

AGENDA

Thursday, July 1, 2021 – 12:00 PM (June Meeting)

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.

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 May 27, 2021 Governing Board Meeting
- *Item #4**ACTION**.....Policies Approved by United Board of Health as Authorized Under the Shared Services Agreement
 - a) HIPAA Policy
 - b) Record Management Policy
 - c) Open Records and Notary Fees Policy
 - d) Computer and Digital Communication Policy
- Item #5**ACTION**.....Informational Report
 - Notification of Board Resignation
- Item #6.....Executive Reports
 - a) Executive Director
 - b) Dental Director
- Item #7**ACTION**.....Consider for Approval May 2021 Financial Report
- Item #8**ACTION**.....Consider for Approval Consulting Services Agreement for Services Associated with HRSA Services Area Competition (SAC) Grant
- Item #9**ACTION**.....Consider for Approval the Reappointment of the following Coastal Health & Wellness Governing Board Members for a 2 Year Term Expiring June 2023:
 - Dorothy Goodman (Consumer Representative)
 - Elizabeth Williams (Community Representative)
 - Flecia Charles (Consumer Member)
 - Virginia Valentino (Consumer Member)
- Item #10**ACTION**.....Consider for Approval Nominee Brent Hartzell, to fill Community Representative Position

- Item #11**ACTION**.....Consider for Approval Nominee Brent Hartzell, to fill the Finance Committee Position
- Item #12**ACTION**.....Consider for Approval Governing Board Member to Serve as Interim Vice Chair Through January 2022
- Item #13**ACTION**.....Consider for Approval Governing Board Member to Serve on the QA Board Committee
- Item #14**ACTION**.....Consider for Approval Privileging Rights for Leonard Nagorski, MD
- Item #15.....Update on Governing Board Member Vaccines

Next Regular Scheduled Meeting: July 29, 2021

Appearances before the Coastal Health & Wellness Governing Board

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

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

Executive Sessions

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

**Governing Board
June 2021
Item#2
Excused Absence(s)**

[**Back to Agenda**](#)

Governing Board

June 2021

Item#3

Consider for Approval Minutes from May 27, 2021

Governing Board Meeting

**Coastal Health & Wellness
Governing Board
May 27, 2021**

Board Members

Zoom Call:

Samantha Robinson
Dr. Howard
Jay Holland
Virginia Valentino
Flecia Charles
Elizabeth Williams
Victoria Dougharty

Staff:

Dr. Philip Keiser, GCHD Interim CEO (Phone)
Dr. Ripsin, Medical Director
Dr. Lindskog, Dental Director
Andrea Cortinas, Chief Financial Officer
Tikeshia Thompson Rollins
Anthony Hernandez

Excused Absence: Dr. Thompson

Unexcused Absence: Dorothy Goodman, and Miroslava Bustamante

Guest: Kevin Avery and Dr. Southerland

Items 1-5 Consent Agenda

A motion was made by Virginia Valentino to remove item five from consent agenda and approve items one through four. Victoria Dougharty seconded the motion and the Board unanimously approved the consent agenda.

Samantha Robinson, Board Chair, informed the Board of Dr. Howards resignation after serving with the community since 1972. Samantha thanked Dr. Howard for his dedicated service to Coastal Health & Wellness and the citizens of Galveston County. A motion to accept Dr. Howards resignation was made by Virginia Valentino. Victoria Dougharty seconded the motion and the Board unanimously approved.

Item #6 Executive Reports

Philip Keiser, Interim Chief Executive Officer, presented the May 2020 Executive Report to the Board. Dr. Keiser informed the Board that nearly half of Galveston County residents age 12 and older are fully vaccinated.

Dr. Ripsin, Medical Director, provided the Board with the following updates:

Hypertension grant

- The home monitors that will allow our patients to monitor their blood pressure from home and share with us via a Cloud service have arrived
- June in-service nurses will be trained on how to train our patients
- Providers have chosen their first batch of patients who then will be trained
- Education with the American Heart Association actively continues via live stream

Colorectal Screening grant

- The first webinar using the ECHO format has taken place
 - ECHO was originally a “wheel and spoke” model of disseminating specialty care to primary providers in underserved areas
 - It serves as a way for specialists to mentor PCPs and for PCPs to engage with each other in a time-limited manner with heavy focus on clinical cases

- UT Houston collaborators are preparing their findings from their site visits to recommend how we can improve our screening rates

COVID

- Infection control: scaled back on some of the details of infection control and opened waiting areas again for patients
 - We are still practicing social distancing between patients and between staff when feasible
 - Appropriate PPE is still being enforced
 - We are still enforcing wearing masks in the clinic for staff and patients, but this will need to be looked at when Federal guidelines change
- **Testing**
 - **Testing when clinically necessary as previous**

2021: 207 tested and 33 + = 16%

January: 80 tested: 24% +

February: 46 tested: 11% +

March: 29 tested: 17% +

April: 30 tested: 10% +

May: 17 tested: 6% +
- Redistribution of resources:
 - Until recently we had acute respiratory and acute “all other” care built into our schedules so patients could have same day access and avoid going to the ED
 - Now Monique, the locum tenens who had been managing our respiratory acute patients will manage all acute patients including respiratory acute and we’ve cut the acute slots by 50% overall
 - Patients will still have same day or next day access for all acute care
- **Vaccinations**
 - Finishing the second dose for CHW patients

Dr. Lindskog, Medical Director, provided the Board with the following updates:

- We continue to follow all COVID-19 Dental State board requirements and CDC recommendations while providing all dental services.
- The Galveston Dental Clinic is open Tuesday, Wednesday and Thursday and Texas City is open Monday-Saturday. We will begin seeing patients in Galveston on every other Monday starting in June.
- One dental assistant left this month due to relocation for her husband’s job. Our temporary dental assistant joined us full time. We have two dental assistant vacancies.
- Our Ryan White program continues to grow. We have received 16 referrals. 9 of those patients have been registered as patients at CHW and we have seen 7 of them for dental care. We have submitted the signed contract for our grant renewal and the required Annual submission.

Item #7 Consider for Approval Resolution Recognizing Kathy Barroso, CPA Chief Executive Officer, and Her 23 Plus Years of Service to Public Health in Galveston County

Samantha Robinson, Board Chair, asked the Board to consider for approval resolution recognizing Kathy Barroso, CPA, Chief Executive Officer, and her 23 plus years of service to Public Health and Galveston County. A motion to accept the resolution as presented was made by Dr. Howard. Virginia Valentino seconded the motion and the Board unanimously approved.

Item #8 Consider for Approval April 2021 Financial Report

Andrea Cortinas, Chief Financial Officer, presented the April 2021 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 #9 Consider for Approval Budget Submitted to HRSA for the American Rescue Plan Act Funding Award in the Amount of \$4,396,875

Andrea Cortinas, Chief Financial Officer, presented the budget submitted to HRSA for the American Rescue Plan Act funding in the amount of \$4,396,875. Andrea informed the Board that the funding will be used for subsidizing existing staff, personnel (salaries and benefits), supplies/equipment, and marketing. Jay informed the Board after raising some questions regarding the plan he is completely satisfied with the answers received from Dr. Keiser and Andrea. A motion to accept the plan as presented was made by Jay Holland and seconded by Dr. Howard. The Board unanimously approved the motion.

Item #10 Consider for Approval Coastal Health & Wellness Clinic Billing and Collection Policy

Andrea Cortinas, Chief Financial Officer, asked the Board to consider for approval the Coastal Health & Wellness Billing and Collection policy. A motion to accept the policy as presented with recommended changes was made by Jay Holland and seconded by Virginia Valentino. The Board unanimously approved the motion.

Item #11 Consider for Approval Coastal Health & Wellness Dental Scope of Service Policy

Hanna Lindskog, Dental Director, asked the Board to consider for approval the Coastal Health & Wellness Dental Scope of Service Policy. Dr. Lindskog informed the Board the scope of services and services provided has not changed however there is some language added to be more consist with HRSA's requirements. A motion to accept the policy as presented was made by Dr. Howard and seconded by Virginia Valentino. The Board unanimously approved the motion.

Item #12 Consider for Approval Coastal Health & Wellness Medical Records Fee Schedule

Andrea Cortinas, Chief Financial Officer, presented the medical records fee schedule. Andrea informed the Board that there were no changes to the fee schedule. A motion to accept the fee schedule as presented was made by Jay Holland and seconded by Victoria Dougharty. The Board unanimously approved the motion.

Item #13 Consider for Approval Re-Privileging Rights for Lisa Yarbrough, M.Ed, LPC, LBSW

Cynthia Ripsin, Medical Director, asked the Board to consider for approval re-privileging rights for Lisa Yarbrough, M.Ed, LPC, LBSW. A motion to accept re-privileging rights for Lisa Yarbrough, M.Ed, LPC, LBSW, was made by Virginia Valentino and seconded by Victoria Dougharty. The Board unanimously approved the motion.

Item #14 Consider for Approval Re-Privileging Rights for Isela Werchan, MD Providing Tele-Psychiatry Service

Cynthia Ripsin, Medical Director, asked the Board to consider for approval re-privileging rights for Isela Werchan, MD. A motion to accept re-privileging rights for Isela Werchan, MD was made by Virginia Valentino and seconded by Victoria Dougharty. The Board unanimously approved the motion.

Item #15 Consider for Approval Nominee Dr. Janet Southerland, DDS, MPH, PhD to fill Community Representative Position

Dr. Howard, Vice Chair, asked the Board to consider for approval nominee Dr. Janet Southerland, DDS, MPH, PhD, to fill the community representative position. A motion to accept Dr. Southerland to fill the community representative position was made by Dr. Howard and seconded by Jay Holland. The Board unanimously approved the motion.

Item #16 Consider for Approval Nominee Kevin Avery to fill Consumer Representative Position

Jay Holland asked the Board to consider for approval nominee Kevin Avery to fill the consumer representative position. A motion to accept Kevin Avery to fill the consumer representative position was made by Jay Holland and seconded by Dr. Howard. The Board unanimously approved the motion.

Item #17 Update on Notification Regarding Joint Commission and HRSA

Eileen informed the Board Joint Commission has been notified and it was just a matter of changing the names in the system. Rocky informed the Board that HRSA has approved and accepted Dr. Keiser as the full time Interim Chief Executive Officer.

Item #18 Update on Governing Board Member Vacancies

Samantha Robinson, Board Chair, informed the Board at the beginning of the year it was voted to increase the number of Board members to thirteen. Samantha has recommended having a CPA added to the Board with a financial background which would be very helpful to the Board. Rocky informed the Board with Dr. Howards resignation we currently have eight Board members five whom are consumers and three whom are community members and according to the Bylaws we are require to have nine members.

Item #19 Discussion Regarding Future Board Meetings Being Held via Zoom or Returning to In-Person Board Meetings

Samantha Robinson, Board Chair, had a discussion with the Board regarding future Board meeting being held via zoom or returning to in-person. A motion to returning to in-person Board meetings was made by Virginia Valentino and seconded by Victoria Dougharty. The Board unanimously approved the motion.

The meeting was adjourned at 1:25p.m.

Chair

Date

Secretary/Treasurer

Date

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Governing Board

June 2021

Item#4

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

- a. HIPAA Policy
- b. Record Management Policy
- c. Open Records and Notary Fees Policy
- d. Computer and Digital Communication Policy

HIPAA Policy

Audience

This policy applies to all employees, interns, volunteers and students who work for or with the Galveston County Health District, the Galveston Area Ambulance Authority or Coastal Health & Wellness (collectively, “the District”), each of which are legally deemed covered entities under 45 CFR § 160.103.

Policy

It is the policy of the District that individually identifiable health information (“IIHI”) be protected and that the privacy rights of individuals be fulfilled in accordance with the Health Insurance Portability and Accountability Act (“HIPAA”), as set forth by Chapter 45 of the *Code of Federal Regulations* (“CFR”), §§ 160, 162 and 164.

Individually identifiable health information, also known as protected health information (“PHI”) and electronic protected health information (“ePHI”), is information including demographic data that may relate to:

- a. An individual’s past, present, or future physical or mental health or condition;
- b. The provision of health care to the individual; or
- c. The past, present, or future payment for the provision of health care to the individual which identifies the individual person or for which there is a reasonable basis to believe it can be used to identify the individual person.

Examples of protected health information include, but are not limited to, an individual’s name, address, birthdate, and/or Social Security number.

The Chief Compliance Officer has been designated as the District’s Privacy Officer and is responsible for the oversight of this plan, which entails educating staff about and enforcing HIPAA and related privacy provisions.

Security Manual/Use

The District has implemented a HIPAA Security Manual, which provides the framework for compliance with HIPAA security standards, specifically their pertinence to information technology other forms of electronic record retention. All employees, volunteers, and contractors are required to follow the policies and procedures outlined in this manual. The IT Director has been designated as the District’s Security Officer, and is responsible for working with the Privacy Officer to ensure compliance with all measures set forth by the *Health Information Technology for Economic and Clinical Health Act* (HITECH).

Disclosing PHI/ePHI

Disclosing PHI/ePHI is the act of divulging PHI to an individual who would otherwise not have access to the information. In general, District employees must obtain specific authorization from the individual (or legal guardian of) to whom the PHI pertains in order to disclose the PHI/ePHI, unless the disclosure is legally exempted from this authorization requirement.

Employees must use authorization forms approved by administration and in accordance with specific departmental guidelines when processing such disclosures. Anytime an individual or his/her legal guardian signs an authorization form to release his or her PHI/ePHI, the employee in receipt of the authorization form must provide the individual with a copy of the signed form.

