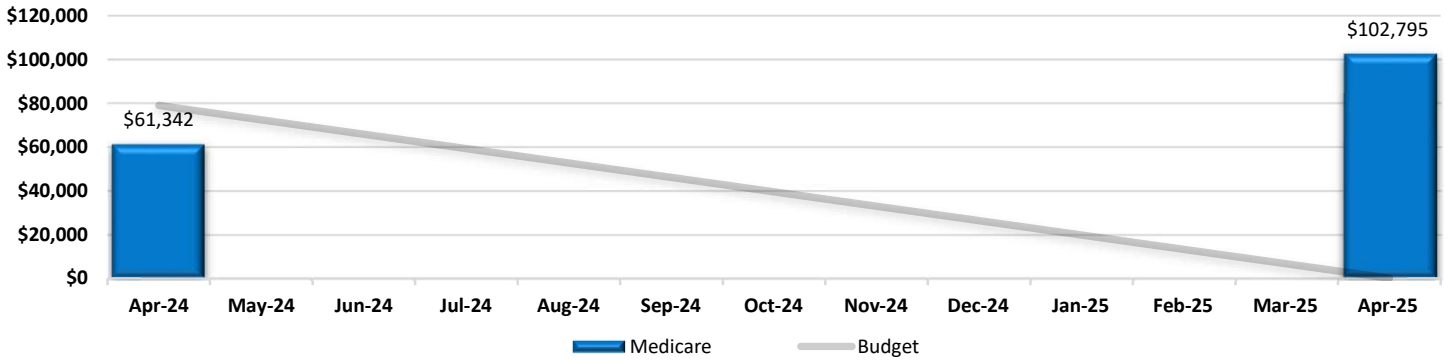




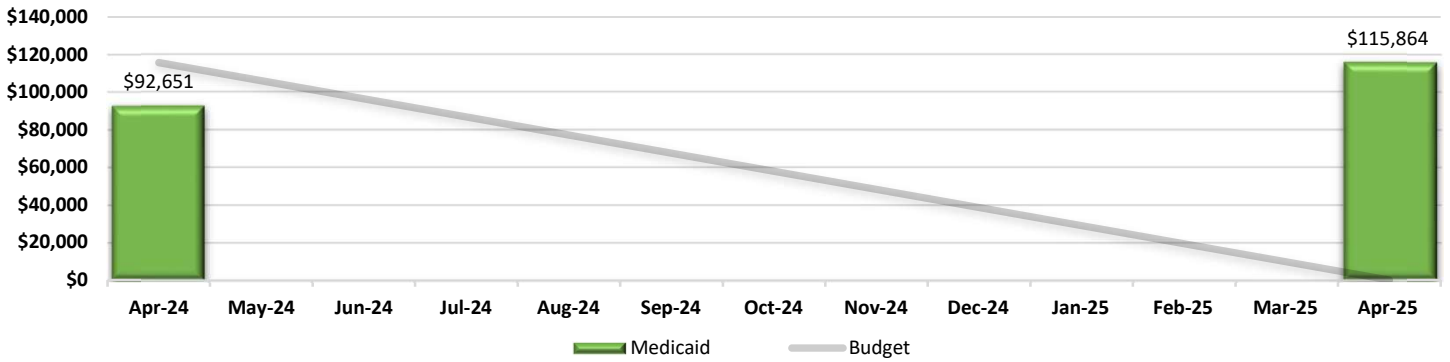
Private Insurance Revenue with Budget Line Comparison



