

### AGENDA

Thursday, July 26, 2018 – 12:00 PM

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

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

In accordance with the provisions of the Americans with Disabilities Act (ADA), persons in need of a special accommodation to participate in this proceeding shall, within three (3) days prior to any proceeding contact the Coastal Health & Wellness Administrative Office at (409) 949-3406.

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

### REGULARLY SCHEDULED MEETING

**Meeting Called to Order**

- \*Item #1 ..... Agenda
- \*Item #2**ACTION** ..... Excused Absence(s)
- \*Item #3**ACTION** ..... Consider for Approval Minutes from June 28, 2018 Board Meeting
- \*Item #4**ACTION** ..... Consider for Approval Minutes from July 12, 2018 Board QA Meeting
- \*Item #5**ACTION** ..... Annual Policy/Plan Review
  - a) Coastal Health & Wellness Hand Hygiene Policy
- \*Item #6**ACTION** ..... Policies Approved by United Board of Health as Authorized Under the Shared Services Agreement
  - a) Americans with Disabilities Act
  - b) Attendance
  - c) Customer Service
  - d) Family & Medical Leave
- \*Item #7**ACTION** ..... Consider for Approval Quarterly Investment Report
- Item #8 ..... Executive Report
- Item #9**ACTION** ..... Consider for Approval June 2018 Financial Report
- Item #10**ACTION** ..... Consider for Approval Quarterly Visit and Analysis Report Including Breakdown of New Patients by Payor Source
- Item #11**ACTION** ..... Review and Approval of HRSA Application for the FY2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) Funding Opportunity
- Item #12**ACTION** ..... Consider for Approval Quarterly Compliance Report
- Item #13**ACTION** ..... Consider for Approval Renewal of Lease Agreement with the Galveston Housing Authority for Clinical Space in Galveston
- Item #14**ACTION** ..... Review of Current Board Member Composition and Discussion Regarding Recruitment for Vacant Board Positions

## Adjournment

*Tentative Next Meeting: August 30, 2018*

### **Appearances before Governing Board**

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

### **Executive Sessions**

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

***The Galveston County Health District's Boardroom is wheelchair accessible. Persons with disabilities who plan to attend this meeting and who may need accommodations, auxiliary aids, or services such as interpreters, readers, or large print are requested to contact GCHD's Chief Compliance Officer, at 409-938-2492, or via e-mail at [rmosquera@gchd.org](mailto:rmosquera@gchd.org) at least 48 hours prior to the meeting, so that appropriate arrangements can be made.***



# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board  
July 2018  
Item #2  
Excused Absence(s)**



# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board**

**July 2018**

**Item #3**

**Consider for Approval Minutes from  
June 28, 2018 Board Meeting**

**Coastal Health & Wellness  
Governing Board Meeting  
June 28, 2018**

**Board Members**

**Present:**

Dr. Howard  
Jay Holland  
David Delac  
Mario Hernandez  
Victoria Dougharty  
Virginia Valentino  
Dorothy Goodman  
Samantha Robinson  
Dr. Thompson

**Staff:**

Kathy Barroso, Interim Executive Director	Sandra Cuellar
Dr. Alhassan	Tina Belmonte
Dr. Nguyen	Ashley Tompkins
Michelle Peacock	Lea Williams
Mary Orange	Paula Compton
Pisa Ring	Tikeshia Thompson Rollins
Kristina Garcia	Amanda Wolff
Tiffany Carlson	
Lea Williams	

**Excused Absence:** Miroslava Bustamante

**Unexcused Absence:**

**Guest:**

**\*Items 1-5 Consent Agenda**

A motion was made by Jay Holland to approve the consent agenda items one through five with a correction on item number thirteen, changing the MD to DDS behind Milton Howard's name. Dorothy Goodman seconded the motion and the Board unanimously approved the consent agenda.

**Item #6 Executive Report**

Kathy Barroso, Interim Executive Director, presented the June 2018 Executive Report to the Board.

**Item #7 Consider for Approval May 2018 Financial Report**

Mary Orange, Business Office Manager, presented the May 2018 financial report to the Board. A motion to accept the financial report as presented was made by Virginia Valentino and seconded by Mario Hernandez. The Board unanimously approved the motion.

**Item #8 Review and Approval of HRSA Capital Assistance Recovery and Relief Efforts (Care) Application Submitted on June 14, 2018**

Mary Orange, Business Office Manager, presented the HRSA capital assistance recovery and relief efforts (CARE) application to the Board which was submitted to HRSA on June 14, 2018. A motion to accept the application was made by Virginia Valentino and seconded by Dorothy Goodman. The Board unanimously approved the motion.

**Item #9 Consider for Approval Consulting Services Agreement with J2 Strategic Solutions for Services Associated with HRSA Services Area Competition (SAC) Grant**

Kathy Barroso, Interim Executive Director, asked the Board to consider for approval a consulting service agreement with J2 Strategic Solutions for the upcoming HRSA service area competition (SAC) grant. Kathy informed the Board that J2 was the organization that we had utilized to assist with the last SAC application. Terms of the agreement required 50% of the agreed upon rate payable upon signing the

agreement, 25% when the draft document has been submitted and another 25% when the final application has been submitted. Kathy suggested the Board authorize funding up to \$26,000 and should there be any travel costs, we could come back to the Board for approval. A motion to accept the contract up to \$26,000 was made by Jay Holland and seconded by Mario Hernandez. The Board unanimously approved the motion.

**Item #10 Discussion Regarding Next Steps in Determining the Scope of Renovations for the Galveston Clinic**

Kathy Barroso, Interim Executive Director, discussed with the Board the scope of renovations for the Galveston Clinic. Kathy proposed that we arrange a tour of the clinic with Board members and then meet with the Housing Authority about possibly providing new paint and flooring, and terms of a new lease agreement. We would also need to determine what the Housing Authority would be willing to contribute towards any renovations as well as Coastal Health & Wellness's portion. . A motion for Kathy to explore options, and setup a tour of the Galveston clinic and come back to the Board with recommendations at a later date was made by Virginia Valentino, and seconded by Mario Hernandez. The Board unanimously approved the motion.

**Item #11 Discussion Regarding Possible Options for Patients Satisfaction Surveys**

Kristina Garcia, Patient Services Manager, asked the Board for feedback on options for the proposed new patient satisfaction survey. Samantha recommended to the Board that a statement be added to the end of the survey should a patient wish to be contacted to speak with someone regarding their survey responses. Tina, Clinic Compliance Specialist, suggested to the Board that the survey could also be outsourced to another company that specializes in patient satisfaction surveys and is more verse in selecting the appropriate questions. A motion to proceed with drafting a new survey and bringing back to the Board for review was made by Mario Hernandez, and seconded by Virginia Valentino. The Board unanimously approved the motion.

**Item #12 Consider for Approval Recommendation for Janitorial Services Bid Award**

Mary Orange, Business Office Manager, asked the Board to consider for approval the recommendation for the janitorial service bid award. A motion to accept the recommendation of the bid award for janitorial services at both clinic sites was made by Virginia Valentino, and seconded by Victoria Dougharty. The Board unanimously approved the motion.

**Item #13 Consider for Approval the Reappointment of Milton Howard, DDS, as a Community Representative to the Coastal Health & Wellness Governing Board for a 3 Year Term Expiring June 2021**

Dr. Milton Howard, Board Chair, asked the Board to consider for approval the reappointment of Milton Howard, DDS, as a community representative to the Coastal Health & Wellness Governing Board for a 3 year term expiring June 2021. A motion to accept the reappointment of Dr. Howard to the Board was made by Mario Hernandez, and seconded by Virginia Valentino. The Board unanimously approved the motion.

**Item #14 Consider for Approval the Reappointment of Virginia Valentino, as a Consumer Representative to the Coastal Health & Wellness Governing Board for a 3 Year Term Expiring June 2021**

Dr. Milton Howard, Board Chair, asked the Board to consider for approval the reappointment of Virginia Valentino, as a consumer representative to the Coastal Health & Wellness Governing Board for a 3 year term expiring June 2021. A motion to accept the reappointment of Virginia Valentino to the Board was made by Mario Hernandez, and seconded by Victoria Dougharty. The Board unanimously approved the motion.

**Adjournment**

A motion to adjourn was made by Virginia Valentino, seconded by Mario Hernandez. The Board adjourned at 1:08 p.m.

\_\_\_\_\_  
Chair

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board**

**July 2018**

**Item #4**

**Consider for Approval Minutes from  
July 12, 2018 Board QA Meeting**



**Coastal Health & Wellness  
Governing Board Quality  
Assurance Committee Meeting  
July 12, 2018**

**EMPLOYEE'S PRESENT:**

Kathy Barroso (Interim Executive Director), Tina Belmonte (Clinical Compliance Specialist), Eileen Dawley (Chief Nursing Officer), Jason Borillo (Lead Physician Assistant), Dr. Bang Nguyen (Interim Dental Director), Tiffany Carlson (Nursing Director), Shonta Hill (Interim Dental Assistant Supervisor), Rocky Mosquera (Chief Compliance Officer), Kristina Garcia (Patient Services Manager), Pisa Ring (Patient Information Manager) and Anthony Hernandez (Executive Assistant)

**BOARD MEMBERS PRESENT:**

David Delac – Vice Chair  
Samantha Robinson, BSN

(Minutes recorded by Anthony Hernandez)

ITEM	ACTION
Quarterly Access to Care Report	<ul style="list-style-type: none"> <li>Quarterly Access to Care Report was reviewed. No show rates continue to remain at the same percentage and there continues to be appointment availability. Ways in which to improve no show rates were discussed and will be looked at through OC3 initiatives.</li> </ul>
Hand Hygiene Policy	<ul style="list-style-type: none"> <li>Tina Belmonte, Clinical Compliance Specialist, reviewed the Hand Hygiene Policy with the group and asked for feedback. Suggestions to further clarify the Policy will be incorporated and will be brought back to the full Board for approval.</li> </ul>
Patient Satisfaction Survey	<ul style="list-style-type: none"> <li>Board Vice-Chair, David Delac, suggested adding some customer service wording into the survey (i.e. Would you refer us to a friend/Family Member, etc.)</li> <li>Board Vice-Chair, David Delac, suggested having no more than five questions on the survey.</li> <li>Once survey is implemented, check-out staff would enter visit information before giving the survey to the patient in order to streamline the process.</li> <li>Patient Services Manager, Kristina Garcia, will incorporate this feedback and bring a draft survey back to the full Board for review.</li> </ul>
OC3 Update	<ul style="list-style-type: none"> <li>Jason Borillo, Lead PA, gave the Committee an update on OC3 initiatives and baseline data that was captured. This information will be incorporated into data gathering as CHW works towards becoming a Patient Centered Medical Home (PCMH).</li> </ul>

Infection Control Overview	<ul style="list-style-type: none"> <li>Rocky Mosquera, Chief Compliance Officer and Tina Belmonte, Clinical Compliance Specialist, gave an update on steps being taken to insure compliance with infection control practices.</li> </ul>
Joint Commission Committee Update	<ul style="list-style-type: none"> <li>Chief Compliance Officer, Rocky Mosquera, informed the Committee that all equipment in the Clinic has been calibrated.</li> <li>Chief Compliance Officer, Rocky Mosquera, informed the Committee of the new process regarding equipment maintenance and calibration. Going forward, the Risk &amp; Safety Coordinator, Chief Compliance Officer &amp; Clinic Directors will make sure equipment is maintained and/or calibrated based on the manufacturer's recommendations.</li> <li>Board member, Samantha Robinson, suggested that Board members visit both clinics before the next Joint Commission visit.</li> </ul>
Plan for Galveston Dental Clinic	<ul style="list-style-type: none"> <li>Interim Executive Director, Kathy Barroso, informed the Committee that the Housing Authority has agreed to paint and replace flooring in the Galveston dental area prior to reopening.</li> <li>Board member, Samantha Robinson, suggested contacting the Joint Commission to let them know that there may be a possible delay in opening the Galveston Dental Clinic based on our plan to paint and re-floor the area before we resume services.</li> <li>Possible re-opening dates for the Galveston dental clinic were discussed and it was decided to explore a mid-September opening date based upon the remodeling efforts and staffing needs. Board Vice-Chair, David Delac, requested a visit of the Galveston Clinic before the reopening of the Dental Clinic.</li> </ul>

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**Governing Board  
July 2018  
Item #5  
Annual Policy/Plan Review**

- a) Coastal Health & Wellness Hand Hygiene Policy

## Coastal Health & Wellness (CHW) Hand Hygiene Policy<sup>i</sup>

### Purpose

To minimize the possibility of infection and to prevent the transmission of microorganisms from patient to patient and from inanimate surfaces to patients by the hands of all healthcare providers.