There are several circumstances during which District programs or service areas may use or disclose an individual's PHI/ePHI without first obtaining the individual's authorization. Such examples include, but may not be limited to:

- a. Furnishing information to the requesting individual who is the subject of said information;
- b. For the fulfillment of treatment, payment, and health care operations, so long as the dissemination is permitted by 45 C.F.R. § 164, with the exception of psychotherapy notes (*see specific information related to psychotherapy notes below*);
- c. When legally authorized by a party privy to such information (e.g. law enforcement, during judicial proceedings, etc.); and
- d. Limited data sets for the purpose of research, public health, or health care operations.
 - i. Such disclosures require the authorization of the Privacy Officer and CEO or Executive Director.

The Privacy Rule, a subsection of HIPAA codified under parts of 45 C.F.R. §§ 160 and 164, permits the disclosure of PHI/ePHI without authorization or permission for the following twelve (12) recognized priority purposes (however, limiting conditions may apply under specific circumstances):

- a. Requirements by law (including by statute, regulation, or court order);
- b. Public health activities;
- c. Victims of abuse, neglect, or domestic violence;
- d. Health oversight activities;
- e. Judicial and administrative proceedings;
- f. Law enforcement purposes;
- g. Decedents;
- h. Cadaveric organ, eye, or tissue donation;
- i. Research;
- j. Serious threat to health or safety;
- k. Essential government functions; and
- l. Workers' compensation.

In addition, employees must make reasonable efforts to limit PHI/ePHI to the minimum necessary standard, in order to accomplish the intended purpose of the requested, permitted, or authorized use or disclosure.

Examples of minimum necessary practices include speaking quietly when discussing a patient's healthcare status; excluding as much IIHI during peer reviews or quality assurance meetings; and ensuring that PHI/ePHI remains safeguarded in locked filing cabinets, offices, and computers accessible only to employees who require such access in order to carry out their professional duties.

It should be noted that minimum necessary disclosure requirements for PHI may not apply to:

- a. A health care provider, affiliated or unaffiliated with the District, who renders treatment to the patient;
- b. An individual who is the subject of the information, or the individual's legally authorized personal representative;
- c. To the Department of Health and Human Services, the Texas Medical Board, the Texas Attorney General, or other governmental agencies seeking such information for complaint investigation, compliance review, or enforcement;
- d. Use or disclosure that is required by law; or
- e. Use or disclosure required for compliance with the HIPAA Transaction Rule or other HIPAA administrative simplification rules.

Psychotherapy Notes

Patient authorization must be obtained to use or disclose psychotherapy notes, unless subject to at least one of the following exceptions:

- a. When used by the originating provider for treatment;
- b. For mental health training programs with staff (IIHI redacted);
- c. To defend a legal action brought against the District by the patient;
- d. For HHS to investigate or determine compliance with privacy rules;
- e. To avert a serious and imminent threat to public health or safety;
- f. To a health oversight agency for lawful investigation of the originator of the psychotherapy notes; and
- g. For other activities as required by law.

An authorization to use or disclose psychotherapy notes must be endorsed by its lonesome and generally may not be disclosed in conjunction with standard PHI disclosure requests.

Contracts with Business Associates

HIPAA covered programs or service areas may disclose PHI/ePHI to business associates, as defined in this policy. Any program within the District which contracts with a business associate must receive prior approval from the Privacy Officer and CEO or Executive Director to do so, and work with the Contracts Analyst to ensure a business associate agreement is established before transmission of any private data, as specified in 45 C.F.R. §164.504(e).

Privacy Notice

District employees who interact directly with patients for the purpose of treatment must provide a *Notice of Privacy Practices* to clients prior to administering services. In doing so, employees are required to:

- a. Provide the applicable *Notice of Privacy Practices* to each direct care client (or his/her legal legal guardian) at the first office visit or other direct service delivery contact that occurs;
- b. Obtain each client's (or legal legal guardian's) written acknowledgment of receipt of the *Notice of Privacy Practices*;

- c. Maintain the client's written acknowledgment of receipt as part of the client's medical record; and
- d. Provide the client an additional copy of the *Notice of Privacy Practices* upon request.

In emergency situations (e.g. assumed consent is provided), the *Notice of Privacy Practices* must be mailed to the client as soon as possible after abatement of the emergency and be documented in the client's file.

If the *Notice of Privacy Practices* is revised, District programs or service areas that provide direct health care services must make the revised *Notice of Privacy Practices* available to all patients upon their initial visit to the District after the revised Notice has gone into effect (*see 45 CFR 164.520(b)(3), 164.520(c)(1)(i)(C) for health plans, and 164.520(c)(2)(iv) for covered health care providers with direct treatment relationships with individuals.*)

In addition, the *Notice of Privacy Practices* must be posted in clear and prominent locations and electronically on the District's website.

Verification of Identity

District employees are required to verify the identity of an individual (or his/her legal guardian) requesting PHI/ePHI and to determine if the requesting individual has the right to the requested information before disclosing it. Any questions or concerns about such disclosures must be directed to the Privacy Officer.

Patient Access to PHI/ePHI

Except in certain situations, an individual has the right to review and obtain a copy of his or her PHI/ePHI within a designated record set. A designated record set is that group of records maintained by or for the District that is used, in whole or part, to make decisions about individuals, or which is retained for provider or billing records; however, the following PHI is generally exempt from patient access:

- a. Psychotherapy notes generated by a provider;
- b. Information compiled for legal proceedings;
- c. Information held by designated research laboratories; and
- d. In situations during which a healthcare professional reasonably believes such access could cause imminent harm.

Amendment of PHI/ePHI in a Designated Record Set

An individual has the right to request an amendment to PHI/ePHI about the individual if the information is in a designated record set. Requests to amend PHI/ePHI are to be forwarded to the Privacy Officer for review.

Restricting Uses and Disclosures of PHI/ePHI

An individual has the right to request that the District restrict its uses and disclosures of PHI/ePHI as it pertains to the individual; however, the program or service area retains ultimate discretion as to whether it shall adhere to such requests.

If a District program or service area receives a request to restrict uses and disclosures of PHI/ePHI,

the program must immediately refer the request to the Privacy Officer.

Accounting for Certain Disclosures

An individual (or his/her legal guardian) has the right to receive a report of certain disclosures of the individual's PHI/ePHI.

Each HIPAA covered program or service area within the District is responsible for developing a system to track disclosures. In addition, if such a program or service area receives a written request for a report of disclosures, the program or service area must immediately refer the request to the Privacy Officer, who will work with the program manager and executive management to process the request.

Confidential Communications and Other Accommodations

An individual (or his/her legal guardian) has the right to submit a written request that he or she receive PHI/ePHI from the District in a manner and place that is most conducive to the requestor. For example, an individual may request that the provider send communications to a PO Box rather than the individual's home mailing address.

If a District program receives a written request for such an accommodation, the program or service area must immediately forward the request to the Privacy Officer who will work with the program manager to ensure procedures are established to adhere to the request.

Complaints

If a Health District employee receives a HIPAA related complaint, the employee must document the complaint and immediately refer the complaint to his/her supervisor and the Privacy Officer. The Privacy Officer will perform investigative fact-finding for review by the Chief Executive Officer/Executive Director or designee.

Training

Any District employee, intern, student or volunteer granted access to PHI/ePHI must receive HIPAA training by a qualified member of the District. Training will occur before the individual commences with his/her job assignments and annually thereafter, or as relevant policies and/or procedures change. Documentation of training will be retained by Human Resources in personnel files.

Safeguards

Managers must make reasonable efforts to limit access of PHI/ePHI to employees or classes of employees who require PHI access to perform their job duties. Access will be determined and granted by job description and function, and shall be limited to a standard in accordance with the *Minimum Necessary Rule*.

Employees are responsible for safeguarding PHI/ePHI to prevent intentional or unintentional use or disclosures. Examples of safeguarding information include shredding documents, securing records in locked and secured areas, and using screen protectors. Employees are to refer to their program specific procedures and guidelines for safeguarding information, or are to contact the Privacy Officer should any pertinent questions arise.

Mitigation of Harmful Effects

If a District employee is aware of a violation of HIPAA related policies or procedures, the employee must immediately report the violation to his or her direct supervisor and/or to the Privacy Officer. District programs must coordinate with the Privacy Officer and other applicable staff to mitigate any harmful effects that may have resulted from the violation.

The Privacy Officer is responsible for reporting all HIPAA breaches to the Office of Civil Rights.

Prohibition Against Retaliation

District employees may not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual or other person who exercises a right or files a complaint related to the privacy of PHI/ePHI.

Prohibition Against Waiving Rights

District employees must not require individuals to waive their rights related to the privacy of PHI/ePHI as a condition for treatment, payment, enrollment in a health plan, or eligibility for benefits.

Documentation

District employees must maintain HIPAA privacy related documentation in accordance with District record retention schedules. Additionally, the Human Resources Department shall be responsible for retaining a certificate of recognition upon every individual's successful completion of District mandated and/or facilitated HIPAA training courses. This certificate must include a signature of both the participant and the Human Resources Manager or designee, and shall be kept on-file for a period of no less than five years.

HIPAA Responsibilities for Employees

Employees are responsible for:

- a. Following all HIPAA and confidentiality policies and procedures set forth by law and District policy;
- b. Immediately reporting potential HIPAA violations to their immediate supervisor and/or the Privacy Officer;
- c. Completing required HIPAA trainings as directed by Human Resources, the Privacy Officer, or other their manager;
- d. Taking all reasonable precautions to ensure that PHI/ePHI is not accessible to those who do not require access to such information; and
- e. Using authorization forms approved by District administration in accordance with program specific guidelines.

HIPAA Responsibilities for Supervisors

Supervisors are responsible for:

- a. Developing program specific procedures and guidelines in compliance with HIPAA rules and regulations;
- b. Ensuring employees follow HIPAA and confidentiality policies and program specific procedures and guidelines;
- c. Reporting potential HIPAA violations to the Privacy Officer and/or immediate supervisor; and

- d. Requesting access to PHI/ePHI only for those employees who require this information to fulfill their scope of employment.

Chief Compliance Officer

The Chief Compliance Officer is the Privacy Officer for the Health District and is responsible for:

- a. Ensuring all contractors with access to PHI/ePHI have business associate agreements on-file;
- b. Receiving complaints of alleged HIPAA violations and performing investigative fact-finding regarding these complaints for review and disposition by the Chief Executive Officer/Executive Director or designee;
- c. Training employees about new or revised HIPAA related policies and procedures;
- d. Working with program managers and executive management on requests to amend, restrict the use of, accommodate, or receive accounting disclosures of PHI/ePHI; and
- e. Ensuring that the *Notice of Privacy Practices* is posted in visible locations throughout District premises as well as on the District's internet site.

Laws

It is the intent of this policy to be in compliance with the Health Insurance Portability and Accountability Act of 1996 as codified at 42 U.S.C. § 1320d, and as amended by the Health Information Technology for Economic and Clinical Health Act of 2009, and with the terms and regulations set forth by Texas House Bill 300.

Employees who violate District, state or federal HIPAA policies will be subject to corrective action up to and including termination of employment.

RECORDS MANAGEMENT POLICY

WHEREAS, the *Local Government Records Act of 1989* (Title 6, Subtitle C, Local Government Code), provides that each local government must establish an active and continuing records management program; and

WHEREAS, the Galveston County Health District, Coastal Health & Wellness, and the Galveston Area Ambulance Authority (collectively “the District”) desires to adopt a plan for that purpose prescribing policies and procedures consistent with the Texas Local Government Records Act and in the interests of cost-effective and efficient record keeping;

NOW, THEREFORE:

SECTION 1. DEFINITION OF RECORDS OF THE DISTRICT

All documents, papers, letters, books, maps, photographs, sounds or video recordings, microfilms, magnetic tapes, electronic media, or other forms of media, regardless of physical form or characteristic and regardless of whether public access to it is open or restricted under the laws of the state or federal government, created or received by the District or any of its officers or employees pursuant to law or in the transaction of public business, are hereby declared to be records of the District and shall be created, maintained, and disposed of in accordance with the provisions of this ordinance or procedures authorized by it and in no other manner.

SECTION 2. RECORDS DECLARED DISTRICT PROPERTY

All records as defined in *Section 1* of this plan are hereby declared to be property of the District. No official or employee of the District has, by virtue of his or her position, any personal or proprietary rights to such records even though he or she may have developed or compiled them. The unauthorized destruction, removal of files, or use of such records without authorized lawful permission is prohibited.

SECTION 3. POLICY

It is hereby declared to be the policy of the District to provide for efficient, economical, and effective controls over the creation, distribution, organization, maintenance, use and disposition of all District records through a system of integrated procedures for the management of records from their creation to their ultimate disposition, consistent with the requirements of the Local Government Records Act and generally accepted records management practices.

SECTION 4. RECORDS MANAGEMENT OFFICER

The District, through its Chief Executive Officer, designates the Risk and Safety Coordinator to serve as the Galveston County Health District Records Management Officer as provided by law and to ensure the maintenance, destruction, electronic storage, or other

disposition of District records are carried out in accordance with the requirements of the Local Government Records Act. In the event of the resignation, retirement, dismissal, or removal of the Records Management Officer, the Chief Executive Officer/Executive Director shall promptly designate another individual to fulfill this role. The individual designated as the Records Management Officer shall file his or her name with the director and librarian of the Texas State Library within thirty (30) days of the date of designation, as provided by law. The Records Management Officer for the District will be referred to as the Records Management Coordinator. The Records Management Coordinator shall:

1. Keep a master list, composed of all departmental main lists;
2. Monitor the Records Management Plan for compliance;
3. Provide assistance to Record Liaisons;
4. Report changes or non-compliance to applicable members of the executive staff; and
5. Actively support and promote the records management program throughout the District.

