



# COASTAL HEALTH & WELLNESS

## GOVERNING BOARD

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

### AGENDA

Thursday, September 26, 2019 – 12:00 PM

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

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

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

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

#### **Meeting Called to Order**

- \*Item #1**ACTION**..... Agenda
- \*Item #2**ACTION**..... Excused Absence(s)
- \*Item #3**ACTION**..... Consider for Approval Minutes from August 29, 2019 Governing Board Meeting
- \*Item #4**ACTION**..... Consider for Approval Minutes from September 12, 2019 Governing Board Special Meeting
- \*Item #5**ACTION**..... Consider for Approval FY2019 Audit Engagement with BKD, LLP
- \*Item #6 ..... Informational Items
  - Notification of Board Member Resignation
  - Policies Approved by United Board of Health as Authorized Under the Shared Services Agreement
    - a) Fiscal Management Policy
    - b) Anti-Fraud Policy
    - c) Drug-Free Workplace Policy
    - d) Employee Assistance Program Policy
    - e) Employee Corrective Action Policy
    - f) Performance Evaluation Policy
    - g) Separation of Employment Policy
    - h) Sexual Harassment Policy
    - i) Vehicular Accidents/Incidents Policy
    - j) Volunteer Policy
    - k) Employee Pre-hire Immunization and Screening Policy
- Item #7**EXECUTIVE SESSION**.....**Executive Session: Texas Government Code Section 551.071, Consultation with Attorney: The Governing Board will enter into an executive session as permitted under the Texas Open Meetings Act, Chapter 551 of the Texas Government Code, pursuant to Section 551.071 of the Government Code to seek the advice of its attorney about pending or contemplated litigation, a settlement offer, or on a matter in which the duty of the attorney to the Board under the Texas Disciplinary Rules**

**of Professional Conduct of the State Bar of Texas clearly conflicts with the Open Meetings Act relating to each of the following items:**

- a) A pending EEOC matter.

- Item #8 ..... Reconvene into Regularly Scheduled Open Meeting
- Item #9**ACTION**..... Possible Action from Executive Session
- Item #10..... Recognition of David Delac for his Dedicated Service to the Coastal Health & Wellness Governing Board from 2016-2019
- Item #11..... Executive Report
- Item #12**ACTION** ..... Consider for Approval August 2019 Financial Report
- Item #13**ACTION**..... Consider for Approval Budget for Additional Funding Received from HRSA in the Amount of \$110,000 to Continue the Substance Use Disorder-Mental Health (SUD-MH) Program
- Item #14**ACTION** ..... Consider for Approval Budget for Additional Funding Received through the Direct Relief Recovery and Resiliency Community Health Fund in the Amount of \$146,140
- Item #15**ACTION**..... Consider for Approval Purchase of M11 Sterilizer for the Texas City Dental Clinic in the Amount of \$5,655
- Item #16**ACTION**..... Consider for Approval the Coastal Health & Wellness After Hours Coverage Policy
- Item #17**ACTION**..... Consider for Approval the Coastal Health & Wellness Medication Management Policy
- Item #18**ACTION**..... Consider for Approval Privileging Rights for Tokunbo Ibidapo-Obe, MD, UTMB Contractor
- Item #19**ACTION**..... Consider for Approval Privileging Rights for the following UTMB Residents:
  - a) Daniela Rojas, MD
- Item #20**ACTION** ..... Consider for Approval the Election of Governing Board Representatives to Serve in the Following Positions through September 30, 2020:
  - a) Governing Board Chair
  - b) Governing Board Vice Chair
  - c) Governing Board Secretary/Treasurer

**Adjournment**

***Tentative Next Meeting: October 31, 2019***

**Appearances before Governing Board**

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

### **Executive Sessions**

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

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

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# **COASTAL HEALTH & WELLNESS**

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**GOVERNING BOARD**

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

**Governing Board**

**September 2019**

**Item #3**

**Consider for Approval Minutes from August 29, 2019 Governing  
Board Meeting**

**Coastal Health & Wellness  
Governing Board  
August 29, 2019**

**Board Members**

**Present:**

Milton Howard, DDS  
Jay Holland  
Victoria Dougharty  
Virginia Valentino  
Aaron Akins  
Elizabeth Williams  
Dorothy Goodman  
Miroslava Bustamante  
Samantha Robinson  
Barbara Thompson, MD

**Staff:**

Kathy Barroso, Executive Director  
Hanna Lindskog, DDS  
Cheryl Golla  
Mary Orange  
Michelle Peacock  
Kristina Garcia  
Tiffany Carlson  
Ashley Tompkins  
Debra Howey

Cynthia Ripsin, MD  
Eileen Dawley  
Andrea Cortinas  
Richard Mosquera  
Pisa Ring  
Amanda Wolff  
Kenna Pruitt  
Paula Compton  
Tikeshia Thompson Rollins

**Excused Absence:** David Delac

**Items 1-5 Consent Agenda**

A motion was made by Virginia Valentino to approve the consent agenda items one through three and five with the removal of item four. Miroslava Bustamante seconded the motion and the Board unanimously approved the consent agenda.

Kathy Barroso, Executive Director, informed the Board that at the August 26, 2019 special meeting, the Board authorized a contract with Garfunkel Wild in an amount not to exceed \$30,000 however, it was not determined where this expense would be funded. Kathy requested the Board approve expending fees related to this service from fund balance reserve. A motion was made by Jay Holland and seconded by Miroslava Bustamante to expend the funds for the contract from fund balance reserves.

**Item #6 Executive Reports**

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

**Item #7 Consider for Approval July 2019 Financial Report**

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

**Item #8 Consider for Approval Submission of HRSA 2019-2020 Budget Revision**

Mary Orange, Business Office Manager, presented the HRSA 2019-2020 budget revision to the Board. The modified budget allowed for adjustments to self-pay revenue and bad debt expense based on current projections. A motion to accept the revised budget as presented was made by Miroslava Bustamante and seconded by Dorothy Goodman. The Board unanimously approved the motion.

**Item #9 Consider for Approval Update to the Coastal Health & Wellness Sliding Fee Schedule Policy**

Mary Orange, Business Office Manager, asked the Board to consider for approval an update to the Coastal Health & Wellness Sliding Fee Schedule Policy to reflect recent changes to the nominal fee. A motion to approve the policy as presented was made by Miroslava Bustamante and seconded by Aaron Adkins. The Board unanimously approved the motion.

**Item #10 Consider for Approval the Environment of Care Plans**

Richard Mosquera, Chief Compliance Officer, asked the Board to consider for approval the environment of care plans. The following six plans were presented to the Governing Board for approval during for dates ranging from August 29, 2019 to August 28, 2020.

1. Equipment Management Plan
2. Fire Safety Plan
3. Hazardous Materials and Waste Management Plan
4. Safety Management Plan
5. Security Management Plan
6. Utilities Management Plan

The Governing Board made the following requests, all of which were implemented:

1. Two grammatical errors were discovered in the Equipment Management Plan, which the GB asked to be corrected.
2. The Governing Board asked that specific Joint Commission standards incorporated into the plans (EC 02.02.01) be preceded by the phrase “Per The Joint Commission Standard...”
3. The Dental Director asked that a clause be inserted into the Hazardous Materials and Waste Management Plan to address amalgam separators, which are to be installed in Coastal Health and Wellness Dental Clinics by July 14, 2020.
  - a. Specifically, the added clause states:  
“Dental amalgam is not considered infectious and is disposed of by being suctioned into traps, which are periodically replaced. No later than July 14, 2020, amalgam separators that meet EPA guidelines will be installed in both dental clinics.”
4. The Governing Board asked whether an N95 respirator policy should be incorporated into the Safety Management Plan. After researching the matter, it was determined that N95s not be addressed in this plan, citing the best practices in accordance with CDC Guidelines for *Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings*
5. The Governing Board request that subsequent EOC policy amendments, when necessary, be incorporated into the plans as soon as possible and not just annually, and that any updates be communicated to the Governing Board’s Quality Assurance Committee, which convenes quarterly.

A motion to approve the plans with suggested changes was made by Jay Holland and seconded by Virginia Valentino. The Board unanimously approved the motion.

**Item #11 Consider for Approval Privileging Rights for Christiana Harris, DDS**

Dr. Linskog, Dental Director asked the Board to consider for approval privileging rights for Christina Harris Foreman, DDS. A motion to accept privileging rights for Christina Harris Foreman, DDS, was made by Miroslava Bustamante and seconded by Dorothy Goodman. The Board unanimously approved the motion.

**Item #12 Consider for Approval Privileging Rights for Juliet Wiseman, MSN, BSN, FNP-BC, RN**

Dr. Ripsin, Medical Director, asked the Board to consider for approval privileging rights for Juliet Wiseman, MSN, BSN, FNP-BC, RN. A motion to accept privileging rights for Juliet Wiseman, MSN, BSN, FNP-BC, RN was made by Jay Holland and seconded by Miroslava Bustamante. The Board unanimously approved the motion.

**Item #13 Consider for Approval Privileging Rights for Tokunbo Ibidapo-Obe, MD**

Dr. Howard, Vice Chair, asked that this item be deferred until the next Board meeting. A motion to defer until the next Board meeting was made by Virginia Valentino and seconded by Miroslava Bustamante. The Board unanimously approved the motion.

Adjournment

A motion to adjourn was made by Virginia Valentino and seconded by Dorothy Goodman. The Board adjourned at 1:01 p.m.

\_\_\_\_\_  
Chair

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board**

**September 2019**

**Item #4**

**Consider for Approval Minutes from September 12, 2019 Governing  
Board Special Meeting**

**Coastal Health & Wellness  
Governing Board  
Special Meeting  
September 12, 2019**

**Board Members**

**Present:**

David Delac  
Dr. Howard  
Jay Holland  
Victoria Dougharty  
Dorothy Goodman  
Elizabeth Williams  
Miroslava Bustamante  
Samantha Robinson

**Staff:**

Kathy Barroso, Executive Director  
Dr. Ripsin, Medical Director  
Dr. Lindskog, Dental Director  
Andrea Cortinas, Chief Financial Officer  
Eileen Dawley, Chief Nursing Officer  
Tiffany Carlson, Director of Nursing  
Tikeshia Thompson Rollins, Executive Assistant

**Excused Absence:** Virginia Valentino, Aaron Akins and Dr. Thompson

**Item #1 Consider for Approval Revisions to Coastal Health & Wellness Diagnostic (Laboratory and Radiology) Test Tracking and Follow-Up Policy**

Eileen Dawley, Chief Nursing Officer, asked the Board to consider for approval revisions to the Coastal Health and Wellness Diagnostic (Laboratory and Radiology) Test Tracking and Follow-Up Policy. A motion to accept the policy as presented was made by Jay Holland. Dr. Howard seconded the motion and the Board unanimously approved.

**Item #2 Consider for Approval Coastal Health & Wellness Credentialing & Privileging Policy**

Eileen Dawley, Chief Nursing Officer, asked the Board to consider for approval the Coastal Health & Wellness Credentialing & Privileging Policy. A motion to accept the policy as presented was made by Victoria Dougharty. Elizabeth Williams seconded the motion and the Board unanimously approved.

**Item #3 Consider for Approval 2019-2020 Risk Management Training Plan**

Kathy Barroso, Executive Director, asked the Board to consider for approval the 2019 Risk Management Training Plan. Dr. Lindskog suggested changing the wording in section III, number 4, to remove the word “monthly” from equipment maintenance training since training times vary based on the type of equipment. Dr. Ripsin will provide information to Kathy that shows that Medical Providers received training on Risk Management Medical Emergencies occurring in the Dental Clinic. A motion to accept the plan with changes was made by Victoria Dougharty. Dorothy Goodman seconded the motion and the Board unanimously approved.

**Item #4 Consider for Approval 2018-2019 Annual Risk Management Report**

Kathy Barroso, Executive Director, asked the Board to consider for approval the 2018-2019 Annual Risk Management Report. Samantha suggested Eileen look into goal percentages to make sure that we are establishing goals that are in line with the Joint Commission requirements. A motion to accept the report with changes was made by Dr. Howard. Dorothy Goodman seconded the motion and the Board unanimously approved.

Adjournment

A motion to adjourn was made by Dr. Howard and seconded by Victoria Dougharty. The Board adjourned at 11:43 a.m.

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Chair

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Date

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**Governing Board**

**September 2019**

**Item #5**

**Consider for Approval FY2019 Audit  
Engagement with BKD, LLP**

August 22, 2019

Galveston County United Board of Health  
Coastal Health & Wellness Governing Board  
Galveston County Health District  
Mid-County Annex  
9850 Emmett F. Lowry Expressway  
Texas City, Texas 77591

We are pleased to confirm the arrangements of our engagement and the nature of the services we will provide to Galveston County Health District.

**ENGAGEMENT OBJECTIVES AND SCOPE**

We will audit the basic financial statements of Galveston County Health District as of and for the year ended September 30, 2019, and the related notes to the financial statements.

Our audit will be conducted with the objectives of:

- Expressing an opinion on the financial statements
- Issuing a report on your compliance based on the audit of your financial statements.
- Issuing a report on your internal control over financial reporting based on the audit of your financial statements.
- Expressing an opinion on your compliance, in all material respects, with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Compliance Supplement that are applicable to each of your major federal award programs.
- Issuing a report on your internal control over compliance based on the audit of your compliance with the types of compliance requirements that are applicable to each of your major federal award programs.
- Issuing a report on your schedule of expenditures of federal awards.

## **OUR RESPONSIBILITIES**

We will conduct our audit in accordance with auditing standards generally accepted in the United States of America (GAAS), the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States and *Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards require that we plan and perform:

- The audit of the financial statements to obtain reasonable rather than absolute assurance about whether the financial statements are free of material misstatement, whether caused by fraud or error.
- The audit of compliance with the types of compliance requirements described in the *OMB Compliance Supplement* applicable to each major federal award program to obtain reasonable rather than absolute assurance about whether noncompliance having a direct and material effect on a major federal award program occurred.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to error or fraud. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

Because of the inherent limitations of an audit, together with the inherent limitations of internal control, an unavoidable risk that some material misstatements or noncompliance having a direct and material effect may not be detected exists, even though the audit is properly planned and performed in accordance with GAAS.

In making our risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. However, we will communicate to you in writing concerning any significant deficiencies or material weaknesses in internal control relevant to the audit of the financial statements that we have identified during the audit. Also, in the future, procedures could become inadequate because of changes in conditions or deterioration in design or operation. Two or more people may also circumvent controls, or management may override the system.

We are available to perform additional procedures with regard to fraud detection and prevention at your request, subject to completion of our normal engagement acceptance procedures. The actual terms and fees of such an engagement would be documented in a separate letter to be signed by you and BKD.

Amanda Eaves, Director, is responsible for supervising the engagement and authorizing the signing of the report or reports.

We will issue a written report upon completion of our audit of Galveston County Health District's financial statements. Our report will be addressed to the Galveston County United Board of Health, Coastal Health & Wellness Governing Board and Galveston County Health District. We cannot provide assurance that an unmodified opinion will be expressed. Circumstances may arise in which it is necessary for us to modify our opinion, add an emphasis of matter or other matter paragraph(s) or withdraw from the engagement. If we discover conditions that may prohibit us from issuing a standard report, we will notify you as well. In such circumstances, further arrangements may be necessary to continue our engagement.

We will also express an opinion on whether the budget to actual ("supplementary information") is fairly stated, in all material respects, in relation to the financial statements as a whole.

### **YOUR RESPONSIBILITIES**

Our audit will be conducted on the basis that management and, where appropriate, management and those charged with governance acknowledge and understand that they have responsibility:

1. For the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America;
2. For the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error;
3. For identifying and ensuring compliance with the laws, regulations, contracts and grants applicable to your activities (including your federal award programs); and
4. To provide us with:
  - a. Access to all information of which management is aware that is relevant to the preparation and fair presentation of the financial statements such as records, documentation and other matters;
  - b. Additional information that we may request from management for the purpose of the audit; and
  - c. Unrestricted access to persons within the entity from whom we determine it necessary to obtain audit evidence.

As part of our audit process, we will request from management and, where appropriate, management and those charged with governance written confirmation acknowledging certain responsibilities outlined in this engagement letter and confirming:

- The availability of this information
- Certain representations made during the audits for all periods presented

The effects of any uncorrected misstatements, if any, resulting from errors or fraud aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

The results of our tests of compliance and internal control over financial reporting performed in connection with our audit of the financial statements may not fully meet the reasonable needs of report users. Management is responsible for obtaining audits, examinations, agreed-upon procedures or other engagements that satisfy relevant legal, regulatory or contractual requirements or fully meet other reasonable user needs.

With regard to supplementary information:

- Management is responsible for its preparation in accordance with applicable criteria
- Management will provide certain written representations regarding the supplementary information at the conclusion of our engagement
- Management will include our report on this supplementary information in any document that contains this supplementary information and indicates we have reported on the supplementary information
- Management will make the supplementary information readily available to intended users if it is not presented with the audited financial statements

## **OTHER SERVICES**

### **Electronic Submission**

We will also complete the auditee portion of the Form SF-SAC (Data Collection Form) through the Federal Audit Clearinghouse. We will not make the submission on your behalf. You will review a draft(s) of the submission prior to transmission and agree that you are solely responsible for approving the final draft for transmission as well as for the auditee submission and certification.

We will provide you with the following nonattest services:

- Preparing a draft of the financial statements and related notes

In addition, we may perform other services for you not covered by this engagement letter. You agree to assume full responsibility for the substantive outcomes of the services described above and for any other services that we may provide, including any findings that may result. You also

acknowledge that those services are adequate for your purposes and that you will establish and monitor the performance of those services to ensure that they meet management's objectives. Any and all decisions involving management responsibilities related to those services will be made by you, and you accept full responsibility for such decisions. We understand that you will designate a management-level individual to be responsible and accountable for overseeing the performance of those services, and that you will have determined this individual is qualified to conduct such oversight.