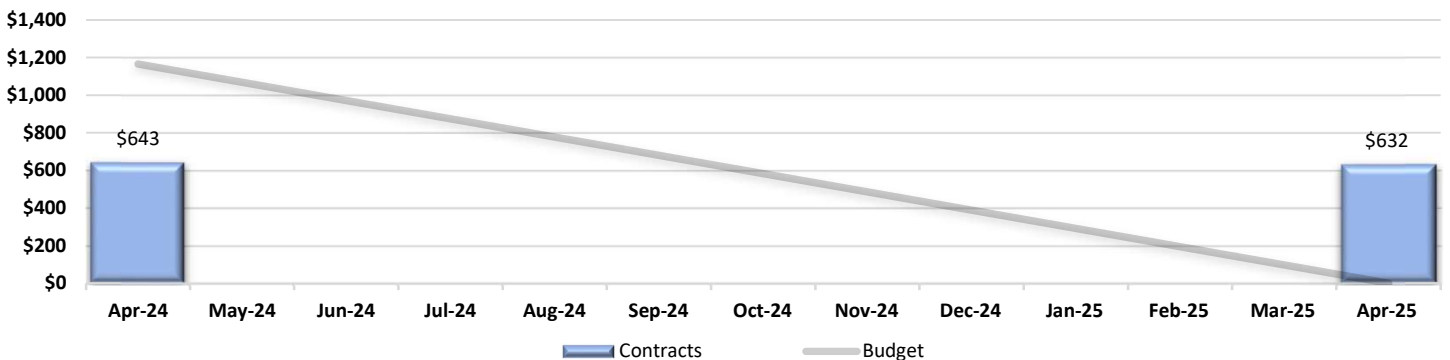
Medicare Revenue with Budget Line Comparison



Medicaid Revenue with Budget Line Comparison



Contract Revenue with Budget Line Comparison



Coastal Health & Wellness Medical Referral Tracking and Management Policy

POLICY:

It is the policy of the CHW Clinics to provide medical referrals and referral management follow-up when deemed medically necessary.

PURPOSE:

Our purpose is to assist patients with referrals for a specific medical service and ensure that the patient is referred to the correct specialist for the correct problem.

Referrals: A referral is a written order from a provider to see a specialist, or to receive certain medical services, based on what they feel is necessary for proper patient care. When the provider or policy and procedures indicates that a referral is recommended, the obligation of the health center is to recommend that the patient seek care beyond the capability of the health center. Documentation in the medical record should reflect that a recommendation was made for the patient to seek further care. Depending on the significance of the problem, the provider will determine whether a referral is **Priority or Routine**. Referrals may be recommended, and/or facilitated by the health center. The health center will not pressure patients to undergo any consultation or procedure involuntarily or without consent.

Pharmacy Assistance Programs: These programs were created by pharmaceutical manufacturers to provide free or discounted medications for people who are unable to afford them. For CHW patients who are unable to afford certain prescriptions, the referral management department will assist any provider referred patient, or any patient that has been unable to fill their prescription within the last 90 days, in obtaining their prescribed medications given that it is a medication that is PAP eligible. The referral department will print the appropriate application, assist the patient in completing the application, and gather any supporting documentation as required by the pharmaceutical company. The application, prescription(s), and any documentation will be electronically faxed or mailed to the pharmaceutical company. Copies will be kept in a patient file for up to three years. Follow-up calls are only made when the referral department is notified of any discrepancy or delay in the application process. Pharmaceutical processing times vary depending on the type of drug being solicited. The pharmacy assistance program is also known as prescription assistance program or pharmaceutical manufacturer patient assistance program.

Hospital Discharges: A hospital discharge is when a patient has received treatment from a recent hospitalization or from the emergency department and no longer requires inpatient medical care. Through our current partnerships with UTMB and HCA hospitals, CHW staff utilize hospital portals to pull Inpatient and ED admission reports on a regular basis. The referral management team contacts these patients from the weekly discharge lists to offer patients follow-up appointments at CHW. These patients may or may not be existing CHW patients. If the patient is an existing CHW patient and agrees to follow-up with CHW, they are transferred to the patient appointment line. If the patient needing follow-up is new to CHW, they are provided instructions to utilize the CHW website to initiate an online registration or to call Patient Services to schedule an appointment.

In the event that a CHW patient is sent to the ER, clinical staff will contact the patient within 2 to 3 business days to offer a follow-up appointment with their CHW provider.