SECTION 5. RECORDS LIAISON DESIGNATION AND DUTIES

The Records Management Liaisons will consist of at least one (1) Records Liaison for each department within the District. The Records Liaisons shall:

1. Compile a main list of all records in their department;
2. Keep an updated master list on-file with the Records Management Coordinator;
3. Become familiar with the destruction periods for the records in their respective departments;
4. Review the master records list for conformity when notified of retention policy changes by the Records Management Coordinator;
5. Provide recommendations to the Records Management Coordinator for consideration of the destruction of records in accordance with approved records' control schedules. The Chief Compliance Officer shall render final approval of said considerations; and
6. Assist in educating staff in their respective departments about lengths of time which records should be kept.

SECTION 6. RECORDS CONTROL SCHEDULES

Appropriate record control schedules issued by the Texas State Library and Archives Commission shall be adopted by the Records Management Coordinator under the direction of the Chief Executive Officer/Executive Director, as provided by law. Any destruction of the District's records will be handled in accordance with these schedules, as well as the *Local Government Records Act*.

SECTION 7. DESTRUCTION OF SCHEDULED RECORDS

Offsite Records

All records to be sent offsite shall be arranged for transportation by the Records Management Coordinator, who shall take the request to the Chief Compliance Officer, as stated in *Section 6* of this plan, for approval. Offsite records approved for destruction are securely destroyed offsite and a certificate of destruction is kept on file.

Onsite Records

The Records Liaisons will monitor records kept within their department for destruction dates. At the time in which records kept within departments are due for destruction, the Records Liaison shall provide the Records Management Coordinator with a completed Disposition Log indicating the documents to be destroyed. The Records Management Coordinator shall take the request to the Chief Compliance Officer, as stated in *Section 6* of this plan, for approval. Onsite records approved for destruction are destroyed according to the Disposition Log (type of destruction marked and dated) and a copy of the Disposition Log is kept on-file by the Records Management Coordinator.

SECTION 8. DESTRUCTION OF UNSCHEDULED RECORDS

A record that is not listed under an adopted records control schedule or listed on a supplemental records control schedule may be destroyed if its destruction has been approved in the same manner as a record destroyed under an approved schedule and the Records Management Coordinator has submitted to and received confirmation from the State's Records Management Library for the approved destruction authorization request.

Open Records and Notary Fee Policy

All fees charged are set in compliance with the *Texas Administrative Codes, Title 1, Part 3, Chapter 70*. In general, charges for copies of public information are to recover the cost of materials, labor, and overhead.

Service / Item	Fee
Standard-size paper copy	0.10
Diskette	1.00
Magnetic tape	Actual cost
Data cartridge	Actual Cost
Rewritable CD (CD-RW)	\$1.00
Non-rewritable CD (CD-R)	\$1.00
Digital video disc (DVD)	\$3.00
VHS video cassette	2.50
Audio cassette	1.00
Other electronic media	Actual Cost
Oversize Paper copy	0.50
Other Specialty paper	Actual cost
Labor charge	15.00/hr
Overhead charge	20% of labor charge
Remote document retrieval charge	Labor charge
Computer resource-Mainframe	10.00/CPU minute
Computer resource-Mid-size	1.50/CPU minute
Computer resource-Client/Server	2.20/clock hour
Computer resource-PC or LAN	1.00/clock hour
Miscellaneous supplies	Actual cost
Postage and Shipping	Actual cost
Other (e.g. credit card transaction fee)	Actual cost

Notary Services Fees

Notary service fees are set in compliance with *Texas Government Code Section 406.024*.

Document	Fee
Protesting a bill or note for nonacceptance of payment	\$4.00
Notice of protest	\$1.00
All other protests	\$4.00
Certificate and seal to a protest	\$4.00
Acknowledging a proof or deed**	\$6.00
Administering an oath or affirmation with a certificate or seal	\$6.00
Any other certificate or seal	\$6.00
Any notarial act not provided for	\$6.00

**Indicates that a \$1.00 shall be charged for each additional customer signature on the proof or deed.

Computer and Digital Communications Policy

Audience

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

Communication Equipment and Services

This policy applies to all electronic mail (“e-mail”), voice mail, facsimiles, telephone systems, cellular phones, tablet PCs, computers, removable storage devices, networks, Internet, computer files, photocopiers, printers, and other forms of written or oral communications devices including personal devices.

Policy

Health District communication equipment and services are provided for business purposes only and may not be used for activities that violate federal or state laws and/or Health District policy. Information stored on Health District communication equipment is the property of the Health District, and employees should not have any expectation of privacy regarding this property.

The use of GCHD resources for personal use is prohibited in order to safeguard GCHD’s internal systems and databases. Personal use includes access to web-based email programs, social media sites, online shopping or any other site accessed for personal use.

Acknowledgement to Monitor

The use of District furnished equipment and information systems constitutes an employee, contractor or volunteer’s consent to monitoring and auditing of the use of these systems. Monitoring includes the tracking of transactions within District networks, as well as external transactions made from a District-owned device. It also includes auditing of stored data on local, network storage and transportable devices deemed property of the District. Users must understand that there is no expectation of privacy when using or storing data on District information systems.

Network and Computer Resources

Network and computer resources refer to Internet connectivity, wide area network components, local area network components, servers, shared folders, e-mail, personal computers, laptops, portable devices and software.

Employees shall not introduce unlicensed or unauthorized software (e.g. games, apps, etc.) or personal hardware (USB drives, smart phones, external drives, CDs, etc.) into the District’s computer system for any reason. Existing unlicensed or unauthorized software currently residing on a District system should be removed immediately.

Employee Accounts & Passwords

Employees are responsible for activity conducted under their username and password.

Therefore, it is each employee's responsibility to:

- a. Keep his/her passwords and workstation secure;
- b. Lock or logoff from the PC if the PC will be unattended or is in an area with high volumes of traffic; and
- c. Change their @GCHD.org password at least once every ninety (90) days.

**Employee Tip: You can lock or log out of your computer by pressing the CTRL-ALT-DEL keys, and then clicking on either the "Log Off" or "Lock Computer" buttons.*

Encryption

Encryption is the process of converting (encoding) information from a readable form (plain text) that into an unreadable form (cipher text) that can only be accessed in a readable format by the information owner and its intended recipients.

All confidential and personal information transmitted to an email address outside of the @GCHD.org domain must be encrypted. The only exception pertains to emails sent to an @UTMB.edu address, which have already been made secure through an established transport layer security ("TLS") tunnel. Confidential information is defined as information that is given in confidence and/or is not publicly known. Confidential and personal information can include but is not limited to financial data (e.g. credit card or bank account numbers), personal health information (actual medical information or personal data about patients) and private individual data (e.g. social security numbers).

Where unclear, the CEO or designee will determine if information is considered confidential. In all circumstances, all employees are expected to consult with their supervisor, the Privacy Officer and/or the Security Officer to determine if information should be encrypted. District employees who breach the transmittal of confidential information will be subject to disciplinary action, up to and including termination.

E-mail Guidelines

E-mail is considered an official means of routing communications to and from internal and external parties. The District maintains the right to read any correspondence sent to or from an employee's @GCHD.org email account in the event of need. Employees should not have any expectation of privacy.

Employees accessing e-mail from home or outside network connections are responsible for the security of their systems and must use reasonable caution to prohibit their systems from being compromised. Employees should bear in mind that any email sent from their @gchd.org account may be read by someone other than the person to whom they are sent and are potentially subject to disclosure to outside parties through applicable provisions of the Texas Public Information Act or by a legal subpoena. Accordingly, employees must take care to ensure that their messages are courteous and professional.

Each employee is responsible for the content of all text, audio or images that he or she places on or transmits over the District's e-mail, internet or extranet systems. Employees must not hide their identities or represent that any e-mail or other electronic communications were sent from someone else or another organization. Employees should be sure that their name appears in all messages communicated through District e-mail or internet systems. Any messages or information sent by an employee to another individual outside the District via a District e-mail address or from a District IP address may be construed as statements that reflect upon the District.

Software

All software installed on a District owned device including, but not limited to computers, laptops, servers and smartphones may only be used in ways consistent with the licenses and copyrights of the vendor, author or owner of the material. Prior to installing any additional software, approval must be obtained, in writing, from the employee's immediate supervisor and the IT Manager. Downloading entertainment software, games, or any other software unrelated to work onto a District owned device is prohibited.

Internet Usage

It is the practice of the Galveston County Health District to provide or contract for communication services and equipment necessary to promote the efficient conduct of its business. Internet access provided by GCHD is to be used in a responsible manner.

The employee's supervisor may revoke the employee's access to the internet in the event the employee is using the internet in excess, for non-business reasons, or is accessing questionable sites. A "*questionable*" website would be one that hosts offensive or illegal material.

All internet communications initiated from a District owned device can likely be traced back to the District. Therefore, employees, contract workers and volunteers with District internet access are required to follow professional ethics in their use of internet communications. Employees, contractor workers and volunteers are prohibited from engaging in posting non-factual information and/or opinions that harm the goodwill and reputation of the District and/or District personnel.

Physical Security

Users will not remove District equipment or software from District facilities without expressed permission of the IT Manager or asset custodian. Portable equipment such as laptop computers and cell phones are implicitly exempted from this provision. Users are responsible for providing adequate physical security protection of portable equipment when outside District facilities.

Remote Access

To improve employee productivity while away from District facilities, a secure remote access capability will be made available to employees by the District.

Non-exempt employees are expected to seek supervisor approval prior to performing work duties outside their regular work hours (unless an emergency makes prior approval impractical; *Reference Hours Worked and Compensatory/Overtime policy*)

Reporting Requirements

Users will promptly report to the IT Manager and/or their supervisor should they suspect or observe any suspicious activity, malicious code, or perceived compromise effecting District computer systems or networks. Any loss, theft, or damage to computer systems must be promptly documented and reported to the IT Manager and asset custodian.

Retention

Employees are required to follow all *Record Retention* guidelines, including, but not limited to, storing email, ePHI and electronic data that meets *Record Retention* guidelines. It is the District's policy to follow all state and federal laws and rules for electronic record retention (*Reference Records Management Plan*).

IT Manager Responsibilities

It is the responsibility of the IT Manager or designee to:

- a. Work with the Records Management Custodian and Chief Compliance Officer to ensure systems meet state Record Retention rules;
- b. Verify employee access to District programs, telephone systems, data security groups, e-mail, etc., upon receipt of an approved *Staff Inventory Checklist* issued by HR;
- c. Terminate employees' network login ID, access rights, and e-mail accounts upon notification from Human Resources;
- d. Establish, maintain, and update security groups only upon receipt of an approved *Staff Inventory Checklist*;
- e. Address any employee reports pertinent to IT matters (e.g. suspicious activity, loss, theft, etc.)
- f. Keep up-to-date with rules, regulations and laws applicable to information technology in healthcare; and
- g. Maintain confidentiality in all District-related IT processes.

Employee Responsibilities

It is the employee's responsibility to:

- a. Understand and follow this policy;
- b. Act according to both law and policy when communicating confidential data or e-mail to which the employee has access;
- c. Contact the IT Help Desk via phone at **x2210** or e-mail (helpdesk@gchd.org) for technical support related to computers or software;
- d. Consult with his/her supervisor for guidance regarding information addressed in this policy;
- e. Inform their supervisor and/or the IT department if the employee suspects another person is accessing his/her account;
- f. Complete assigned ePHI, HIPAA, and other pertinent assigned security trainings; and
- g. Follow all District HIPAA and ePHI policies.

Supervisor Responsibilities

It is the responsibility of supervisors to:

- a. Understand and follow this policy;
- b. Complete the appropriate "Staff Inventory Checklist" for employees who need access to approved resources necessary to perform requisite duties;
- c. Ensure this policy is carried out in a uniform manner;
- d. Ensure employees are following record retention guidelines and notify the Records Management Custodian if there is suspected non-compliance.

Employees must not:

- a. Search, read, copy, alter, or delete computer files to which he/she has not been granted access, permission, or authorization;
- b. Perform malicious destruction or deletion of organizational data;
- c. Intentionally or recklessly compromise the privacy or security of electronic information;
- d. Impermissibly release proprietary or confidential information;
- e. Interfere with or disrupt the computer or network accounts, services, or equipment of others;
- f. Send or store material that may be considered obscene, hateful, harmful, malicious, hostile, threatening, abusive, vulgar, defamatory, profane, or racially, sexually, or ethnically objectionable;
- g. Forward spam or chainmail;
- h. Use utilities to collect information from the network such as password cracking programs, keystroke loggers, and network sniffing utilities (unless such activities are part of the employee's job description);
- i. Perform unauthorized scanning of networks or ports for security vulnerabilities, intercept or alter network packets;
- j. Forward District e-mail that contains PHI, confidential, or proprietary information to personal non-business e-mail accounts;
- k. Send e-mail that contains PHI or otherwise confidential information to an external e-mail address without encryption;
- l. Use company e-mail to subscribe to services that generate large volumes of "junk mail," such as giveaways, sweepstakes, and chainmail, or to services that aren't related to the employee's scope of work;
- m. Forward e-mail messages with warnings of viruses (these messages should be immediately sent to the IT Help Desk);
- n. Use District computer resources for personal financial gain (such as a personal for-profit business);
- o. Attempt to perform unauthorized upgrades or repairs to District equipment;
- p. View streaming video and/or stream audio unless it is for business purposes and has been approved by the supervisor (on a case-by-case basis);
- q. Download toolbars, screen savers, peer-to-peer file swapping software, or use District computer resources to design, create, or spread malicious computer programs (such as viruses);
- r. Insert unauthorized USB drives into District's computers or equipment; or
- s. Duplicate or remove copyrighted software from District equipment without the expressed written permission of the System Administrator or IT Manager. The individual will be personally liable for any software copyright violations committed on District systems under their control.