### **ENGAGEMENT FEES**

Our fees will be \$40,000 for the audit and travel and administrative fees will not exceed \$2,500. Administrative fee cover items such as copies, postage and other delivery charges, supplies, technology-related costs such as computer processing, software licensing, research and library databases and similar expense items.

Our fees include a Uniform Guidance compliance audit of one major program. If we audit additional programs, our fees will increase by \$12,000 per major program. Our estimate of time does include any time required to address any restatement of the previously audited financial statements.

Our fees are based upon the understanding that your personnel will be available to assist. Assistance from your personnel is expected to include:

- Preparing audit schedules to support all significant balance sheet and certain other accounts by the dates requested
- Responding to auditor inquires
- Preparing confirmation and other letters
- Pulling selected invoices and other documents from files
- Helping to resolve and differences or exceptions noted

We will provide you with a detailed list of assistance and schedules required and the date such assistance and schedules are to be provided before the audit begins. All schedules should be provided in electronic form unless indicated otherwise. If there are journal entries or passed journal entries that require additional time we will bill you \$1,500 per entry.

Our timely completion of the audit depends on your timely and accurate schedule and analyses preparation and on the availability of your personnel to provide other assistance. If there are inaccuracies or delays in preparing this material, or if we experience other assistance difficulties that add a significant amount of time to our work, our fees will increase.

Our pricing for this engagement and our fee structure are based upon the expectation that our invoices will be paid promptly. We will issue progress billings during the course of our engagement, and payment of our invoices is due upon receipt. Interest will be charged on any unpaid balance after 30 days at the rate of 10% per annum, or as allowed by law at the earliest date thereafter, and highest applicable rate if less than 10%.

Our engagement fee does not include any time for post-engagement consultation with your personnel or third parties, consent letters and related procedures for the use of our reports in offering documents, inquiries from regulators or testimony or deposition regarding any subpoena. Charges for such services will be billed separately.

Our fees may also increase if our duties or responsibilities are increased by rulemaking of any regulatory body or any additional new accounting or auditing standards.

If our invoices for this or any other engagement you may have with BKD are not paid within 30 days, we may suspend or terminate our services for this or any other engagement. In the event our work is suspended or terminated as a result of nonpayment, you agree we will not be responsible for any consequences to you.

### **IMPLEMENTATION OF FIDUCIARY ACTIVITIES STANDARD**

Governmental Accounting Standards Board Statement No. 84, *Fiduciary Activities*, is effective for fiscal years beginning after December 15, 2018, with retrospective application in the year the update is first applied. The Statement is expected to significantly change how entities evaluate and report fiduciary activities.

If the entity would like to early adopt or begin the process of preparing for the retrospective application of this Statement during the current year's audit, BKD can assist you with this process. Assistance and additional time as a result of the adoption is not included within our standard engagement fees. Our fees as a result of the adoption of the ASU will be based on time expended and will vary based on the level of assistance and procedures required. We will need input and assistance from the accounting department throughout the process of implementation.

### **IMPLEMENTATION OF NEW LEASES STANDARD**

Governmental Accounting Standards Board Statement No. 87, *Leases*, is effective for reporting periods beginning after December 15, 2019. Early application is encouraged.

Statement No. 87 establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. Under this Statement, a lessee is required to recognize a lease liability and an intangible right-to-use lease asset, and a lessor is required to recognize a lease receivable and a deferred inflow of resources. Assistance and additional time as a result of the adoption of the Statement is not included within our standard engagement fees. Our fees as a result of the adoption of the Statement will be based on time expended and will vary based on the level of assistance and procedures required, which may include but are not limited to:

- Assisting the entity with the evaluation of its current controls and policies for leases and recommended enhancements needed to implement the Statement

- Evaluating and documenting new and revised controls and policies for leases under the Statement
- Assisting the entity with the information gathering necessary to implement the Statement
- Assisting the entity with the evaluation of its current method for calculating and recognizing lease payments
- Assisting the entity with documenting changes from the previous method needed to implement the Statement
- Assistance with drafting of the required disclosures

The time it will take to perform the above assistance and our additional audit procedures relating to the adoption of the Statement, and any time to assist you with the adoption, may be minimized to the extent your personnel will be available to provide timely and accurate documentation and information as requested by BKD.

#### **OTHER ENGAGEMENT MATTERS AND LIMITATIONS**

BKD is not acting as your municipal advisor under Section 15B of the *Securities Exchange Act of 1934*, as amended. As such, BKD is not recommending any action to you and does not owe you a fiduciary duty with respect to any information or communications regarding municipal financial products or the issuance of municipal securities. You should discuss such information or communications with any and all internal or external advisors and experts you deem appropriate before acting on any such information or material provided by BKD.

Our workpapers and documentation retained in any form of media for this engagement are the property of BKD. We can be compelled to provide information under legal process. In addition, we may be requested by regulatory or enforcement bodies to make certain workpapers available to them pursuant to authority granted by law or regulation. You agree that we have no legal responsibility to you in the event we provide such documents or information.

You agree to indemnify and hold harmless BKD and its personnel from any claims, liabilities, costs and expenses relating to our services under this agreement attributable to false or incomplete representations by management, except to the extent determined to have resulted from the intentional or deliberate misconduct of BKD personnel.

You agree that any dispute regarding this engagement will, prior to resorting to litigation, be submitted to mediation upon written request by either party. Both parties agree to try in good faith to settle the dispute in mediation. The American Arbitration Association will administer any such mediation in accordance with its Commercial Mediation Rules. The results of the mediation proceeding shall be binding only if each of us agrees to be bound. We will share any costs of mediation proceedings equally.

Either of us may terminate these services at any time. Both of us must agree, in writing, to any future modifications or extensions. If services are terminated, you agree to pay us for time expended to date. In addition, you will be billed travel costs and fees for services from other

professionals, if any, as well as an administrative fee of 4% to cover items such as copies, postage and other delivery charges, supplies, technology-related costs such as computer processing, software licensing, research and library databases and similar expense items.

If any provision of this agreement is declared invalid or unenforceable, no other provision of this agreement is affected and all other provisions remain in full force and effect.

This engagement letter represents the entire agreement regarding the services described herein and supersedes all prior negotiations, proposals, representations or agreements, written or oral, regarding these services. It shall be binding on heirs, successors and assigns of you and BKD.

We may from time to time utilize third-party service providers, *e.g.*, domestic software processors or legal counsel, or disclose confidential information about you to third-party service providers in serving your account. We remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures and safeguards to protect the confidentiality of your information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information. In the event we are unable to secure an appropriate confidentiality agreement, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider.

You agree to assume full responsibility for maintaining your original data and records and that BKD has no responsibility to maintain this information. You agree you will not rely on BKD to provide hosting, electronic security or backup services, *e.g.*, business continuity or disaster recovery services, to you unless separately engaged to do so. You understand that your access to data, records and information from BKD's servers, *i.e.*, BKDconnect, can be terminated at any time and you will not rely on using this to host your data and records.

We will, at our discretion or upon your request, deliver financial or other confidential information to you electronically via email or other mechanism. You recognize and accept the risk involved, particularly in email delivery as the internet is not necessarily a secure medium of communication as messages can be intercepted and read by those determined to do so.

You agree you will not modify these documents for internal use or for distribution to third parties. You also understand that we may on occasion send you documents marked as draft and understand that those are for your review purpose only, should not be distributed in any way and should be destroyed as soon as possible.

The entity may wish to include our report on these financial statements in an exempt offering document. The entity agrees that the aforementioned auditor's report, or reference to our firm, will not be included in any such offering document without notifying us. Any agreement to perform work in connection with an exempt offering document, including providing agreement for the use of the auditor's report in the exempt offering document, will be a separate engagement.

Any exempt offering document issued by the entity with which we are not involved will clearly indicate that we are not involved by including a disclosure such as, "**BKD, LLP**, our independent

auditor, has not been engaged to perform and has not performed, since the date of its report included herein, any procedures on the financial statements addressed in that report. **BKD, LLP**, also has not performed any procedures relating to this offering document.”

You agree to notify us if you desire to place these financial statements or our report thereon along with other information, such as a report by management or those charged with governance on operations, financial summaries or highlights, financial ratios, etc., on an electronic site. You recognize that we have no responsibility as auditors to review information contained in electronic sites.

Any time you intend to reference our firm name in any manner in any published materials, including on an electronic site, you agree to provide us with draft materials for our review and approval before publishing or posting such information.

BKD is a registered limited liability partnership under Missouri law. Under applicable professional standards, partners of **BKD, LLP** have the same responsibilities as do partners in a general accounting and consulting partnership with respect to conformance by themselves and other professionals in BKD with their professional and ethical obligations. However, unlike the partners in a general partnership, the partners in a registered limited liability partnership do not have individual civil liability, directly or indirectly, including by way of indemnification, contribution, assessment or otherwise, for any debts, obligations or liabilities of or chargeable to the registered limited liability partnership or each other, whether arising in tort, contract or otherwise.

*Government Auditing Standards* require that we provide you with a copy of our most recent external peer review report and any letter of comment, and any subsequent peer review reports and letters of comment received during the period of the contract. Our most recent peer review report accompanies this letter.

### **HIPAA BUSINESS ASSOCIATE AGREEMENT**

We agree not to use or disclose Protected Health Information of your (patients/employees) (hereinafter referred to as “PHI”) obtained or produced in any form of media during the course of our work in a manner prohibited by HIPAA, as amended. We may use or disclose PHI for purposes of (a) performing our engagement, (b) management and administration of BKD, or (c) carrying out legal responsibilities of BKD. We will not further disclose information except as permitted or required by this contract or as required by law. When using or disclosing PHI in relation to this engagement, we will limit disclosures as required by HIPAA. We will not use PHI in any marketing activities in a manner that would violate HIPAA. We represent to you that we have implemented what we consider to be appropriate administrative, physical and technical safeguards to protect the confidentiality, integrity and availability of your PHI as required for us as a business associate to comply with HIPAA.

With respect to your PHI, we will report to you any breach (as defined in 45 CFR 164.402), material security incident or use or disclosure not authorized by this agreement and, to the extent practical, assist you in mitigating any harmful effects caused by breaches, material security

incidents or unauthorized uses or disclosures of which we become aware. To assist you in fulfilling your responsibility to notify impacted individuals and others of a breach involving unsecured PHI (as required under 45 CFR 164.400 et seq.), in this report we will identify to you, to the extent reasonably possible:

1. Each individual whose unsecured PHI was subject to the breach.
2. Any other available information you are required to include in your notification to such individual(s) or others under 45 CFR 164.404(c).

We agree that any material violation of these confidentiality provisions by us entitles you to terminate this engagement. Similarly, if we become aware of a violation of HIPAA by you that cannot be or is not timely cured, we may be obligated to terminate this engagement.

BKD agrees to:

1. Upon their request, make available to the Secretary of Health and Human Services (HHS) our internal practices and books and records relating to the use and disclosure of PHI for purposes of determining your compliance with the Security and Privacy Rule, subject to any applicable legal privileges.
2. Make available information necessary for you to make an accounting of disclosures of PHI about an individual.
3. To the extent we maintain information that is part of a Designated Record Set, make available information necessary for you to respond to requests by individuals for access to PHI that is not in your possession but is considered part of a Designated Record Set.
4. Upon receipt of a written request from you, incorporate any amendments or corrections to PHI contained in our workpapers in accordance with the Security and Privacy Rule to the extent such PHI is considered part of a Designated Record Set.

For purposes of this agreement, the term “Security and Privacy Rule” refers to the final rules published to implement the Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996*, specifically 45 CFR Parts 160 and 164. The terms “Protected Health Information” and “Designated Record Set” have the same meaning as defined in the Security and Privacy Rule.

At the conclusion or termination of this engagement, any PHI retained by us will be subject to the same safeguards as for active engagements.

We will obtain from any agents, including subcontractors, to whom we provide PHI received from you, or created or received by us on behalf of you, an agreement to the same restrictions and conditions that apply to us with respect to such PHI.

To the extent that any relevant provision of HIPAA is eliminated or held to be invalid by a court of competent jurisdiction, the corresponding portion of this agreement shall be deemed of no force and effect for any purpose. To the extent that any relevant provision of HIPAA is materially amended in a manner that changes the obligations of business associates or covered entities that are embodied in term(s) of this engagement, the Parties agree to negotiate in good faith appropriate amendment(s) to this engagement to give effect to such revised obligations. In addition, the terms of this engagement should be construed in light of any interpretation and/or guidance on HIPAA issued by HHS from time to time.

As required by Chapter 2270, Texas Government Code, we represent that we do not boycott Israel and will not boycott Israel through the term of this engagement. For purposes of this representation, "boycott Israel" means refusing to deal with, terminating business activities with or otherwise taking any action that is intended to penalize, inflict economic harm on or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made for ordinary business purposes.

Please sign and return the attached copy of this letter to indicate your acknowledgement of, and agreement with, the arrangements for our audit of the financial statements including our respective responsibilities. If the signed copy you return to us is in electronic form, you agree that such copy shall be legally treated as a "duplicate original" of this agreement.

**BKD, LLP**



Acknowledged and agreed to on behalf of

**Galveston County Health District**

BY \_\_\_\_\_  
Kathy Barroso, Chief Executive Officer

DATE \_\_\_\_\_

**Galveston County United Board of Health**

BY \_\_\_\_\_  
Ben G. Raimer, MD Chairperson

DATE \_\_\_\_\_

Acknowledged and agreed to on behalf of

**Coastal Health & Wellness**

BY \_\_\_\_\_  
Kathy Barroso, Executive Director

DATE \_\_\_\_\_

**Coastal Health & Wellness Governing Board**

BY \_\_\_\_\_  
David Delac, Chairperson

DATE \_\_\_\_\_

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**Governing Board  
September 2019  
Item #6  
Informational Items**

- Notification of Board Member Resignation
- Policies Approved by United Board of Health as Authorized Under the Shared Services Agreement
  - a) Fiscal Management Policy
  - b) Anti-Fraud Policy
  - c) Drug-Free Workplace Policy
  - d) Employee Assistance Program Policy
  - e) Employee Corrective Action Policy
  - f) Performance Evaluation Policy
  - g) Separation of Employment Policy
  - h) Sexual Harassment Policy
  - i) Vehicular Accidents/Incidents Policy
  - j) Volunteer Policy
  - k) Employee Pre-hire Immunization and Screening Policy

September 19, 2019

Kathy:

Please accept this letter as my resignation from the Coastal Health and Wellness Board as the Chairman and Community Member. My last day with Galveston County will be Wednesday, October 9, 2019.

Sincerely,

A handwritten signature in black ink, appearing to read "David M. Delac". The signature is stylized with a large, looped initial "D" and a long horizontal stroke extending to the right.

David M. Delac  
CFO/Budget Officer

# Fiscal Management

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-Approved  
UBOH- 09/27/2017  
-Effective 10/29/2004

## Audience

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

## Purpose

The purpose of the District Fiscal Management Policy is to provide guidance on the accounting and administration of District local, federal and state funding and to establish accountability and provide adequate controls to effectively monitor revenue and expenditures as designated in the annual budget. This policy is intended to guide the District staff, as well as the United Board of Health and Coastal Health & Wellness Governing Board, in their responsibilities regarding fiscal management.

## Internal Control Procedures

Each Board is responsible for the efficient, effective and financially sound operation of the organization that it oversees, and designates responsibility to designated District personnel to manage funds according to approved budgets, and to maintain the overall adequacy and effectiveness of the internal control system. An internal control system should provide reasonable assurance that an organization will accomplish effectiveness and efficiency of operations, provide reliability of financial reporting, and ensure compliance with applicable laws and regulations. Controls must ensure that assets are not exposed to unauthorized access and use. The designated District personnel have the responsibility to establish and maintain an adequate system of internal control and to furnish the Board(s), governmental agencies, District creditors, and other agencies reliable financial information on a timely basis.

To provide additional oversight, each Board will designate a group of Board members to function as a Finance Committee. The Finance Committee(s) will review monthly financial issues and/or reports of the organization for presentation to the entire Board(s). In addition, the Board(s) have the authority to approve and will incorporate into its own minutes such matters as (i) change of the organization’s name, (ii) adoption of the annual operating budget, (iii) selection or termination of the Chief Executive Officer, (iv) incurring debt, (v) investment policies (vi) designation of depository and investment banks (vii) purchase or sale of property, (viii) leasing of real property, (viii) institution, termination or settlement of any litigation, (x) opening up or closing checking or savings accounts, (xi) selection of the District’s public accountants, (xiii) signature authorities, and other such duties as detailed in the Board(s) by-laws. Annually, the Board(s), by its action, may designate such duties to District employees, as it deems appropriate.

## **Financial Management Procedures**

It is the responsibility of the designated District personnel to assess financial operations and present the Board(s) with the information necessary to effect short-term management and long-term planning. Monthly financial statements should be available to the Finance Committee(s), for ultimate approval by the Board(s), no later than thirty days after the end of the month to which they relate. Monthly financial statements should include the balance sheet and summary of operations, and should compare actual results to budgeted results with variances explained by executive officers. The District's accounting system will be organized and operated on a fund basis. As such, the District will maintain a General Fund and such Special Funds as needed. The General Fund, along with the Galveston Area Ambulance Authority will operate on a fiscal year ending September 30<sup>th</sup>. Coastal Health & Wellness will operate on a fiscal year ending March 31<sup>st</sup>. A qualified independent public accountant, selected by the Board(s), will conduct an annual audit in compliance with the Single Audit Act and GASB 34 requirements. In addition, the District will have prepared, and kept up to date an annual operating budget of revenue and expenses by fund which has been approved by the appropriate Board(s), and will adhere to guidelines established by the Controller to assure compliance with other requirements such as, insurance and bonding, sub-recipient monitoring, and financial reporting.