County Indigent Health Care Program (CIHCP): Pursuant to the Indigent Health Care and Treatment Act (Chapter 61) of the 69th legislature of 1985, "counties, hospital districts, and public hospitals are to

provide health care to eligible indigent residents” (HHSC, 2018). CHW complies with the state requirement and enrolls such eligible patients into this special program. When providers determine that these patients require additional care outside of the health facility, the CIHCP care coordinator will refer these patients to specialists that accept CIHCP eligible patients. The CIHCP care coordinator will follow the same policy and procedures as external and internal referrals and will adhere to the same follow-up procedures when updating, cancelling, or completing CIHCP referrals. The CIHCP care coordinator will also document all patient communications within the communication module in NextGen.

RESPONSIBILITIES:

A. Providers

1. Refer patients to specialty care, and/or other care management services regardless of payment or funding source. Providers document specialty type, reason for referral, urgency of referral and pertinent clinical continuity information.
2. Review outside specialist reports, and/or case management documentation for other services through the Provider Approval Queue (PAQ) and sign off on all accompanying records received from specialty clinics and providers regarding clinical information and/or outcomes.
3. Review notifications from the referral management team on all incomplete, closed, and cancelled referrals.
4. Submit a request to reopen a closed referral that is dated within one year of the original referral date provided that it is for the same service the patient never received nor completed.
 - a. Provider or medical assistant will contact patient to direct them to complete referral process before submitting request to reopen.
OR
 - b. Provider or medical assistant will contact patient to explain risks of not completing referral process.

B. Referral Management Staff

1. Manage all referral management services including specialty referrals and radiology orders through NextGen once a provider has placed an order or referral.
2. Obtain a referral authorization required from the primary care provider (PCP) by a patient’s insurance.
3. Refer the patient to the appropriate internal or external specialty facility as ordered by provider.
4. Inform patient via phone or letter where their referral was sent and provide facility name, contact information, and instruction for patient to follow-up with facility for appointment.
5. Referral Management--Follow-up will be attempted to determine if the patient complied with the referral process within 30 days of a patient scheduled appointment if the department has not received clinical notes or any test results.
6. An attempt will be made for the referral to be sent to a patient and/or insurance approved facility.
 - a. A referral will be regenerated only when the patient directly requests a certain facility and/or when the insurance company does not approve of the referred facility.
7. If it is determined that the patient cannot complete the referral for whatever reason, then the referral will be closed or cancelled,
8. Any subsequent duplicate referrals will be cancelled if there is a current open referral for the same service.
9. Any documentation received from specialty facilities will be attached to the patient’s Electronic Health Record (EHR) for provider review.
10. The referral will be marked as complete and closed when the referral loop is effectuated.

11. Referral management team will document all patient communications within the communication module in NextGen.



-Approved: 05/23/2024
By: CHW Governing Board
-Effective: 05/18/2016

PROCEDURES:

A. Speciality Services Referral

1. All external referrals must be submitted by the ordering provider to the referral management team via NextGen.
 - a. The referral management team will seek provider signature when the referral requires it, i.e., radiology, physical therapy, home health.
 - b. Signed referrals must be scanned into patient's EHR.
 - c. Priority referrals are processed within 1 business day or less.
 - d. Important referrals are processed within 2 business days or less.
2. A referral will be generated, and a call will be made to the patient with the facility name, contact information, and instruction for patient to follow-up with facility to schedule an appointment.
 - a. Patient will be asked to notify CHW of their upcoming specialty appointment.
 - b. If unable to contact patient after two phone calls and a Phreesia text; a letter with referral information will be sent to the patient address on file.
 - c. A follow-up call will be made at 30 days after referral was generated or mailed out to patient if clinic notes have not been received.
 - i. If patient has not made specialty or radiology appointment, patient will be asked if referral is still needed.
 - ii. If patient denies referral after 30 days, referral will be cancelled, and provider notified via NextGen.
 - iii. Reason for cancellation will be notated in NextGen.
3. The referral management team will refer uninsured patients to facilities with the lowest cost when possible.
4. All referrals, with the exception of radiology, must be sent to the specialist with the Master IM or clinical notes, and/or with any x-rays, MRI, ultrasounds, CT, labs, and ECG if available.
5. All referrals will be electronically faxed to specialists utilizing NextGen Fax where applicable
6. The referral team will mark a referral complete when the patient has attended their specialty/radiology appointment and visit notes/reports are received and attached in NextGen.