Violation

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

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**Governing Board
June 2021
Item#5
Informational Report**

a. Notification of Board Resignation

Sam,

This is to let you know that I am resigning from the CHW Board and the Finance Committee effective immediately. The May 27th meeting was my last. I have been associated with the District and Clinic since December 1974 and it is time I moved on. Good luck in future endeavors and keep up the good work.

Sincerely..... J

Warren J. Holland III

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**Governing Board
June 2021
Item#6
Executive Report**

<https://content.govdelivery.com/accounts/TXGCHD/bulletins/2e60924>

- a) Executive Report**
- b) Dental Director**

Governing Board

June 2021

Item#7

Consider for Approval May 2021 Financial Report

COASTAL HEALTH & WELLNESS

Governing Board



FINANCIAL SUMMARY

For the Period Ending

May 31, 2021

July 1, 2021

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

CHW - BALANCE SHEET as of May 31, 2021**ASSETS**

	Current Month May-21	Prior Month Apr-21	Increase (Decrease)
Cash & Cash Equivalents	\$6,509,544	\$6,568,965	(\$59,421)
Accounts Receivable	1,886,942	1,851,727	35,215
Allowance For Bad Debt	(1,138,570)	(1,107,350)	(31,220)
Pre-Paid Expenses	243,052	296,560	(53,508)
Due To / From	56,956	(74,637)	131,593
Total Assets	\$7,557,924	\$7,535,265	\$22,659

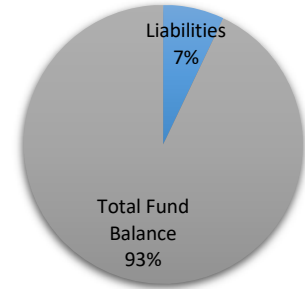
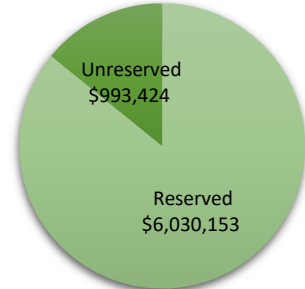
LIABILITIES

Accounts Payable	\$38,235	\$76,489	(\$38,254)
Accrued Salaries	407,174	389,237	17,936
Deferred Revenues	88,939	80,654	8,285
Total Liabilities	\$534,347	\$546,380	(\$12,033)

FUND BALANCE

Fund Balance	\$6,426,698	\$6,426,698	0
Current Change	596,878	562,187	34,692
Total Fund Balance	\$7,023,577	\$6,988,885	\$34,692

TOTAL LIABILITIES & FUND BALANCE	\$7,557,924	\$7,535,265	\$22,659
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Current Period Assets**Total Fund Balance****CHW - REVENUE & EXPENSES** as of May 31, 2021**REVENUE**

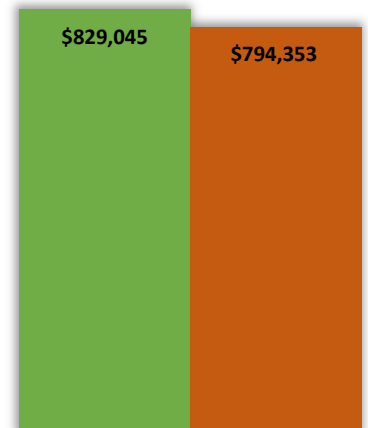
	Actual May-21	Budgeted May-21	PTD Budget Variance	YTD Budget Variance
County Revenue	\$311,222	\$311,222	\$0	\$0
DSRIP Revenue	0	65,833	(65,833)	(131,667)
HHS Grant Revenue	310,829	269,783	41,046	105,183
Patient Revenue	201,388	241,682	(40,295)	(70,876)
Other Revenue	5,606	8,851	(3,245)	(9,638)
Total Revenue	\$829,045	\$897,372	(\$68,327)	(\$106,998)

EXPENSES

Personnel	\$559,708	\$615,556	\$55,848	\$84,325
Contractual	56,496	57,257	761	(11,741)
IGT Reimbursement	0	21,666	21,666	43,332
Supplies	55,336	80,159	24,823	50,526
Travel	67	2,778	2,711	5,299
Bad Debt Expense	31,220	24,674	(6,546)	(8,994)
Other	91,527	95,283	3,756	5,069
Total Expenses	\$794,353	\$897,372	\$103,019	\$167,816
CHANGE IN NET ASSETS	\$34,692	\$0	\$34,692	\$60,818

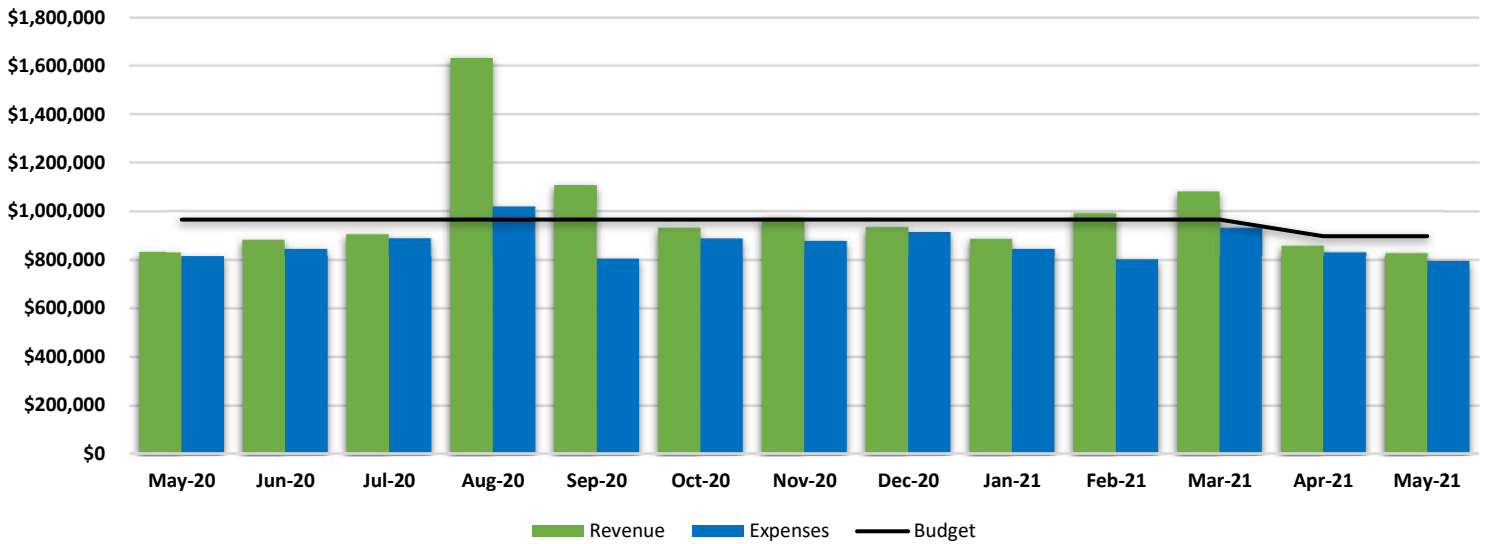
**Current Month
Actuals**

■ Revenue ■ Expenses

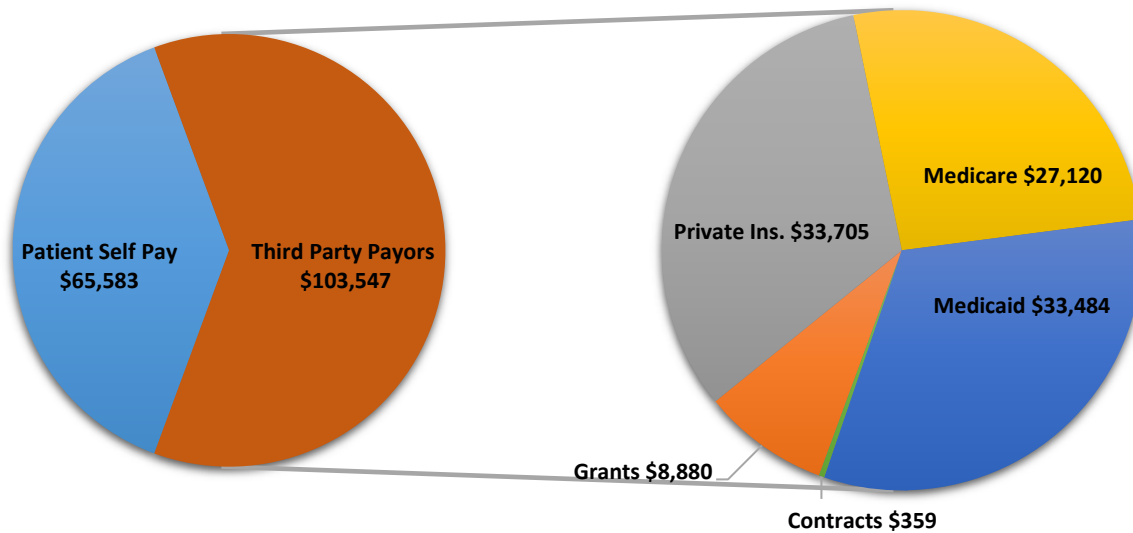
**HIGHLIGHTS**

- MTD increase in fund balance of \$34,692.
- MTD revenues were \$68,327 lower than budgeted due mostly to lower pharmacy revenue, as well as timing of DSRIP revenue. These were offset by additional Covid-related grant funding.
- YTD revenues were \$106,998 lower than budgeted due to lower pharmacy and patient fee revenue, as well as timing of DSRIP revenue. These were offset by higher Medicare, private insurance and additional Covid-related grant revenue.
- MTD expenses were \$103,019 lower than budgeted due mainly to lower personnel and pharmaceutical supply expenses, as well as timing of IGT reimbursement expense.
- YTD expenses were \$167,816 under budget due mainly to lower personnel and pharmaceutical supply expense, as well as timing of IGT reimbursement expense. These offset unbudgeted contract services expense related to the Covid grant and higher than budgeted bad debt expense.
- Cumulative increase in fund balance of \$596,878. Total fund balance of \$7,023,577 as of 5/31/2021.

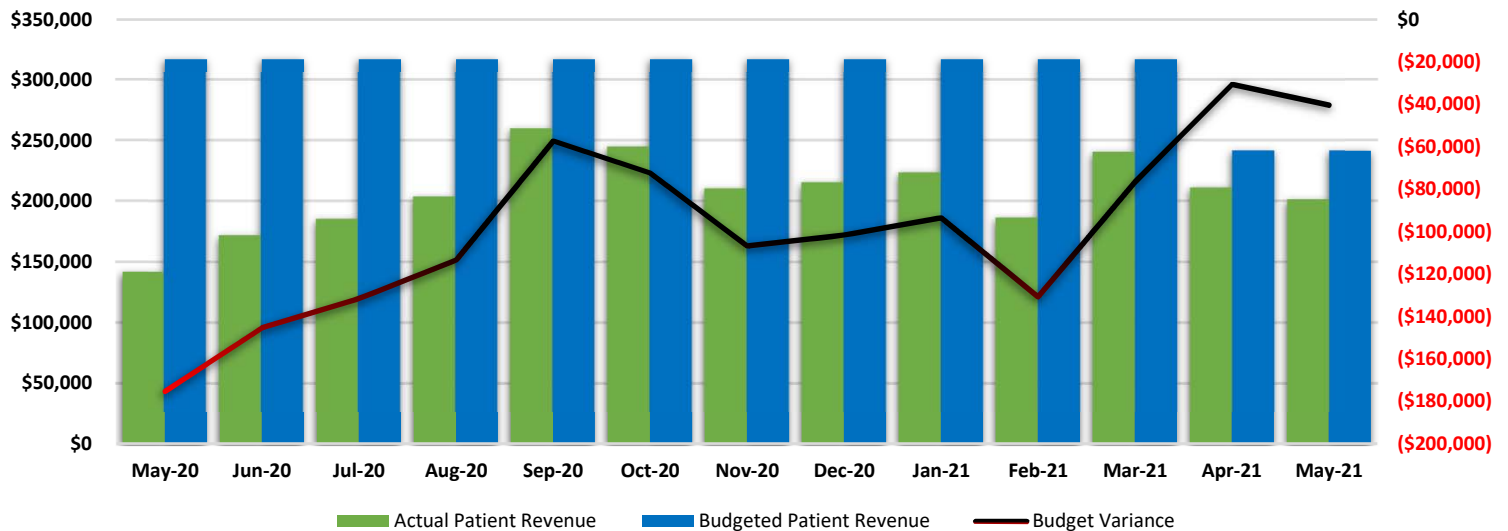
Actual Revenue & Expenses in Comparison to Budget