**Audience:** All Coastal Health & Wellness employees, providers, contract employees, volunteers, and students.

### Policy

- Hand hygiene shall be practiced before and after routine patient care activities, including entering and exiting the patient care environment, before and after removing gloves, and after hand-contaminating activities <sup>ii</sup>
- Hand hygiene shall be practiced before handling medication or preparing food
- All employees are required to wash, rinse, and dry their hands or apply an alcohol hand rub before beginning work, ~~after using the rest room~~, and prior to leaving work
- All employees are required to wash, rinse, and dry their hands after using the restroom.
- When not visibly soiled, an alcohol-based hand rub (ABHR) may be used routinely for hand hygiene in place of an antimicrobial soap handwash.
- Hands that are grossly contaminated must be washed with soap and water or antimicrobial soap and water
- Antimicrobial-impregnated wipes are not as effective as ABHRs or washing hands with antimicrobial soap and water for reducing bacterial counts on the hands of healthcare workers and will not be used as a substitute for using an alcohol-based hand rub or antimicrobial soap

### Procedure(s)

#### A. Handwashing procedure with antimicrobial soap and water:

1. Wet hands first with warm water
2. Apply an amount of product recommended by manufacturer to hands
3. Rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers
4. Rinse thoroughly by keeping hands down so that run off will go into the sink and not down the arm
5. Dry well with paper towels and use paper towel to turn off faucet
6. Discard paper towels into the appropriate container

#### B. Hand antiseptic procedure with ABHR

1. If hands are visibly soiled, wash hands with antimicrobial soap and water according to procedure prior to applying alcohol hand rub
2. Apply enough alcohol hand rub to cover the entire surface of hands and fingers
3. Rub the solution vigorously into hand until dry
4. Use of alcohol hand rubs may result in a sticky residue on the hands. Wash with soap and water periodically to remove the hand rub residue

### C. Fingernails

1. Nails should be kept clean and nail polish should be in good repair (i.e no chipped nail polish). Attention must be given to cleaning around the base of the nails, cuticles, and nail tips when washing hands
2. Healthcare workers with direct patient care must keep nails short. Natural nails shall be trimmed so they are no longer than ¼ inch past the tip of the finger
3. Artificial fingernails or extenders (including resin bonding, extensions, tips, gels, acrylic overlays, resin wraps, or acrylic nails) shall not be worn by healthcare providers that provide direct patient care

### D. Lotions

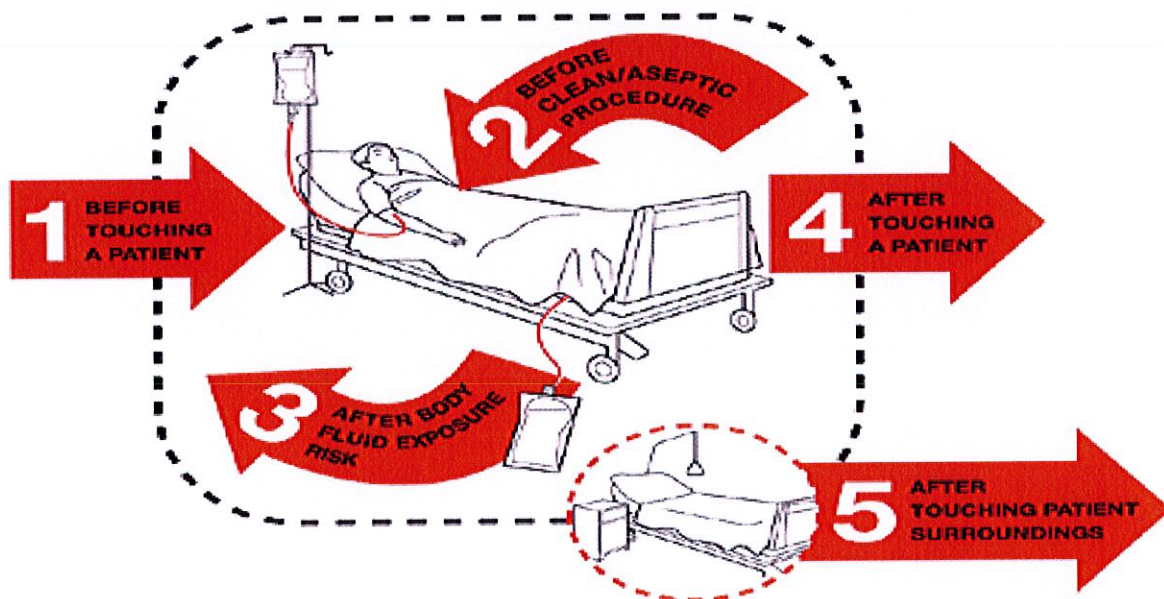
1. Use moisturizing lotion to maintain healthy hand skin integrity and prevent dryness or irritation
2. Moisturizing lotion must be an approved hand lotion to avoid risk of incompatibility and/or inactivation of the active ingredients in hand hygiene products and gloves

## Process and Outcome Measurement

It is the responsibility of each manager or director to monitor and enforce this policy. Hand hygiene audits are performed according to the 5 Moments of Hand Hygiene, as outlined in this policy (see graphic).

Hand hygiene audits:

- a. Should reflect a cross section of the clinic's staff and not just repeated or prolonged observations on a small number of staff
- b. Should reflect a cross section of the patient care episodes in a range of settings and not prolonged observation of single episode of patient care
- c. Audits will be reviewed in Infection Control Committee and action plans will be developed to improve compliance



<sup>i</sup> Centers for Disease Control and Prevention. Guideline for Hand Hygiene in Health-Care Settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. MMWR 2002;51(No. RR16):[1-45]

<sup>ii</sup> Sax, H., Allegranzi, B., Uçkay, I., Larson, E., Boyce, J., & Pittet, D. (2007). 'My five moments for hand hygiene': A user-centred design approach to understand, train, monitor and report hand hygiene. *Journal of Hospital Infection*, 67(1), 9-21.

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**Governing Board**

**July 2018**

**Item #6**

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

- a) Americans with Disabilities Act
- b) Attendance
- c) Customer Service
- d) Family & Medical Leave

# Reasonable Accommodations Under the Americans with Disabilities Act (ADA)

-Approved  
UBOH 06/28/17  
GB 06/29/17  
-Effective 05/28/04

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## Audience

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

## Policy

The Health District will comply with the Americans with Disabilities Act. The Health District does not discriminate against persons with disabilities, persons with a record of disability, or persons regarded as having a disability. This policy applies to all aspects of the employment process including, but not limited to, employment application, testing, hiring, assignments, evaluation, disciplinary actions, training, promotion, medical examinations, layoff/recall procedures, termination, compensation, leave and benefits, and employee interaction with GCHD customers.

## Accommodations

The Health District will make reasonable accommodations to enable a qualified individuals with a disability to perform the essential functions of his or her job. To be eligible for a reasonable accommodation, an applicant or employee must be a “qualified person with a disability.” The Health District will accommodate the functional limitations of a qualified employee or applicant unless to do so would cause an “undue hardship” upon the Health District, as defined by the ADA and its implementing regulations. If a current employee cannot be accommodated without undue hardship, or if the Health District concludes that a current employee, because of a disability, cannot perform the essential functions of his or her position, with or without reasonable accommodation, the Health District may determine whether a vacant position, which is scheduled to be filled, exists for which the employee is qualified and which the employee can perform with or without reasonable accommodation. If such a position exists, the Health District possesses the discretion to reassign the employee to the position with a salary concurrent to that position. The Health District will not create a new position for an employee with a disability, nor will the Health District “bump” another employee out of a position in order to find placement for an employee with a disability.

The Health District may terminate or deny employment, transfer or promotion where an individual poses a “direct threat” to the health and safety of himself or herself or others as a result of the adverse effects rendered upon designated tasks as a result of his or her disability. An assessment of a “direct threat” will be based only on valid medical analyses and/or other objective evidence, and not on speculation.

*NOTE: The law does not require the Health District to lower performance or conduct standards to make an accommodation, nor is the Health District obligated to provide personal equipment such as glasses, or hearing aids, as accommodations.*



### **Requesting an Accommodation**

The individual who wishes an accommodation to be made on his or her behalf must submit the *Employee Request for Accommodation Under the Americans with Disabilities Act* form along with the *Health Care Provider Information - Authorization to Release Medical Records* form to his/her supervisor and provide a supplementary copy of the form to the Human Resources Manager.

The Human Resources Manager will evaluate the request, the essential job functions, and review the case with executive officers for final determinations.

### **Policy Regarding Service Animals for Customers with Disabilities**

In compliance with the Americans with Disabilities Act, the Health District is committed to providing services for customers with disabilities, including those accompanied by service animals. By policy, the Health District welcomes any service animal into its facilities.

### **What is a Service Animal?**

Per the Americans with Disabilities Act, service animals are defined as any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Service animals, which are often but not always dogs, come in all breeds and sizes, may be trained either by an organization or by an individual with a disability, need not be certified or licensed, and provide a wide range of services that may or may not be identifiable, including but not limited to: (1) assisting persons with mobility impairments by balancing, carrying, and recovering dropped or mislaid belongings, as well as other functions; (2) assisting people who are deaf or hard of hearing by alerting them to sounds, obstacles, and the presence of others; (3) assisting people who are blind or have poor vision by alerting them to danger, guiding them, and performing other related functions; and (4) assisting people susceptible to seizures by alerting them to the onset of a seizure, cushioning their fall, reviving them, keeping others at a safe distance, and mitigating any possible injury.

### **Health District's Requirements with Regard to Service Animals**

If an employee is uncertain whether an animal is a service animal, the employee may ask the individual accompanying the animal if it is a service animal required because of a disability, and what service the animal is trained to perform. However, an employee is prohibited from asking a customer for proof of his or her disability or for any information about his or her disability, nor may an employee request proof or certification of the animal's training or vaccination records. Service animals do not always have a sign or symbol indicating they are service animals, and it is the Health District's policy that its employees, contractors, and volunteers are educated that it is illegal and against Health District policy to:

- 1) ask a customer or potential customer if he or she has a disability or is accompanied by a service animal before agreeing to provide service to that customer;
- 2) refuse provision of service to a customer or potential customer with a disability because the customer is accompanied by a service animal;
- 3) ask or require a customer or potential customer accompanied by a service animal to pay any charges not imposed on customers generally because that individual is accompanied by a service animal; or

- 4) require a customer or potential customer accompanied by a service animal to comply with any additional conditions of service not imposed on customers generally. Prohibited conditions of service include, but are not limited to, policies or practices suggesting that customers or potential customers accompanied by a service animal are any less welcome than are other customers.

#### **Direct Threats to Health or Safety**

In the event that a particular service animal's behavior poses a direct threat to the health or safety of others, the Health District has the right to exclude the animal from its facilities at that time, but may not refuse service to the individual when he or she is not accompanied by the excluded animal. Moreover, the Health District will not deny services to a person with a disability accompanied by a service animal based upon fear of animals. Should an employee believe that he or she cannot provide adequate service to an individual accompanied by a service animal as a result of a fear of the animal, the employee shall immediately notify his or her supervisor of the situation so that suitable provisions can be rendered to the customer in a timely and appropriate fashion.

All decisions to exclude a service animal from the facility require consultation with the Compliance Auditor or the senior supervisor on duty at the time of the occurrence

#### **Customer Complaints and Questions Regarding Service Animals**

Customer inquiries or complaints about this policy are to be directed to the Compliance Auditor or the Human Resources Manager.

#### **Law**

It is the intent of this policy to be in compliance with the Americans with Disabilities Act of 1990 and the Department of Justice's 2010 revised regulations for Titles II and III of the Americans with Disabilities Act.

#### **Forms**

- Employee Request for Accommodation Under the Americans with Disabilities Act*
- Health Care Provider Information - Authorization to Release Medical Records*

# Attendance

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## Audience

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

## Policy

The purpose of this policy is to promote the efficient operation of the District and minimize unscheduled absences. Because the District depends heavily upon its employees, it is important that employees attend work as scheduled. Dependability, attendance, punctuality, and a commitment to do the job are essential at all times. As such, employees are expected to be at work on all scheduled workdays, during all scheduled work hours, and to report to work on time. Supervisors are responsible for maintaining attendance records for their assigned areas.

Employees are expected to maintain satisfactory attendance as defined by their program or service area standards. The consistent application of attendance standards is essential to promoting fair employment practices.

## **Employee Responsibilities**

With the exception of emergency situations, it is the employee’s responsibility to:

- demonstrate regular punctual attendance and work all scheduled hours;
- request supervisory approval per departmental guidelines for scheduled absences at least two weeks prior to use, when feasible; and,
- notify supervisor per departmental guidelines when tardy, ill or absent for any other reasons.

## **Supervisor Responsibilities**

It is the supervisor’s responsibility to:

- communicate the departmental expectations to all assigned employees;
- assure the attendance policy is administered in a consistent and fair manner;
- maintain current and accurate attendance records for all assigned employees;
- monitor time and attendance of employees on an ongoing basis;
- coach employees, when necessary, about their attendance patterns;
- refer employees to Human Resources to discuss leave options; and
- consider staffing and operational needs or frequency of absences when approving or rejecting requests for time off.

## **Non-Compliance**

The following are subject to corrective disciplinary action up to and including dismissal:

- not achieving program or service area attendance standards and procedures;
- reporting to work after the established starting time;
- failing to obtain prior supervisory approval for absences; and

- failing to report to work for three consecutive business days (or two consecutive shifts for GAAA field employees) without notifying supervisor.

Scheduled leave or non-illness related situations must be submitted for approval in advance and may be disapproved based on staffing needs, operational needs, or frequency of absences. Failure to report to work on a day for which approval of leave has been denied may result in corrective disciplinary action.

**Violation**

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

**Exceptions**

Absences related to the Family and Medical Leave Act and/or Workers' Compensation are not subject to corrective disciplinary action.

# Customer Service

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## Audience

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

## Policy

Public service is a public trust. As public servants, we will be fair, open, ethical, responsive, accountable, and dedicated to the public we serve. Employees will be committed to providing exceptional internal and external customer service. In addition, employees are expected to demonstrate courtesy, respect, and cultural competency. Customers are best served by being directed in the most immediate fashion to the program, service area, or individual who has the most knowledge about the issue, complaint, or service needed.

The District, in compliance with applicable federal and state laws and regulations, does not discriminate against individuals on the basis of race, color, national origin (including limited English proficiency), sex, age, religion, disability, sexual orientation, veteran status or genetic information. This includes, but is not limited to, employment and access to District programs, facilities and services.

## Customer Service Issues/Complaints

It is the District’s policy that customer service issues/complaints are addressed and resolved at the lowest possible level. Each department manager is expected to ensure staff and systems are in place to promptly receive, track, and respond to customer inquiries and complaints.

Customer complaints or issues that come to the executive office will be tracked and assigned to the appropriate manager. The manager is responsible for addressing the issue and following up with an e-mail summary as soon as possible, unless specified otherwise.

In some circumstances, the District may be required to notify state and federal offices of discrimination allegations and/or complaints.

## Violation

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

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# Family and Medical Leave

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## Audience

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

## Policy

An employee who meets the eligibility criteria for leave under the Family and Medical Leave Act of 1993 is entitled to 12 workweeks of job-protected leave per 12-month period pursuant to that Act for specific family and medical reasons and 26 workweeks of job-protected military caregiver leave in a “single 12-month period” to care for a covered service member (i.e. military) with a serious injury or illness. At the District, the 12-month period for FMLA will be measured backward from the date on which an employee uses any FMLA leave. This is referred to as a rolling 12-month period.

## Eligibility Criteria

To be eligible for FMLA, an employee must have been employed by the District:

- for at least 12 months (this time does not have to be consecutive or continuous and does not count employment periods prior to a break in service of seven years or more), and
- worked a minimum of 1,250 hours during the twelve (12) month period immediately preceding the commencement of the leave.

FMLA may be used for the following reasons:

- birth and care of a newborn child of the employee (*entitlement expires 12 months after birth of child*);
- placement with the employee of a child for adoption or foster care and to care for the newly placed child (*entitlement expires 12 months after placement of child*);
- to care for a spouse, child, or parent with a serious health condition (described below); or
- serious health condition of the employee that makes the employee unable to perform his or her essential job functions; or
- for qualifying exigencies arising out of the fact that the employee’s spouse, child, or parent is on active duty or call to active duty status as a member of the National Guard, Reserves, or Regular Armed Forces in support of a contingency operation.