## **Accounting for Assets, Liabilities & Fund Balance**

The District holds numerous assets including cash, receivables, inventories, property and equipment. It is the responsibility of the designated District personnel along with the Board(s) and Finance Committee(s), to ensure that policies and procedures are in effect that provide for the appropriate handling and use of these assets, and that obligations are paid and accounted for in a timely manner.

The Board(s), along with District staff, should ensure the following:

1. That there is sufficient cash to meet financial obligations, both in the short-term and long-term.
2. The District has established and follows appropriate credit and collection policies to ensure that payments are pursued and collected.
3. Inventories, property, and equipment are sufficiently controlled to ensure that the assets are appropriately used to the benefit of the District.
4. Obligations to vendors are paid appropriately and timely, and that District staff attempt to secure goods and services of appropriate quality and cost.
5. Vendors are selected based on consistency with regulatory requirements.
6. Contracts with third-party payers reflect the nature and cost of the services provided.

In order to comply with GASB 34 requirements, fixed assets will be accounted for in a self-balancing group of accounts separate and distinct from the regular General Ledger

accounts called the *General Fixed Asset Account Group*, and Long-term Liabilities will be recorded in the *General Long Term Debt Account Group*.

### **Revenue Procedures**

District staff along with the Board(s) and Finance Committee (s) assume responsibility for ensuring that District services are billed according to the Board approved fee schedule, and that billings support requirements of third-party payers, when applicable. Procedures should also be in place to assure compliance with reimbursement requirements of grantor organizations as specified. Unbudgeted or excess revenue will be presented to the appropriate Finance Committee(s) and Board(s) for review and recommendation related to the use of these funds.

### **Cost Accounting & Estimating Procedures**

The District will adhere to standards established in Statements of Federal Financial Accounting Standards (SFFAS) No. 4 which include: (1) accumulating and reporting costs of activities on a regular basis for management information purposes, (2) establishing responsibility segments to match costs with outputs, (3) determining the full cost of government goods and services, (4) recognizing the costs of goods and services provided by one federal entity to another, and (5) using appropriate costing methodologies to accumulate and assign costs to outputs. Practices used by District in accumulating and reporting actual costs will be consistent with its practices used in estimating costs for all programs. The District accounting system will accumulate and report related costs, distinguishing between District paid, donated services, space or equipment, and any program income authorized to be treated as match.

### **Property Management Procedures**

The Board(s) have designated the responsibility to designated District personnel to ensure that an appropriate system is in place that adequately records, safeguards, and maintains property according to local, federal, and state standards. T h e District will maintain detailed records of all property and equipment, which include the description, location, serial number, vendor, acquisition cost, depreciation, and disposition as designated in the *District Fixed Asset Guidelines*. As requested, the District will provide such reports to the granting agency to which the District is accountable and will abide by disposition instructions of the funding agency when the useful life of the asset has been met. A fixed asset inventory will be conducted annually and reconciled to equipment records. All financial and programmatic records, supporting documents, statistical records and other required or pertinent records of the District will be retained as indicated in the *Records Management Guidelines*.

### **Compensation Procedures**

The District follows compensation guidelines established by the FLSA (Fair Labor Standards Act). The Board(s), along with designated District personnel are responsible for (1) providing reasonable assurance that employees are paid at comparable rates for similar types of services in the local geographical area, and (2) that employee benefit programs are those of importance to employees, comparable to other competitors, and within the financial capabilities of the District. Normal work hours and payday schedules will be established by the Board(s). Currently, the District maintains a number of wage/salary structures utilizing a grade/step structure in each. The wage/salary structure used for a particular employee depends on their primary funding source. Employees are compensated on a bi-weekly basis with the pay period beginning on Thursday and ending on Wednesday. For all paid positions, District will maintain an up-to-date and complete job description. Reimbursement for salary and wages will be based on documented timesheets submitted by the employee and approved by a responsible supervisory official. All employees are required to use the District's authorized time sheet for reporting work week hours.

### **Travel**

Employees traveling on District business will be compensated based on criteria established in the *District Travel Procedures*.

### **Purchasing Procedures**

It is the policy of the District to adhere to the guidelines established in OMB Circular 110 and the *District Purchasing Policy* when procuring items or services for District business. These guidelines establish procedures that include, but are not limited to the following requirements (1) procure only those items, which are required to perform the mission and/or fill a bona fide need of the District, and (2) procurement will be made with complete impartiality based strictly on the merits of supplier proposals and applicable related considerations such as delivery, quantity, etc. In addition, the Board(s) and designated District personnel are responsible for adhering to the following standards of conduct as follows: (1) No employee, officer, member of the United Board of Health, the Coastal Health & Wellness Governing Board or agent of the District will participate in the selection or award or administration of a contract if a conflict of interest, real or apparent, would be involved, and (2) Members of the Board of Health or Coastal Health & Wellness Governing Board, officers, employees, or agents of the District will neither solicit nor accept gratuities, favors or anything of monetary value from contractors or potential contractors or parties to sub-agreements.

### **Investment Procedures**

It is the policy of the District to invest public funds in a manner which will provide the highest investment return with the maximum security while meeting the daily cash flow demands of the entity and conforming to all state and local statutes governing the investment of public funds. Investment of Health District funds will follow procedures outlined in *District Investment Guidelines*.

# Anti-Fraud Policy

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## Audience

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

## Purpose

The purpose of this policy is to provide guidelines and controls to aid in the prevention, deterrence, and detection of fraud, theft, waste, or abuse against the District. This policy expands upon the District’s “Employee Ethics, Standards of Conduct, & Conflict of Interest Policy,” and outlines more specific responsibilities and expectations related to fraud. In addition, it is the intent of this policy to comply with federal whistleblower protection rights and remedies under 41 U.S.C. § 4712, and the *Texas Whistleblower Act* as codified under §554.001 of the *Texas Government Code*.

## Definitions and Examples of Fraud, Theft, Waste, and Abuse

**Fraud** is defined as an intentional deception designed to obtain a benefit or advantage, or to cause some benefit that is due to be denied. Examples of fraud include, but are not limited to:

- Any dishonest or fraudulent act;
- Impropriety in the handling or reporting of money or financial transactions;
- Forgery or alteration of any document or account belonging to the District (e.g. checks, timesheets, invoices, contractor agreements, bid documents, purchase orders, electronic files, and other financial documents);
- Misrepresentation of financial reports;
- Misappropriation of funds, securities, supplies, inventory, or any other asset including furniture, computers, fixtures or equipment;
- Authorizing or receiving payments for hours not worked;
- Disclosing confidential and proprietary information to outside parties;
- Accepting or seeking anything of material value from contractors, vendors, or persons providing services/materials to the District that may be construed to be an attempt to influence the performance of an employee’s official duty in the scope of employment for the District; and
- Destruction, removal, or inappropriate use of records, furniture, fixtures and equipment.

**Theft** is defined as the act of taking something from someone unlawfully. An example of theft is taking home a printer belonging to the District and retaining it for personal use.

**Waste** is the loss or misuse of District resources that results from deficient practices, system controls, or decisions. An example of waste is incurring a late fee when registering for a conference due to an oversight or lack of attention.

**Abuse** is the intentional, wrongful, or improper use of resources, or misuse of rank, position, or authority which causes the loss or misuse of resources, such as tools, vehicles, computers, copy machines, etc. An example of abuse would be using District equipment or supplies to conduct personal business.

### **Policy**

The District's Anti-Fraud policy is designed to promote consistent, legal, and ethical organizational behavior by:

- Assigning responsibility for reporting fraud, theft, waste and/or abuse;
- Providing guidelines to conduct investigations of suspected fraudulent behavior; and
- Making anti-fraud awareness training available annually.

### **Whistleblowing**

The District firmly stands behind its policy declaring that employees will not be discharged, demoted or otherwise discriminated against in retaliation for whistleblowing, so long as it is performed in good faith. In addition, whistleblower rights and remedies cannot be waived by any agreement, policy, form, or condition of employment.

**Whistleblowing** is disclosing information that the employee reasonably believes in good faith is evidence of the following:

- Gross mismanagement of a federal or state issued contract or grant;
- Gross waste of federal, state or county funds;
- Abuse of authority relating to a federal or state issued contract or grant;
- Substantial and specific danger to public health or safety; and/or
- Violation of a law, rule, or regulation related to a federal or state issued contract or grant (including the competition for, or negation of the contract or grant).

In accordance with state or federal law, a District employee may be required to disclose the fraud, waste, or abuse to one of the following individuals:

- A member of Congress or a representative of a congressional committee;
- An inspector general;
- A government accountability office;
- A federal, state or county employee responsible for contract or grant oversight or management at the relevant agency;
- An official from the Department of Justice or other law enforcement agency;
- A court or grand jury; or
- A management official or other employee of the contractor or grantee who has responsibility to investigate, discover or address misconduct.

### **Responsibility to Report Suspected Fraud**

Each employee is required to report any suspected fraud, theft, waste, abuse or other dishonest conduct to the Chief Compliance Officer and/or the Human Resources Director. Supervisors are required to report suspected fraud, theft, waste, abuse or other dishonest conduct, including reports from employees or other individuals, to the Chief Compliance Officer and/or the Human Resources Director.

The identity of an employee or complainant who, in good faith, reports suspected fraud will be protected to the fullest extent allowed by law. Suspected improprieties and/or misconduct concerning an

employee's ethical conduct should be reported to the Chief Compliance Officer and/or Human Resources Director. All employees are responsible for the detection and prevention of fraud, misappropriations, and other irregularities. Each administrator shall be familiar with the types of improprieties that might occur within his or her designated area of responsibility, and shall remain alert for any indication of fraud. Any fraud that is detected or suspected must be reported immediately to the Chief Compliance Officer and/or Human Resources Director, and an internal investigation may subsequently commence. All employees will be held accountable to act within the District's official "Code of Conduct," which maintains that no form of fraud, theft, waste or abuse shall be tolerated.

A whistleblower who believes he/she is being retaliated against for making a report of suspected fraud should contact the Chief Compliance Officer or Human Resources Director immediately. A whistleblower who believes that he/she is being retaliated against may additionally contact an authoritative official or manager of the external oversight agency involved.

### **Guidelines for Handling a Report of Suspected Fraud, Theft, Waste, or Abuse**

Whether the initial report is made to an employee's supervisor, the Chief Compliance Officer, and/or Human Resources Director, the reporting employee/individual should immediately be instructed to:

- Not contact the suspected individual in an effort to determine facts or demand restitution;
- Refrain from further investigating the allegations;
- Observe strict confidentiality by not discussing the case, facts, suspicions, or allegations with anyone unless specifically asked to do so by the Chief Compliance Officer and/or Human Resources Director;
- Report any form of retaliation against him/her concerning report of the suspected fraudulent activity; and
- Understand that the identity of an employee or other individual who reports a suspected act of fraud will be protected as provided by this policy.

### **Investigation of Complaints**

The Chief Compliance Officer and/or Human Resources Director will promptly initiate an investigation into any allegation of fraud, theft, waste or abuse. The Chief Compliance Officer and/or Human Resources Director will make every reasonable effort to determine the facts pertinent to the complaint.

The investigation may include, but is not limited to, interviews with witnesses and discussions with involved parties. During the course of the investigation, the alleged perpetrator may be placed on paid administrative leave to allow for the investigator to work unimpeded. All investigations of fraud, theft, waste or abuse complaints shall be conducted as discreetly as possible. Upon conclusion of the investigation, the Chief Compliance Officer, the Human Resources Director and the employee's supervisor will convene to discuss the investigation's results and next steps.

The Chief Compliance Officer, Human Resources Director or other designated investigator shall make every effort to protect the rights and the reputations of everyone involved in a report of suspected fraud, including the individual who in good faith alleges perceived misconduct, as well as the alleged violator(s).

If findings support the accused employee was in violation of this policy, that employee shall be subject to disciplinary action up to and including termination.

### **Whistleblower Remedies**

In accordance with federal and state law, if a good faith whistleblower is subjected to retaliation, any of the following remedies on behalf of the whistleblower may be enacted (or done so by his/her representative):

- Action to stop the reprisal;
- Action to reinstate the whistleblower to the position held prior to the reprisal, together with compensatory damages (including back-pay), employment benefits, and other terms and conditions of employment that would apply to the person in that position if the reprisal had not been taken; and/or
- The provision of monetary compensation issued to the whistleblower in an amount equal to the total amount of all costs and expenses (including attorneys' fees and expert witnesses' fees) that were reasonably incurred by the whistleblower for bringing forth the complaint regarding the reprisal.

If relief is denied, the employee has the right to file a complaint in state or federal court (whichever venue is applicable under the circumstances) against the District for compensatory damages and other available relief.

### **Quarterly Compliance Report**

Investigated incidents of suspected fraud shall be reported to District boards on a quarterly basis. The Compliance Report may include information including, but not limited to, the circumstances that triggered the investigation, the outcome of the investigation, and subsequent corrective action(s) enacted.

### **Violations and Corrective Actions**

Employees who violate the “Anti-Fraud Policy” and/or related procedures will be subjected to corrective action up to and including termination, in accordance with the District’s “Corrective Action Policy.” An employee who has engaged in any form of fraud, waste, or abuse; suspects or discovers fraudulent activity and fails to report his or her suspicions as required by this policy; or who intentionally reports false or misleading information is subject to such corrective action, up to and including termination.

### **Anti-Fraud Awareness Training**

The Chief Compliance Officer and/or designee will conduct employee training and/or provide training materials to District managers during in-services and/or staff meetings on an annual basis.

# **Drug-Free Workplace Policy**

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## **Audience**

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

## **Policy**

The District shall provide a drug-free workplace in compliance with the Drug-Free Workplace Act of 1988.

It is a violation of the *Drug-Free Workplace* policy to be under the influence of, or manufacture, use, possess, sell, trade, and/or offer for sale alcohol, illegal drugs, or intoxicants while representing the District, conducting District related business, during all working hours, while on District property, operating any vehicle owned by the District, and/or while present at District sponsored events.

## **Drug/Alcohol Testing**

Prospective District employees shall be required to take a drug test AFTER a pending offer of employment. If the test returns a positive result, the pending offer shall be revoked and the candidate will receive notification of this revocation in the form of an Adverse Action letter. Prospective employees wishing to dispute a positive result may have the same sample retested at their own expense.

Employees may be required to take a “for cause” drug or alcohol test if approved by the Chief Executive Officer or designee. The Chief Executive Officer or designee may approve “for cause” drug testing on an employee if a significant complaint from the public or a coworker is received and/or if the employee’s supervisor witnesses a behavioral change in the employee which has a negative effect on the work environment.

Supervisors are responsible for contacting Human Resources immediately if it is suspected that an employee is under the influence of drugs and/or alcohol while carrying out duties of their employment.

Any employee who is operating a company owned vehicle and is involved in a vehicle accident or incident that results in damage or injury to any vehicle, personal or private property, or person, regardless of fault, will be drug and alcohol tested immediately after the incident.

To assure compliance, District executives may initiate, as needed, random drug/alcohol testing in service areas where indicated (*Reference: Vehicle Accident/Incident policy*).

### **Consequences**

Any employee who tests positive for illegal substances, including prescription drugs without a valid prescription, will be terminated immediately. Employees will be subject to the same consequences of a positive drug test if he/she refuses the screening or the test, adulterates or dilutes the specimen, substitutes the specimen with that from another person, refuses to sign required forms or refuses to cooperate in the testing process in such a way that prevents accurate completion of the test.

One of the goals of the *Drug-Free Workplace* policy is to encourage employees to voluntarily seek help with alcohol and/or drug related problems. Disciplinary action will not be taken against an employee who proactively voluntarily identifies him/herself as a user of illegal drugs or an abuser of alcohol prior to being identified through other means, and who obtains official documented counseling and/or rehabilitation through the District's employee assistance program (EAP), and thereafter refrains from using illegal drugs and/or alcohol abuse in accordance with the provisions of this policy.

### **Reporting to Outside Agencies**

Should an employee hold a license or certification from a state or federal agency (i.e. RN, paramedic, M.D., D.D.O., registered sanitarian, etc.), the District shall report the positive test result to the applicable agency in accordance with rules and regulations set forth by the licensing agency.

### **Tobacco Use**

The District is dedicated to improving the health and well-being of the communities it serves. As part of this mission, all persons including employees, volunteers, students, patients, visitors, vendors, contractors and others who appear at facilities designated for District business are prohibited from using tobacco products inside, around, or on the grounds, including, the parking lots and roadways, of any District buildings, facilities and vehicles. Tobacco products include, but are not limited to, cigarettes, cigars, pipes, and other smoking products; dip, chew, snuff and any other smokeless tobacco products; and electronic products that deliver nicotine or other substances, such as electronic cigarettes or vaporizers.

The District strongly encourages tobacco users interested in quitting to learn more about free smoking cessation support by calling 1-877-YES-QUIT, or visiting [www.yesquit.org](http://www.yesquit.org).

### **Assistance/Information**

Employees are encouraged to make use of the District's employee assistance program if they are concerned that they or a family member may have a drug and/or alcohol problem. Employees proactively seeking treatment through the employee assistance program will receive no sanction for seeking such assistance.

### **Confidentiality**

Information received by the District regarding drug test results and/or an employee's mandatory or self-referral to the employee assistance program is confidential, and such information shall be made solely to those individuals on a need-to-know basis.

**Violation**

Any violation of this policy may result in appropriate corrective disciplinary action, up to and including suspension, with or without loss of pay, or termination. It is the intent of this policy to be in compliance with the Drug-Free Workplace Act of 1988.