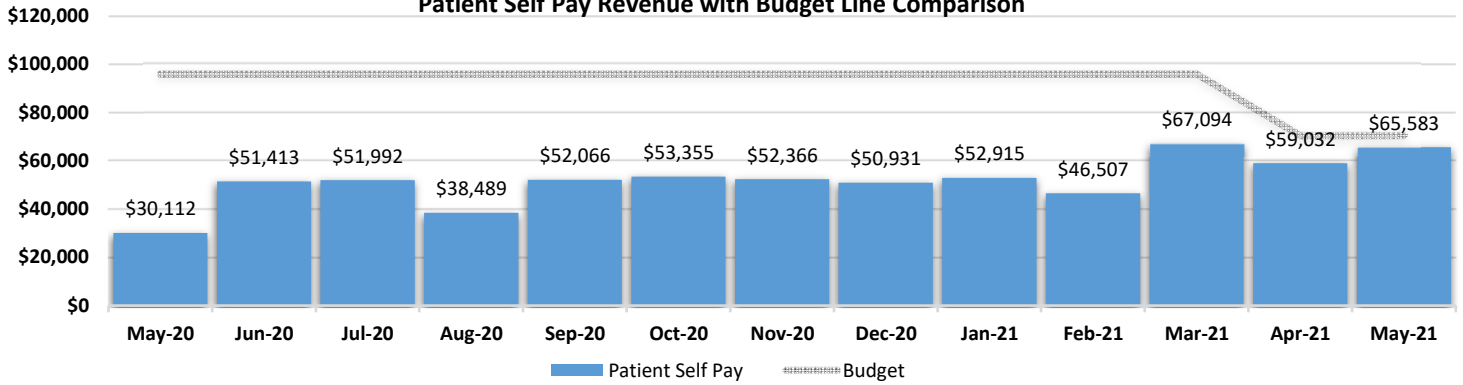
Current Period Patient Revenue with Third Party Payor Contributions Identified



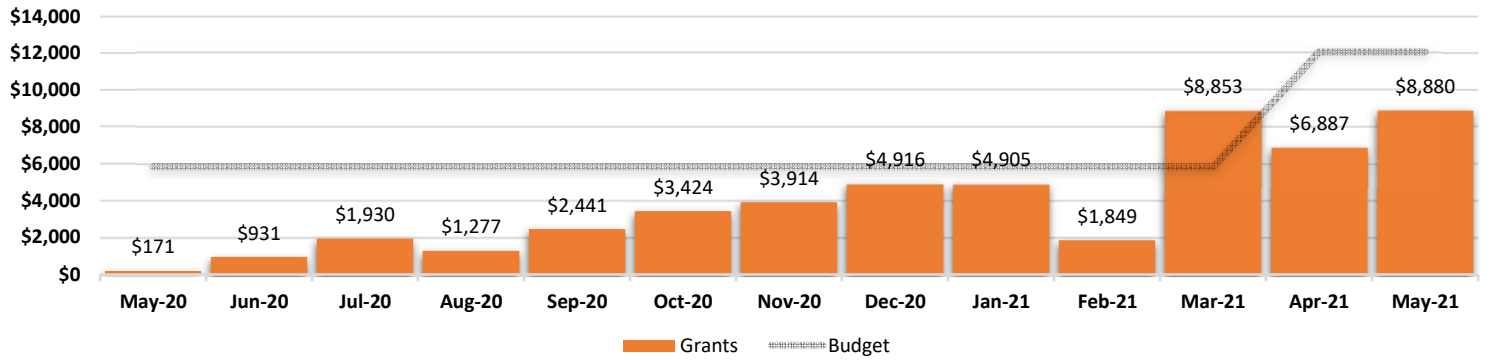
Actual Patient Revenue Rec'd vs Budget with Variance



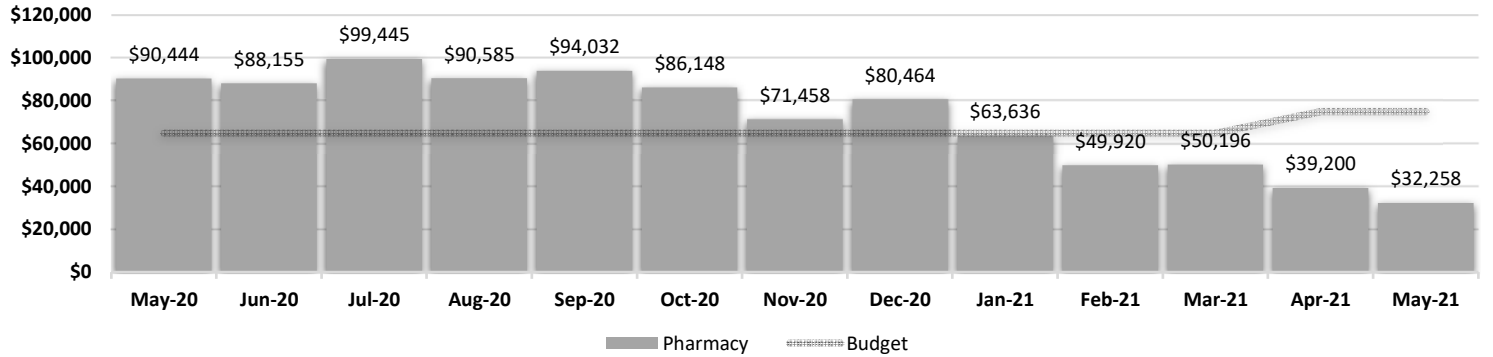
Patient Self Pay Revenue with Budget Line Comparison



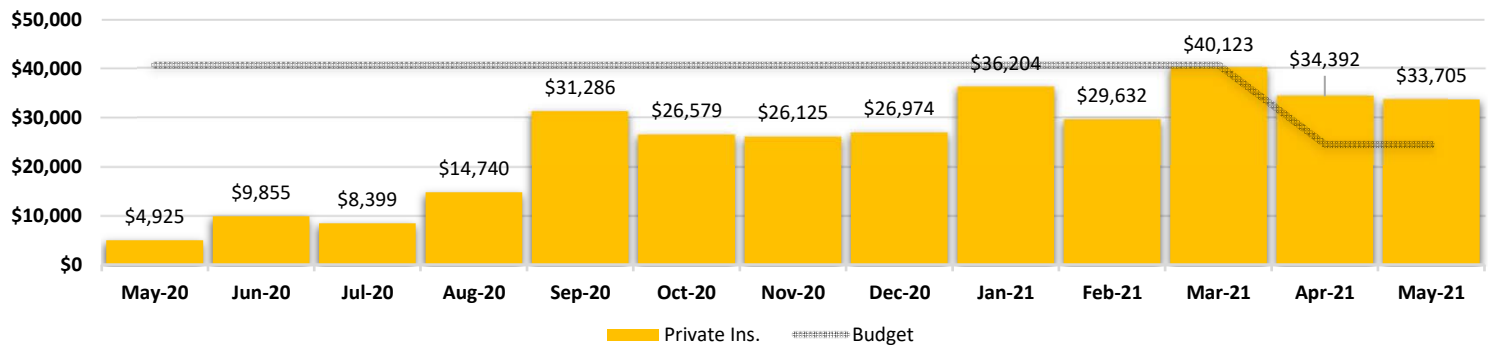
Title V & Ryan White Revenue with Budget Line Comparison



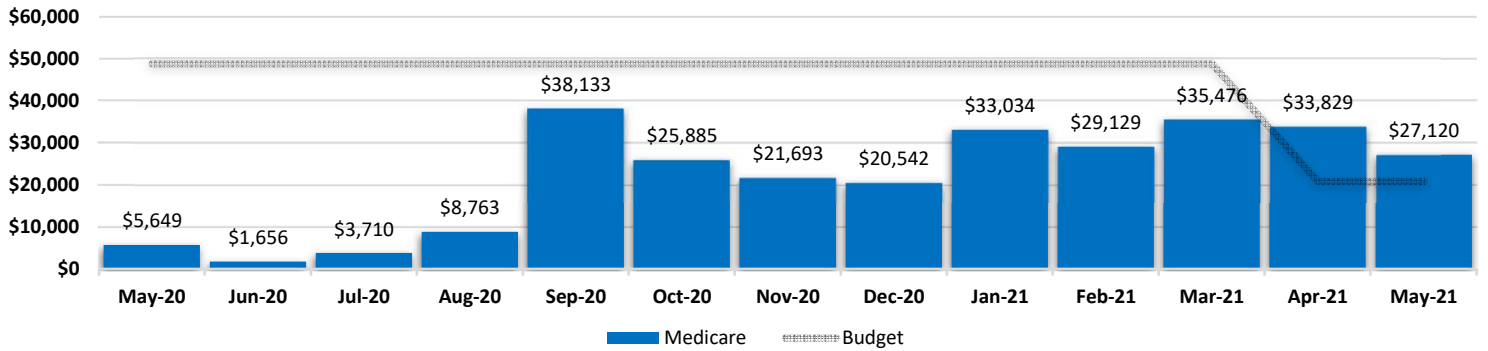
Pharmacy Revenue with Budget Line Comparison



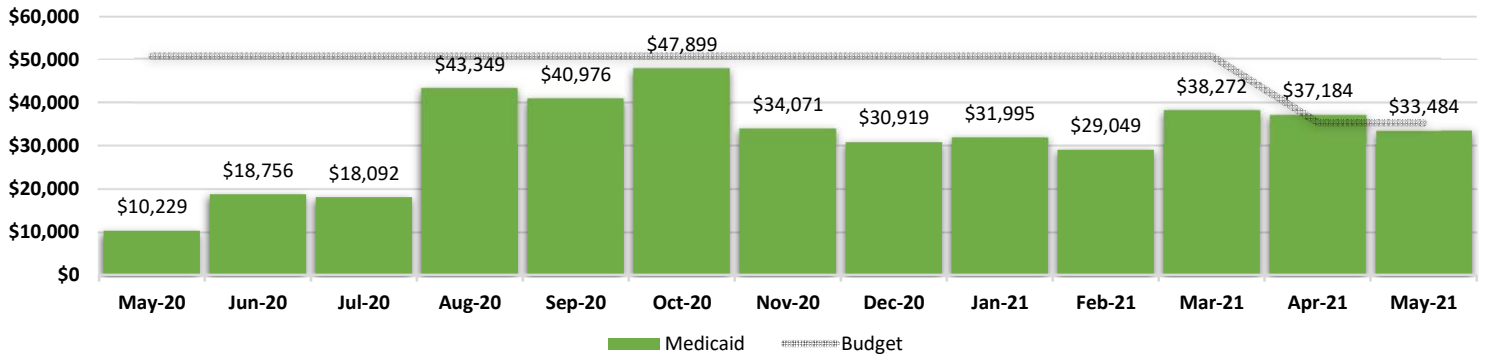
Private Insurance Revenue with Budget Line Comparison



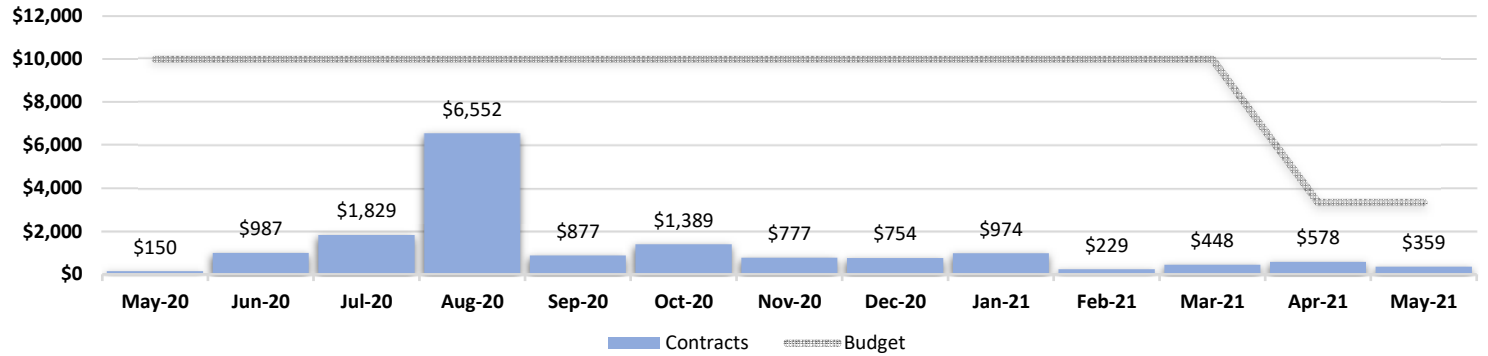
Medicare Revenue with Budget Line Comparison



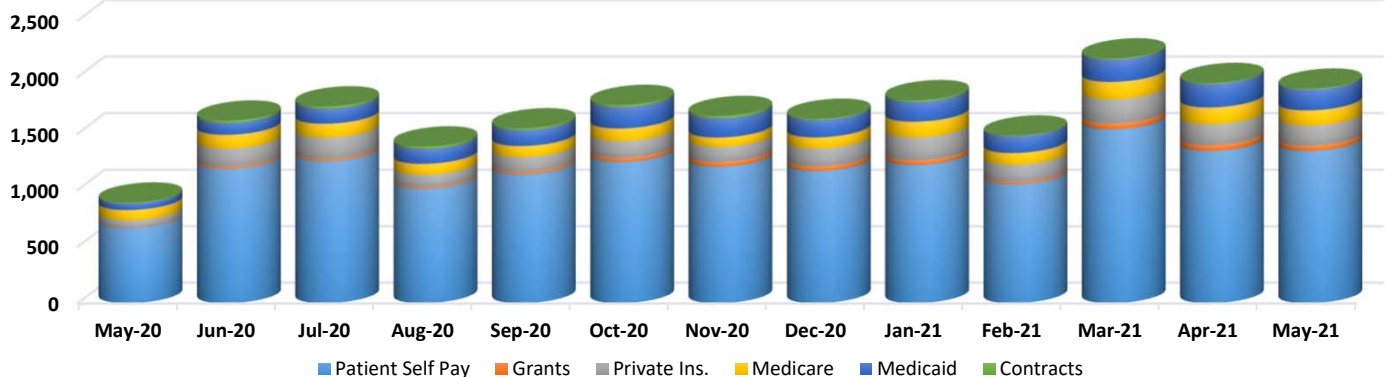
Medicaid Revenue with Budget Line Comparison