A “**serious health condition**” is defined as an illness, injury, impairment, or physical or mental condition that involves either:

- 1) Inpatient care (i.e. overnight stay) in a hospital, hospice or residential medical-care facility, including any period of incapacity (defined as an inability to work, attend school or perform other regular daily activities), or any subsequent treatment in connection with such inpatient care; or
- 2) Continuing treatment by a health care provider, which includes:

- a) A period of incapacity of more than three consecutive calendar days, and any subsequent treatment or period of incapacity relating to the same condition, that **also** includes:
  - i) treatment two or more times by or under the supervision of a health care provider (i.e., in-person visits, the first within 7 days and both within 30 days of the first day of incapacity); or
  - ii) one treatment by a health care provider (i.e., an in-person visit within 7 days of the first day of incapacity) with a continuing regimen of treatment (e.g., prescription medication, physical therapy); or
- b) A period of incapacity due to pregnancy or for prenatal care; or
- c) Any period of incapacity or treatment for a “chronic” serious health condition which continues over an extended period of time, requires periodic visits for treatment by a health care provider (at least twice per year), and may involve episodic occasional episodes of incapacity; or
- d) A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member need not be receiving active treatment by a health care provider (i.e. Alzheimer’s Disease, severe stroke, terminal cancer); or
- e) Any absences to receive multiple treatments for restorative surgery or for a condition that would likely *result in a period of incapacity of more than three days if not treated*.

## **Military Family Leave Entitlements**

### **Qualifying Exigencies**

Eligible employees with a spouse, child, or parent on active duty or call to active duty status in the National Guard, Reserves, or Regular Armed Forces in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

### **Military Caregiver Leave**

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 workweeks of leave to care for a spouse, child, parent, or next of kin that is considered a covered service member during a single 12-month period. A next of kin is a the servicemembers nearest blood relative, other than the servicemembers spouse, parent or child. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty and active duty that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retirement list; or a veteran who is undergoing medical treatment, recuperation, or therapy, for a serious injury or illness and who was a

member of the Armed Forces (including a member of the National Guard or Reserves) at any time during the period of 5 years preceding the date on which the veteran undergoes that medical treatment, recuperation, or therapy.

### **Medical Certification**

An employee must provide medical certification from a health care provider when FMLA is used for a serious health condition. Certification must be provided within 15 calendar days or as soon as possible if circumstances beyond the employee's control prevent him/her from providing the certification within 15 days. The *Certification of Health Care Provider* form may be used.

An updated medical certification may be required if an extension of the leave is needed or circumstances described by the original certification change significantly.

An employee returning to work following leave for his/her own serious health condition must provide certification from a health care provider stating the employee's ability to resume work (fitness-for-duty).

If the employee fails to provide the required medical certification, the Human Resource Director may delay the taking or continuation of leave or may delay the employee's restoration to duty.

The District may directly contact the employee's health care provider for verification or clarification purposes using a health care professional, or an HR professional, or management official. The District will not use the employee's direct supervisor for this contact. Before the District makes this direct contact with the health care provider, the employee will be given an opportunity to resolve any deficiencies in the medical certification. In compliance with HIPAA Medical Privacy Rules, the District will obtain the employee's permission for clarification of individually identifiable health information.

The District has the right to ask for a second opinion if it has reason to doubt the certification. The District will pay for the employee to get a certification from a second doctor, which the District will select.

The District may deny FMLA leave to an employee who refuses to release relevant medical records to the health care provider designated to provide a second or third opinion. If necessary to resolve a conflict between the original certification and the second opinion, the District will require the opinion of a third doctor. The District and the employee will mutually select the third doctor, and the District will pay for the opinion. This third opinion will be considered final. The employee will be provisionally entitled to leave and benefits under the FMLA pending the second and/or third opinion.

### **Use of Paid Leave**

The District requires employees to use and/or exhaust accrued leave (i.e. sick, vacation or compensatory time) for any situations covered by FMLA, with the exception for Workers' Compensation. Vacation and sick leave will continue to accrue during any paid portion of leave. Employees may not accrue additional vacation or sick leave while on the unpaid portion of FMLA leave. (Reference: *Workers' Compensation* policy)

Employees will not be paid for any holiday that falls during the leave unless the employee is supplementing FMLA leave with vacation or sick leave on the day before and the day after the holiday,



in which case the holiday may be paid. (Reference: Hours Worked and Compensatory / Overtime and Attendance policy)

**Maintenance of Elective Health Insurance Benefits**

While on FMLA leave, the District must maintain the employee's coverage under any elective insurance plan on the same condition as coverage would have been provided if the employee had been continuously employed during the entire leave period.

Any share of elective insurance premiums which had been paid by the employee prior to the leave must continue to be paid by the employee during the leave period. If premiums are increased or decreased, the employee will be required to pay the new rates.

If an employee's FMLA leave is paid, the employee's portion of elective insurance premiums will be deducted from the employee's paycheck. However, if the employee has exhausted all leave while on FMLA and elective premiums cannot be withheld, it is the responsibility of the Employee to make arrangements with the Accounting Department for payment of the premiums.

If the employee's elective insurance premiums are more than 30 days late, the District will discontinue elective insurance coverage upon notice to the employee. The District will provide 15 days' notification prior to the employee's loss of coverage

The District will attempt to recover the employer portion of the premium costs if the employee fails to return to work following FMLA covered leave, unless the reason the employee does not return is due to a continuation of a serious health condition that entitled the employee to FMLA leave, or other circumstances beyond the employee's control.

**Job Status / Reinstatement**

Upon return from FMLA, the employee is entitled to be restored to the same or equivalent position with equivalent pay, benefits, and other terms and conditions of employment held when the leave commenced.

The District reserves the right to deny reinstatement to salaried, eligible employees who are among the highest paid 10 percent of the District's employees employed within 75 miles of the work site ("key employees") if such denial is necessary to prevent substantial and grievous economic injury to the operations of the District.

**Intermittent Leave / Reduced Work Schedule**

If medically necessary, leave covered by the FMLA may be taken intermittently or on a reduced work schedule. If needed, the employee must consult with the supervisor and Human Resources prior to the need for leave and make a reasonable effort to schedule such leave to minimize disruption at work. An employee may be placed in an equivalent position to better accommodate intermittent leave or a reduced work schedule.

Unless it meets the above criteria regarding medical necessity, leave covered by the FMLA may not be taken on an intermittent or reduced work schedule basis for the birth/placement of a child.

### **Husband and Wife Employed by the District**

A husband and wife who are eligible for FMLA and are employed by the District may be limited to a combined total of 12 workweeks\* of leave during any 12-month period if the leave is taken:

- birth and care of a newborn child of the employee;
- placement with the employee of a son/daughter for adoption or foster care; or
- to care for the employee's parent with a serious health condition.

\*Or 26 workweeks of military caregiver leave if leave is to care for a covered service member with a serious injury or illness.

If the husband and wife both use a portion of the total 12-week family and medical leave entitlement for one of the purposes listed above, the husband and wife would each be entitled to the difference between the amounts he or she has taken individually and 12 workweeks for FMLA leave for a purpose other than those purposes above. (For example, if each spouse took 6 workweeks of leave to care for a healthy, newborn child, each could use an additional 6 workweeks due to his or her own serious health condition or to care for a child with a serious health condition.)

### **Substance Abuse**

Treatment of substance abuse may be included under the FMLA. However, absences because of an employee's use of a substance without treatment do not qualify for the family and medical leave. The inclusion of substance abuse does not prevent the District from taking any employment action against an employee who is unable to perform the essential functions of the job, provided the District complies with the Americans with Disabilities Act (ADA) and does not take action against the employee because such employee exercises his/her rights under the Family and Medical Leave Act (1993).

### **Workers' Compensation**

FMLA leave may run in conjunction with Workers' Compensation resulting from a work-related injury or illness. (Reference: *Workers' Compensation* policy)

### **Employee Responsibilities**

It is the employee's responsibility to:

- provide 30 days' notice and obtain approval in advance of taking FMLA, if the need to use leave covered by FMLA is foreseeable;
- provide the supervisor and Human Resources with notice as soon as practicable for the situation, if FMLA is required because of a medical emergency or other unforeseeable event;
- while on FMLA, periodically update Human Resources on status and intent to return to work; if possible, provide Human Resources or the supervisor with reasonable notice (i.e. within two business days) regarding changed circumstances (i.e. the employee's ability to return to work earlier);
- consult with the supervisor prior to the need for intermittent FMLA and make a reasonable effort to schedule such leave to minimize disruption at work;
- if FMLA is unpaid, make arrangements with Accounting to pay elective insurance premiums; and
- complete all required forms with Human Resources.

### **Supervisor Responsibilities**

It is the supervisor's responsibility to:

- notify Human Resources as soon as possible of an employee's absence from work that may require designation of FMLA (including any absence from work for three (3) consecutive days due to injury or illness);
- forward any documentation relating to the employee's need for FMLA to Human Resources;
- notify Human Resources when the employee returns to work;
- forward original medical release to return to work (fitness-for-duty) to Human Resources; and
- keep FMLA related records and information confidential.

### **Human Resource Responsibilities**

It is Human Resources' responsibility to:

- notify an eligible employee of his/her eligibility to take leave and of his/her rights and responsibilities under the FMLA;
- designate if leave is to be counted toward an eligible employee's FMLA entitlement;
- provide notice, in writing, to the employee that the leave has been designated toward the FMLA entitlement within five business days;
- Notify the employee in writing at least 2-workweeks before FMLA is exhausted, informing them that their job-protected status is expiring;
- communicate with employee's supervisor;
- ensure required notices are posted in facilities; and
- ensure a copy of the FMLA policy is distributed to each employee upon hiring.

### **Accounting Responsibilities**

It is Accountings' responsibility to:

- Assist eligible employees with making arrangements to pay elective insurance premiums when FMLA is unpaid;
- Notify the employee in writing at least 15-days in advance that payment of premiums will discontinue, and elective insurance will be cancelled if payment is more than 30-days late; and
- Cancel the employee's elective insurance when payment of premiums is more than 30-days late and employee has been properly notified.

### **Record Keeping**

All original requests for FMLA and FMLA related documentation will be filed in a separate confidential file in Human Resources.

### **Law**

It is the intent of this policy to be in compliance with the Family and Medical Leave Act of 1993.

### **Forms**

GCHD will utilize forms provided by the Department of Labor.



# **COASTAL HEALTH & WELLNESS**

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**GOVERNING BOARD**

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

**Governing Board**

**July 2018**

**Item #7**

**Consider for Approval Quarterly Investment Report**

**Coastal Health & Wellness  
Investment Report  
For the period ending June 30, 2018**

<b>Coastal Health &amp; Wellness</b>	<b>Money Market Account</b>		
	<u>April</u>	<u>May</u>	<u>June</u>
Beginning Balance	\$3,350,998	\$3,481,483	\$2,394,843
Deposits	679,000	462,000	400,000
Withdrawals	(550,000)	(1,550,000)	(420,000)
Interest Earned	1,485	1,360	1,280
Ending Balance	<u>\$3,481,483</u>	<u>\$2,394,843</u>	<u>\$2,376,123</u>
Current Annual Yield	0.60%	0.75%	0.75%
Previous Quarter Yield (1/2018 - 3/2018)	0.50%	0.50%	0.50%

<b>Tex Pool Investments</b>		
<u>April</u>	<u>May</u>	<u>June</u>
\$2,016,506	\$2,019,275	\$3,023,535
0	1,000,000	0
0	0	0
2,769	4,260	4,501
<u>\$2,019,275</u>	<u>\$3,023,535</u>	<u>\$3,028,036</u>
1.670%	1.716%	1.811%
1.299%	1.344%	1.516%

<b>FY18 Summary</b>	<b>Interest Earned</b>	<b>Avg Balance</b>	<b>Yield</b>
October 1, 2017 to December 31, 2017	\$6,452	4,711,676	0.14%
January 1, 2018 to March 31, 2018	\$9,471	4,849,814	0.20%
April 1, 2018 to June 30, 2018	\$15,654	5,196,153	0.30%
YTD Totals	<u>\$31,577</u>	<u>\$4,919,214</u>	<u>0.64%</u>

<b>Coastal Health &amp; Wellness</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>YTD Comparison</b>
<b>Interest Yield Year to Year Comparison</b>	<b>Oct 1-Dec 31</b>	<b>Jan 1-Mar 31</b>	<b>Apr 1-June 30</b>	<b>Jul 1-Sept 30</b>	<b>Total as of 9/30</b>
FY2015	0.19%	0.18%	0.19%	0.19%	<b>0.75%</b>
FY2016	0.13%	0.12%	0.12%	0.13%	<b>0.50%</b>
FY2017	0.13%	0.12%	0.12%	0.13%	<b>0.50%</b>
<b>FY2018 (Current year)</b>	<b>0.14%</b>	<b>0.20%</b>	<b>0.30%</b>		<b>0.63%</b>

[Back to Agenda](#)



# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board  
July 2018  
Item #8  
Executive Report**



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

## National Health Center Week

# CHW celebrates health care heroes

Coastal Health & Wellness (CHW) is one of many community health centers celebrating National Health Center Week, Aug. 12-18.

With a theme of Home of America's Health Care Heroes, CHW recognizes its caring, dedicated and compassionate staff.

These men and women offer medical, dental and counseling care to the citizens of Galveston County.

National Health Center Week gives CHW an opportunity to highlight the great services and resources offered.

With clinics in Texas City



and Galveston, CHW's care rivals, and often surpasses, many private practices.

### Medical Care

CHW's medical clinic offers high-quality primary care including well-child visits, women's health, family planning, annual physicals, chronic disease manage-

ment, sick care and more.

X-ray, laboratory, prescription and referral services are available.

Back-to-school season is here. CHW offers sports physicals required for participation in school athletics for just \$25. It's a fast and convenient service.

### Dental Care

CHW offers top-notch basic dental services for all ages, from cleanings to tooth extractions.

Dental providers pride themselves on not only meeting patient dental needs, but also contributing to their

Heroes, page 2

## Register now for CHW Patient Portal

Have you registered for the Coastal Health & Wellness (CHW) Patient Portal?

It would be so much more convenient if patients could simply send CHW an electronic message, right? Well, register for the Patient Portal and do just that!

The Patient Portal is an easy-to-use secure internet application that allows patients to:

- Send a message to their medical provider, nurse or the billing

department;

- Request and view appointments;
- Request a prescription refill;
- View a summary of health record and lab results;
- Look up information about health topics; and
- View and pay statements online.

Be sure to ask about the Patient Portal on your next visit and we'll walk you through registration.