# Employee Assistance Program Policy

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## **Audience/Eligibility**

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

## **Policy**

It is the District’s policy to provide an Employee Assistance Program (EAP) that provides confidential, professional assistance to help employees and/or their immediate family members to resolve problems that affect their personal lives and/or performance on the job.

## **Self-Referrals**

Employees are encouraged to seek assistance for a personal problem by contacting the EAP before job performance is impaired. Self-referrals are confidential, and no contact is made between the EAP and supervisors. Vacation or Sick leave is to be used for any time missed from work due to a self-referral to the EAP. It is the employee’s responsibility to request supervisory approval for scheduled absences. (*Reference: Attendance policy*)

## **Mandatory Referrals**

Supervisors may refer employees to the EAP based on documented deteriorating or unsatisfactory job performance. Employees with a mandatory referral to the EAP will use Administrative Leave for those appointments that occur during business hours (*Reference: Employee Leave policy*).

If an employee is given a mandatory referral to the EAP and does not make contact with the EAP within the allotted timeframe, or does not complete the recommended treatment plan, the employee will be terminated from the employment of the District. (*Reference: Corrective Action and Employee Leave policies*)

Regardless of whether the employee is referred to the EAP, the usual disciplinary procedures for poor job performance will be followed if an employee's job performance continues to be unsatisfactory.

Mandatory referrals may also apply when an employee discloses substance abuse. (*Reference: Drug-free Workplace policy*)

## **Confidentiality**

Contact between the EAP and an employee or his/her immediate family member is confidential. In the case of a mandatory referral, the *Release of Information* signed by the employee allows Human Resources to receive a report of attendance or absence from a session. The *Release of Information* does not allow Human Resource to receive information regarding the nature of the visit unless, in the judgment of EAP staff, an employee represents a threat to himself or others or unless otherwise required by law. Mandatory referrals to the EAP shall be kept confidential and maintained by Human Resources separate from other personnel records.

# Employee Corrective Action Policy

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## Audience

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

## Policy

When it is determined that an employee is not meeting expectations, the most directly accountable manager is expected to take fair, consistent, appropriate, and timely corrective action.

These important factors will be considered in all applications of corrective action:

- the seriousness of the offense;
- the employee's past record; and
- the circumstances surrounding the particular case.

The procedures below may be **used or skipped at any time** at the approval of Human Resources and/or the Chief Executive Officer or designee.

## Initial Employment Period

It is *recommended* that corrective action situations involving employees who are in their initial employment period be dealt with by progressive corrective action. However, an employee in their initial employment period may be immediately dismissed based on the recommendation of the supervisor and/or program director and review and approval by the Human Resources Director, Chief Executive Officer or designee.

## Regular Employees

Progressive corrective action may be skipped at any time for those situations warranting immediate action, up to termination, depending on the severity of the infraction and the consequences to the public and/or organization and at the approval of Human Resources, the Chief Executive Officer or designee.

Written corrective actions are expected to be issued to the employee within one business day of the infraction and/or after the conclusion of the investigation.

Supervisors at all levels are expected to utilize the *GCHD Investigation Form* whenever possible to document any issue(s), investigation notes and other pertinent information to ensure conformity and consistency in the resolution of documentation. Upon resolution, the Investigation Form shall be given to Human Resources for appropriate archiving.

Four types of corrective action are recognized. These are: *verbal clarification*, *written warning*, *suspension*, and *dismissal*.

## Progressive Corrective Action

### Step 1: Verbal Clarification

When a performance problem is first identified, the supervisor is expected to thoroughly discuss the problem with the employee within one business day of the incident and/or after the conclusion of the investigation. Bringing the problem to the attention of the employee is often enough to prompt him/her to correct it willingly. The “verbal clarification” should be given to the employee in private, out of earshot of other employees.

The offending employee will be given a verbal clarification by his/her supervisor. The supervisor, for purposes of letting the employee know that it is an official warning, will state, "**This is a verbal clarification.**" The supervisor is expected to document the verbal clarification on the *District Official Discipline Notice* to maintain documentation for future reference. This documentation should be forwarded to Human Resources for filing in the employee’s personnel file.

### Step 2: Written Warning Corrective Action

If satisfactory performance is not achieved by issuing the employee a verbal clarification, the supervisor and/or the next level of management is expected to:

- (a) Promptly notify the employee that corrective action may occur immediately after an incident occurs. Let the employee know that as soon as the investigation is complete, and all relevant facts are gathered that you will meet with them to inform them of the outcome and any actions to be taken.
- (b) Promptly notify the Human Resources Director of the incident and seek any guidance about facts needed.
- (c) Investigate the incident by gathering all relevant facts, including the employee’s side of the incident.
- (d) Within one workday of finishing the investigation:
  - a. prepare a draft corrective action for review by the Human Resources Director, and
  - b. issue the approved corrective action to the employee in private allowing time for the employee to write comments.
- (e) Forward the corrective action along with any supporting documentation to Human Resources for filing in the employee’s personnel file.

Written corrective actions must include the following:

- (a) Complete form (or memo in some cases)
- (b) Copy of the verbal clarification attached (if applicable)
- (c) Statement of the policy or procedure violated or in some circumstances the job description can be attached if the employee has done something that is not on his/her approved job description (attach copy).
- (d) Statement of consequences of actions (i.e. adverse impact to district, disruption of workplace, impact on GCHD credibility, adverse impact on public member(s), etc.)
- (e) Clear detailed plan to correct infraction – training by whom, by when, review policy by when, etc.
- (f) Statement of what will happen if the same or similar infraction occurs in the future.

### Step 3: Suspension

If a formal discussion and written corrective action with the employee have not resulted in corrective action, the next step based on the seriousness of the offense, is suspension without pay. A suspension is time off -not to exceed 10 working days- without pay for misconduct that is not serious enough to warrant immediate dismissal. Time periods for suspensions are based on FLSA status (salary/exempt vs. hourly/non-exempt), the seriousness of the infraction, and Department of Labor guidelines and regulations.

The supervisor and/or next level of management is expected to:

- (a) Complete the steps above for investigating and writing a corrective action.
- (b) Work with the Human Resources Director to determine length of time employee will be suspended.
- (c) Obtain all approval signatures prior to meeting with the employee.
- (d) Meet in private with the employee to review the areas of concern and issue the suspension (ensure that employee is aware of when to return to work and that the suspension is without pay).
- (e) Inform the employee that his/her job is in jeopardy and that failure to correct the problem will result in further action which may include termination of employment.
- (f) Meet with the employee upon his/her return to review the corrective action plan.
- (g) Forward the corrective action along with any supporting documentation to Human Resources for filing in the employee's personnel file.

#### Step 4: Dismissal

Based on the seriousness of the offense, the employee's past record, and the circumstances surrounding the particular case, the supervisor can initiate the termination process by documenting, in writing, the reasons for dismissal and the steps that have been taken to correct the problem.

The supervisor and/or next level of management is expected to:

- (a) Schedule a meeting with the Human Resources Director to discuss if dismissal is appropriate.
- (b) Assist the Human Resources Director in developing a chronology of the employee's personnel file (to include verbal clarifications, corrective actions, personnel evaluations, etc.).
- (c) Upon approval to proceed with the termination process from the Human Resources Director, Chief Executive Officer or designee, assist the Human Resources Director in drafting a termination notice for the signature of the Director level manager. The termination notice will include:
  - the reason(s) for the action,
  - the effective date, and
  - signature of the Director level manager
- (d) Meet with the employee in private to issue the termination notice.

#### Situations Warranting Immediate Dismissal

Serious problems of behavior that threaten or disrupt district operations or the work of other employees will result in immediate action to stop the behavior. This action may range from removal of the employee from the work site, suspension, or immediate dismissal.

Where an employee threatens or significantly disrupts operations or the work of other employees, the progressive corrective action plan need not be followed.

Violation of any of the following rules will be considered adequate justification for immediate dismissal:

- use, sale, possession, transfer, manufacture, distribution, dispensation, purchase or reporting to work under the influence or effects of alcohol, illegal narcotics, or any non-medically prescribed controlled drug or substance on company property;
- testing positive for any amount of illegal drugs, prescription drugs without a valid prescription, or alcohol;
- failure to complete an ordered drug and/or alcohol test;
- stealing or attempting to steal property from any individual on District premises, or stealing or attempting to steal property from the District;
- bodily assault upon any person, or fighting on District property;
- indecent conduct on District premises;
- Unlawful possession or reckless use of firearms or any dangerous weapons on District property.;
- threatening, intimidating, coercing, or interfering with other employees;
- insubordination to supervisor, refusal to perform supervisor's assignments (unless assignment violates the law), or directing abusive or threatening language toward any District supervisor, employee, or representative;
- disclosing business information of a confidential nature to unauthorized persons, or any action by an employee that would create poor public relations;
- fraud committed by knowingly accepting pay for time not worked;
- acts of sabotage, or other interference with District projects;
- conviction of a felony that shows relationship between the position and reason for conviction;
- job abandonment (absence for three consecutive working days without notifying supervisor);
- unsafe operation of equipment in a negligent manner or destruction of District material or property or the property of fellow employees (the purpose of this provision is to impress upon each employee the need to observe responsible, intelligent, and safe working practices for his own and his co-workers' safety as well as the protection of valuable District property);
- abusive language directed toward employees, management, the District, customers, patients, or vendors;
- falsification of documents; or
- violation of rules of licensure or certification board.

Other inappropriate behavior may be determined to be of equal seriousness with those listed and an employee may be given corrective action/dismissal based on those additional types of behaviors.

**Forms**

- *District Official Discipline Notice*
- *GCHD Investigation Form*

# Performance Evaluation Policy

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## Audience

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

## Policy

It is the District’s policy that each employee’s performance be evaluated at the conclusion of the initial six-month period of employment; six-months after the employee has been transferred, promoted, or demoted; with a significant change in job responsibilities; and at least annually. **Objective**

The objective of the employee performance evaluation is to:

- obtain an official, objective and comprehensive summary of an employee's performance for reference in employment matters
- Assess job-related strengths and competencies;
- Encourage effective communication between the employee and the supervisor(s);
- Identify and document individual contributions to the District’s mission and Strategic Health Plan;
- Evaluate whether or not goals/expectations from the prior review period were accomplished and set new goals for the new review period;
- Allow supervisors to identify, recognize, and appreciate employee instances of exceptional performance as well as identify performance problems requiring an improvement plan or other future corrective measures.

General Objectives during Performance Evaluation Period:

- review and update job descriptions to ensure they meet the mission and business needs of the District and reflects actual work performed;
- review and summarize reports and performance measures that assess employee job performance over the entire review period;
- ensure that each employee understands their supervisor's evaluation of their essential job expectations and has the opportunity to seek clarification and direction;
- assure each employee is evaluated based on essential job functions and categories of expectations to include strategic requirements of the District as a whole, as well as that specific to their service area;
- provide each employee a summary of their job-related strengths, weaknesses, trainings, and future expectations, and a plan for development/improvement, noting any corrective actions taken during the current review period;
- obtain a review and assessment of every evaluation by the next level of management (if applicable) to assess the immediate supervisor’s performance in completing the evaluation, to identify performance concerns, and to make recommendation to improve supervisory and employee performance.

**Violation**

Corrective disciplinary action up to and including, suspension, or dismissal will be taken against any supervisor willfully violating this policy.

**Exceptions** Any deviations from the performance evaluation process or timeline must be reviewed and approved by the Chief Executive Officer or designee. If an employee is on Family and Medical Leave (FMLA) or another leave of absence at the normally scheduled time for a performance evaluation, the performance review may be deferred until the employee returns to work.

**Forms**

*-Confidential Performance Evaluation*

# Separation of Employment Policy

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## Audience

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

## Policy

Employees wishing to resign are to submit a written notice of resignation prior to the effective date of resignation. The notice must be submitted to the employee’s supervisor(s) for forwarding to Human Resources.

In order to meet public service commitments, it is the District’s policy that employees who choose to resign their employment with the District will give at least two weeks notice prior to his/her last day of employment. Furthermore, District management and Coastal Health & Wellness medical and dental providers are expected to give four weeks advance notice due to business commitments and advanced patient appointment schedules. Requests for exceptions to advance notice requirements must be submitted, in writing, to the Chief Executive Officer or designee. Only legitimate, unavoidable circumstances will be considered.

Upon separation, employees are expected to comply with the requirements of the District’s employee retirement plan.

## Accrued Leave Payouts

If an employee is involuntarily separated from employment due to a reduction in force, or as a result of corrective action, the employee will receive the full balance of accrued, unused vacation leave and compensatory time.

If an employee voluntarily resigns from employment with at least two weeks’ advance written notice (with the exception of District management and providers who must give four weeks’ advance written notice), the employee will receive the full balance of accrued, unused vacation leave and compensatory time.

Unless an exception is granted by the Chief Executive Officer or designee, if an employee voluntarily resigns from employment with less than two weeks’ advance written notice (with the exception of District management and providers who must give four weeks’ advance written notice), the employee will not receive payment for accrued or unused vacation leave. (*Reference: Employee Leave policy*)

Sick leave and Wellness leave are not compensable upon separation of employment.

## Checkout Interview

Human Resources shall meet with the exiting employee on or just prior to the employee’s last day of work to determine the final disposition of the following:

- verify the employee's forwarding address (for W-2 purposes);

- complete benefit paperwork;
- discuss insurance conversions;
- assure the employee returns all District property (keys, id badge, etc.);
- assure all travel advances and expense reports are balanced;
- determine method of delivery for final paycheck; and
- assess any other separation of employment matters.

### **Exit Survey**

Human Resources shall provide the departing employee the GCHD Exit Survey one week prior to the employee's last day of work if the employee voluntarily separates from the organization. The purpose of the survey is for the organization to obtain feedback from employees who decide to end their employment with GCHD. The feedback on both favorable and unfavorable employment matters will be combined with feedback received by others. The written results of the survey will be forwarded to the Human Resource Director, Chief Executive Officer and the employee's respective manager and/or director.

### **Laws**

It is the intent of this policy to be in compliance with the Fair Labor Standards Act and the Texas Payday Law.

### **Violation**

Violation of this policy will be noted in the employee's personnel file and may result in loss of accrued, unused vacation leave as outlined above.

# Sexual Harassment Policy

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## Audience

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

## Policy

The District is committed to maintaining a workplace free of sexual harassment. Sexual harassment is a violation of Title VII of the Civil Rights Act of 1964 (as amended) and, as an employer, the District can be held responsible for sexual harassment committed by its employees and agents.

Sexual harassment is any unwelcome sexual advance, request for sexual favor and/or other verbal or physical conduct of a sexual nature when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of employment (quid pro quo);
- Submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting such individual; or
- Such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Behaviors such as (but not limited to) verbal or physical advances, requests for sexual favors, making sexually explicit derogatory or suggestive remarks, making inappropriate statements or gestures based on gender, or displaying of sexually oriented books, magazines, photos, cartoons, or objects that are offensive or objectionable are common to claims of sexual harassment.

The legal definition of sexual harassment, as developed by the courts, includes different types of sexual conduct, such as:

- **Quid pro quo** - the Latin phrase meaning "something for something." This type of harassment occurs when, for example, a supervisor makes unwelcome sexual advances at a subordinate employee and submission to the advances is an expressed or implied condition of employment for receiving job benefits; or, refusal to submit to the demands results in a loss of a job benefit or in termination of employment.
- **Hostile environment** - relentless and continuing unwelcome sexual conduct that interferes with an employee's work performance or that creates an intimidating, hostile, abusive or offensive work environment.
- **Harassment by non-employees** - the agency may be liable for the sexual harassment of employees by customers, or other third parties, if the District was made aware of the improper behavior but failed to attempt to mitigate the issue.

Sexual harassment may occur in a variety of situations and circumstances. Although it is not possible to catalog every situation or conduct that constitutes sexual harassment, the following circumstances may all be applicable.

- The victim, as well as the harasser, may be a male or female.
- The victim does not have to be of the opposite gender.
- The harasser can be the victim's supervisor, a supervisor from another area, a co-worker, customer, vendor, volunteer, or contractor.
- The victim does not have to be the person who is harassed, but can be anyone adversely affected by the offensive conduct.
- The harasser's conduct is unwelcome.

Employees who experience sexual harassment should make it known to the harasser that their actions are not welcomed. The employee should indicate that they do not want the behavior to continue and that their actions make them uncomfortable. Any employee who feels that he/she is a victim of sexual harassment must immediately report the matter to their supervisor, manager, director, Human Resources Director or the Chief Compliance Officer.

### **Confidentiality**

Information related to the complaint and issues discussed with the Human Resources Director and/or Chief Compliance Officer will be treated as confidential. However, the ability to maintain such confidentiality may be limited by law or by the best interests of the District, the employee or other employees.

### **False Reporting**

Any employee who makes an intentionally false accusation of sexual harassment is subject to corrective disciplinary action up to and including termination.

### **Investigation of Complaints**

The Chief Compliance Officer and/or Human Resources Director will promptly initiate an investigation into any allegation of sexual harassment. The Chief Compliance Officer and/or Human Resources Director will make every reasonable effort to determine the facts pertinent to the complaint.

The investigation may include, but is not limited to, interviews with witnesses and discussions with involved parties. During the course of the investigation, the alleged harasser may be placed on paid administrative leave to allow for the investigator to work unimpeded. All investigations of sexual harassment complaints shall be conducted as discreetly as possible. Upon conclusion of the investigation, the Chief Compliance Officer, and the Human Resources Director will convene to discuss the investigation's results and the appropriate disciplinary action, if any, to be imposed.

If findings support the charge of sexual harassment against the accused employee, that employee shall be subject to disciplinary action up to and including termination.

### **Accusation of Sexual Harassment**

Retaliation against or disciplining any person for reporting an allegation of sexual harassment is strictly prohibited. Any employee who makes an intentionally false accusation of sexual harassment shall be subject to disciplinary action, which may include, but is not limited to, suspension, probation, or dismissal.