B. Internal Referrals

1. All internal referrals must be submitted by the ordering provider via NextGen.
2. Internal referrals are those services that are provided within CHW, and include dental, OB/Gyn, prenatal, substance use disorder (SUD), and Behavioral Health.
3. The internal referrals will be routed to Contact Center / Patient Services to be scheduled through NextGen
 - a. Only dental, OB/Gyn, prenatal, SUD, and Behavioral Health will be processed.
4. All internal referrals will be processed within 3 business days or less.
 - a. Priority-referrals are processed within 1 business day or less.
 - b. Important referrals are processed within 2 business days or less.

5. A referral is generated, and patients will be contacted to be scheduled an appointment.
 - a. A referral is marked complete when the patient attends their appointment.
 - b. If a patient cannot be reached by telephone or Phreesia text, a letter will be sent to address on file.
 - c. If a patient cannot be reached or does not respond to mail within 30 days, referral will be closed, and provider notified.
6. For SUD referrals, the referral team will generate referral and forward to SUD nurse for follow-up.
 - a. SUD nurse schedules and manages the appointments for the SUD program including telemedicine, SUD evaluation, and nurse visit appointments.
 - b. SUD nurse will close referral when patient completes SUD referral process.
7. Internal referral team will verify via NextGen if patient completed referral within 30 days.
8. Internal referral will be closed and marked complete when patient follows referral process.

C. Additional processes:

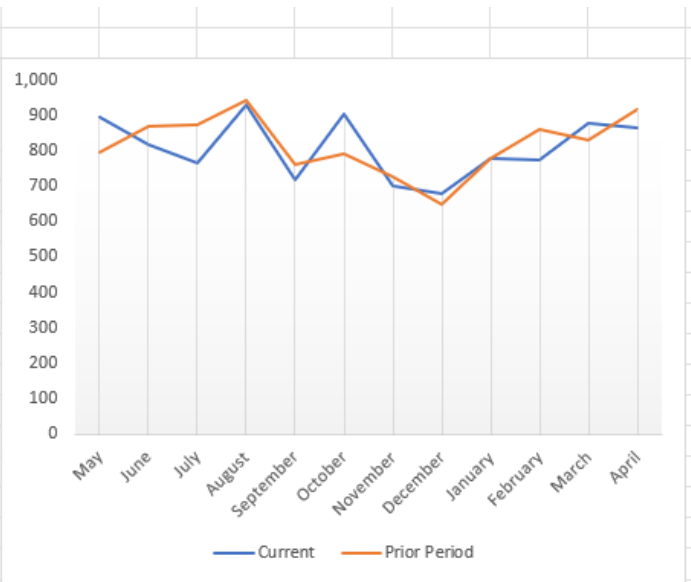
1. When necessary, referral team or HIM will search for visit summaries, clinic notes, or radiology reports when referral was made to UTMB or HCA.
 - a. UTMB referrals: Referral team or HIM will access CareLink to retrieve specialty visit summaries and radiology reports.
 - b. HCA referrals: referral or HIM team will access the HIE to retrieve radiology reports.
 - c. For other facilities, referral or HIM team will contact specialty provider directly, and request visit summaries or clinic notes if the patient states that visit was completed, and CHW has not received results or reports.
 - d. Once specialty visit summaries or radiology reports are received, the referral status is changed from “ordered” to “completed” and marked as “results received.”
 - e. A copy of any records received is forwarded to the electronic records department to be scanned into patient’s chart.