Contract Revenue with Budget Line Comparison



Total Number of Patient Visits



Coastal Health & Wellness
Statement of Revenue and Expenses for the Period ending May 31, 2021

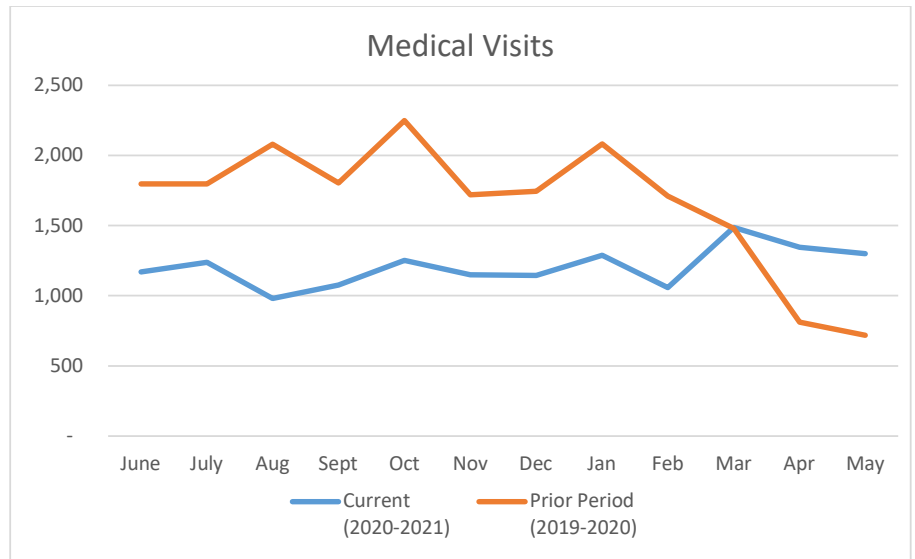
Cost Category	Account Description	Annual Budget	Period Ending 5/31/2021	MTD Budget	MTD Budget Variance	YTD Actual	YTD Budget	YTD Budget Variance
Grouping	Revenue							
HHS	HHS Grant Revenue - HRSA	3,237,400	305,608	269,783	35,824	638,531	539,567	98,964
	Base Funding	3,237,400	245,871	269,783	(23,912)	505,731	539,567	(33,836)
	HHS QI 19		(174)					
	COVID Supplemental	-	-	-	-	-	-	-
	COVID CARES	-	46,232	-	46,232	95,556	-	95,556
	COVID ECT	-	11,920	-	11,920	28,465	-	28,465
	HHS QI 20		169					
	Hypertension (HTN)	-	1,589	-	1,589	1,589	-	1,589
	COVID ARP	-	-	-	-	-	-	-
HHS	HHS Grant Revenue - Other	-	5,221	-	5,221	6,219	-	6,219
Patient	Grant Revenue (Title V, Ryan White)	144,977	8,880	12,081	(3,201)	15,767	24,163	(8,396)
Patient	Patient Fees	845,950	65,583	70,496	(4,913)	124,614	140,992	(16,378)
Patient	Private Insurance	294,821	33,705	24,568	9,136	68,097	49,137	18,960
Patient	Pharmacy Revenue - 340b	900,000	32,258	75,000	(42,742)	71,458	150,000	(78,542)
Patient	Medicare	249,596	27,120	20,800	6,320	60,948	41,599	19,349
Patient	Medicaid	424,845	33,484	35,404	(1,920)	70,668	70,808	(140)
Other	Local Grants & Foundations	16,208	2,701	1,351	1,351	2,701	2,701	0
Other	Medical Record Revenue	15,000	20	1,250	(1,230)	40	2,500	(2,460)
Other	Medicaid Incentive Payments	-	240	-	240	240	-	240
County	County Revenue	3,734,667	311,222	311,222	-	622,445	622,445	-
DSRIP	DSRIP Revenue	790,000	-	65,833	(65,833)	-	131,667	(131,667)
Other	Miscellaneous Revenue	-	76	-	76	101	-	101
Other	Gain on Fixed Asset Disposals	-	146	-	146	196	-	196
Other	Interest Income	70,000	2,154	5,833	(3,679)	4,206	11,667	(7,461)
Patient	CHW Contract Revenue	40,000	359	3,333	(2,975)	937	6,667	(5,730)
Other	Local Funds / Other Revenue	5,000	268	417	(148)	579	833	(255)
	Total Revenue	\$ 10,768,464	829,045	897,372	(68,327)	1,687,746	1,794,744	(106,998)
	Expenses							
Personnel	Hourly Pay	5,832,411	452,335	486,034	33,699	927,184	972,069	44,885
Personnel	Supplemental/Merit Compensation	-	-	-	-	-	-	-
Personnel	Provider Incentives	67,000	750	5,583	4,833	1,500	11,167	9,667
Personnel	Overtime	42,000	2,630	3,500	870	5,087	7,000	1,913
Personnel	Part-Time Hourly Pay	202,460	15,332	16,872	1,540	31,117	33,743	2,627
Personnel	Comp Pay Premium	-	-	-	-	-	-	-
Personnel	FICA Expense	470,018	34,865	39,168	4,303	71,531	78,336	6,805
Personnel	Texas Unemployment Tax (SUTA)	12,759	306	1,063	758	1,323	2,127	803
Personnel	Life Insurance Expense	14,961	1,372	1,247	(125)	2,761	2,494	(267)
Personnel	Long Term Disability Coverage	13,989	1,049	1,166	117	2,114	2,332	217
Personnel	Employer Paid Health Insurance	494,769	28,529	41,231	12,702	56,741	82,462	25,721
Personnel	Worker's Comp Insurance	18,437	1,280	1,536	256	2,619	3,073	454
Personnel	Cobra Expense	-	48	-	(48)	97	-	(97)
Personnel	Employer Sponsored Healthcare	79,016	4,604	6,585	1,980	10,634	13,169	2,536
Personnel	Pension/Retirement	138,849	10,632	11,571	939	21,775	23,142	1,366
Contractual	Outside Lab Contract	146,448	5,203	12,204	7,001	19,925	24,408	4,483
Contractual	Outside X-Ray Contract	18,000	1,200	1,500	300	2,580	3,000	420
Contractual	Misc Contract Services	237,722	28,118	19,810	(8,308)	58,341	39,620	(18,721)
Personnel	Temporary Staffing	-	5,976	-	(5,976)	12,303	-	(12,303)
Contractual	CHW Billing Contract Services	72,000	6,027	6,000	(27)	13,466	12,000	(1,466)
IGT	IGT Reimbursement	259,989	-	21,666	21,666	-	43,332	43,332
Contractual	Janitorial Contract	168,780	13,926	14,065	139	27,852	28,130	278
Contractual	Pest Control	960	80	80	(0)	160	160	(0)
Contractual	Security	43,176	1,941	3,598	1,657	3,932	7,196	3,264
Supplies	Office Supplies	82,600	3,348	6,883	3,535	8,070	13,767	5,696
Supplies	Operating Supplies	228,132	24,832	19,011	(5,821)	46,115	38,022	(8,093)
Supplies	Outside Dental Supplies	40,200	2,982	3,350	368	6,562	6,700	138
Supplies	Pharmaceutical Supplies	600,000	22,831	50,000	27,169	47,703	100,000	52,297
Supplies	Janitorial Supplies	5,400	-	450	450	-	900	900
Supplies	Printing Supplies	5,580	220	465	245	220	930	710
Supplies	Uniform Supplies	-	-	-	-	-	-	-
Supplies	Controlled Assets (i.e. computers)	-	1,123	-	(1,123)	1,123	-	(1,123)
Other	Postage	9,000	431	750	319	1,019	1,500	481
Other	Telecommunications	64,500	5,493	5,375	(118)	10,430	10,750	320
Other	Water	372	31	31	1	61	62	1
Other	Electricity	18,000	686	1,500	814	3,190	3,000	(190)
Travel	Travel, Local	3,200	67	267	200	257	533	276
Travel	Travel, Out Of Town	-	-	-	-	-	-	-
Travel	Training, Local	30,135	-	2,511	2,511	-	5,023	5,023

Coastal Health & Wellness
Statement of Revenue and Expenses for the Period ending May 31, 2021

Cost Category	Account Description	Annual Budget	Period Ending 5/31/2021	MTD Budget	MTD Budget Variance	YTD Actual	YTD Budget	YTD Budget Variance
Travel	Training, Out Of Town	-	-	-	-	-	-	-
Other	Rentals	39,240	3,955	3,270	(685)	7,396	6,540	(856)
Other	Leases	517,464	43,091	43,122	31	86,182	86,244	62
Other	Maint/Repair, Equip.	81,844	6,986	6,820	(165)	14,390	13,641	(750)
Other	Maint/Repair, Bldg.	2,400	-	200	200	269	400	131
Other	Maint/Repair, IT Equipment	-	-	-	-	-	-	-
Other	Insurance, Auto/Truck	108	9	9	0	17	18	1
Other	Insurance, General Liability	11,808	937	984	47	1,875	1,968	93
Other	Insurance, Bldg. Contents	18,372	1,149	1,531	382	2,299	3,062	763
Other	Settlements	-	-	-	-	-	-	-
Other	IT Equipment	-	-	-	-	-	-	-
Other	Operating Equipment	-	-	-	-	-	-	-
Other	Building Improvements	-	-	-	-	-	-	-
Other	Newspaper Ads/Advertising	23,600	1,188	1,967	778	2,734	3,933	1,200
Other	Subscriptions, Books, Etc.	18,623	169	1,552	1,383	169	3,104	2,935
Other	Association Dues	34,710	2,667	2,893	226	5,951	5,785	(166)
Other	IT Software / Licenses	259,929	22,822	21,661	(1,162)	45,611	43,322	(2,290)
Other	Prof Fees/Licenses/Inspections	1,670	(25)	139	164	(25)	278	303
Other	Professional Services	22,800	25	1,900	1,875	77	3,800	3,723
Other	Med/Hazard Waste Disposal	5,400	390	450	60	780	900	120
Other	Transportation	6,000	521	500	(21)	1,096	1,000	(96)
Other	Board Meeting Operations	350	85	29	(56)	85	58	(27)
Other	Service Charge - Credit Cards	7,200	916	600	(316)	1,890	1,200	(690)
Other	Cashier Over/Short	-	-	-	-	-	-	-
Other	Bad Debt Expense	296,083	31,220	24,674	(6,546)	58,341	49,347	(8,994)
Other	Miscellaneous Expense	-	-	-	-	-	-	-
	Total Expenses	\$ 10,768,464	794,353	897,372	103,019	1,626,928	1,794,744	167,816
	Net Change in Fund Balance	\$ -	34,692	0	34,692	60,818	0	60,818

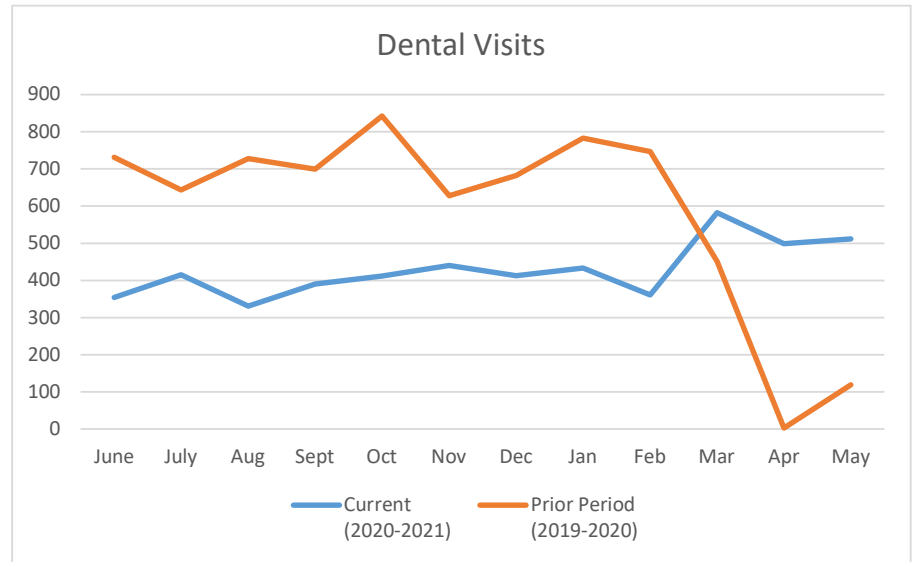
Medical Visits

	<u>Current</u> (2020-2021)	<u>Prior Period</u> (2019-2020)
June	1,170	1,797
July	1,238	1,798
Aug	981	2,081
Sept	1,077	1,804
Oct	1,251	2,250
Nov	1,150	1,719
Dec	1,145	1,745
Jan	1,288	2,082
Feb	1,058	1,710
Mar	1,488	1,480
Apr	1,345	812
May	1,301	719
	14,492	19,997