## Patient Portal FAQs

- How can I get a Patient Portal account?

*All you need is an email address. At your next appointment, ask a check-out team member to enroll you in the Patient Portal. Please call the IT Help Desk at (409) 938-2210 for assistance.*

- What kind of questions can I ask on the Patient Portal?

*You can ask your medical provider or nurse any non-urgent medical questions about lab results, your medicines or your health. You can ask billing questions as well.*

FAQ, page 2



overall health and well-being. In need of dentures? Be sure to ask about CHW's affordable options.

## NEED TO TALK?

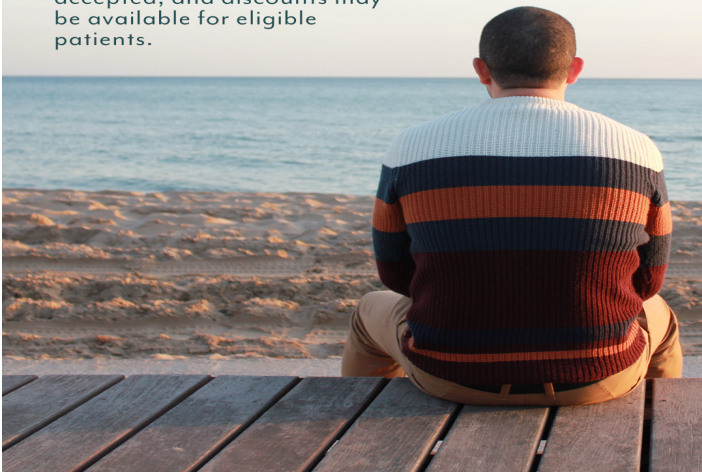
Our licensed professional counselors are available to listen and help you deal with:

- depression
- anxiety
- other life stressors

For an appointment, call:  
**(409) 938 - 2330**  
**(409) 978 - 4216**



All sessions are confidential. Multiple insurance plans are accepted, and discounts may be available for eligible patients.



**BACK TO SCHOOL**

Coastal Health & Wellness offers sports physicals required for participation in school athletics!

**Schedule an Appointment**  
 (409) 938 2234  
 COASTALHW.ORG

### Counseling Care

CHW offers talk therapy services for mild to moderate mental health conditions. Licensed professional counselors are available to listen and help patients deal with depression, anxiety and other life stressors.

These one-on-one sessions are confidential and available to adults and children.

### Insurance

Insurance is an important part of health care. CHW accepts Medicaid, Medicare and most major insurance plans and is constantly striving to add more.

CHW has a dedicated team committed to helping patients understand their coverage. Also, remember to bring insurance card to appointments.

### Discounts

The primary goal of community health centers across the country is to provide care to the underserved. That's why CHW is proud to offer discounts for eligible uninsured or under-insured pa-

tients.

In 2017, CHW saw 30,160 medical, dental and counseling visits, serving 13,990 patients.

CHW is part of a nationwide network of health centers that serve more than 27 million Americans and produce \$24 billion in annual health systems savings. Community health centers also reduce unnecessary hospitalizations and visits to the emergency room. Often times, community health centers treat patients for a fraction of the average cost of one emergency room visit.

From clinicians to nurses, dentists, dental hygienists and much more, CHW salutes the heroes that provide medical, dental and counseling care to the residents of Galveston County and to the patients who allows providers to contribute to the overall health and well-being of the community.

For more information, call 409-938-2234 or 281-309-0255 or visit [www.coastalhw.org](http://www.coastalhw.org).

### FAQ

- How do I know my health information is secure?

*Coastal Health & Wellness has made significant investments to ensure your information is secure. We meet all regulatory requirements for security.*

- Can I request or view my upcoming appointments on the Patient Portal?

*Yes, patients can see and request appointments.*

- Who do I contact for technical support?

*You can call our IT Help Desk at (409) 938-2210 or send us an email at [coastalportal@gchd.org](mailto:coastalportal@gchd.org).*





# Dr. Premal Patel joins CHW as provider



Dr. Premal Patel, MSc, FACP

Coastal Health & Wellness (CHW) welcomed Dr. Premal Patel on July 12 under an agreement with UTMB.

Patel serves as an associate professor in the UTMB Department of Internal Medicine.

Patel will provide services to CHW patients eight hours a week, comprised of two four-hour clinical sessions. She will also supervise UTMB medical students who have been authorized to assist in providing services to CHW patients.

Patel also serves as the associate director of

the Global Health Education Program at UTMB and is co-coordinator of the Global Health Inter-Professional Core Course. She earned an M.D. degree from UTMB and completed her residency and internship from the Warren Alpert School of Brown University.

She has received accreditation through the American Academy of HIV Medicine as an HIV Specialist. She also holds a master's degree in Human Rights from the London School of Economics.

## Protect yourself, family, community from Zika virus with the 3-Ds

With the warm temperatures of summer will come a boom in the population of a common and potentially dangerous pest – mosquitoes.

That's why Coastal Health & Wellness (CHW) wants to make sure the community knows the best ways to protect from mosquito-borne illness, including Zika.

The key is simple; avoid mosquito bites. CHW recommends the "3-Ds" method.

**Defend:** Apply EPA-approved insect repellent when outside to defend against mosquitoes. If you've recently traveled to an area with active Zika transmission, it's important to use repellent every time you go outside for at least three weeks to avoid infecting mosquitoes here at home.

Use screens or close windows and doors to help keep mosquitoes out of your home. The annoying pests don't like cool air, so using



air-conditioning helps, too.

**Dress:** If you're going to be spending time outside, dress in pants and long sleeve shirts.

Yes, it may be uncomfortable in the heat, but it helps reduce the amount of exposed skin mosquitoes can attack. You could also to treat your clothes with permethrin spray, an insect repellent.

**Drain:** Mosquitoes breed in water, even the smallest of amounts.

Removing standing water from around your home will help reduce breeding grounds.

Take a walk around your property, look for anything

that holds water and drain it. Flower pots, trashcans and buckets are common culprits. When it rains, do it again.

About 80 percent of people who are infected with Zika do not have symptoms but those who do may experience fever, rash, joint pain and red or pink eyes.

If you have these symptoms you should see your doctor, especially if you've recently traveled to an area with active Zika transmission.

Most people recover from the infection in less than a week.

The main threat with Zika virus is its devastating ef-

fects on pregnancies.

The virus can be spread from mother to child if the mother is infected with Zika during pregnancy. Zika has been linked to birth defects such as microcephaly, a condition where a baby's head is much smaller than expected and can cause developmental delays.

Those who are pregnant or considering becoming pregnant need to be sure to take precautions against infection.

There is also evidence Zika can be transmitted sexually.

Women who have sex partners who've traveled to areas with active Zika transmission should properly use condoms or avoid sex during pregnancy. CHW urges people who fall into these categories to consult with their doctor.

There is a wealth of resources available at [www.gchd.org/zika](http://www.gchd.org/zika).

## **Coastal Health & Wellness Updates**

### **Insurance Contract Updates –**

CIGNA (Dental Only) – Reinstated 7/11/18

DentaQuest (Dental Only) – Reinstated 7/18/18

Ameritas (Dental Only) – In Review

Blue Cross Blue Shield (Dental Only) – Waiting on paperwork to fill out for providers

Community Health Choice – Reinstated 6/27/18

*United Health Care (UHC) – CHW passed facility inspection in June. We are in receipt of a new contract that is in the process of being executed. Currently working with UHC Credentialing to see if 24-month waiting period will be waived regarding the re-credentialing of providers due to contract termination.*

### **Committees –**

- *Joint Commission Survey Committee* – continues to meet to track and review compliance with Joint Commission standards and identify gaps and develop plans to address any areas of non-compliance.
  - In order to keep abreast of current and new Joint Commission requirements, CHW has registered for an 11-part webinar series, *Ambulatory Care Breakfast Briefings*. This series is a great way to prepare staff to maintain compliance in 2019. Information will be provided on the 2018 standards and a complete overview of the new and revised 2019 standards, chapter by chapter. This series will focus on the many significant changes from the Joint Commission that have occurred or will shortly go into effect, including *Project REFRESH and the 2012 Life Safety Code ® for 2019*. Sessions will be weekly and will start on Aug. 29, 2018 and end on Nov. 7, 2018 and will include the following topics:

#### **2018 Live Sessions: 9 a.m. - 10:30 a.m. Central Standard Time (Wednesdays)**

<b>Dates</b>	<b>Topic</b>
08/29/18	Patient Safety Systems Chapter
09/05/18	Environment of Care Chapter
09/12/18	Emergency Management
09/19/18	Human Resources, Nursing
09/26/18	Infection Prevention and Control
10/03/18	Information Management, Record of Care, Treatment and Services
10/10/18	Leadership, Performance Improvement
10/17/18	Life Safety Chapter
10/24/18	Medication Management
10/31/18	Provision of Care, Treatment and Services
11/07/18	Rights and Responsibilities, Transplant Safety, Waived Testing

On-demand recordings will be available after each live session.

- *Optimized Comprehensive Clinical Care (OC3) Committee* – The Texas Association of Community Health Centers (TACHC) has contracted with a firm (JSI) to provide assistance to Health Centers who are seeking the Patient Centered Medical Home (PCMH) designation. Alexia Eslan, MBA from JSI will be working with the Coastal OC3 team, to provide coaching and assistance with document review related to PCMH requirements. Ms. Eslan has extensive expertise working with providers, staff and executive leadership at community health centers and clinics to achieve the quadruple aim – increased quality, improved patient experience, reduced costs and increased provider satisfaction. She also has a keen understanding of the operations of healthy systems and clinics and proven-practices to maximize outcomes by focusing on transformation efforts and bringing together diverse groups and interests through the patient and revenue cycle.

**Dental Clinic –**

- The Galveston Dental Clinic remains closed at this time. The Housing Authority has agreed to paint and install new flooring in the Dental area and we are in the process of getting quotes for new countertops. At this time, we are working to resume dental services at this location by mid-September. The initial schedule will provide services in Galveston 2 days a week.

**UTMB OB/GYN Agreement –**

- We are currently working with the UTMB Department of Family Medicine on a contract which would allow for (2) rotating family practice physicians (as well as residents under the supervision of these physicians) to provide prenatal, family planning and family medicine services to CHW patients.
- The agreement allows for services to be provided on-site weekly (4 hours each week).
- The contract has been approved by HRSA and is being routed through UTMB for signatures.

**UTMB Professional Services Agreement –**

- Under an agreement established between CHW and UTMB, Dr. Premal Patel, UTMB Associate Professor in the Department of Internal Medicine, started with CHW on July 12, 2018. Dr. Patel will provide services to CHW patients eight hours a week, comprised of (2) four-hour clinical sessions. In addition, she will be supervising UTMB medical students who have been authorized to assist in providing services to Coastal Health & Wellness patients.

**HRSA Updates –**

- We received notification that the last remaining HRSA grant condition was lifted on 7/19/18.
- Awaiting response on HRSA Capital Assistance for Hurricane Response & Recovery Efforts (CARE) application that was submitted on 6/14/18 for \$280,000. If awarded, the funding would be available 9/1/18.
- The application for expanding access to Quality Substance Use Disorder and Mental Health Services (SUD-MHO) was submitted to HRSA on 7/16/18. Total funding requested was \$150,800 in year one and \$114,811 in year two. If awarded, funding would be available 9/1/18.
- The contract with J2 Strategic Solutions to provide consulting services associated with preparation of the HRSA Services Area Competition (SAC) grant was executed. The SAC is due to HRSA by 10/17/18.
- Received notification that we will have a new HRSA Project Officer effective 7/17/18.

**Communications –**

- **News Releases/ Website News Posts**
  - Murine typhus
  - UV ray protection
  - West Nile virus
  - World Hepatitis Day
- **Social Media**
  - Murine typhus
  - UV ray protection
  - West Nile virus
  - Sports physicals
  - July 4 closed

**CHW Career Opportunities –**

- **Employee Onboarding** - Human Resources conducted new employee orientation for the following employee(s):
  - Jayne Cheree Windham – Lab & X-Ray Supervisor (internal)
  - Joann Perez – Phlebotomist
- **Job Offers** – The following candidate(s) were extended job offers and have future start dates:
  - Erica Way - Registered Nurse
- **Current Vacancies:**
  - CHW Administration – CHW Clinical Director, CHW Dental Director, CHW Medical Director
  - Dental – Full-time Dental Assistant, Part-time Dental Assistant, Supervisor of Dental Assistants
  - Lab & X-Ray – Lab & X-Ray Technician (3)
  - Nursing – Medical Aide (2)
  - Patient Services – Patient Services Specialist (2)

**Coastal Health & Wellness Contracts –**

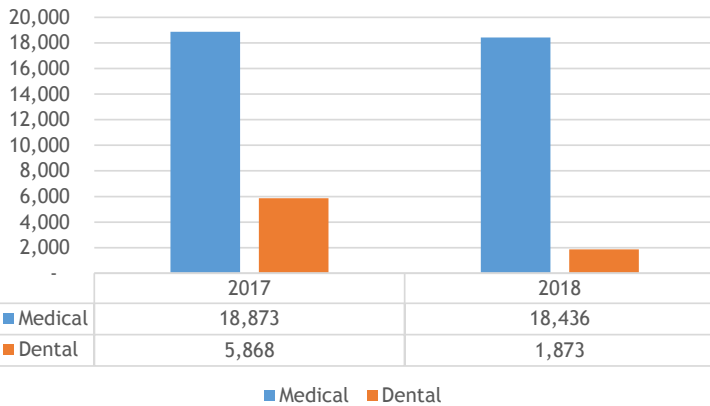
1. Coastal Health & Wellness (“CHW”) entered into a Memorandum of Understanding (“MOU”) with Direct Relief. The MOU covers the cost for six laptop computers (for remote access) and staff expenses paid during the Hurricane Harvey Closure. Direct Relief is a California based non-profit organization whose mission is to improve the health of people and those who are victims of natural disasters. Direct Relief issued CHW a check for \$65, 208.00 to cover these expenses.
2. Coastal Health & Wellness (“CHW”) entered into a Participating Agency/ Subcontractor Agreement with the Southeast Texas Regional Advisory Council (“SETRAC”). SETRAC is the Performing Agency under the Texas Department of State Health Services (“DSHS”). This Agreement is effective July 1, 2017 through June 30, 2022. SETRAC, as the Performing Agency, has been awarded funds for the Hospital Healthcare Preparedness Program on behalf of Trauma Service Areas. SETRAC will provide support for CHW and the region’s planning and decision-making processes and work with all applicable regional planning and response partners to fulfill Hospital Healthcare Preparedness Program.