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Dental Clinic Board Update – May 22, 2025

- Visit Numbers – Based on “FQHC Qual Enc” in NextGen
 - We continue to see walk in patients in pain as we can fit them into our schedule.
 - We continue to release comprehensive exams on the 15th of every month.
 - For April 2025, the Dental Clinic had a decrease of 5.56% in qualifying encounters compared to April 2024.
 - The Dental Clinic had a very slight decrease of less than 1% in qualifying encounters when comparing May 1, 2024 – April 30, 2025, with May 1, 2023 – April 30, 2024.
 - We do expect a decrease in visits for both May and June as we have two dentists that are taking 2-3 weeks of leave. Our part-time dentists have agreed to increase their time and will be helping to cover some of that time in the clinic. Dr. Lindskog also increased her clinical time during this period.

	Dental Visits		Percentage Change
	Current	Prior Period	
May	896	794	12.85%
June	816	869	-6.10%
July	765	873	-12.37%
August	931	942	-1.17%
September	719	760	-5.39%
October	903	790	14.30%
November	702	727	-3.44%
December	679	651	4.30%
January	778	777	0.13%
February	775	860	-9.88%
March	879	830	5.90%
April	866	917	-5.56%
	9,709	9,790	-0.83%



- Dental Charges
 - For April 2025, the Dental Clinic had a decrease in charges of 10.26% compared to April 2024.
 - The Dental Clinic had an increase of 8.20% in charges when comparing May 1, 2024 – April 30, 2025, with May 1, 2023 – April 30, 2024.

	Dental Charges		Percentage Change
	Current	Prior Period	
May	328409.64	237808.77	38.10%
June	289848.88	286067.92	1.32%
July	243424.92	260500.48	-6.55%
August	338990.64	284240.20	19.26%
September	222065.08	242952.55	-8.60%
October	315700.01	242484.94	30.19%
November	253331.60	232984.87	8.73%
December	236611.52	220707.93	7.21%
January	266371.40	243868.23	9.23%
February	278563.44	272270.63	2.31%
March	310276.56	272270.63	13.96%
April	282173.54	314429.45	-10.26%
	3365767.23	3110586.60	8.20%



- Current projects, plans, department overview for dental
 - Dr. Lindskog continues to serve on the COM Hygiene School Advisory Board
 - Exploring opportunities for rotations at CHW for dental hygiene students
 - UT Health School of Dentistry (Houston)
 - Exploring opportunities for rotations at CHW for dental students and residents
 - UTMB Oral Surgery Collaboration
 - Lane Baker and Dr. Lindskog met with UTMB Oral Surgery and UTMB Head and Neck Oncology on May 13th
 - Initial collaborative efforts include improved access of care at UTMB for our Ryan White and County Indigent patients who need specialized oral surgery treatment. UTMB will also start referring to Coastal Health and Wellness for dental clearance/dental treatment for their head and neck oncology patients. We look forward to continued growth with this collaboration.

Governing Board May 2025 Meeting

School Based Clinic:	March	April
Students:	0	4
Staff:	1	3
Telehealth:	44	38
Total :	45	45
Telehealth/Doxyme:	February visits	March visits
	160	163
CHW Clinic Visits:	March visits	April
Kept:	2145	2280
No Shows:	667	783
No show rate:	23.7%	25.6%
Retinal scans	23	28
Total charges:	\$618,784.69	\$639,713.04

Clinic Updates:

We have started an internal orthopedic focused clinic. This is operational now. Services offered include evaluation and some treatment of joint pain and may include injections of knees and shoulders IF appropriate. We are collaborating with chiropractic clinic if clinically indicated as well.

We are in discussions with UTMB Family Medicine Department about residents rotating through our clinic. Goal would be to expose them to FQHC's, the populations we serve, as well as the unique challenges we face. Hopefully encouraging them to pursue opportunities after completion of their residencies.