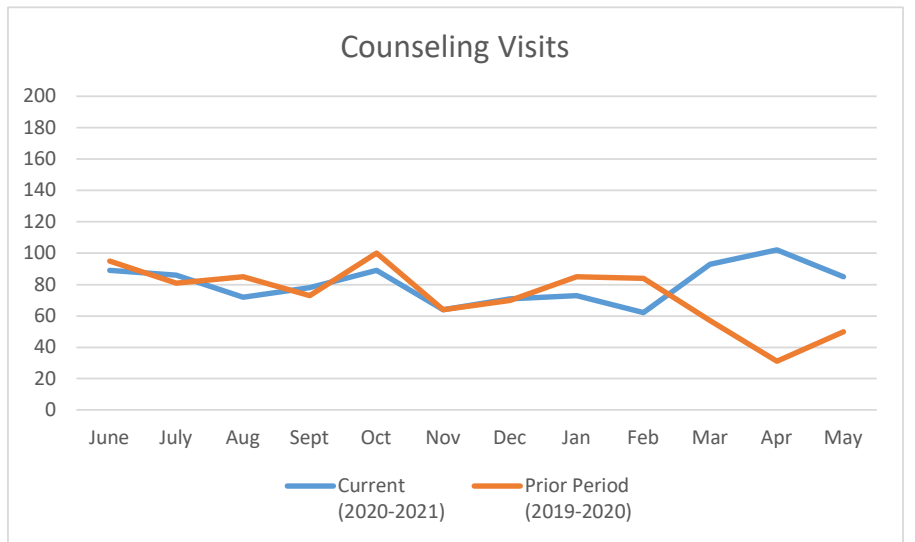
Dental Visits

	<u>Current</u> (2020-2021)	<u>Prior Period</u> (2019-2020)
June	354	731
July	415	643
Aug	331	728
Sept	390	699
Oct	412	842
Nov	440	628
Dec	413	682
Jan	433	783
Feb	361	747
Mar	582	451
Apr	499	3
May	512	119
	5,142	7,056



Counseling Visits

	<u>Current</u> (2020-2021)	<u>Prior Period</u> (2019-2020)
June	89	95
July	86	81
Aug	72	85
Sept	78	73
Oct	89	100
Nov	64	64
Dec	71	70
Jan	73	85
Feb	62	84
Mar	93	57
Apr	102	31
May	85	50
	964	875



Vists by Financial Class - Actual vs. Budget
As of May 31, 2021 (Grant Year 4/1/2021 -3/31/2022)

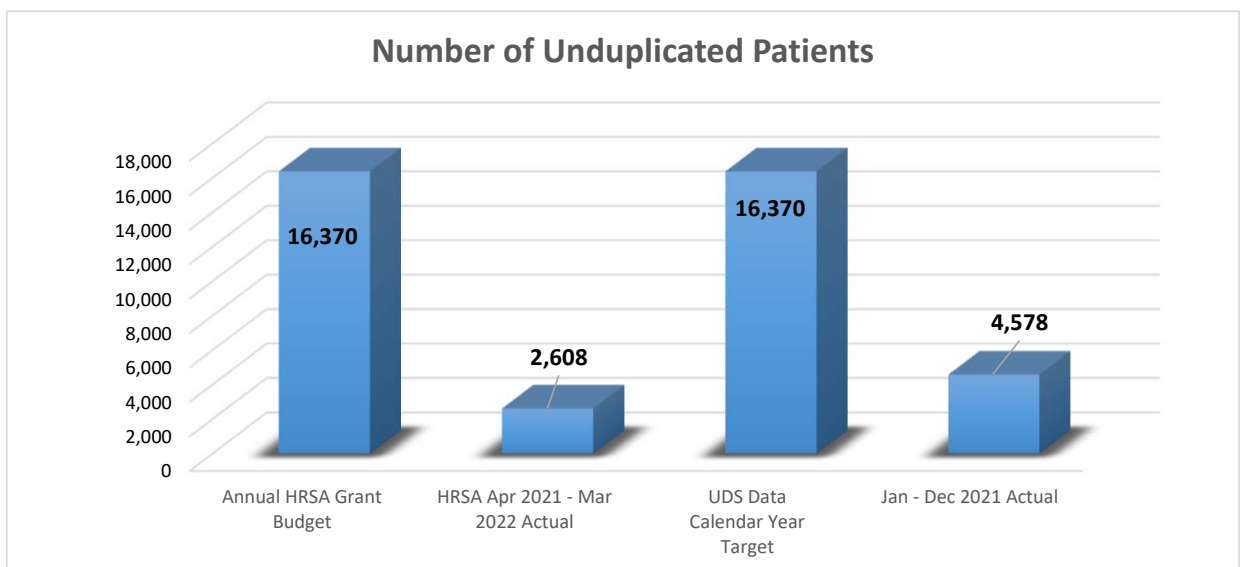
	Annual HRSA Grant Budget	MTD Actual	MTD Budget	Over/(Under) MTD Budget	YTD Actual	YTD Budget	Over/(Under) YTD Budget	% Over/ (Under) YTD Budget
Medicaid	3,147	181	262	(81)	418	525	(107)	-20%
Medicare	2,713	135	226	(91)	287	452	(165)	-37%
Other Public <i>(Title V, Contract, Ryan White)</i>	1,273	58	106	(48)	119	212	(93)	-44%
Private Insurance	2,941	176	245	(69)	362	490	(128)	-26%
Self Pay	24,170	1,346	2,014	(668)	2,662	4,028	(1,366)	-34%
	34,244	1,896	2,854	(958)	3,848	5,707	(1,859)	-33%

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

	Current Year Annual Target	Jan-May 2020 Actual	Jan-May 2021 Actual	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	16,370	5,412	4,578	(834)	28%

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

	Annual HRSA Grant Budget	Apr-May 2020 Actual	Apr-May 2021 Actual	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	16,370	1,445	2,608	1,163	16%



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Governing Board

June 2021

Item#8

**Consider for Approval Consulting Services Agreement for
Services Associated with HRSA Services Area Competition (SAC) Grant**



June 9, 2021

Andrea Cortinas, MBA
Chief Financial Officer
Galveston County Health District

Dear Ms. Cortinas:

Please accept the attached proposal for an engagement to support your HRSA Service Area Competition.

J2 Strategic Solutions is an organizational development firm specializing in Federally Qualified Health Centers (FQHCs). Jennifer Jones Santos, the Principal Consultant, has twenty-plus years providing technical assistance on FQHC development in a variety of settings, including not-for-profits, health departments, community mental health agencies, and graduate medical education programs with budgets ranging from \$1M to \$100M. J2 is actively engaged in numerous States around the country and has worked with Coastal Health and Wellness for more than six years.

Unlike other consultants, J2 is a turn-key firm that offers full-scope compliance review and technical assistance to address any areas of concern. HRSA updated the Operational Site Visit protocol in May 2021. This document outlines the compliance elements for FQHC, so with the recent changes, there well could areas of non-compliance despite a recent Operational Site Visit. In addition, HRSA has taken an approach of continuous compliance. This means that core policies will again be reviewed during the SAC process. Any areas of non-compliance present when the SAC Notice of Award is issued for your next project period results in an automatic 1-Year Project Period, without exception.

We would be pleased to discuss our qualifications or the scope of work with you in more depth. You may reach me at 317.726.7144 or via email at jjasantos@J2ssinc.com.

Sincerely,

Jennifer Jones Santos
President and Principal Consultant



Capabilities Statement & Biographical Sketches

J2 Strategic Solutions is a health care development consulting firm specializing in Community Health and Federally Qualified Health Centers (FQHCs). Jennifer Jones Santos is the President and Principal Consultant. J2 Strategic Solutions has provided turn-key services to hundreds of public and private entities across the United States.

From devising a strategy to developing funding proposals to managing awards, the J2 team accompanies Clients through the entire process of securing FQHC designation. While J2 does not guarantee any outcome, J2 has a strong track record in developing competitive applications, including FQHC New Access Points, Service Area Competitions, FQHC Look-Alike applications, Substance Abuse and Mental Health Services Administration (SAMHSA), USDA, and various other public and private funders. In fact, in the last round of New Access Point applications, J2 wrote the nation's two highest-scoring applications. J2's areas of experience include primary care, behavioral health integration, oral health services, telehealth, capital projects, public entity applications, and public-private partnerships.

J2 Strategic Solutions sees each engagement as an investment in the community. While the company provides short-term engagements, the firm's strength is in long-term relationships. This translates into overall financial savings for the Client and gives the J2 team the reward of having a more significant impact on the community and its needs. J2's quality work has led to the firm's expansion into nearly fifteen (15) states with Client relationships spanning decades.

J2 Strategic Solutions expertise includes:

- ◆ Federally Qualified Health Centers
- ◆ Rural Health Clinics
- ◆ Strategic Planning
- ◆ Community and Data Assessment
- ◆ Operational Site Visits
- ◆ Merger Strategy
- ◆ Business Plans and Analysis
- ◆ Entrepreneurship
- ◆ Health Resources and Services Administration
- ◆ Office of Population Affairs
- ◆ Telemedicine Development
- ◆ Community Development Block Grant
- ◆ Substance Abuse and Mental Health Services Administration
- ◆ Integrated Primary Care & Behavioral Health
- ◆ Budget Development and Management
- ◆ Private Foundations
- ◆ Oral Health Program Development

Jennifer Jones Santos, MSHS, President and Principal Consultant, founded J2 Strategic Solutions in 2004. Jennifer oversees all of the firm's engagements, which benefit from her strategic planning capabilities and her twenty-five-plus years of FQHC experience, including multiple C-Suite positions. She is a contract reviewer for the Health Resources Services Administration. She has extensively reviewed New Access Point applications, Service Area Competitions, behavioral health, telehealth, residency, rural health, and capital funding applications. Jennifer has also provided consulting services to several state primary care associations and the National Association of Community Health Centers.

While working for the Texas Department of Health, Jennifer designed and implemented a \$5 million FQHC Incubator Program, doubling the number of community health centers in Texas and serving as a model for more than three states. In addition, Jennifer served as a monitoring and evaluation specialist for \$12B in federal Community Development Block Grant funds with the Louisiana Office of Community Development post-Katrina. Jennifer's diverse background in government funding helps her link the Client's goals to strategies, action items, and ultimately success. Jennifer also speaks advanced/fluent Spanish and Portuguese.

Heather Hensley, Director of Consulting Services, has a background in health care administration. She ensures that the J2 team fully supports every engagement and that the Client's needs are fully met. Heather has been with J2 for more than five years and serves as the team lead on project delivery.

Katie Cameron, Project Associate, Ph.D. Candidate, has a background in social work and social science research. Katie manages project workflows, ensures strong communication between the Client and the J2 team, and participates in needs assessments, evidence-based program design, and narrative crafting.

Gary Hensley, MBA, Financial Analyst, has a background in financial analysis and projections. With nearly ten years of forecasting and planning experience, Gary's strength is identifying trends, developing reliable assumptions, and forecasting scenarios with a high level of accuracy. Gary is adept at designing and building customized financial analysis models.

Rob MacCuspie, Ph.D., Development Consultant, is a veteran of government, academia, and industry, with 20 years of progressive experience. His career highlights include 20 years of research; 10+ years working in government and industry under highly regulated environments; 7+ years of leadership and people management; and entrepreneurship supported by public funding. Dr. MacCuspie has developed successful funding proposals for the highly competitive National Science Foundation SBIR Phase I Seed Funding grant.

Gabriel Santos, Research Assistant, provides back-office support to the J2 team, including drafting narratives, compliance reviews, and other project work.

Jane Cartelli, Business Manager, oversees the contracting and invoicing process and supports the J2 team.

Consulting Services Agreement:

This Consulting Services Agreement (“Agreement”) is made and entered into this 8th day of June, 2021 By and between J2 Strategic Solutions, Inc., 52 Riley Road #421, Celebration, FL 34747 an organizational development consulting firm (hereinafter referred to as (“Consultant”), and COASTAL HEALTH & WELLNESS, hereinafter referred to as (“Client”), located at 9850 A Emmett F. Lowry Expressway, Texas City, TX 77591-2122.

J2 Strategic Solutions is a management and health care consulting firm specializing in community health and Federally Qualified Health Centers (FQHC). J2 Strategic Solutions prides itself on being a full-service community health development group. We work with health centers of all sizes and organizational complexities, in both rural and urban areas. Our primary areas of expertise include Site and Program Development, Grants Development and Management, FQHC Program Compliance Navigation, and Performance Improvement.

As a preliminary matter, no matter how skilled and experienced we are, we cannot achieve the best results without your consistent and continued involvement. You and we must become a team, working together toward your goal.

We call this agreement an “Integrity Agreement” because you and we must continually adhere to certain standards and principles if we are going to have a successful relationship and achieve the best result possible for you. The following attempts to provide clarity regarding the responsibilities and commitments that must be made by both of us in order to work towards achieving the desired outcome.

We consider these commitments an integral part of our Engagement Letter. If you have any questions about the commitments we have to each other, please contact us to discuss them prior to signing the Engagement Letter.