July 2018

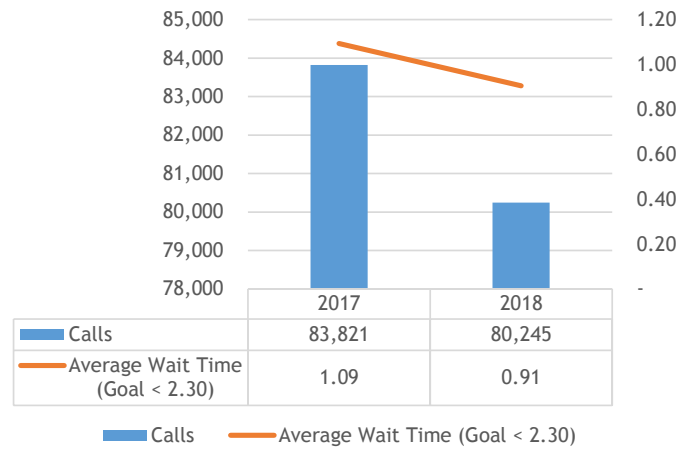
YTD Comparison Report - January through June

<b>Patient Services - Patients Checked-In</b>	<b>2017</b>	<b>2018</b>	<b>% Change</b>
Medical	18,873	18,436	-2%
Dental	5,868	1,873	-68%
<b>Contact Center</b>	<b>2017</b>	<b>2018</b>	<b>% Change</b>
Calls	83,821	80,245	-4.3%
Average Wait Time (Goal < 2.30)	1.09	0.91	-17%
<b>Electronic Records</b>	<b>2017</b>	<b>2018</b>	<b>% Change</b>
Record Requests	5,229	5,483	5%
<b>County Indigent Program</b>	<b>2017</b>	<b>2018</b>	<b>% Change</b>
Applied	780	749	-4%
Referrals	1996	2299	15%
Avg Total Patients on Program	250	242	-3%
<b>Case Management</b>	<b>2017</b>	<b>2018</b>	<b>% Change</b>
Referrals	5,910	6,232	5%

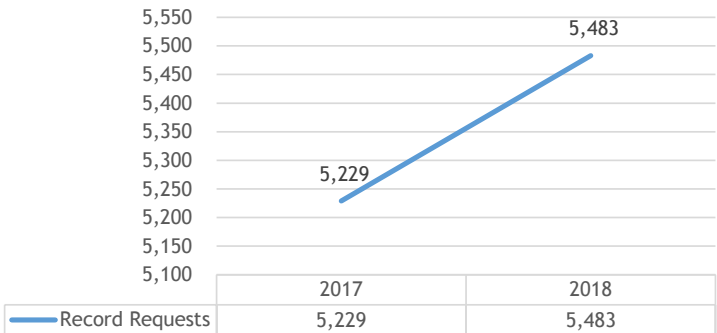
### Patient Services - Total Patients Checked-In



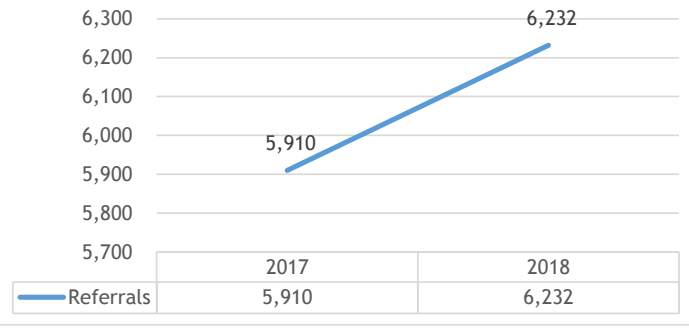
### Contact Center - Calls and Wait Time



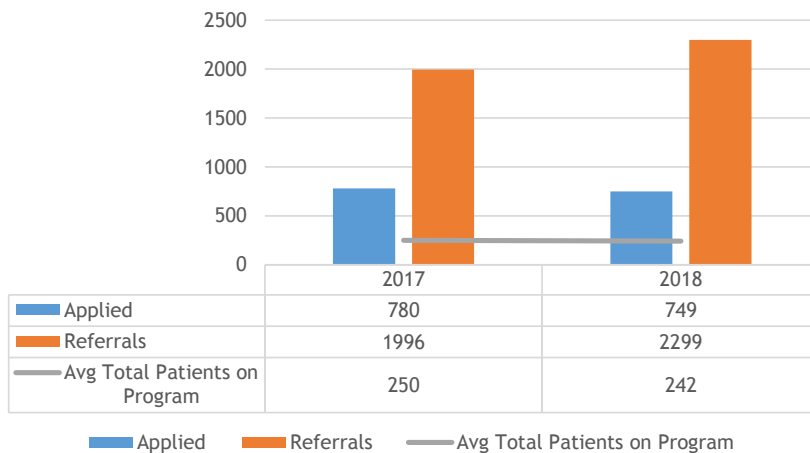
### Electronic Record Requests



### Case Management Referrals



### County Indigent Program





# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board**

**July 2018**

**Item #9**

**Consider for Approval June 2018 Financial Report**

# COASTAL HEALTH & WELLNESS

Governing Board



## FINANCIAL SUMMARY

For the Period Ending June 30, 2018

July 26, 2018

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



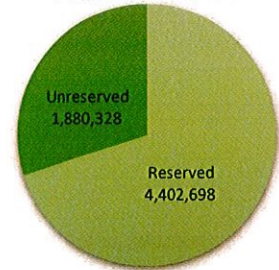
**CHW - BALANCE SHEET** as of June 30, 2018

	Current Month Jun-18	Prior Month May-18	Increase (Decrease)
<b>ASSETS</b>			
Cash & Cash Equivalents	\$5,569,789	\$5,566,547	\$3,242
Accounts Receivable	14,481,991	13,154,153	1,327,838
Allowance For Bad Debt	(13,350,772)	(12,042,399)	(1,308,373)
Pre-Paid Expenses	138,564	53,979	84,585
Due To / From	(28,338)	(29,131)	793
<b>Total Assets</b>	<b>\$6,811,234</b>	<b>\$6,703,149</b>	<b>\$108,084</b>
<b>LIABILITIES</b>			
Accounts Payable	\$73,097	\$120,588	(\$47,491)
Accrued Salaries	371,409	296,224	75,185
Deferred Revenues	111,875	50,110	61,764
<b>Total Liabilities</b>	<b>\$556,381</b>	<b>\$466,922</b>	<b>\$89,458</b>
<b>FUND BALANCE</b>			
Fund Balance	\$6,260,512	\$6,260,512	\$0
Current Change	(5,659)	(24,286)	\$18,627
<b>Total Fund Balance</b>	<b>\$6,254,853</b>	<b>\$6,236,226</b>	<b>\$18,627</b>
<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<b>\$6,811,234</b>	<b>\$6,703,149</b>	<b>\$108,085</b>

Current Period Assets



Total Fund Balance

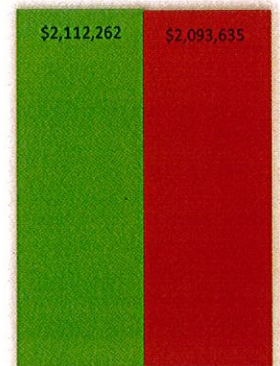


**CHW - REVENUE & EXPENSES** as of June 30, 2018

	Actual Jun-18	Budgeted Jun-18	PTD Budget Variance	YTD Budget Variance
<b>REVENUE</b>				
County Revenue	\$324,070	\$324,070	(\$0)	(\$0)
DSRIP Revenue	0	79,167	(79,167)	(237,500)
HHS Grant Revenue	220,295	260,617	(40,321)	(55,622)
Patient Revenue	1,557,988	1,352,449	205,539	786,342
Other Revenue	9,908	11,187	(1,279)	(5,831)
<b>Total Revenue</b>	<b>\$2,112,262</b>	<b>\$2,027,490</b>	<b>\$84,772</b>	<b>\$487,390</b>
<b>EXPENSES</b>				
Personnel	\$558,922	\$652,685	\$93,764	\$218,618
Contractual	47,607	60,260	12,653	43,531
IGT Reimbursement	0	37,500	37,500	112,500
Supplies	90,975	106,440	15,465	30,807
Travel	1,191	2,510	1,319	1,058
Bad Debt Expense	1,308,373	1,084,467	(223,906)	(812,859)
Other	86,568	83,628	(2,940)	(86,707)
<b>Total Expenses</b>	<b>\$2,093,635</b>	<b>\$2,027,490</b>	<b>(\$66,145)</b>	<b>(\$493,051)</b>
<b>CHANGE IN NET ASSETS</b>	<b>\$18,627</b>	<b>\$0</b>	<b>\$18,627</b>	<b>(\$5,661)</b>

Current Month Revenue & Expenses Actual

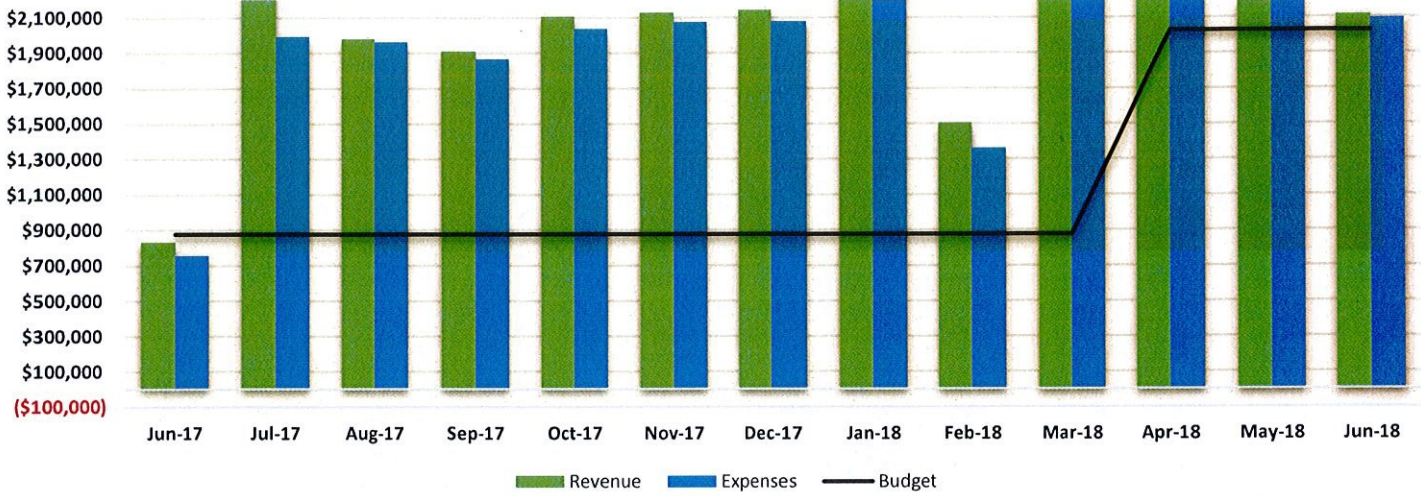
■ Revenue ■ Expenses



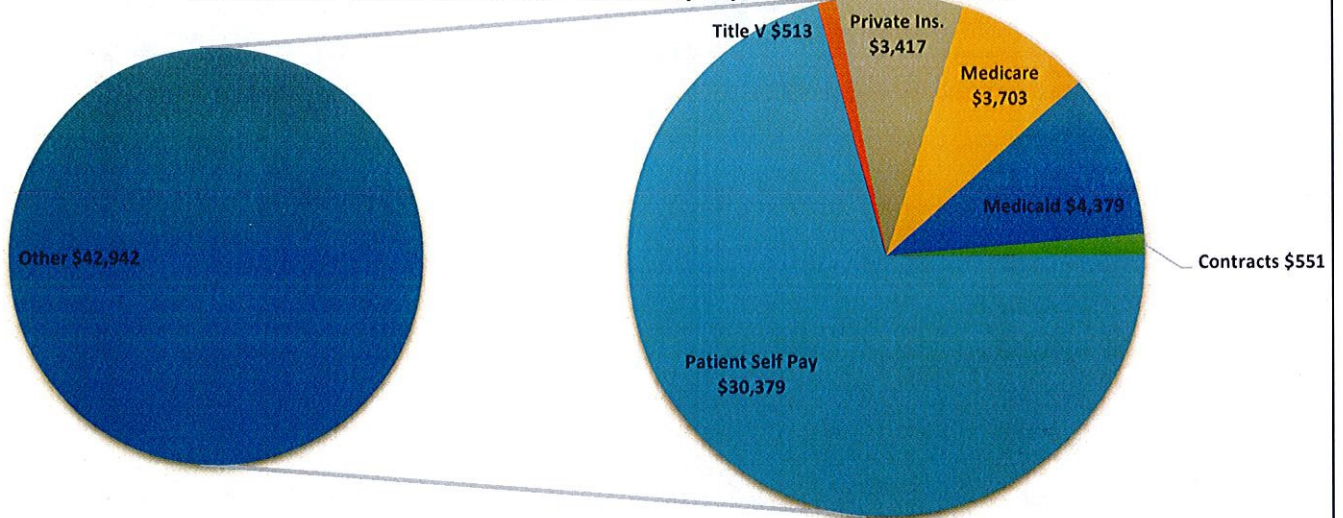
**HIGHLIGHTS**

- MTD increase in Fund Balance of \$18,627.
- Revenues were \$84,772 higher than budgeted this month. MTD/YTD revenues related to Private Insurance, Medicaid, Medicare and Contract Revenue were all higher than budgeted, but less than prior month.
- Expenses were (\$66,145) higher MTD than budgeted. Bad Debt expense is recorded higher than budgeted. Also additional expenses were incurred in IT Software, Licenses, Intangibles (\$500 OID Registry, \$509 Lansweeper), and Professional Fees/Licenses/Inspections \$796 for radiation license renewal.
- YTD decrease in fund balance of (\$5,659). Total fund balance \$6,254,853 as of 6/30/18.