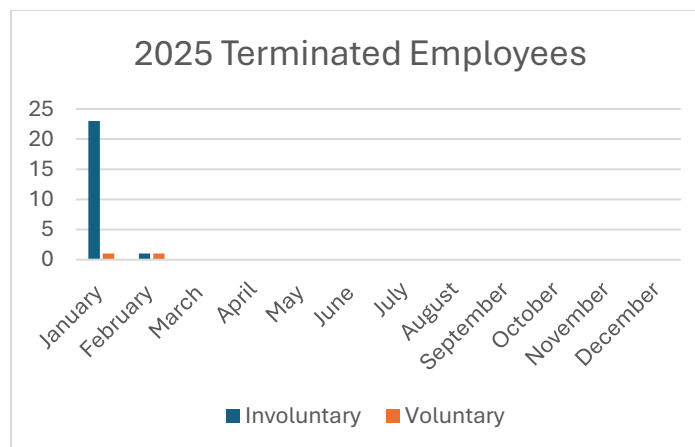
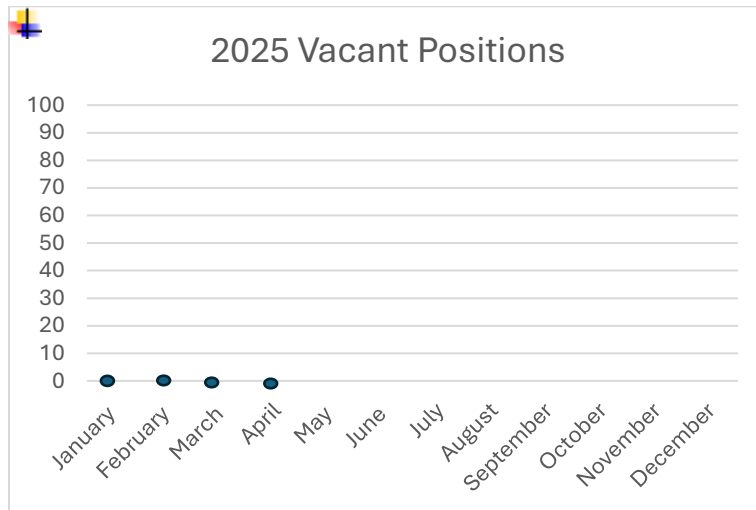
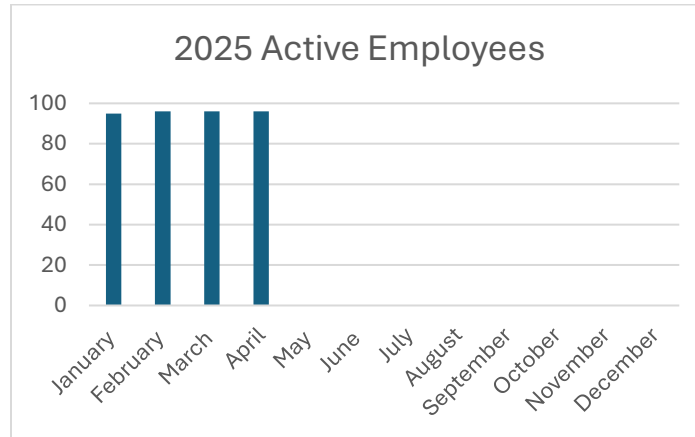
We are in the process of developing a comprehensive weight management clinic including a behavioral health aspect.

We are continuing to bolster our Home Based Care program with goal of being able to expand services

Human Resources – April 2025

	Active EE Count	Hired EE's for Month – April	Termed EE's for Month – April	Active EE Count for Prior Year April 2024	Hired EE's for Month – April 2024	Termed EE's for Month – April 2024
CHW	96	0	0	128	5	1

Open Positions	
CHW	0



Turnover Rate Calculation

Month	Number of Separated Employees	Average Number of Employees	Monthly Turnover Rates (Percentage)	Quarterly Turnover Rates	Annual Turnover Rate
January	24	96	25.0%	26.0%	
February	1	96	1.0%		
March	0	96	0.0%		
April	0	96	0.0%	0.0%	
May	0	96	0.0%		
June	0	96	0.0%		
July	0	96	0.0%	0.0%	
August	0	96	0.0%		
September	0	96	0.0%		
October	0	96	0.0%	0.0%	
November	0	96	0.0%		
December	0	96	0.0%		

As of 05/09/25

2025 New Hires & Upcoming

Hire Date	Department	Job Title	Position #
01/23/25	CHW RCM	RCM Billing Specialist	CHW-RCM-003
02/03/25	CHW Administration	CHW Chief Operating Officer	CHW-ADM-001

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Celebrating Nurses Week: May 6–12

Happy National Nurses Day & Week!