**Training**

All employees must receive training on the District's policy and procedures related to sexual harassment. Training will be provided for new employees during orientation and for existing employees on an annual basis. Human Resources will ensure the District's compliance with this requirement.

**Law**

It is the intent of this policy to be in compliance with Title VII of the Civil Rights Act of 1964 (as amended).

# **Vehicular Accidents/Incidents Policy**

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## **Audience**

This policy applies to all Galveston County Health District, Galveston Area Ambulance Authority, and Coastal Health & Wellness (collectively “the District”) employees who operate vehicles owned or leased by the District.

## **Policy**

The District is committed to maintaining a safe and productive work environment for all employees and to ensuring that safe and efficient services are rendered to the citizens of Galveston County.

## **Post-Accident / Incident Drug and Alcohol Testing**

Any employee involved in a vehicle accident or incident that results in damage to any vehicle, personal or private property, or injury to any person, regardless of fault, is required to immediately report the accident/incident to his/her supervisor. The supervisor is responsible for removing the employee who was operating the vehicle from active duty and coordinating a drug and alcohol test to be performed immediately on the employee.

If the accident/incident occurs during regular business hours, the supervisor is to contact Human Resources or the Risk and Safety Coordinator for guidance and drug testing locations. If the accident/incident occurs after regular business hours, the supervisor is responsible for contacting a drug testing company and requesting that a representative from the company arrive on location and perform a field drug and alcohol test on the employee. The supervisor is required to stay with the employee until the testing is complete and results are provided. In the event the accident is out of town and the supervisor is unable to be with the employee, the supervisor is expected to stay in constant communication with the employee until the testing is complete and results have been provided.

The supervisor is responsible for contacting the department’s manager or director to discuss the circumstances of the accident or incident, and may recommend the employee be placed on paid administrative leave pending the outcome of the drug and alcohol test.

No later than the following business day after the event’s occurrence, the supervisor is responsible for notifying Human Resources of the event and for completing an *Employee Incident or Injury Report* form and submitting the report to the Risk and Safety Coordinator. Human Resources will consult with the supervisor and departmental director regarding next steps.

Failure of an employee to complete the ordered drug and alcohol test will result in immediate termination. Any employee who tests positive for any amount of illegal drugs or prescription drugs without a valid prescription and/or alcohol will be terminated (Reference: Drug-free Workplace policy).

## **Mandatory Defensive Driving**

Any employee who has had an accident/incident in a District owned vehicle and/or receives a citation may be required to complete an approved defensive driving and/or emergency vehicle operation course. The course will be taken at the employee’s expense and completed on the employee’s own time, and a certificate of completion must be presented to the employee’s supervisor and to Human Resources within sixty (60) calendar days from the date on which the course was assigned. The employee is responsible for

submitting documentation to Human Resources within the designated timeframe. Failure to complete a mandated defensive driving and/or emergency vehicle operation course within the required time period may result in suspension or termination.

**Preventable Accidents/Incidents**

All vehicular accidents and incidents will be reviewed by the Risk and Safety Committee to determine the cause(s) of the accident or incident, to assess whether the accident or incident was preventable, and to discuss the implementation of policies or procedures to prevent similar recurrences.

If an employee was engaged in a preventable incident, it will be up to the employee's supervisor to work with the Human Resources Director to determine the appropriate disciplinary action, if any.

**Violation**

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

**Forms**

Employee Incident or Injury Report.

# Volunteer Policy

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## **Audience**

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

## **Policy**

The Galveston County Health District is committed to providing the best programs and services to its clients and to the community. Volunteers help to improve community awareness of public health issues and services. Using volunteers helps educate and train potential future employees and is a cost-effective means of addressing workforce shortages.

*Generally, volunteers 18 years of age and above are accepted at the Health District; however, with the approval of the Chief Executive Officer or designee, program-specific volunteer programs may be approved for an age exception as long as operational, legal, and risk reduction concerns are properly assessed.*

## **Types of Volunteers**

A volunteer is considered an individual who, beyond the confines of paid employment or contract responsibilities, contributes time and service to assist in the accomplishment of a mission. Volunteers include:

- General public
- Those associated with community-based organizations including faith-based institutions
- Health Professionals
- Students - supervised by a faculty
- Licensed Professionals
  - those that do not go through the Health District’s LIP credentialing process (RNs, LVNs, EMTs, Non-certified X-Ray Technicians, Registered Dental Assistants, Dental Hygienists, etc.)
  - those that go through the Health District’s LIP credentialing process (MDs, Mid Levels, Dentists, etc.)
- Those legally required to do community service
- Public Health Emergency Preparedness volunteers

In accordance with the Fair Labor Standards Act, employees of the Health District may not “volunteer” time to the District. All hours worked must be compensated according to the *Hours Worked and Compensatory/Overtime* policy.

## **Orientation / Training**

Volunteers will be trained on appropriate and required topics related to their area(s) of service.

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Human Resources will notify the volunteer of the specific date and time of the orientation and coordinate with a program area point of contact for assignment times and dates. Volunteers will be oriented / trained by the supervisor on matters specific to the area where they will work.

### **Immunization Requirements**

Volunteers are required to receive the same vaccinations as employees and at their own expense. Exceptions will be made on a case by case basis by the Chief Nursing Officer depending on areas worked, type of vaccine/communicable disease, types of exposure risk(s), mode of transmission, period of volunteerism, types of volunteer duties, local epidemiological information, etc.

### **Insurance**

All volunteers at the Health District are expected to stay within their discipline, scope of services and activities, approved privileges and established clinical practice guidelines. All students from professional schools are expected to have a memorandum of understanding in place prior to volunteering.

Volunteers are not covered under the Health District's Workers' Compensation insurance. Those Public Health Emergency Preparedness volunteers assisting in an emergency situation are protected under various state and federal laws.

Extenuating circumstances require volunteer activities and coverage to receive advanced review and approval from the Human Resources Director prior to volunteering.

*Students who provide healthcare services in the Coastal Health & Wellness Clinic or within the Immunization Services area will be assigned a preceptor or a faculty.*

- "preceptor" is the GCHD staff person assigned to supervise the volunteer
- "faculty" is the person associated with student's teaching institution.

### **Violation**

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

### **Forms**

- Volunteer Registration
- Volunteer Timesheet
- Confidentiality Agreement
- Volunteer Program Orientation Acknowledgement

## **Employee and Pre-hire Immunizations and Screenings**

### **Audience**

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

### **Policy**

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

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

### **Required Immunizations**

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

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

All new employees will be required to provide a current (less than 12 months from date of hire) TST or IGRA prior to their start date. In the event a new hire employee is a prior positive reactor, a chest X-ray (less than 12 months from date of hire) will suffice for clearance. Any

employee exposed to TB will undergo post-exposure repeat screening.

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

### **Responsibilities**

Each employee is responsible for:

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

All supervisors are responsible for:

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

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

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

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

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

TB Program Manager

- Evaluates all positive Reactions of Pre-hires and employees

### **Violation**

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

### **Forms**

*Employee Immunization Category*

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**Governing Board  
September 2019  
Item #7  
EXECUTIVE SESSION**

**Executive Session: Texas Government Code Section 551.071, Consultation with Attorney: The Governing Board will enter into an executive session as permitted under the Texas Open Meetings Act, Chapter 551 of the Texas Government Code, pursuant to Section 551.071 of the Government Code to seek the advice of its attorney about pending or contemplated litigation, a settlement offer, or on a matter in which the duty of the attorney to the Board under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with the Open Meetings Act relating to each of the following items:**

- a) A pending EEOC matter.

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**Governing Board  
September 2019  
Item #8  
Reconvene into Regularly Scheduled  
Open Meeting**

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**Governing Board  
September 2019  
Item #9  
Possible Action from Executive Session**

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**Governing Board**

**September 2019**

**Item #10**

**Recognition of David Delac for his Dedicated Service to the Coastal  
Health & Wellness Governing Board from 2016-2019**

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# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board  
September 2019  
Item #11  
Executive Report**

**Governing Board  
September 2019  
Item #12  
Consider for Approval August 2019  
Financial Report**

# COASTAL HEALTH & WELLNESS

Governing Board



## FINANCIAL SUMMARY

For the Period Ending August 31, 2019

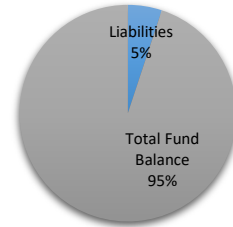
September 26, 2019

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

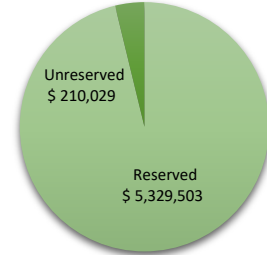
**CHW - BALANCE SHEET** as of August 31, 2019

	Current Month Aug-19	Prior Month Jul-19	Increase (Decrease)
<b>ASSETS</b>			
Cash & Cash Equivalents	\$5,263,328	\$5,044,995	\$218,333
Accounts Receivable	1,813,880	1,980,562	(166,681)
Allowance For Bad Debt	(1,300,244)	(1,251,749)	(48,495)
Pre-Paid Expenses	98,498	119,211	(20,713)
Due To / From	(39,867)	43,469	(83,336)
<b>Total Assets</b>	<b>\$5,835,596</b>	<b>\$5,936,488</b>	<b>(\$100,891)</b>
<b>LIABILITIES</b>			
Accounts Payable	\$62,497	\$129,641	(\$67,143)
Accrued Salaries	224,112	186,978	37,134
Deferred Revenues	9,455	9,778	(323)
<b>Total Liabilities</b>	<b>\$296,064</b>	<b>\$326,397</b>	<b>(\$30,333)</b>
<b>FUND BALANCE</b>			
Fund Balance	\$5,813,682	\$5,813,682	\$0
Current Change	(274,150)	(203,591)	(70,559)
<b>Total Fund Balance</b>	<b>\$5,539,532</b>	<b>\$5,610,091</b>	<b>(\$70,559)</b>
<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<b>\$5,835,596</b>	<b>\$5,936,488</b>	<b>(\$100,891)</b>

**Current Period Assets**



**Total Fund Balance**



**CHW - REVENUE & EXPENSES** as of August 31, 2019

	Actual Aug-19	Budgeted Aug-19	PTD Budget Variance	YTD Budget Variance
<b>REVENUE</b>				
County Revenue	\$324,071	\$324,070	\$1	\$4
DSRIP Revenue	0	79,167	(79,167)	(395,833)
HHS Grant Revenue	245,064	260,617	(15,553)	133,164
Patient Revenue	213,288	368,553	(155,265)	(625,188)
Other Revenue	18,171	23,635	(5,464)	(49,437)
<b>Total Revenue</b>	<b>\$800,594</b>	<b>\$1,056,042</b>	<b>(\$255,448)</b>	<b>(\$937,291)</b>
<b>EXPENSES</b>				
Personnel	\$610,088	\$680,896	\$70,808	\$371,312
Contractual	53,081	85,808	32,727	127,156
IGT Reimbursement	0	37,500	37,500	187,500
Supplies	70,554	121,986	51,432	80,421
Travel	2,742	2,519	(224)	(3,549)
Bad Debt Expense	49,213	35,045	(14,168)	(37,724)
Other	85,475	92,289	6,813	(128,981)
<b>Total Expenses</b>	<b>\$871,153</b>	<b>\$1,056,042</b>	<b>\$184,889</b>	<b>\$596,136</b>
<b>CHANGE IN NET ASSETS</b>	<b>(\$70,559)</b>	<b>\$0</b>	<b>(\$70,559)</b>	<b>(\$341,155)</b>

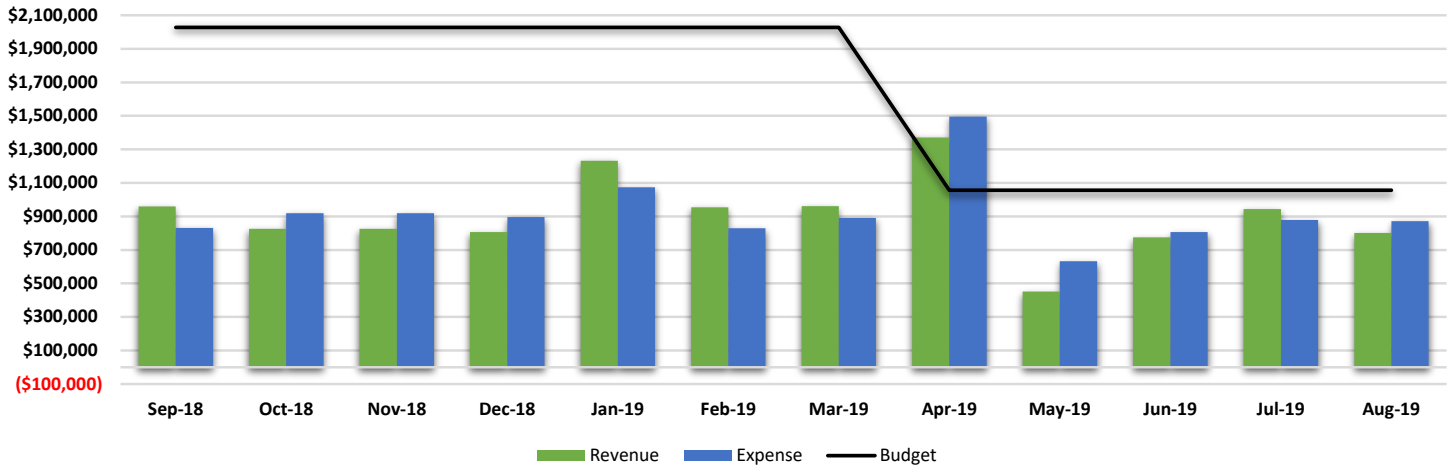
**Current Month Revenue & Expenses Actual**



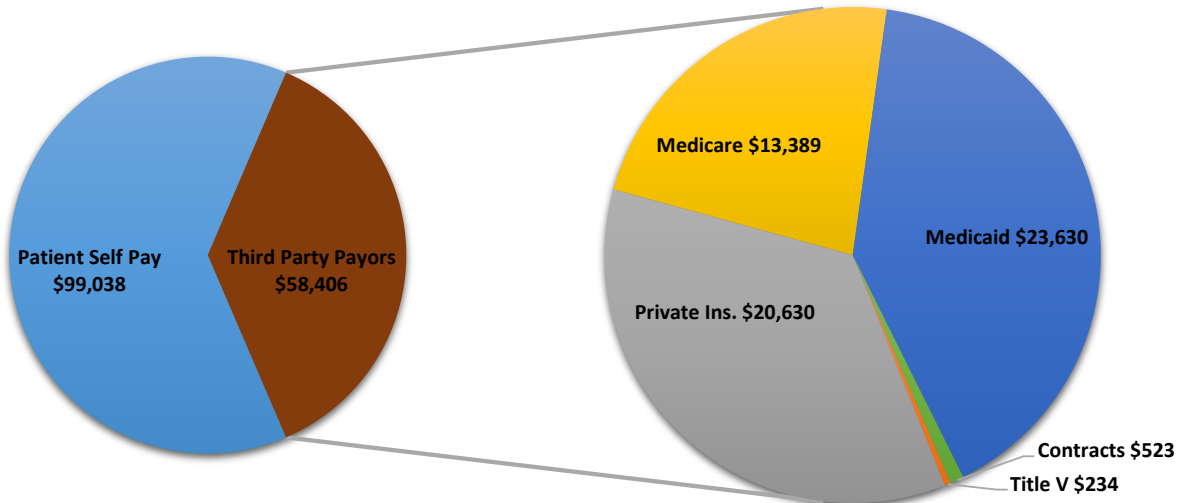
**HIGHLIGHTS**

- MTD decrease in Fund Balance of (\$70,559) and YTD decrease of (\$274,150).
- MTD revenues were underbudget by \$255,448. Revenues are lower across all payer categories as visits are lower than actual budget. Revenues are also lower from HRSA draw down (\$15,554 for August) and SUD-MH draw down (\$34,942) which will happen in September, and Pharmacy Revenue in the amount of \$15K from Rx's that were transferred in and not credited to our 340B account from Walgreen's. This should be corrected in September.
- MTD expenses were \$184,889 underbudget. Travel was slightly overbudget, but was offset by savings in Personnel, Contractual, Supplies and Other. Bad debt expense is overbudget for the month. Accrual is based on % of Self-Pay Charges less Adjustments and is adjusted at FYE.
- Total Fund balance is \$5,539,532 as of 8/31/19.