Our Responsibilities and Commitments to You:

- Work in a diligent, effective, ethical, and professional manner.
 - Apply our professional skills in an objective, practical, and dispassionate manner at all times to help assure the best course of action regardless of emotional context.
 - Assist you in evaluating your goals and helping you understand as to how achievable your goals may be and how they may best be achieved within the context of the funding environment.
 - Work with you to achieve your desired goals while adhering to current programmatic funding requirements.
 - Respond to your questions and concerns in a timely and professional manner.
 - Provide regular clear status reports, invoices, and payment information.
-

Your Responsibilities and Commitments to Us:

- Respond in a timely manner to our communications and requests for information.
 - Ensure timely payment of all invoices.
 - Ask questions and communicate with us when you do not understand our process, or any communication is unclear to you.
 - Provide us with complete and accurate information.
 - Seek our advice prior to taking any action that may affect our ability to assist you in achieving your goals.
 - Inform of us well in advance of any planned leave time for staff involved in the development of any application.
 - Remember that we help you achieve your goals but cannot without your time and attention.
-

Furthermore, the parties hereto do hereby agree as follows:

1. Consultant agrees to provide organizational development services for Client as an independent contractor.
2. Consultant shall provide services for the purpose of the Client's direct programs and services.
3. Consultant shall provide progress/status reports to the Project Director or other designated officer (s) and/or the Board of Directors, setting forth in detail the status of each application, proposal, or other service rendered by the Consultant, monthly or as mutually agreed.
4. Consultant shall work in a diligent and professional manner in order to secure contracts for the Client. However, because of inconsistencies in the review process and issues that may be unknown to Consultant, Consultant makes no guarantees regarding the scoring, funding, or approval of any application.
5. Consultant shall be reasonably available to attend meetings via teleconference to discuss, review, or otherwise consult on proposals, service delivery models, or compliance issues.
6. Consultant shall be provided access by client to its officers, facilities, and records as are reasonably necessary for Consultant to use in preparing and submitting proposals and otherwise providing organizational development services. Consultant agrees that all records, including proposals and documents developed by Consultant during the course of

this Agreement, shall be used solely for the purpose of the Client in furtherance of this agreement and may not be transferred to any other entity.

7. Upon execution of this agreement, Client and Consultant shall outline a schedule of when materials and feedback are to be provided to Consultant and when Consultant shall provide feedback and drafts to Client. If Client is late in delivering materials to Consultant, Consultant may cancel this agreement at its sole discretion and any and all consulting fees then paid may be retained by the Consultant. Deadline for returning materials to Client shall be extended one day for each day that Client is late.
8. Client shall pay Consultant for services rendered under this agreement the sum(s) agreed in writing between the Consultant and the Client, as set forth in attached Exhibit A within 14 days of signing contract and 30 days after receipt of all invoice(s) after initial payment.
9. Consulting fees shall be billed in arrears (with the exception of deposits) and payable within 14 days of invoice.
10. The term of this agreement shall be 6 months. Yearly agreements shall automatically renew for another year term if not explicitly terminated in writing. This contract may terminate in advance of said period by mutual agreement. If the Client unilaterally terminates a yearly agreement before the expiration of the full term of this agreement, Consultant shall be entitled to receive the value of the total outstanding balance of monies due for work already completed.
11. Notwithstanding anything in this agreement to the contrary, Consultant shall have the exclusive right to terminate this Agreement with 3 (days) notice if Client is more than 45 days past due in paying its invoices. Should Consultant terminate this agreement prior to completion of all deliverables due to delinquent payments from Client or because Client is delayed in meeting agreed-upon timelines for submission of materials to Consultant, Client shall not be entitled to any refunds of payments already made.
12. Client is responsible for the final submission of applications and work products to funders. Should Client not complete the final submission after Consultant has presented Client with final materials, Client shall remain responsible for paying Consultant the full fees associated with this Agreement.
13. Any notices required or permitted to be given under this Agreement shall be sufficient if in writing by Federal Express or Certified Mail Return Receipt Requested postage prepaid by the sending party.

14. This agreement shall be construed, interpreted, and governed by the laws of the State of Florida, and the parties agree that any and all claims or actions under this agreement shall be brought in the State Courts in Orange County, Florida.
15. If there is a breach of this Agreement, the prevailing party shall recover from the breaching party all attorneys' fees incurred by the prevailing party for negotiation, trial or appellate proceedings.
16. It is understood and agreed that this Agreement expresses the complete and final understanding of the parties hereto, that any and all negotiations and representations not included herein or referred to herein are hereby abrogated, and that the Agreement cannot be changed, modified, or varied except by written instrument agreed to by all parties. Email modifications to timelines are acceptable.
17. Except as otherwise herein provided to the contrary, this Agreement shall be binding upon and inure to the benefit of the party's signatory hereto, their heirs, personal representatives, successors, and assigns.
18. Client shall hold Consultant, its employees, or agents harmless from any known or unknown claims as a result of Consultant, its employees' or agents': a) work or technical assistance completed under this agreement or b) exclusive right to terminate services due to client's failure to render payment or comply with schedule to deliver to Consultant organizational information.
19. If any part of this agreement should be determined null and void, the remainder of the contract shall remain in force.
20. Exhibits A, Invoices and Fees, and Exhibit B, Scope of Work, are considered part of this contract.

IN WITNESS WHEREOF, the parties set their hands on this 8th day of June, 2021.

Jennifer Jones Santos, President
J2 Strategic Solutions

Date

Authorized Representative

Date

Printed Name

EXHIBIT A

INVOICES AND FEES: Service Area Competition

Client agrees to:

1. Assist in coordinating and attaining all necessary documentation, gathering of data, and other supporting materials as requested as detailed in scope of work exhibit.
2. Ensure SAM, grants.gov, and EHB registrations are active and the Authorized Official is correct, as applicable.
3. The cost of this agreement shall be \$25,000 excluding travel.
 - Client will have a \$2000 discount on the final invoice if no compliance issues are identified during the course of the proposal development.
4. Payments shall be made as outlined below:
 - 50% non-refundable deposit will be due within 14 days of signing contract to commence work on application.
 - 25% due when Consultant has submitted draft budget to Client
 - 25% due when Consultant provides to Client the final version of the application
 - Pay a late charge of 1.5% on all invoices not paid within 45 days.
5. Reimburse Consultant for travel costs associated with site visit for up to two individuals per J2 Strategic Solutions travel policy, if determined necessary by either party.
6. Advise Consultant at signing of agreement of any travel plans for Authorized Official/CEO or any other leadership positions who are required to review any part of the application.
7. Provide the name of the Programmatic Contact and the Billing Contact in the space provided below:

Name of Programmatic Contact: _____ Email: _____

Name of Billing Contact: _____ Email: _____

Client Initials: _____

EXHIBIT B

SCOPE OF WORK

Consultant shall provide the following services as indicated on Exhibit A:

Service Area Competition

1. Develop a comprehensive quantitative needs assessment based of health disparity data, demographics, location of other providers, and unmet need.
2. Provide client with a needs assessment worksheet and map to illustrate need.
3. Budget Justification following HRSA template with cost per item justifications for each line item.
4. Ensure completion of all required forms.
5. Productivity projections for three years with a total number of users and encounters, provided by service line (primary care, dental, mental health, substance abuse, and enabling. 7. Provide anticipated total cost per patient, medical cost per medical visit, and health center grant dollar per patient for Year 3.
6. Write all parts of proposal narrative.
7. Review documents forwarded by client for compliance with HRSA requirements.
8. Provide progress reports to Client as requested.
9. Upload application into www.grants.gov and HRSA Electronic HandBook (EHB) interface.
10. Provide Client with electronic copy of completed application in PDF format.
11. Provide additional information to HRSA as needed for a period of six months after the original submission.

Client agrees to provide Consultant the following items:

1. Most recent UDS.
2. All requested policies, procedures, and other supporting documentation (resumes, floor plans, job descriptions, by-laws, etc.).
3. Report from operational site visit.
4. Most recent budget and actuals for a recent 12-month period.
5. Complete current staffing profile identifying all positions, staff names, FTE, and federal funding allocation applicable to in-scope activities.

Client Initials: _____

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Governing Board

June 2021

Item#9

Consider for Approval the Reappointment of the following Coastal Health & Wellness Governing Board Members for a 2 Year Term Expiring June 2023:

- a. Dorothy Goodman (Consumer Representative)
- b. Elizabeth Williams (Community Representative)
- c. Flecia Charles (Consumer Member)
- d. Virginia Valentino (Consumer Member)

[**Back to Agenda**](#)

Governing Board

June 2021

Item#10

**Consider for Approval Nominee Brent Hartzell, to fill
Community Representative Position**

BRENT A. HARTZELL

PUBLIC SECTOR MANAGEMENT EXECUTIVE

TREASURY AND BUDGET MANAGEMENT | DATA ANALYSIS | STRATEGIC PLANNING

~ Policy Strategy and Implementation – Fiscal Integrity and Transparency – Legislative Relations ~

SUMMARY

- **I specialize in finance and operational management for municipal governments.**
I serve as chief financial officer for a populous Texas county. I have also implemented legitimately balanced operating budgets for two American cities undergoing severe financial stress.
- **I have served senior officials in state and federal government and at a Fortune 500 finance company.**
I have advised senior government officials on K-12 policy and budget matters, capital debt finance, and management of public infrastructure. I have drafted legislation for a \$2.5-billion school construction initiative and a \$100-million annual merit-based college scholarship program. I have analyzed data and made resulting strategic policy recommendations to company executives.

Persuasive Analytics | Revenue Forecasting | Program Improvement | Staff Leadership Development

PROFESSIONAL HIGHLIGHTS

COUNTY OF GALVESTON, Galveston, Tex.

February 2020-present

The County employs more than 1300 staff in various administrative capacities and has a AAA bond rating from Moody's.

Chief Financial Officer and Budget Officer

- Began service on February 24, 2020 – currently developing FY 2021 County budget.
-

CITY OF ALLENTOWN, Allentown, Pa.

September 2015-February 2020

The Lehigh Valley's largest home rule city employs 800 people to provide public safety and other key community functions.

Finance Director

- Supervised the city's accounting, treasury, procurement, tax compliance and budget operations.
 - Developed and administered five Mayor's City operating budgets, prioritizing funding for essential city services and working closely with department heads to understand details of their operations.
 - Administered increasing collection of delinquent taxes, heightened transparency of the city's contractual processes, maintained clean audit opinions and achieved General Fund surpluses in 2018 and 2019.
 - Served as Allentown Pension Board President, Parking Authority Treasurer, and Deputy Mayor.
-

MARTIN, ARRINGTON, DESAI AND MEYERS, Bingham Farms, Mich.

June 2011-August 2015

The firm provides accounting services to improve public sector oversight.

Financial Consultant (Independent Contractor)

- Advised Gary (Indiana) Community School Corporation on budgetary control matters.
 - Advised American Samoa's government to improve internal control of federal grant awards.
 - Audited representative payees of Social Security beneficiaries.
 - Joined firm president on financial leadership team of City of Detroit (see next position).
-

CITY OF DETROIT, Detroit, Michigan

May 2012-December 2013

Detroit employs approximately 9,000 people to deliver essential public services.

Interim Budget Director

- Directed implementation of the \$2.5-billion FY 2013 budget to maintain fiscal discipline and sharply reduce Detroit's accumulated general fund deficit as the City prepared to file for Chapter 9 bankruptcy.
 - Created a legitimately balanced FY 2014 operating budget for Mayor Dave Bing that was passed with minimal amendment by Detroit City Council.
 - Established relationships with citizens to obtain greater public input on budgetary priorities.
 - Implemented mechanisms to identify and remedy departmental operating deficits during the same fiscal year, ensuring proper fund oversight for major restructuring activities and prohibiting purchases not authorized by the City Charter.
 - Improved analytical rigor of budget staff, resulting in greater department influence in maintaining fiscal discipline and the recruitment of several staff to higher-paying managerial positions elsewhere in the City.
-

CAREER FOUNDATIONS

SALLIE MAE, Washington, D.C.

February 2009-September 2010

At my time of employment, Sallie Mae was America's largest student loan originator and servicer.

Director, Public Policy

U.S. DEPARTMENT OF EDUCATION, Washington, D.C.

November 2002-January 2009

One of fifteen federal Cabinet agencies, the Department of Education provides financial and technical support for educational improvement efforts across America.

Chief of Staff and Special Assistant to the Chief Financial Officer (Presidential Appointee)

STATE OF FLORIDA, Tallahassee, Florida

October 1996-November 2002

OFFICE OF POLICY AND BUDGET, EXECUTIVE OFFICE OF THE GOVERNOR

The Office of Policy and Budget is the Florida state equivalent to the President's Office of Management and Budget at the federal government level.

Senior Governmental Analyst for Education, Transportation, Debt Finance and Infrastructure

FLORIDA HOUSE OF REPRESENTATIVES, Tallahassee, Florida

January 1994-October 1996

The 120-member House is one of two legislative chambers in the State of Florida.

Legislative Analyst on Finance & Tax Committee and Select Committee on Educational Facilities

EDUCATION

Master of Arts, Public Affairs (public policy), 1994

University of Minnesota, Humphrey School of Public Affairs, Minneapolis, Minnesota.

Bachelor of Arts, *cum laude*, Political Science major, Economics minor, 1989

Gustavus Adolphus College, St. Peter, Minnesota.

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Governing Board

June 2021

Item#11

**Consider for Approval Nominee Brent Hartzell, to fill
Community Representative Position**

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Governing Board

June 2021

Item#12

**Consider for Approval Governing Board Member to Serve as Interim
Vice Chair Through January 2022**

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Governing Board

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Item#13

**Consider for Approval Governing Board Member to Serve
on the QA Board Committee**

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Governing Board

June 2021

Item#14

**Consider for Approval Privileging Rights for
Leonard Nagorski, MD**



Date: July 1, 2021

To: CHW Governing Board

From: Ann O'Connell
Chief Operating Officer

A handwritten signature in blue ink that reads 'Ann O'Connell'. The signature is written in a cursive style and is positioned to the right of the 'From:' field.

Re: Privileging

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

In addition, after review by Chief Operating Officer, Ann O'Connell, MS, MSN, RN, of the privileging documents submitted by Dr Leonard Nagorski, MD, we are requesting privileging approval by the Governing Board.

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Governing Board

June 2021

Item#15

Update on Governing Board Member Vaccines

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