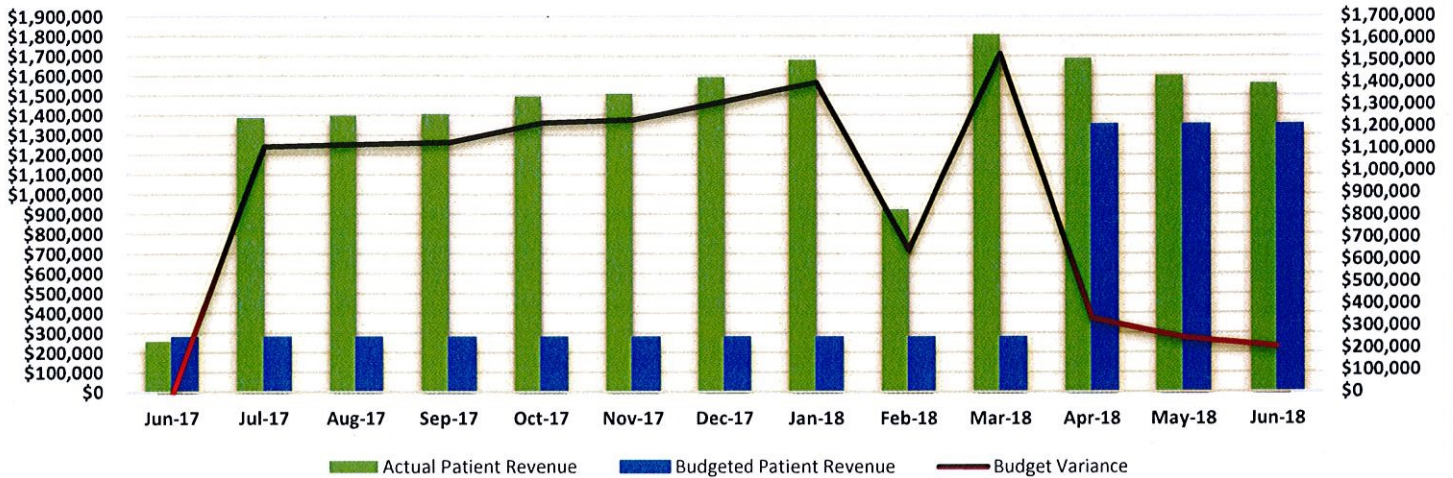
Actual Revenue & Expenses in Comparison to Budget

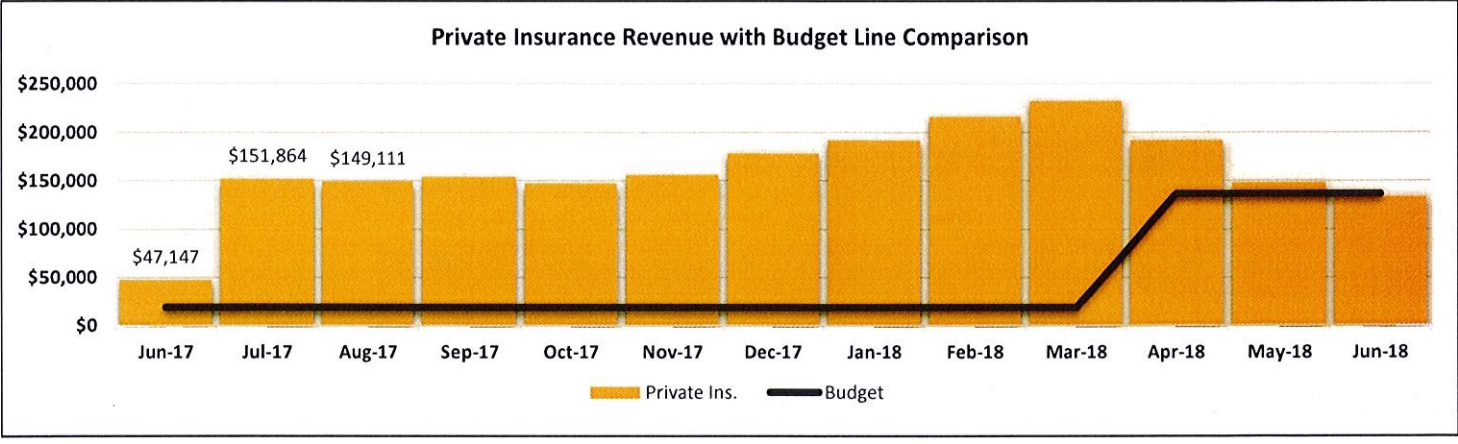
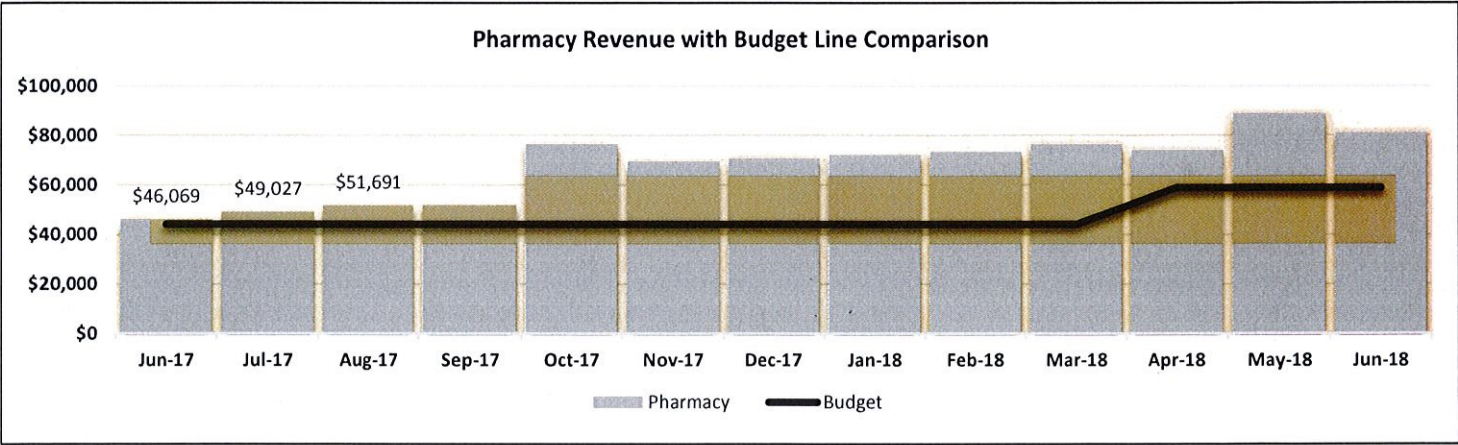
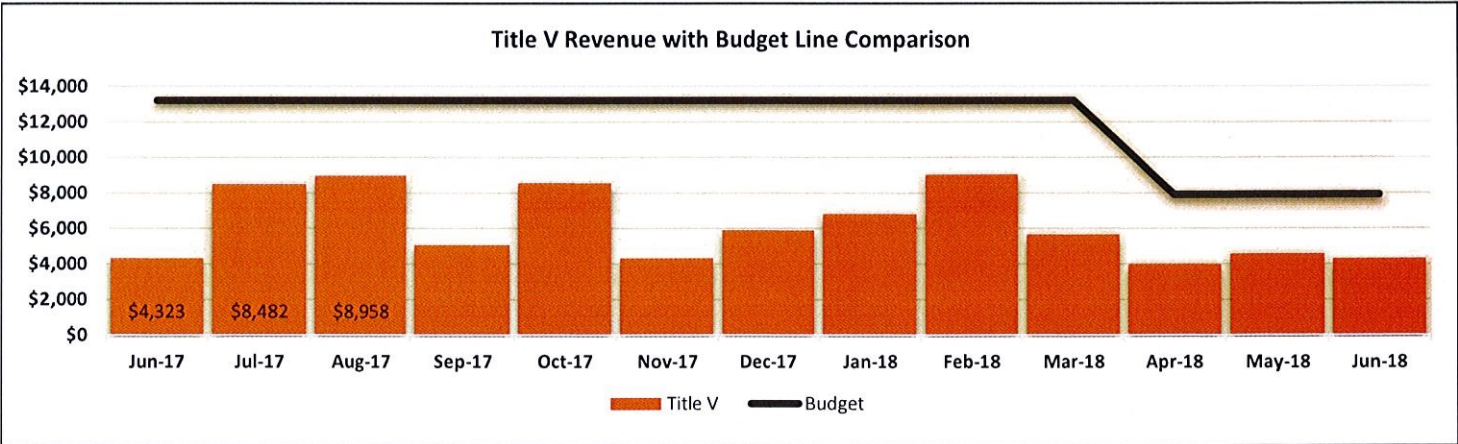
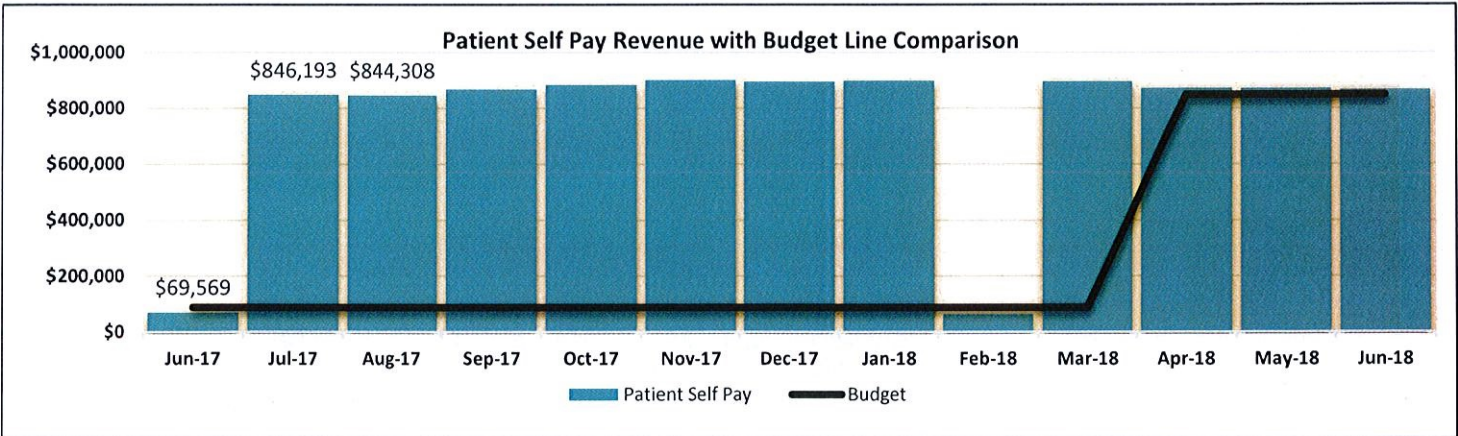


Current Period Patient Revenue with Third Party Payor Contributions Identified

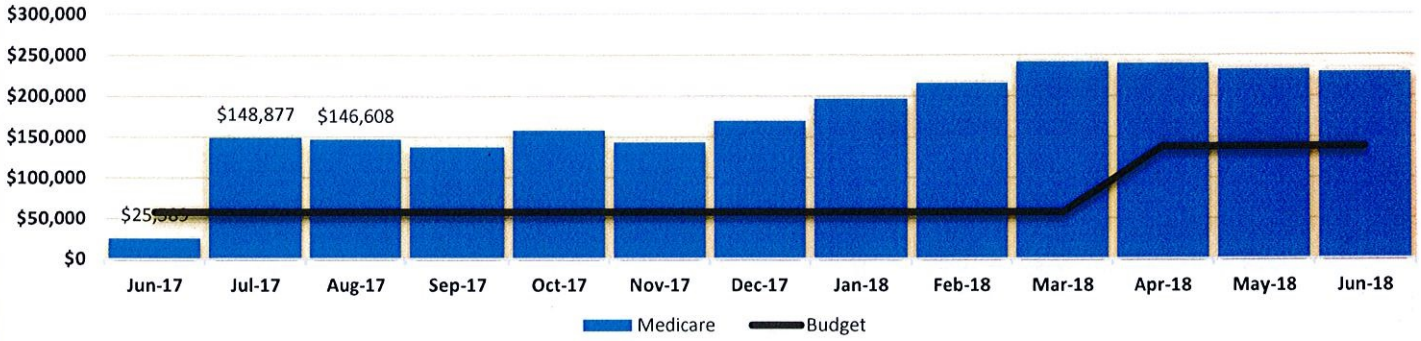


Actual Patient Revenue Rec'd vs Budget with Variance

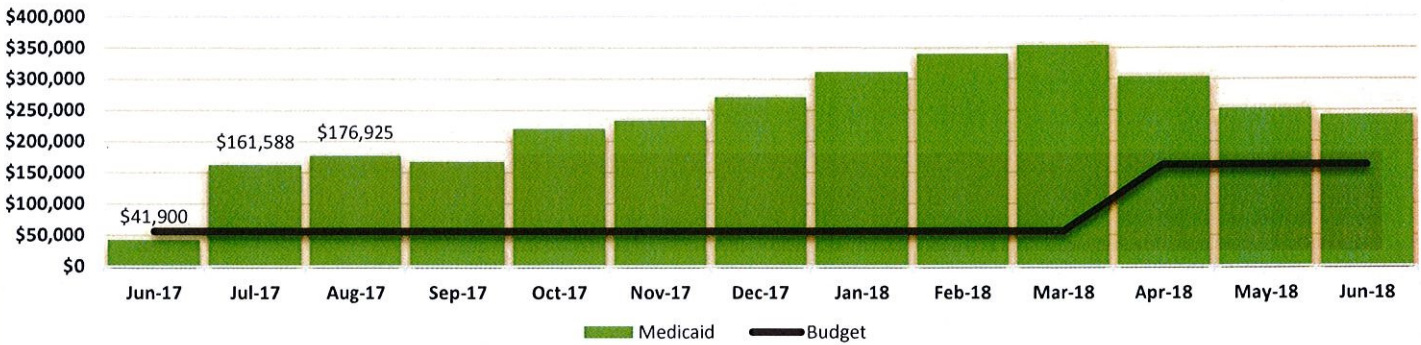




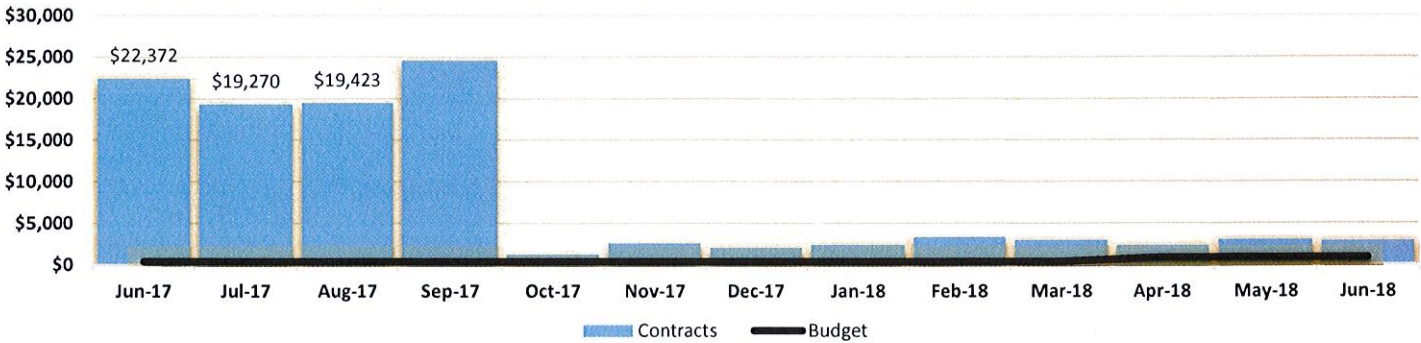
Medicare Revenue with Budget Line Comparison