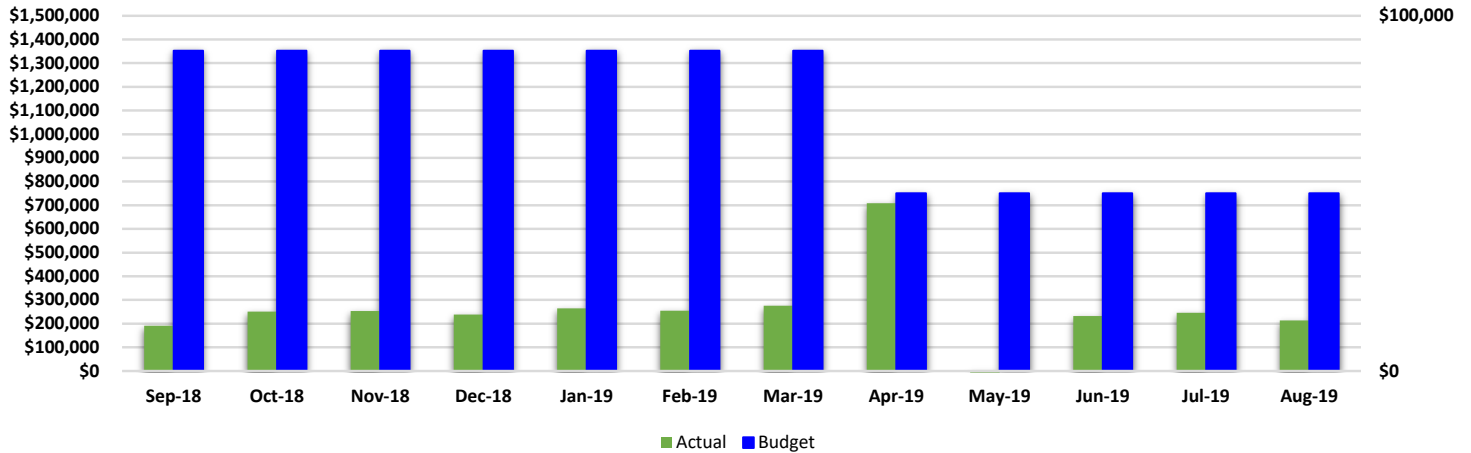
### Actual Revenue & Expenses in Comparison to Budget

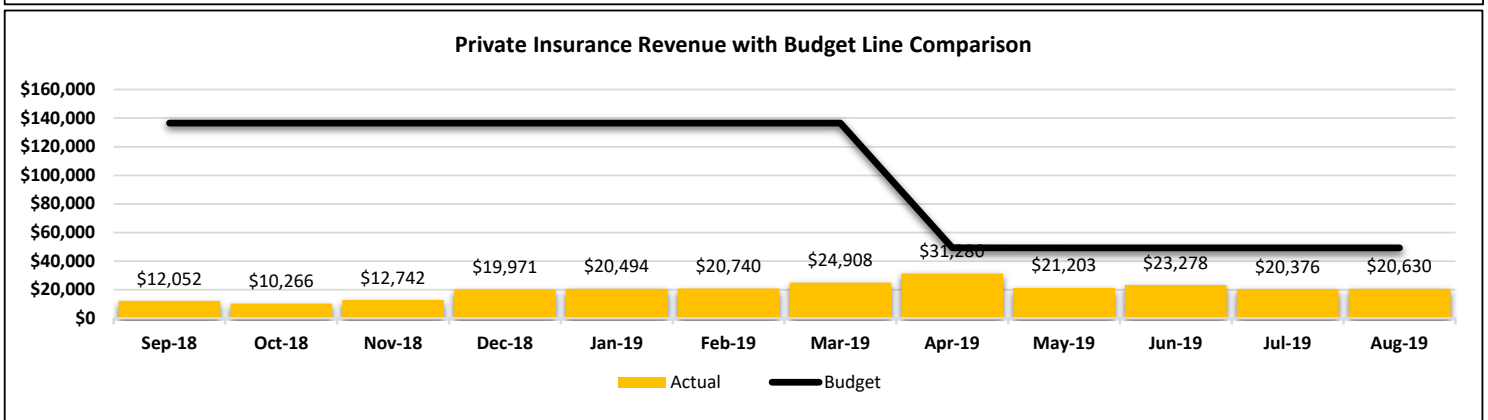
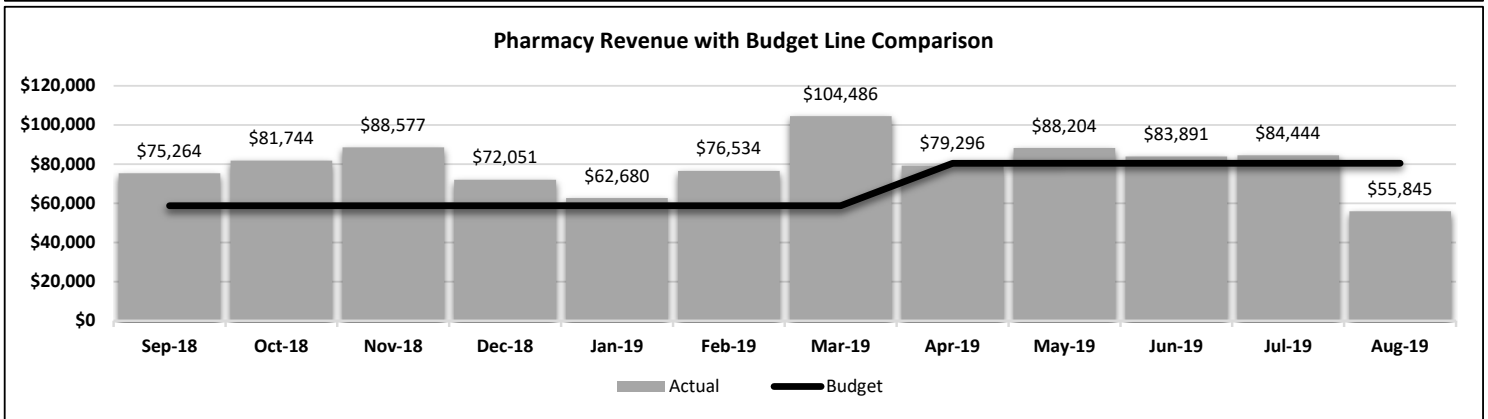
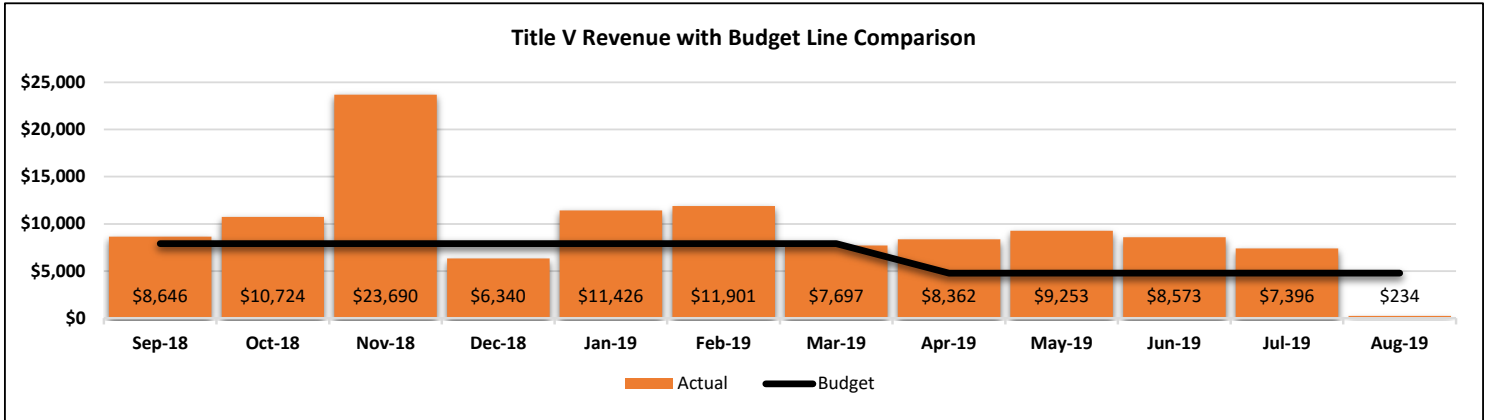
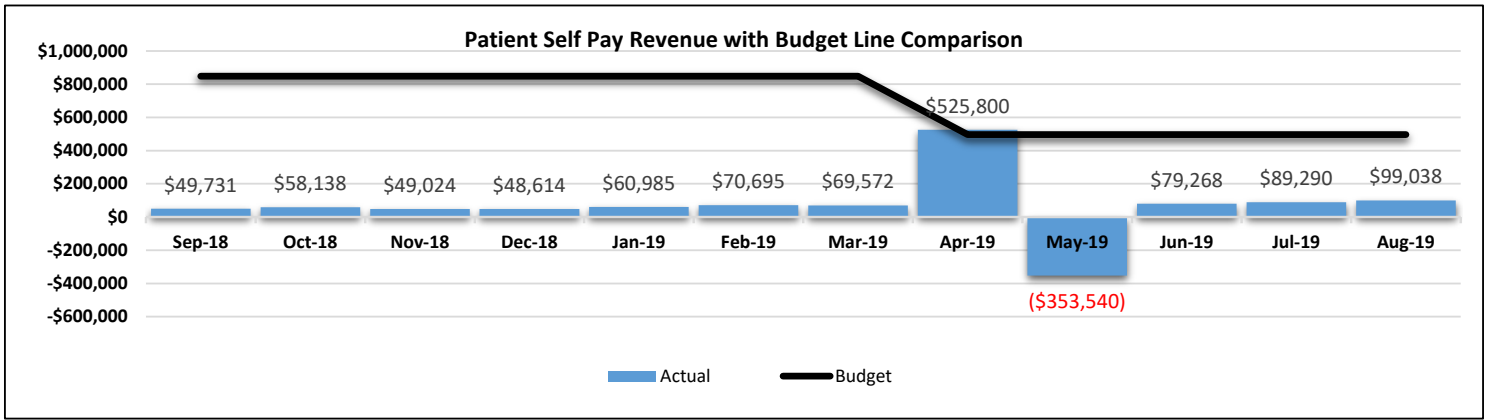


### Current Period Patient Revenue with Third Party Payor Contributions Identified

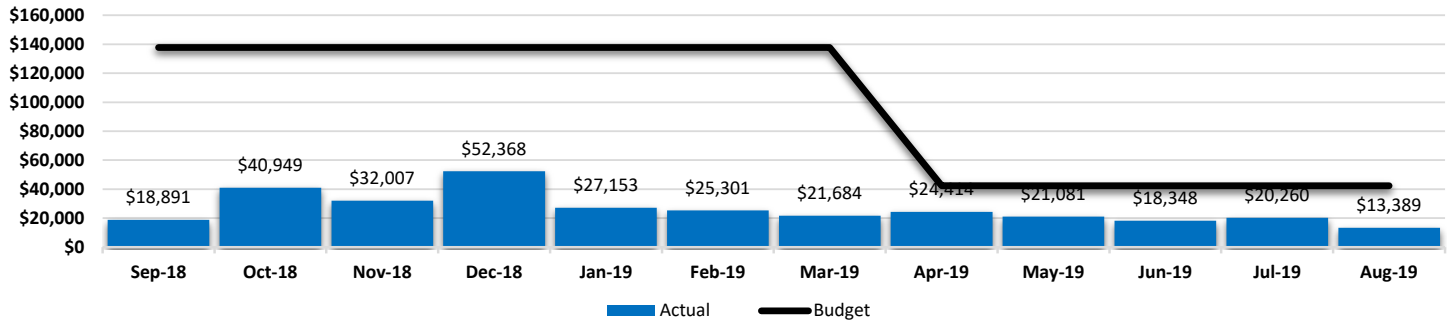


### Actual Patient Revenue Rec'd vs Budget

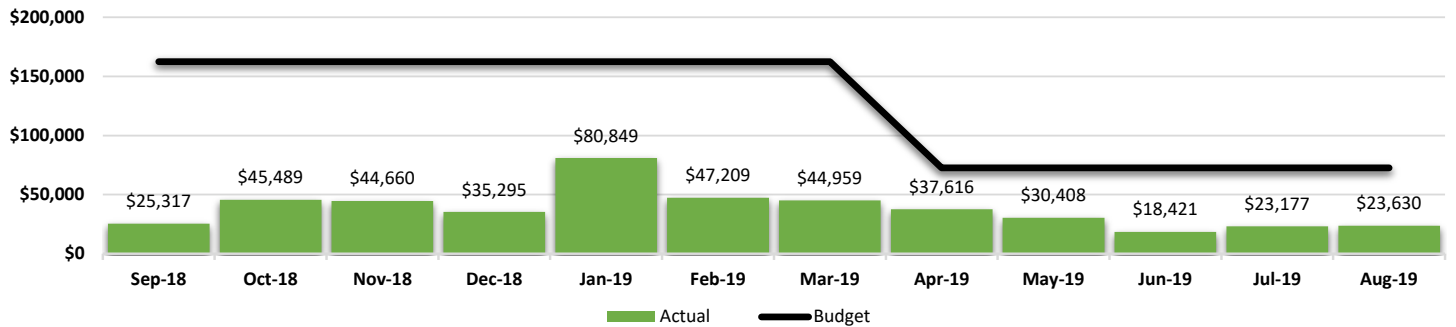




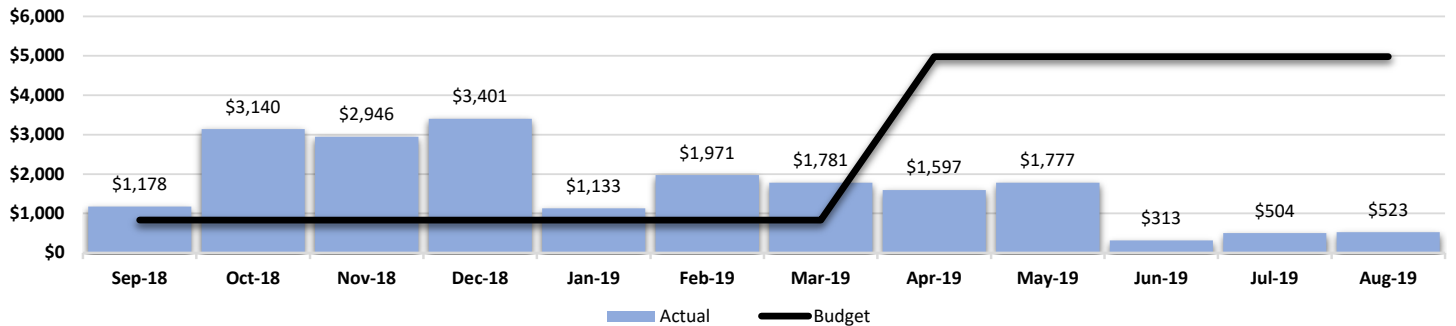
**Medicare Revenue with Budget Line Comparison**



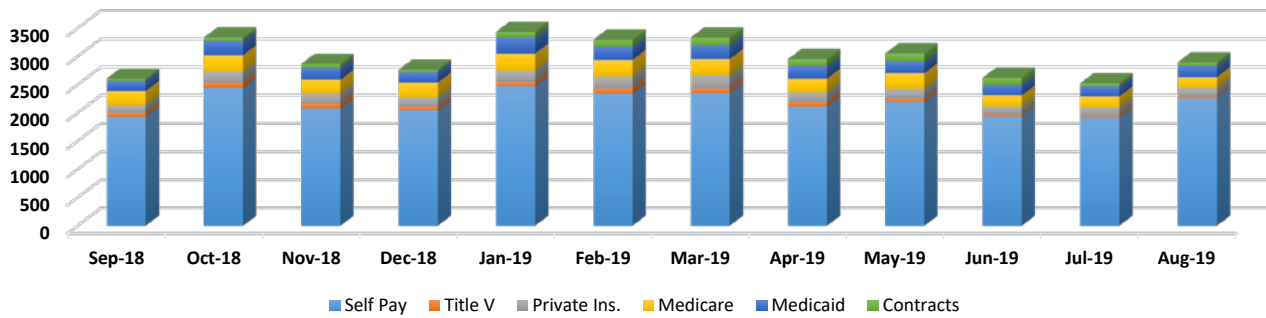
**Medicaid Revenue with Budget Line Comparison**



**Contract Revenue with Budget Line Comparison**



**Total Number of Patient Visits**

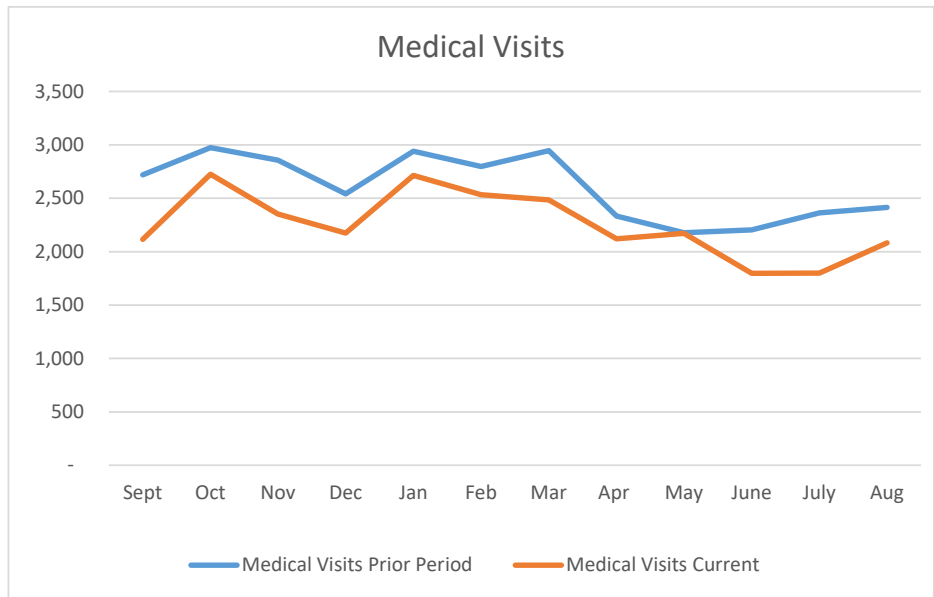




Coastal Health & Wellness								
Statement of Revenue and Expenses for the Period ending Aug 31, 2019								
	<i>Description</i>	<i>Period Ending</i> 8/31/2019	<i>MTD</i> <i>Budget</i>	<i>MTD Budget</i> <i>Variance</i>	<i>YTD</i> <i>Actual</i>	<i>YTD</i> <i>Budget</i>	<i>YTD Budget</i> <i>Variance</i>	<i>Annual</i> <i>Budget</i>
Other	OPERATING EQUIPMENT	\$0	\$0	\$0	\$18,500	\$0	(\$18,500)	\$0.00
Other	BUILDING IMPROVEMENTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	NEWSPAPER ADS	\$603	\$1,500	\$897	\$5,337	\$7,500	\$2,163	\$18,000.00
Other	SUBSCRIPTIONS, BOOKS, ETC	\$0	\$125	\$125	\$150	\$625	\$475	\$1,500.00
Other	ASSOCIATION DUES	\$2,667	\$2,883	\$216	\$13,333	\$14,413	\$1,080	\$34,592.00
Other	IT SOFTWARE, LICENSES, INTANGIBLES	\$15,960	\$18,355	\$2,395	\$124,919	\$91,777	(\$33,142)	\$220,265.00
Other	PROF FEES/LICENSE/INSPECTIONS	\$567	\$203	(\$365)	\$692	\$1,013	\$321	\$2,430.00
Other	PROFESSIONAL SERVICES	\$51	\$1,875	\$1,824	\$15,916	\$9,375	(\$6,541)	\$22,500.00
Other	MED/HAZARD WASTE DISPOSAL	\$674	\$483	(\$191)	\$2,702	\$2,417	(\$285)	\$5,800.00
Other	TRANSPORTATION CONTRACT	\$648	\$650	\$2	\$2,197	\$3,250	\$1,053	\$7,800.00
Other	BOARD MEETING OPERATIONS	\$42	\$29	(\$13)	\$1,972	\$146	(\$1,827)	\$350.00
Other	SERVICE CHG - CREDIT CARDS	\$535	\$685	\$150	\$3,607	\$3,425	(\$182)	\$8,220.00
Other	CASHIER OVER / SHORT	\$5	\$0	(\$5)	\$5	\$0	(\$5)	\$0.00
Other	LATE CHARGES	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	BAD DEBT EXPENSE	\$49,213	\$35,045	(\$14,168)	\$212,947	\$175,224	(\$37,724)	\$420,537.00
Other	MISCELLANEOUS EXPENSE	\$0	\$0	\$0	\$1,946	\$0	(\$1,946)	\$0.00
	<b>Total Expenses</b>	<b>\$871,153</b>	<b>\$1,056,042</b>	<b>\$184,889</b>	<b>\$4,684,074</b>	<b>\$5,280,209</b>	<b>\$596,136</b>	<b>\$12,672,502</b>
	<b>Net Change in Fund Balance</b>	<b>(\$69,763)</b>	<b>(\$14,384)</b>	<b>(\$55,379)</b>	<b>(\$256,593)</b>	<b>\$8,662</b>	<b>(\$265,255)</b>	<b>(\$0)</b>
		(\$796)	Expenses Fund Bal. Reserve		(\$84,562)			
		(\$70,559)			(\$341,155)			