We proudly recognize and celebrate the compassion, dedication, and expertise of our incredible nurses at GCHD and CHW.

From public health to patient care, you go above and beyond every single day to protect, heal, and uplift our community. Your commitment does not go unnoticed.

Please join us in thanking the following outstanding nurses:

Andrea MacDonald, RN; Ann Nutt, RN; Ashley Sciba, RN; Bethany Hansen, RN; Casandra Dilworth, LVN; Connie Almendarez, RN; Crystal Ramirez, LVN; Dana Ayers, LVN; Debra Howey, RN; Erin Gurski, RN, FNP-C; Gretchen Gray, RN; Jeanette Moody, LVN; Katelyn Gray, RN; Maria Culangan, RN; Maria Wilde, LVN; Rosemary Gonzales, LVN; Sandy Allen, RN; Shawntai Lyons, LVN; Tamara Wallace, LVN; Tiffany Carlson, RN; and Valerie Thompson, LVN.

Thank you for being the heart of healthcare. Your work changes lives, and we are so grateful for each of you!



May is Mental Health Awareness Month

Mental health is an incredibly important part of overall health. We're strongest when we join Together for Mental Health.

Did you know more than 57 million adults in the U.S. face the reality of managing a mental illness every day? Taking on challenges of mental health conditions, health coverage and erasing the stigma around mental illness requires all of us to work together.

Learn more about mental health and Mental Health Awareness Month.



Stay Protected Against Measles: Check Your Immunity at Coastal Health & Wellness

Did you know that immunity to measles can wane over time? Even if you received the MMR vaccine in the past, it's possible that your protection has diminished. The good news is that you can easily check your immunity status with a simple MMR titer test at Coastal Health & Wellness Express Lab for \$42, and you don't have to be a current patient.

This test will give you peace of mind by confirming whether you're still immune to measles, mumps, and rubella. If the results show you're not immune, you can schedule an appointment with Coastal Health & Wellness to receive your MMR vaccine.

Not covered by insurance? The Galveston County Health District Immunizations Clinic next door offers private-pay vaccines and is a participant of the Texas Vaccines for Children (TVFC) and Adult Safety Net (ASN) programs.

Don't wait; protect yourself and your community by checking your immunity.



Coastal Health & Wellness

ADULTS CAN GET MEASLES TOO!
Check your immunity with titers.

Coastal Health & Wellness offers Express Lab testing to check your Measles immunity with the MMR titer.

MMR titers are \$42 with results in a few days. You do NOT have to be a patient to test your immunity at CHW.

COASTALHW.ORG
GCHD.ORG

Facebook, Instagram, Twitter, YouTube icons

Hurricane Season Starts June 1 – Prepare Early

Hurricane season officially begins June 1, and early preparation can make all the difference. Start now by creating an emergency plan, assembling a disaster supply kit, and reviewing your evacuation route. Don't wait for a storm to be on the radar — take action today to protect yourself and your loved ones.

Special planning is critical for individuals with medical needs:

- **Dialysis patients** should confirm their treatment schedule and know where alternate dialysis centers are located.
- **Those who rely on medical equipment** need to secure battery backups or alternative power sources for essential medical equipment (e.g., oxygen concentrators, ventilators). Stock extra batteries for hearing aids, glucose meters, and other medical devices.
- **Those who rely on refrigerated medications** should have a cooler and ice packs ready, and know how to keep medicine safe during a power outage.

Don't forget to register with STEAR. Register each year with the State of Texas Emergency Assistance Registry (STEAR) to communicate any needs you may have for medical, mobility, or transportation assistance. Register by visiting stear.tdem.texas.gov or calling 2-1-1.