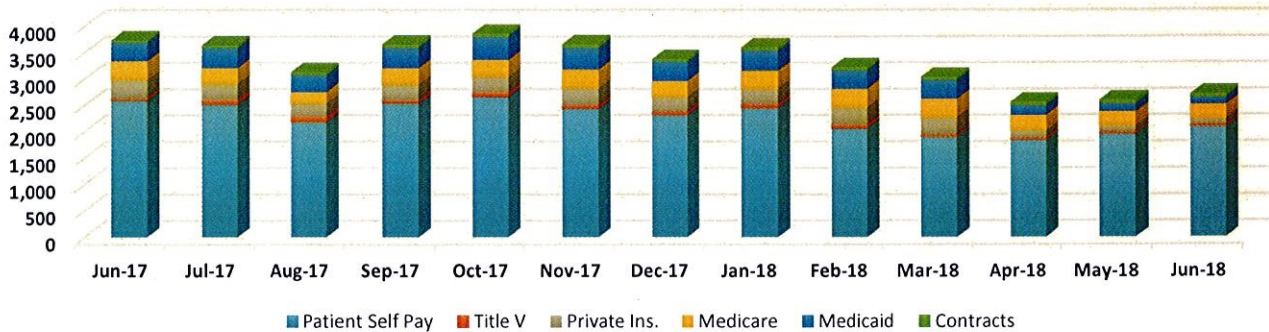
Medicaid Revenue with Budget Line Comparison



Contract Revenue with Budget Line Comparison



Total Number of Patient Visits



Coastal Health & Wellness  
Statement of Revenue and Expenses for the Period ending June 30, 2018

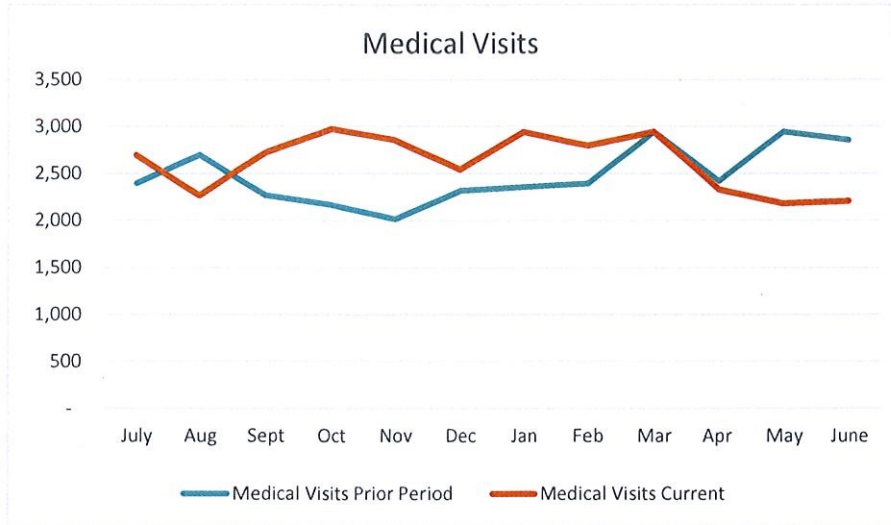
	Description	Period Ending 6/30/18	MTD Budget	MTD Budget Variance	YTD Actual	YTD Budget	YTD Budget Variance	Annual Budget
<b>Grouping</b>	<b>REVENUE</b>							
HRSA	HHS GRANT REVENUE - Federal	\$220,295	\$260,617	(\$40,321)	\$726,228	\$781,850.00	(\$55,622)	\$3,127,400
Patient Rev	GRANT REVENUE - Title V	\$4,302	\$7,905	(\$3,603)	\$12,857	\$23,714	(\$10,856)	\$94,855
Patient Rev	PATIENT FEES	\$865,781	\$848,258	\$17,524	\$2,607,197	\$2,544,773	\$62,424	\$10,179,092
Patient Rev	PRIVATE INSURANCE	\$133,368	\$136,556	(\$3,188)	\$473,500	\$409,667	\$63,833	\$1,638,668
Patient Rev	PHARMACY REVENUE - 340b	\$81,235	\$58,750	\$22,485	\$244,169	\$176,250	\$67,919	\$705,000
Patient Rev	MEDICARE	\$229,084	\$137,727	\$91,357	\$700,819	\$413,181	\$287,638	\$1,652,723
Patient Rev	MEDICAID	\$241,388	\$162,421	\$78,968	\$796,991	\$487,262	\$309,729	\$1,949,049
Other Rev.	LOCAL GRANTS & FOUNDATIONS	\$1,351	\$2,701	(\$1,351)	\$4,052	\$8,104	(\$4,052)	\$32,416
Other Rev.	MEDICAL RECORD REVENUE	\$1,976	\$1,354	\$622	\$5,841	\$4,063	\$1,778	\$16,250
Other Rev.	MEDICAID INCENTIVE PAYMENTS		\$0	\$0	\$0	\$0	\$0	\$0
County	COUNTY REVENUE	\$324,070	\$324,070	(\$0)	\$972,211	\$972,211	(\$0)	\$3,888,844
DSRIP	DSRIP REVENUE		\$79,167	(\$79,167)	\$0	\$237,500	(\$237,500)	\$950,000
Other Rev.	MISCELLANEOUS REVENUE		\$0	\$0	\$30	\$0	\$30	\$0
Other Rev.	OTHER REVENUE - SALE OF FIXED ASSET		\$0	\$0	\$0	\$0	\$0	\$0
Other Rev.	INTEREST INCOME	\$5,959	\$2,083	\$3,876	\$16,137	\$6,250	\$9,887	\$25,000
Patient Rev	CONTRACT REVENUE	\$2,830	\$833	\$1,996	\$8,156	\$2,500	\$5,656	\$10,000
Other Rev.	LOCAL FUNDS / OTHER REVENUE	\$623	\$0	\$623	\$1,672	\$0	\$1,672	\$0
Other Rev.	CONVENIENCE FEE		\$670	(\$670)	\$0	\$2,010	(\$2,010)	\$8,040
Other Rev.	Fund Balance		\$4,378	(\$4,378)	\$0	\$13,135	(\$13,135)	\$52,540
	<b>Total Revenue</b>	<b>\$2,112,262</b>	<b>\$2,027,490</b>	<b>\$84,772</b>	<b>\$6,569,859</b>	<b>\$6,082,469</b>	<b>\$487,390</b>	<b>\$24,329,877</b>
	<b>EXPENSES</b>							
Personnel	SALARIES	\$448,967	\$515,172	\$66,205	\$1,376,312	\$1,545,515	\$169,203	\$6,182,060
Personnel	SALARIES, Merit Compensation	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Personnel	SALARIES, PROVIDER INCENTIVES	\$1,000	\$4,400	\$3,400	\$1,000	\$13,200	\$12,200	\$52,800.00
	SALARIES, supplemental		\$0	\$0	\$0	\$0	\$0	\$0.00
Personnel	SALARIES, O/T	\$2,857	\$5,000	\$2,143	\$10,206	\$15,000	\$4,794	\$60,000.00
Personnel	SALARIES, PART-TIME	\$8,405	\$19,149	\$10,744	\$27,015	\$57,446	\$30,431	\$229,782.00
Personnel	Comp Pay	\$100	\$0	(\$100)	\$194	\$0	(\$194)	\$0.00
Personnel	FICA EXPENSE	\$34,017	\$41,595	\$7,578	\$105,162	\$124,784	\$19,622	\$499,135.00
Personnel	TEXAS UNEMPLOYMENT TAX	\$689	\$92	(\$597)	\$5,897	\$277	(\$5,620)	\$1,107.00
Personnel	LIFE INSURANCE	\$1,350	\$1,222	(\$129)	\$4,046	\$3,665	(\$382)	\$14,659.00
Personnel	LONG TERM DISABILITY INSURANCE	\$983	\$1,125	\$142	\$2,967	\$3,374	\$407	\$13,496.00
Personnel	GROUP HOSPITALIZATION INSURANC	\$29,177	\$48,838	\$19,661	\$86,547	\$146,514	\$59,967	\$586,055.00
Personnel	WORKER'S COMP INSURANCE	\$1,633	\$2,719	\$1,086	\$4,974	\$8,156	\$3,181	\$32,623.00
Personnel	EMPLOYER SPONSORED HEALTHCARE	\$6,633	\$0	(\$6,633)	\$20,786	\$0	(\$20,786)	\$0.00
Personnel	HRA EXPENSE		\$0	\$0	\$0	\$0	\$0	\$0.00
Personnel	PENSION / RETIREMENT	\$11,327	\$13,376	\$2,049	\$34,795	\$40,127	\$5,331	\$160,506.00
Contractual	OUTSIDE LAB CONTRACT	\$23,548	\$26,500	\$2,952	\$69,992	\$79,500	\$9,508	\$318,000.00
Contractual	OUTSIDE X-RAY CONTRACT	\$2,220	\$3,850	\$1,630	\$8,436	\$11,550	\$3,114	\$46,200.00
Contractual	MISCELLANEOUS CONTRACT SERVICES	\$10,460	\$14,720	\$4,259	\$22,532	\$44,159	\$21,627	\$176,634.00
Personnel	TEMPORARY STAFFING	\$11,786	\$0	(\$11,786)	\$59,538	\$0	(\$59,538)	\$0.00
Contractual	CHW CONTRACT BILLING SERVICE	\$5,199	\$8,400	\$3,201	\$17,171	\$25,200	\$8,029	\$100,800.00
IGT	IGT REIMBURSEMENT		\$37,500	\$37,500	\$0	\$112,500	\$112,500	\$450,000.00
Contractual	JANITORIAL CONTRACT	\$2,672	\$2,800	\$128	\$8,070	\$8,400	\$330	\$33,600.00
Contractual	PEST CONTROL	\$80	\$80	(\$0)	\$240	\$240	(\$0)	\$960.00
Contractual	SECURITY	\$3,427	\$3,910	\$483	\$10,806	\$11,730	\$924	\$46,920.00
Supplies	OFFICE SUPPLIES	\$2,319	\$5,115	\$2,795	\$7,600	\$15,344	\$7,744	\$61,376.00
Supplies	OPERATING SUPPLIES	\$15,534	\$19,500	\$3,966	\$48,807	\$58,500	\$9,693	\$234,000.00
Supplies	OUTSIDE DENTAL SUPPLIES	\$690	\$2,000	\$1,310	\$1,430	\$6,000	\$4,570	\$24,000.00
Supplies	PHARMACEUTICAL SUPPLIES	\$72,431	\$78,850	\$6,419	\$230,001	\$236,550	\$6,549	\$946,200.00
Supplies	JANITORIAL SUPPLIES	\$0	\$375	\$375	\$674	\$1,125	\$451	\$4,500.00
Supplies	PRINTING SUPPLIES	\$0	\$200	\$200	\$0	\$600	\$600	\$2,400.00
Supplies	UNIFORMS	\$0	\$400	\$400	\$0	\$1,200	\$1,200	\$4,800.00
Other	POSTAGE	\$747	\$667	(\$80)	\$2,116	\$2,000	(\$116)	\$8,000.00
Other	TELEPHONE	\$4,318	\$4,055	(\$263)	\$12,755	\$12,165	(\$590)	\$48,660.00
Other	WATER	\$31	\$31	\$1	\$92	\$93	\$2	\$372.00
Other	ELECTRICITY	\$2,233	\$2,083	(\$150)	\$6,312	\$6,250	(\$62)	\$25,000.00
Travel	TRAVEL, LOCAL	\$454	\$375	(\$79)	\$1,322	\$1,125	(\$197)	\$4,501.00
Travel	TRAVEL, OUT OF TOWN	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Travel	LOCAL TRAINING	\$0	\$417	\$417	\$2,031	\$1,250	(\$781)	\$5,000.00
Travel	TRAINING, OUT OF TOWN	\$737	\$1,719	\$982	\$3,120	\$5,156	\$2,036	\$20,624.00
Other	RENTALS	\$3,176	\$3,044	(\$132)	\$9,519	\$9,132	(\$387)	\$36,528.00
Other	LEASES	\$43,702	\$0	\$0	\$131,106	\$131,106	\$1	\$524,424.00
Other	MAINTENANCE / REPAIR, EQUIP.	\$6,456	\$6,609	\$153	\$21,650	\$19,828	(\$1,822)	\$79,310.00
Other	MAINTENANCE / REPAIR, AUTO	\$0	\$42	\$42	\$3,023	\$125	(\$2,898)	\$500.00
Other	FUEL	\$0	\$42	\$42	\$0	\$125	\$125	\$500.00
Other	MAINTENANCE / REPAIR, BLDG.	\$68	\$417	\$349	\$249	\$1,250	\$1,001	\$5,000.00
Other	MAINT/REPAIR, IT Equip.	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	MAINTENANCE / Preventative, AUTO	\$0	\$42	\$42	\$0	\$125	\$125	\$500.00
Other	INSURANCE, AUTO/Truck	\$166	\$166	\$0	\$498	\$498	\$0	\$1,992.00
Other	INSURANCE, GENERAL LIABILITY	\$724	\$750	\$26	\$2,172	\$2,250	\$78	\$9,000.00
Other	INSURANCE, BLDG. CONTENTS	\$1,479	\$1,380	(\$99)	\$4,437	\$4,140	(\$297)	\$16,560.00

Coastal Health & Wellness  
Statement of Revenue and Expenses for the Period ending June 30, 2018