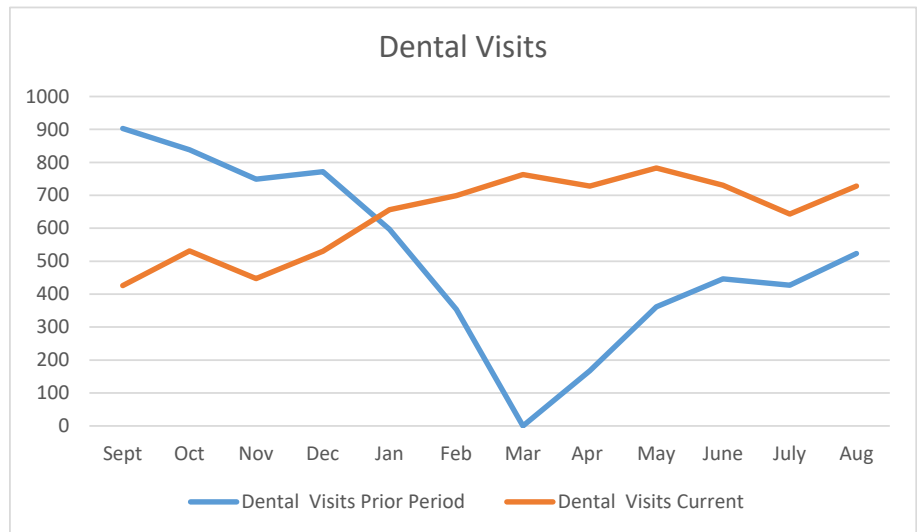
### Medical Visits

	<u>Prior Period</u>	<u>Current</u>
Sept	2,720	2,115
Oct	2,974	2,725
Nov	2,857	2,351
Dec	2,542	2,175
Jan	2,939	2,714
Feb	2,798	2,534
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
	<u>31,268</u>	<u>27,064</u>



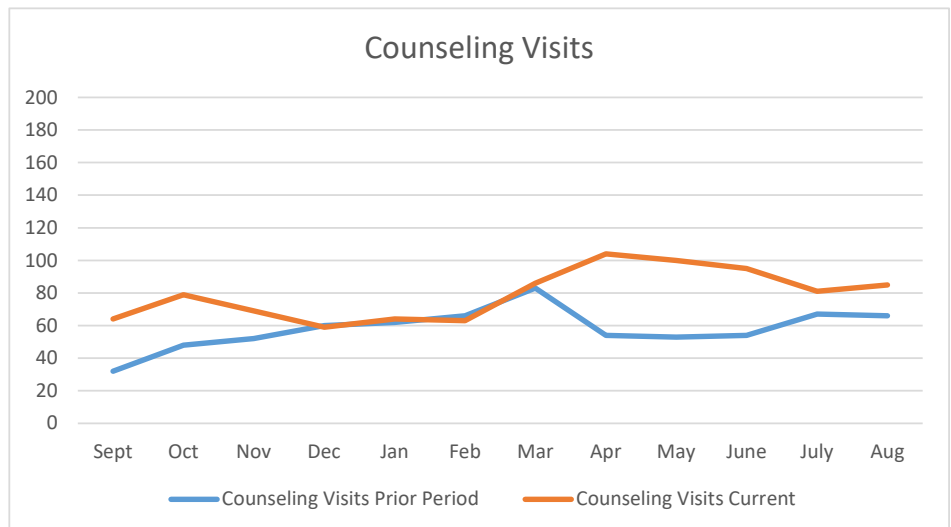
### Dental Visits

	<u>Prior Period</u>	<u>Current</u>
Sept	903	426
Oct	838	531
Nov	749	447
Dec	772	530
Jan	597	656
Feb	354	699
Mar	0	763
Apr	167	728
May	362	783
June	446	731
July	427	643
Aug	523	728
	<u>6,138</u>	<u>7,665</u>



### Counseling Visits

	<u>Prior Period</u>	<u>Current</u>
Sept	32	64
Oct	48	79
Nov	52	69
Dec	60	59
Jan	62	64
Feb	66	63
Mar	83	86
Apr	54	104
May	53	100
June	54	95
July	67	81
Aug	66	85
	<u>697</u>	<u>949</u>



**Vists by Financial Class - Actual vs. Budget**  
**As of August 31, 2019 (Grant Year 4/1/19-3/31/20)**

	Annual HRSA		Over/(Under)		YTD	Over/(Under)	% Over/ (Under)	
	Grant Budget	MTD Actual	MTD Budget	MTD Budget				YTD Actual
Medicaid	5,442	199	454	(255)	998	2,268	(1,270)	-56%
Medicare	3,640	191	303	(112)	1,108	1,517	(409)	-27%
Other Public (Title V, Contract)	1,728	80	144	(64)	455	720	(265)	-37%
Private Insurance	4,718	156	393	(237)	811	1,966	(1,155)	-59%
Self Pay	31,361	2,268	2,613	(345)	10,694	13,067	(2,373)	-18%
	<b>46,889</b>	<b>2,894</b>	<b>3,907</b>	<b>(1,013)</b>	<b>14,066</b>	<b>19,537</b>	<b>(5,471)</b>	<b>-28%</b>

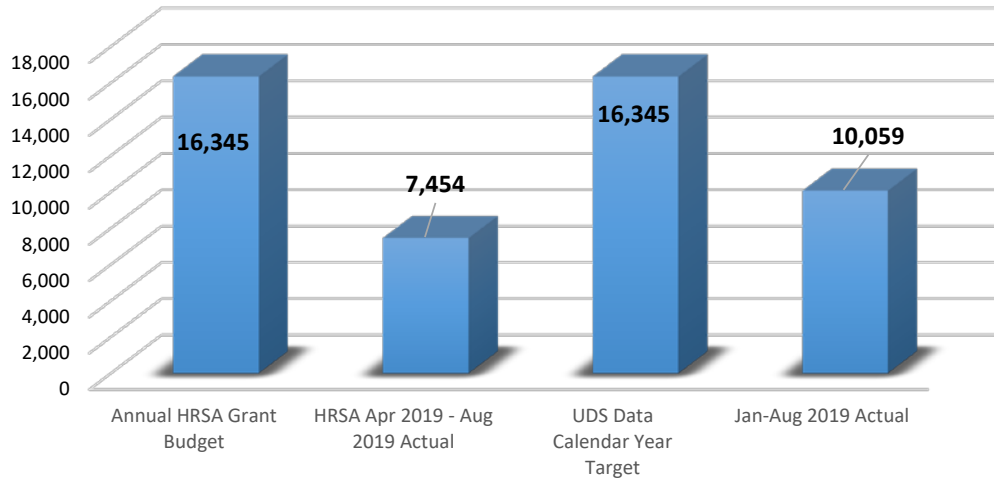
**Unduplicated Patients - Current vs. Prior Year**  
**UDS Data Calendar Year**  
**January through December**

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

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

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

### Number of Unduplicated Patients



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**Governing Board**

**September 2019**

**Item #13**

**Consider for Approval Budget for Additional Funding Received from  
HRSA in the Amount of \$110,000 to Continue the Substance Use  
Disorder-Mental Health (SUD-MH) Program**

**Coastal Health Wellness**

**SUD-MH Grant**

Funding Period: September 1, 2019 to August 31, 2020

Budget Justification	Year 2
	Federal Grant Request
<b>PERSONNEL</b>	
Assisting staff (LVN or Case Manager)	45,000
<b>TOTAL PERSONNEL</b>	<b>\$45,000</b>
<b>FRINGE BENEFITS</b>	
FICA @ 7.65%	5,585
Long Term Disability Insurance @ 0.22%	161
Life ADD @ 0.20%	146
State Unemployment Tax @ 0.10%	73
Dependent Life @ \$1.71/month ( <i>per eligible employee</i> )	21
Medical Insurance @ \$419.26/month ( <i>per eligible employee</i> )	5,031
Retirement @ 2.46%	1,796
Workers Compensation @ 0.50%	365
CARE HERE \$65/month ( <i>per eligible employee</i> ) less \$50 ( <i>emp contr.</i> )	180
<b>TOTAL FRINGE @ 19.4%</b>	<b>13,357</b>
<b>TRAVEL</b>	
Non-Local Travel – related to staff trainings/CME, etc. <i>includes mileage, registration fees, meals</i>	2,889
Local Travel – staff travel b/t clinic sites, meetings, etc. <i>(8,472 x 54 cents per mile)</i>	654
<b>TOTAL TRAVEL</b>	<b>\$3,543</b>
<b>EQUIPMENT – Include items of moveable equipment that cost \$5,000 or more and with a useful life of one year or more.</b>	
Equipment bundle for telemedicine for 2 locations - cart/computer/TV/software, etc.	-
<b>TOTAL EQUIPMENT</b>	<b>\$0</b>
<b>SUPPLIES</b>	
Office & Printing Supplies ( <i>\$100/month</i> )	
Pharmaceuticals/lab expenses	5,000
<b>TOTAL SUPPLIES</b>	<b>\$5,000</b>
<b>CONTRACTUAL – Include sufficient detail to justify costs.</b>	
Telehealth Contract ( <i>\$800/week for 4 hours/week</i> )	30,600
IT Programming for EHR ( <i>\$125/hr for 15 hours</i> )	
<b>TOTAL CONTRACTUAL</b>	<b>\$30,600</b>

**Coastal Health Wellness****SUD-MH Grant**

Funding Period: September 1, 2019 to August 31, 2020

<b>CONSTRUCTION</b>	
Renovation costs for space remodeling in two clinic locations to support Telemedicine access for patients.	
<b>TOTAL CONSTRUCTION</b>	
<b>OTHER – Include detailed justification. Note: Federal funding CANNOT support construction, fundraising, or lobbying costs.</b>	
Training – CME and other types of continuing education (\$417/month x 12 months)	
Patient Transportation	750
Outreach Printing and Advertising	750
<b>TOTAL OTHER</b>	<b>\$1,500</b>
<b>TOTAL DIRECT CHARGES (Sum of TOTAL Expenses)</b>	<b>\$99,000</b>
<b>INDIRECT CHARGES – Include approved indirect cost rate.</b>	
X% indirect cost rate (includes utilities and accounting services)	11,000
<b>TOTALS (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES)</b>	<b>\$110,000</b>

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**Governing Board**

**September 2019**

**Item #14**

**Consider for Approval Budget for Additional Funding Received  
through the Direct Relief Recovery and Resiliency Community Health  
Fund in the Amount of \$146,140**



**Governing Board**

**September 2019**

**Item #15**

**Consider for Approval Purchase of M11 Sterilizer for the Texas City  
Dental Clinic in the Amount of \$5,655**

**Consider for Approval Authorization to Purchase Sterilizer for Dental Clinic in  
Texas City  
from Fund Balance Reserves**

The M11 sterilizer which is used in the equipment sterilizing process quit working on Tuesday. Two of these machines are necessary for the sterilization process. An order has been placed for a replacement sterilizer.

Three quotes were obtained, and AMI Dental was the best quote at \$5,655.00.

We are requesting approval of the purchase sterilizer. This was an emergency need that could not wait another week. Funding comes from Fund Balance Reserves – Medical/Dental Equipment Additions/Replacements, which has a current balance of \$237,777.

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**Governing Board**

**September 2019**

**Item #16**

**Consider for Approval the Coastal Health & Wellness After Hours  
Coverage Policy**



Effective:10/1/2015  
Last Approved:09/27/2018  
Expires:09/27/2019

## **Coastal Health & Wellness After Hours Coverage Policy**

### **Purpose**

The provision of comprehensive and continuous care includes care during hours in which the center is closed. All centers are required to establish firm arrangements for after-hours coverage and whenever possible this coverage should include the center providers.

### **Policy**

It is the policy of Coastal Health & Wellness to provide clinic patients with access to healthcare professionals during hours in which the clinic is not open.

### **Procedure**

- A. Coastal Health & Wellness patients seeking to speak with a healthcare professional after normal business hours will dial the main line at (409) 938-2234 and will hear a recorded message notifying the caller that the clinic is closed and if this is an emergency to please call 911.
- B. The after-hours message will ~~provide the caller with an after hours phone number and will also~~ offer the caller the option, through a series of prompts, to connect directly to an answering service who will ~~talk to~~ talk to ~~the~~ patient and relay the information to an on-call provider when necessary.
- C. Medical and Dental providers who are qualified to triage patient clinical situations are scheduled to rotate on call duties during times the center is closed. To facilitate this process, ~~the answering service will be provided a schedule of on-call providers and their contact numbers. on-call providers will be provided a designated cell phone to be kept accessible and functioning during the on-call responsibility.~~
- D. On-call providers will ~~maintain a record of~~ maintain a log of all calls received.

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The record Information logged will includes;include the following and will also be documented in the medical or dental record of the patient:

1. Name of the patient or representative making the call
2. Phone number of the caller
3. Name and birth date of the patient
4. Reason(s) for the call
5. Assessment/triage findings
6. Disposition of the call encounter

~~E. The documentation from the on-call encounter is entered in the medical or dental record of the patient on the next day when the center is open.~~

~~F. On the next day the center is open, the appropriate staff person follows up to check the status of the patient and to arrange for an appointment as needed. The staff person documents the follow-up in the medical record. The following business day, an administrative staff person will review the answering service logs against the provider log to assure that all calls were addressed by the on-call provider.~~

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**Governing Board**

**September 2019**

**Item #17**

**Consider for Approval the Coastal Health & Wellness Medication  
Management Policy**

## **Coastal Health & Wellness Medication Management Policy**

### **Purpose**

To ensure the effectiveness and safety of the medications procured, processes of storage, orders and transcribing by licensed providers, preparing and dispensing, administering and monitoring by the appropriate medical and/or dental staff of Coastal Health & Wellness Clinic and in accordance to all applicable laws and regulations. This policy is applicable to sample medications.