Stay informed, stay safe, and plan ahead. For preparedness tips and resources, visit goem.org or ready.gov/hurricanes.

Click below to read our storm guide, *Storm-Proof Your Health: Emergency Plans for Older Adults*.

EMERGENCY PLANS FOR OLDER ADULTS
GUIDE AVAILABLE NOW!

CLICK HERE TO VIEW

STORM-PROOF YOUR HEALTH
Emergency Plans for Older Adults

COMMUNICATION

- Sign up for emergency alerts
- Have an emergency plan for communication
- Have a backup plan for communication

EVACUATION AND SHELTER PLANS

- Identify Safe Locations
- Identify Safe Locations
- Identify Safe Locations
- Identify Safe Locations
- Identify Safe Locations

May is High Blood Pressure Education Month

Millions of people have high blood pressure and don't know it. Some of the risk factors for high blood pressure include age, lifestyle habits, and family history. Taking small steps like eating healthy, getting regular physical activity, managing stress, and aiming for a healthy weight can help keep our blood pressure and hearts healthy. Learn more about preventing and managing high blood pressure [here](#).

4 blood pressure questions to ask your healthcare provider at every visit



- 1 What was my blood pressure reading and what do the numbers mean for me?
- 2 How often should I have my blood pressure checked?
- 3 How can I control my blood pressure if it's high?
- 4 Can any medicines that I take affect my blood pressure?



NIH National Heart, Lung, and Blood Institute



Happy National Women's Health Week!

Staying on top of your health means more than just seeing a health care provider when you're sick. Routine care, a healthy diet, physical activity, quality sleep, finding the right primary care provider, and getting ready for health care visits are key steps to keeping yourself in the best health possible.

Prioritize your well-being with routine health screenings. Visit Coastal Health & Wellness for their women's health services and take a proactive step toward better health.



WOMEN'S HEALTH SERVICES

- + WELL-WOMAN EXAMS
- + COUNSELING
- + WEIGHT LOSS
- + PELVIC PAIN AND STD CHECKS
- + URINARY/BLADDER ISSUES
- + BIRTH CONTROL OPTIONS
INCLUDING IUD'S AND NEXPLANON
- + BREAST EXAMS FOR PAIN OR MASSES
- + ENDOMETRIAL BIOPSIES AND COLPOSCOPIES
- + INITIAL OB EXAMS, OB CARE AND LAB WORK
- + HORMONE REPLACEMENT THERAPY



Call **409.938.2234** or visit us
online at **www.coastalhw.org**
to learn more or schedule an appointment.



Coastal Health & Wellness is a Community Health
Center under the Galveston County Health District.

Connect with us on social media!

Stay connected! Follow Coastal Health & Wellness on Facebook and LinkedIn for updates, resources, and support.

Facebook: @CoastalHealthWellness

LinkedIn: @coastal-health-wellness

*Connect with us
on social media!*



 @CoastalHealthWellness
 @coastal-health-wellness

Telehealth visits offer convenient care

Did you know Coastal Health & Wellness offers Telehealth patient visits to better serve you?

As your trusted Primary Care Medical Home, we strive to do all we can to ensure the health and safety of our patients and providers.

Telehealth visits are an easy, convenient way for you to talk with your provider without having to leave your house or travel to the clinic. It is a secure, internet application that allows you to privately discuss your concerns with your provider.

Learn more about our telehealth visit service or call us at 409.938.2234 if you have any questions.

Coastal Health & Wellness is committed to providing high quality healthcare to all

Medical Care: Primary care including well-child visits, women's health, family planning, annual physicals, chronic disease management and more.

Dental Care: Basic dental services including cleanings and tooth extractions. Ask us about affordable dentures, root canals and crowns.

Counseling: Confidential one-on-one therapy for mild to moderate mental health conditions, including depression and anxiety.

[Click here to learn more about CHW services.](#)

[Click here to learn more about becoming a patient.](#)

[Click here to meet our CHW providers.](#)

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

**Governing Board
May 2025
Item #11
Comments from Board Members**

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