### **Policy**

It is the Coastal Health & Wellness policy that the organization:

- Plans its medication management processes
- Safely manages high alert and hazardous medications
- Addresses the safe use of look-alike/sound-alike medication
- Selects and procures medications
- Safely stores medications
- Safely manages emergency medications
- Safely controls medications brought into the organization by the patients, their families, or licensed independent practitioners
- Medication orders are clear and accurate
- Reviews the appropriateness of all medication orders for medications to be dispensed in the organization
- Safely prepares medications
- Medications are labeled
- Safely dispenses medication
- Obtains medications
- Follows a process to retrieve recalled or discontinued medications
- Manages returned medications
- Safely administers medications
- Safely manages investigational medications
- Monitors patients to determine the effects of their medications
- Responds to actual or potential adverse drug events, significant adverse drug reactions, and medication errors
- Evaluates the effectiveness of its medication management system

### **Procedures**

#### **A. Medication Management Processes**

1. In accordance with guidelines on patient assessment, the patient's medication history is requested during the initial visit to the Coastal Health & Wellness Clinic. In addition, prior to ordering any medication including sample medication, whether to be administered at the clinic or dispensed elsewhere, the licensed independent practitioners and staff who participate in the management of the patient's medications must have patient information available. Patient specific information is readily accessible to those involved in the medication management system. This information, available in the patient record includes:

- a. Patient name
  - b. Age
  - c. Sex
  - d. Diagnoses
  - e. Co-morbidities
  - f. Allergies
  - g. Sensitivities
  - h. Current medications
  - i. Height and weight (when necessary)
  - j. Laboratory results (when necessary)
  - k. Pregnancy and lactation information (when necessary)
  - l. Any additional information required for safe medication management
- B. High-Alert and Hazardous Medications
1. Coastal Health and Wellness develops its own lists of high-alert medications and hazardous drugs based on the organization's unique utilization patterns, its own internal data about medication errors and sentinel events. Organization also refers to the Institute for Safe Medication Practices and National Institute for Occupational Safety and Health for guidance of listed medications. This is also applicable to sample medications. Please refer to the High-Alert Medication Guidelines for more in depth process.
    - a. High-alert medications are those medications that bear a heightened risk of causing significant patient harm and/or sentinel events when they are used in error and as a result require special safeguards
    - b. Hazardous drugs and medications are those in which studies in animals or humans indicate that exposure to them has a potential for causing cancer, developmental or reproductive toxicity, genotoxicity, or harm to organs.
- C. Look-Alike/Sound-Alike Medications
1. Coastal Health and Wellness develops its own lists of look-alike/sound-alike medications based on the organization's unique utilization patterns, its own internal data about medication errors and sentinel events. Organization also refers to the Institute for Safe Medication Practices. This process will also include sample medications. The organization annually reviews and as necessary revises its list of look-alike/sound a-like medications. Please refer to the Look-Alike/Sound-Alike medication guidelines for more in depth process.
- D. Selection and Procurement of Medications
1. Each selected drug must be available in a form in which adequate quality, including availability, can be assured; its stability under the anticipated conditions of storage and use must be established. Where two or more drugs appear to be similar in the above respects, the choice between them should be made on the basis of a careful evaluation of their relative efficacy, safe quality, price and availability.
  2. Each medication that is selected is reviewed by the QA committee. During the review process the QA committee will include indications for use, effectiveness, risk, and cost of each medication.
  3. Each patient's response to his/her medication is monitored according to the clinical needs of the patient and includes the patient's perceptions, relevant lab results and clinical reassessment. When a new medication is given in the clinic setting the patient is appropriately monitored by appropriate staff for response.
  4. A written list of medications including strength and dosage for dispensing and administering is kept readily available to those involved in the medication management on the Employee Extranet.
  5. Standardizing drug concentrations addresses a medication safety concern for both adult and pediatric patients. Through the QA committee it will be determined if more than one concentration of a medication is needed and the rational for having more than one concentration of a medication in the clinic. This process will assist in reducing the risk of medication errors.

6. Individual providers are prohibited from bringing medications into the organization for patient use. Coastal Health & Wellness Providers may request that a medication be added to the formulary list by filling out a "Request for addition to Formulary Form" to the Medical Director/Dental Director to bring to QA for Review/Discussion.
  7. Medications designated as available for dispensing or administration are reviewed at least annually based on emerging safety and efficacy information.
  8. Nursing Director/~~RDA~~ **Dental Assistant** Supervisor or designated staff will communicate medication shortages and outages to licensed independent practitioners and staff who participate in medication management via email.
  9. Nursing Director/ ~~RDA~~ **Dental Assistant** Supervisor or designee will inform the Medical Director or designee of the shortage or outage of a medication and as a team will work with the Procurement Agent to find an alternative substitution.
  10. The Nursing Director/~~RDA~~ **Dental Assistant** Supervisor or designee will inform staff about the medication substitution via email.
- E. Medication Storage
1. Medication storage is designed to assist in maintaining medication integrity, promote the availability of medication when needed, minimize the risk of medication diversion, and reduce potential dispensing errors. Law and regulations and manufacturer's guidelines further define our approach to medication storage. This is also applicable to sample medications.
  2. Medications are stored according to the manufacturers' recommendations
  3. Staff performs safe handling practices of medications between receipt by licensed independent practitioners or staff and administration of the medications
  4. Medications are kept in a secure area to prevent unauthorized individuals from obtaining medications in accordance with laws and regulations
  5. All stored medications and the components used in their preparation are labeled with the contents, expiration date, and any applicable warnings
  6. All expired, damaged, and/or contaminated medications are removed and stored separately from medications available for administration
  7. Periodic inspections of all medication storage areas are made
- F. Management of Emergency Medications
1. Patient emergencies tend to occur in health care settings. Therefore, a plan on how it will address patient emergencies and what medications and supplies it will need should be addressed. Emergency medications should be treated with the same care for safety as it does with medications in nonemergency settings.
  2. Leaders decide which, if any, emergency medications and their associated supplies will be readily accessible in the patient care areas based on the population served.
  3. Emergency medications and their associated supplies are readily accessible.
  4. When possible, emergency medications are available in unit-dose, age-specific, and ready to administer forms.
  5. When emergency medications or supplies are used, the organization replaces them as soon as possible to maintain a full stock.
- G. Medications brought into the clinic by patients, families, or licensed independent practitioners
1. Medications brought into the organization by patients, families, or licensed independent practitioners will not be administered to patients by our staff.
- H. Medication orders are clear and accurate
1. Medication errors may occur when staff are communicating or transcribing medication orders. Verbal and telephone orders are particularly susceptible to error. The organization is responsible for reducing the potential for medication errors and the misinterpretation of these medication orders. As part of this

process, the organization determines the required elements of a medication order, the type of medication orders that are deemed acceptable for use, and the actions to take when medication orders are incomplete, illegible, or unclear. Clear understanding and communication between staff and licensed independent practitioners involved in the medication process are essential.

2. Types of medication orders that are deemed acceptable for use:
  - a. Standing orders: A prewritten medication order and specific instructions from the licensed independent practitioner to administer a medication to a person in clearly defined circumstances
  - b. Single Routine Order: Given only once
3. A complete medication order will include the following information: patient name, date and time, medication name (generic or brand name), dose expressed using the metric system, route of administration, frequency of administration and/or dosing interval, concentration when applicable, titration or taper parameters when applicable, duration of therapy when applicable, indication for use on PRN orders that can be used to treat multiple symptoms, any other special instructions required to ensure the proper preparation, dispensing and administration of the medication, and the authorized prescriber's signature.
4. PRN medications that can be used to treat multiple symptoms must have the indication for use be included as part of the medication order.
5. Prescribers are also encouraged to provide an indication for use when ordering Look-alike/Sound-alike medications.
6. Incomplete, illegible, or unclear orders will be clarified with the prescriber prior to preparing or dispensing medications.
7. Coastal Health & Wellness prohibits summary blanket orders to resume previous medications

#### I. Dispensed Medication Order Review

1. A licensed independent practitioner can review medication orders or prescriptions for dispensed medications controls the ordering preparation and administration of the medication or when a delay would harm the patient in an urgent situation in accordance with law and regulation
2. All medication orders are reviewed for patient allergies or potential sensitivities, existing or potential interactions between the medication ordered and food and medications the patient is currently taking, appropriateness of the medication, dose, frequency, and route of administration, current or potential impact as indicated by laboratory values, therapeutic duplication, and other contraindications.
3. After the medication order has been reviewed, all concerns, issues, or questions are clarified with the individual prescriber before dispensing.

#### J. Medication Preparation

1. Staff use clean or sterile techniques and maintain clean, uncluttered, and functionally separate areas for product preparation to avoid contamination of medications.
2. During preparation, staff visually inspect the medication for particulates, discoloration, or other loss of integrity.

#### K. Labeling Medications

1. A label on every medication and medication container has long been a standard of practice by the pharmacy profession and is required by law and regulation. A standardized method to label medications and containers promotes medication safety.
2. Medication containers are labeled whenever medications are prepared but not immediately administered.
3. An immediately administered medication is one that an authorized staff member prepares or obtains, takes directly to a patient, and administers to that patient without any break in the process.
4. Information on medication labels are displayed in a standardized format, in accordance with law and regulation and standards of practice.

5. All medications prepared in the organization are correctly labeled with the following: Medication name, strength, and amount (if not apparent from the container), expiration date when not used within 24 hours, expiration time when expiration occurs in less than 24 hours, the date prepared and the diluent.
  6. When preparing individualized medications for multiple patients, the label also includes the following: The patient's name, the location where the medication is to be delivered, directions for use and applicable accessory and cautionary instructions.
  7. When an individualized medication(s) is prepared by someone other than the person administering the medication, the label includes the following: The patient's name, the location where the medication is to be delivered, directions for use and applicable accessory and cautionary instructions.
- L. Dispensing Medications
1. The organization dispenses medications and maintains clinical records in accordance with law and regulation, licensure, and professional standards of practice.
  2. Dispensing practices and recordkeeping include anti-diversion strategies.
- M. Obtaining Medications
1. Our organization does not operate a pharmacy; therefore, Coastal Health & Wellness obtains medications through a licensed pharmaceutical supplier to meet patient needs.
    - a. An in-house medication formulary is kept available
    - b. If a medication from the formulary needs to be ordered, the Charge Nurse/Dental Assistant Supervisor will email the Procurement Agent of medications needed.
    - c. The Procurement Agent will then place an order through a licensed pharmaceutical supplier and will have the medications shipped to our facility
    - d. If the Provider is prescribing medications to the patient, the medications are electronically sent through the patient's electronic health record to a pharmacy of patient's choice.
- N. Recalled or Discontinued Medications
1. The organization will retrieve and handle medications within the organization that are recalled or discontinued for safety reasons by the manufacturer or the US Food and Drug Administration (FDA).
    - a. Pharmaceutical recalls are forwarded to Risk and Safety via email or by mail.
    - b. Risk and Safety emails the Procurement Agent requesting information if the medication has been purchased and if so by what department.
    - c. Risk and Safety emails departments and Executive Management to inform of the Recall or Safety Alert.
    - d. The email details:
      - i. Name of Pharmaceutical Company
      - ii. Name of product either recalled or safety alert has been issued also listing the details of the medication by lot, quantity, NDC and any other details made available
      - iii. State the problem
      - iv. State what actions need to be taken
      - v. Provide instructions on what to do with product if any is found
      - vi. Request communication to either affirm or deny the presence of the medication in stock.
      - vii. Provide instructions on what to do with the medication if found.
    - e. A copy of the recall is attached to the email communication.
    - f. All responses are printed and kept in the Incident file for the month the recall was received.
    - g. If product is on hand, Risk and Safety works with the Procurement Agent to respond to the Pharmaceutical Company.
    - h. Recalled medications shall be immediately removed from service and returned to Central Supply, unless instructed otherwise by the manufacturer

- i. The Procurement Agent shall work in conjunction with the Medical Director or designee to replenish the recalled medication via a next day order from Cardinal
  - j. Should the need for same-day medication arise, the Procurement Agent will convene with CHW's 340B representative and attempt to acquire the medication(s) through its contractual agreement with Walgreens
2. When a medication is recalled or discontinued for safety reasons by the manufacturer or the US Food and Drug Administration (FDA), the organization notifies the prescribers and those who dispense or administer the medication.
3. When required by law and regulation or organization policy, the organization informs patients that their medication has been recalled or discontinued for safety reasons by the manufacturer or the US Food and Drug Administration (FDA).

#### O. Returned Medications

1. Medications may be returned to the organization when allowed by law or regulation and organization policy. Previously dispensed but unused, expired, or returned medications in the organization must be accounted for, controlled, and disposed of in order to keep patients safe and prevent diversion.
2. Any unused, expired, or returned medications will be managed by CHW.
3. Process for Returning medications is as follows:
  - a. A medication inventory form from Reliable Pharmaceutical Returns will need to be filled out.
  - b. The completed form will need to be taken to Purchasing with the medications that are listed on the form without diversion.
  - c. Upon delivery to the purchasing department, the list and medications will be verified.
  - d. Once verification is complete, both the person that delivered the medications and the person that verified the medications will tape the box and initial and date the box.
  - e. The Inventory list will then be entered on-line.
  - f. If Reliable Pharmaceutical Returns accepts the medications, a return number will be issued.
  - g. A requisition will need to be entered at this time.
  - h. The same box that was initialed and dated will then be mailed via FedEx, referencing the return number.
  - i. Reliable Pharmaceutical returns will sent notification upon receipt of the medications, again, verifying the return number.
  - j. When Disposed, a certificate will be issued and forwarded to the Purchasing department.
4. Coastal Health & Wellness will use an outside source for destruction of all unused, wasted, and expired medications.

#### P. Medication Administration

1. The organization defines that licensed independent practitioners and the clinical staff disciplines that have been deemed competent through training and competency are authorized to administer medication, with or without supervision, in accordance with law and regulation. Medical staff who have not been checked of and are still training may administer medication under the supervision of a licensed medical staff member.
2. Only authorized licensed independent practitioners and clinical staff administer medications.
3. Before administration, the individual administering the medication does the following: Verifies that the medication selected matches the medication order and product label, visually inspects the medication for particulates, discoloration, or other loss of integrity, Verifies that the medication has not expired, Verifies that no contraindications exist, Verifies that the medication is being administered at the proper time, in the prescribed dose, and by the correct route, discusses any unresolved concerns about the medication with the patient's licensed independent practitioner, prescriber (if different from the licensed independent practitioner), and/or staff involved with the patient's care, treatment, or services.

4. Before administering a new medication, the patient or family is informed about any potential clinically significant adverse drug reactions or other concerns regarding administration of a new medication.

Q. Investigational Medications

1. Coastal Health & Wellness does not participate in the use of investigational or clinical medication studies.

R. Monitoring Patient's Response to Medications

1. The organization monitors the patient's perception of side effects and the effectiveness of his or her medication(s).
2. Appropriate staff monitors the patient's response to medication(s) by taking into account clinical information from the clinical record, relevant lab values, clinical response, and medication profile.
3. Monitoring the patient's response to medications is an important assessment activity for nurses, physicians, and pharmacists. In particular, monitoring the patient's response to the first dose of a new medication is essential to the safety of the patient because any adverse reactions, including serious ones, are more unpredictable if the medication has never been used before with the patient.

S. Adverse Drug Events, Significant Adverse Drug Reactions, and Medication Errors

1. Adverse drug reactions and medication errors place patients at considerable risk. For safe, quality care, Coastal Health & Wellness has systems in place to respond to and monitor a patient in the event of an adverse drug reaction or medication error as follows:
2. Observe for signs and symptoms of adverse reaction.
  - a. Central Nervous System: headache, tremors, dizziness, muscle spasms, confusion
  - b. Gastrointestinal: nausea, vomiting, diarrhea, cramps, abdominal pain
  - c. Skin: rash, flushing, swelling of eyelids and lips, erythema, urticaria
  - d. Cardiovascular: dizziness, hypotension, arrhythmia, tachycardia, bradycardia
  - e. Respiratory: shortness of breath, wheezing, stridor, dyspnea on exertion, respiratory depression
3. Immediately notify provider and report signs and symptoms. If the patient is out of clinic staff will notify provider or designee via in person, telephone, or high priority patient communication.
4. Discontinue medication
5. Institute treatment/emergency measures as directed by Provider
6. Maintain airway, support breathing, and circulation
7. Activate emergency medical phone system as needed
8. Document in the clinical record:
  - a. Date, time, and nature of onset of symptoms
  - b. Time of onset in relation to medication administration
  - c. Emergency actions taken and the patient's response
  - d. To whom and under what conditions responsibility for the patient was transferred to others (EMS, Family, Hospital)
  - e. Allergy/adverse reaction
  - f. Complete incident report form
  - g. Inform patient of reaction/suspected allergy and instruct on avoidance of specific medication
  - h. Note allergy on medication profile
9. Staff will comply with internal and external reporting requirements for actual or potential adverse drug events, significant adverse drug reactions, and medication errors.

T. Medication Management System

1. The organization collects data on the performance of its medication management system.
2. The organization analyzes data on its medication management system.
3. The organization compares data over time to identify risk points, levels of performance, patterns, trends, and variations of its medication management system.

4. Based on analysis of its data, as well as review of the literature for new technologies and best practices, the organization identifies opportunities for improvement in its medication management system.
5. The organization takes action on improvement opportunities identified as priorities for its medication management system.
6. The organization evaluates its actions to confirm that they resulted in improvements for its medication management system.
7. The organization takes additional action when planned improvements for its medication management processes are either not achieved or not sustained.

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DRAFT

**Governing Board**

**September 2019**

**Item #18**

**Consider for Approval Privileging Rights for Tokunbo Ibidapo-Obe,  
MD, UTMB Contractor**



Date: September 26, 2019  
To: CHW Governing Board  
Thru: Kathy Barroso, CPA  
Executive Director  
From: Cynthia Ripsin, MS, MPH, MD  
Medical Director  
Re: Privileging

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

- Oyetokunbo Ibidaop-Obe, MD, is a licensed Professional Doctor of Family Medicine who will practice part-time in the Texas City clinic. Oyetokunbo Ibidaop-Obe, MD graduated from Howard University College of Medicine. Dr. Ibidaop-Obe is requesting Medical privileges.

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### Governing Board

September 2019

Item #19

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

- a) Daniela Rojas, MD



Date: September 26, 2019  
To: CHW Governing Board  
Thru: Kathy Barroso, CPA  
Executive Director  
From: Cynthia Ripsin, MS, MPH, MD  
Medical Director  
Re: Privileging

KB

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

- Daniela Rojas, MD, is a licensed Physician IN TRAINING who will practice and train part-time at the Texas City Coastal Health & Wellness Medical Clinic. Dr. Daniela Rojas graduated from Howard University College of Medicine in 2019 with a Doctor of Medicine Degree. Dr. Daniela Rojas requests medical privileges on a part-time basis at the Texas City site.

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### Governing Board

September 2019

Item #20

**Consider for Approval the Election of Governing Board  
Representatives to Serve in the Following Positions through September  
30, 2020:**

- a) Governing Board Chair
- b) Governing Board Vice Chair
- c) Governing Board Secretary/Treasurer

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