	Description	Period Ending 6/30/18	MTD Budget	MTD Budget Variance	YTD Actual	YTD Budget	YTD Budget Variance	Annual Budget
Other	COMPUTER EQUIPMENT	\$0	\$0	\$0	\$369	\$0	(\$369)	\$0.00
Other	OPERATING EQUIPMENT	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	BUILDING IMPROVEMENTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	NEWSPAPER ADS	\$1,054	\$1,500	\$446	\$2,360	\$4,500	\$2,140	\$18,000.00
Other	SUBSCRIPTIONS, BOOKS, ETC	\$0	\$125	\$125	(\$226)	\$375	\$601	\$1,500.00
Other	ASSOCIATION DUES	\$2,814	\$2,883	\$69	\$8,147	\$8,648	\$501	\$34,592.00
Other	IT SOFTWARE, LICENSES, INTANGIBLES	\$13,715	\$12,712	(\$1,003)	\$117,719	\$38,135	(\$79,584)	\$152,540.00
Other	PROF FEES/LICENSE/INSPECTIONS	\$796	\$191	(\$605)	\$996	\$572	(\$424)	\$2,288.00
Other	PROFESSIONAL SERVICES	\$2,840	\$1,342	(\$1,498)	\$9,161	\$4,025	(\$5,136)	\$16,100.00
Other	MED/HAZARD WASTE DISPOSAL	\$1,133	\$483	(\$650)	\$1,654	\$1,450	(\$204)	\$5,800.00
Other	TRANSPORTATION CONTRACT	\$546	\$650	\$104	\$1,720	\$1,950	\$230	\$7,800.00
Other	BOARD MEETING OPERATIONS	\$35	\$29	(\$6)	\$71	\$88	\$17	\$350.00
Other	SERVICE CHG - CREDIT CARDS	\$536	\$685	\$149	\$1,692	\$2,055	\$363	\$8,220.00
Other	CASHIER OVER / SHORT	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	LATE CHARGES	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	BAD DEBT EXPENSE	\$1,308,373	\$1,084,467	(\$223,906)	\$4,066,259	\$3,253,401	(\$812,859)	\$13,013,603.00
Other	MISCELLANEOUS EXPENSE	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
	<b>Total Expenses</b>	<b>\$2,093,635</b>	<b>\$2,027,490</b>	<b>(\$66,145)</b>	<b>\$6,575,520</b>	<b>\$6,082,469</b>	<b>(\$493,051)</b>	<b>\$24,329,877</b>
	<b>Net Change in Fund Balance</b>	<b>\$18,627</b>	<b>\$0</b>	<b>\$22,514</b>	<b>\$22,514</b>	<b>\$0</b>	<b>\$22,514</b>	<b>\$0</b>

### Medical Visits

	<u>Prior Period</u>	<u>Current</u>
July	2,395	2,696
Aug	2,693	2,267
Sept	2,265	2,720
Oct	2,164	2,974
Nov	2,012	2,857
Dec	2,316	2,542
Jan	2,353	2,939
Feb	2,390	2,798
Mar	2,943	2,946
Apr	2,417	2,334
May	2,939	2,177
June	2,850	2,205
	<u>29,737</u>	<u>31,455</u>



### Dental Visits

	<u>Prior Period</u>	<u>Current</u>
July	950	899
Aug	998	820
Sept	964	903
Oct	903	838
Nov	878	749
Dec	926	772
Jan	931	597
Feb	913	354
Mar	1111	0
Apr	851	167
May	858	362
June	841	446
	<u>11,124</u>	<u>6,907</u>



### Counseling Visits

	<u>Prior Period</u>	<u>Current</u>
July	51	45
Aug	80	38
Sept	66	32
Oct	76	48
Nov	57	52
Dec	65	60
Jan	66	62
Feb	63	66
Mar	40	83
Apr	66	54
May	46	53
June	41	54
	<u>717</u>	<u>647</u>



**Vists by Financial Class - Actual vs. Budget**  
**As of June 30, 2018 (Grant Year 4/1/18-3/31/19)**

	Annual HRSA		Over/(Under)		YTD	Over/(Under)	% Over/ (Under)	
	Grant Budget	MTD Actual	MTD Budget	MTD Budget				YTD Actual
Medicaid	4,379	139	365	(226)	480	1,095	(615)	-56%
Medicare	3,703	271	309	(38)	836	926	(90)	-10%
Other Public (Title V, Contract)	1,064	92	89	3	297	266	31	12%
Private Insurance	3,417	110	285	(175)	370	854	(484)	-57%
Self Pay	30,379	2,085	2,532	(447)	5,869	7,595	(1,726)	-23%
	<b>42,942</b>	<b>2,697</b>	<b>3,579</b>	<b>(882)</b>	<b>7,852</b>	<b>10,736</b>	<b>(2,884)</b>	<b>-27%</b>

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

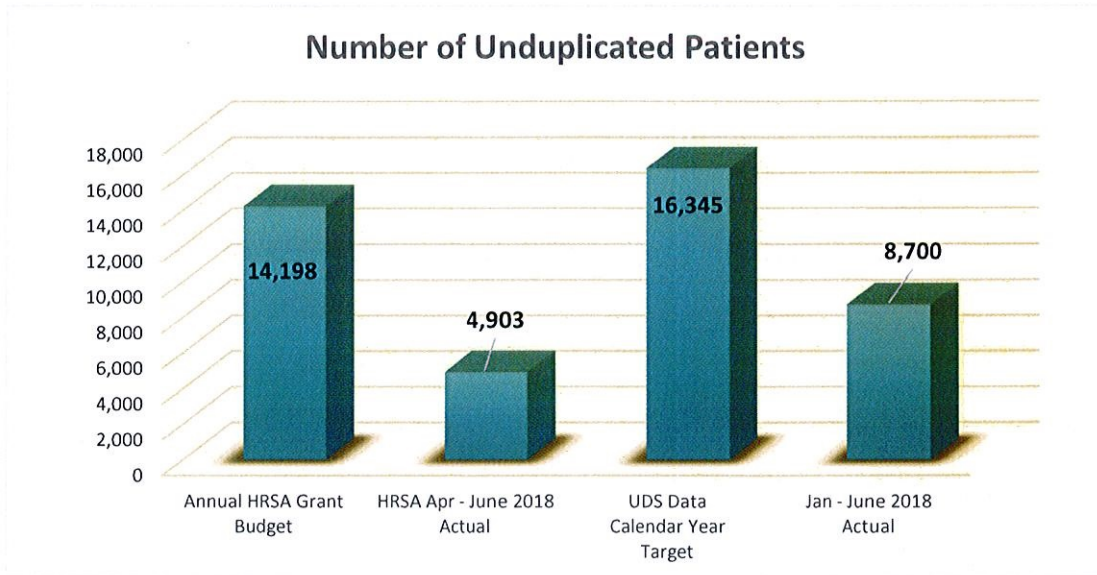
	Current Year Annual Target	Jan - June 2017 Actual	Jan - June 2018 Actual	Increase/ (Decrease) Prior	% of Annual Target
				Year	
Unduplicated Patients	16,345	9,390	8,700	(690)	53%

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

	Annual HRSA Grant Budget	Apr - June 2017 Actual	Apr - June 2018 Actual	Increase/ (Decrease) Prior	% of Annual Target
				Year	
Unduplicated Patients	14,198	6,468	4,903	(1,565)	35%

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





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# **COASTAL HEALTH & WELLNESS**

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**GOVERNING BOARD**

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

**Governing Board**

**July 2018**

**Item #10**

**Consider for Approval Quarterly Visit and Analysis Report Including  
Breakdown of New Patients by Payor Source**

**Coastal Health & Wellness - Quarterly Visit & Analysis Report  
for the period ending June 30, 2018**

\*based on UDS Reporting period (January 1 to December 31)

Total Visits by Financial Class	June 2018	June 2017	% Change	* YTD Average		% Change	* YTD Payor Mix		% Change
				2018	2017		2018	2017	
Self Pay	2,084	2,582	-19%	4,086	5,190	-21%	69.1%	71.7%	-2.5%
Medicare	271	367	-26%	638	634	1%	10.8%	8.8%	2.0%
Medicaid	140	359	-61%	532	717	-26%	9.0%	9.9%	-0.9%
Contract	59	36	64%	115	65	77%	1.9%	0.9%	1.0%
Private Insurance	118	331	-64%	441	522	-16%	7.5%	7.2%	0.3%
Title V	33	57	-42%	97	111	-13%	1.6%	1.5%	0.1%
<b>Total</b>	<b>2,705</b>	<b>3,732</b>	<b>-27.5%</b>	<b>5,910</b>	<b>7,240</b>	<b>-18%</b>	<b>100%</b>	<b>100%</b>	<b>0.0%</b>

Department	* YTD Total Visits		% Change
	2018	2017	
Medical	15,431	15,892	-2.9%
Dental	1,926	5,506	-65%
Lab Only			0%
Nursing			0%
Counseling	372	322	16%
<b>Total</b>	<b>17,729</b>	<b>21,720</b>	<b>-18%</b>

Unduplicated Visits	* YTD Total Users		% Change
	2018	2017	
Medical	7,727	7,409	4.3%
Dental	885	1,903	-53%
Counseling	88	72	22%
<b>Total</b>	<b>8,700</b>	<b>9,384</b>	<b>-7.3%</b>

NextGen / Crystal Reports - Summary Aging by Financial Class for the period ending June 30, 2018 (based on encounter date)										Goal is 45-75 days	
	0-30	31-60	61-90	91-120	121-150	151-180	181-up	Total	%	Days in A/R	
										Current Period	Last Qtr
Self Pay	\$34,227	\$40,981	\$46,728	\$46,142	\$50,892	\$45,556	\$548,220	\$812,747	57%	330	329
Medicare	31,217	5,334	6,186	9,747	18,557	37,288	94,597	\$202,926	14%	117	112
Medicaid	12,457	10,239	11,422	21,762	25,963	18,615	123,562	\$224,022	16%	158	159
Contract	2,511	6,970	5,913	2,794	5,707	2,733	32,315	\$58,942	4%	248	284
Private Insurance	10,040	3,714	4,305	6,722	21,793	15,039	59,560	\$121,173	8%	111	109
Title V	1,580	2,355	3,880	713	25	-	900	\$9,453	1%	90	83
Unapplied	(70,116)								0%	-----	-----
<b>Totals</b>	<b>\$21,916</b>	<b>\$69,592</b>	<b>\$78,434</b>	<b>\$87,880</b>	<b>\$122,937</b>	<b>\$119,233</b>	<b>\$859,154</b>	<b>\$1,429,263</b>	<b>100%</b>	<b>176</b>	<b>179</b>

Previous Quarter Balances									
	\$78,860	\$158,729	\$136,034	\$126,335	\$134,656	\$114,109	\$806,901	\$1,621,360	
% Change	-72%	-56%	-42%	-30%	-9%	4%	6%	-12%	

Charges & Collections	June 2018	June 2017	% Change	* YTD 2018	YTD 2017	% Change
	Billed	\$648,312	\$913,002	-29%	\$4,326,316	\$4,952,291
Adjusted	(475,390)	(626,083)	-24%	(3,050,173)	(3,494,520)	-12.72%
Net Billed	\$172,922	\$286,919	-40%	\$1,276,143	\$1,457,771	-12.46%
Collected	\$115,885	\$187,213	-38%	\$839,313	\$1,061,316	-21%
% Net Charges collected	67%	65%	3%	66%	73%	-10%

\*\*\*\*\*2017 MTD and YTD\*\*\*\*\*  
Collected charges were adjusted for Accrued AR and Bad debt

Goal = > 70%

Payor	YTD Current Period				YTD Prior Year			
	Visits	Payor Mix	Net Revenue per Visit	(Net Billed) Net Revenue	Visits	Payor Mix	Net Revenue per Visit	(Net Billed) Net Revenue
Self Pay	14,285	68.2%	\$31.22	\$445,970	17,988	71.8%	\$29.16	\$524,554
Medicare	2,154	10.3%	\$145.41	313,212	2,105	8.4%	\$143.20	301,436
Medicaid	1,795	8.6%	\$143.01	256,709	2,418	9.7%	\$137.30	332,003
Contract	829	4.0%	\$51.88	43,012	269	1.1%	\$82.89	22,297
Private Insurance	1,573	7.5%	\$126.06	198,296	1,889	7.5%	\$131.84	249,052
Title V	320	1.5%	\$59.20	18,944	377	1.5%	\$75.41	28,429
<b>Total</b>	<b>20,956</b>	<b>100%</b>	<b>\$60.90</b>	<b>\$1,276,143</b>	<b>25,046</b>	<b>100%</b>	<b>\$58.20</b>	<b>\$1,457,771</b>

Item	2018	2017
Self Pay - Gross Charges	\$2,726,841	\$3,250,459
Self Pay - Collections	\$323,670	\$417,857
% Gross Self Pay Charges Collected	11.9%	12.9%
% Net Self Pay Charges Collected	72.6%	79.7%

Adjusted for Bad Debt Expense

HRSA goal = > 14.1%

**Coastal Health & Wellness**  
**New Patients By Financial Class**  
**From 1/1/2018 to 6/30/18**

Summary	Current Period		Prior Period 2017	
	New Patients	Current %	New Patients	%
Self Pay	1,252	76.0%	1,368	73.7%
Medicaid	101	6.1%	150	8.1%
Medicare	81	4.9%	52	2.8%
Private Insurance	169	10.3%	232	12.5%
Title V	20	1.2%	27	1.5%
Contracts	25	1.5%	28	1.5%
<b>Total</b>	<b>1,648</b>	<b>100.0%</b>	<b>1,857</b>	<b>100.0%</b>

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# **COASTAL HEALTH & WELLNESS**

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**GOVERNING BOARD**

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

**Governing Board**

**July 2018**

**Item #11**

**Review and Approval of HRSA Application for the FY2018 Expanding  
Access to Quality Substance Use Disorder and Mental Health Services  
(SUD-MH) Funding Opportunity**

EHBs will be unavailable on Saturday, July 28th, from 8:00 AM ET until 12:00 PM ET due to planned HRSA OIT maintenance activities.

Electronic Handbooks

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- Requests
  - Health Center CIS Requests
  - Grant Applications**
  - Prior Approvals
- Submissions
  - Submissions
  - User Access Requests
  - Review Requests

Applications - Incomplete List

Success: Application is successfully submitted to HRSA. The tracking number is 157623.

Grants.gov Applications Pending Validation: 0

Not Completed Recently Completed Archived All

Collapse Group | Search | Saved Searches

1 Page size: 15 Go 0 items in 1 pag

Due	Application Deadline	Announcement #	EHBs Tracking #	Grants.Gov Tracking #	Project Title	Organization	Status	Opti
All						All	All	

No records found.

1 Page size: 15 Go 0 items in 1 pag

(!) EHBs will be unavailable on Saturday, July 28th, from 8:00 AM ET until 12:00 PM ET due to planned HRSA OIT maintenance activities.

OMB Approval No. 4040-0004  
Expiration Date 8/31/2016

Application for Federal Assistance SF-424

<b>* 1. Type of Submission</b>		<b>* 2. Type of Application</b>		<b>* If Revision, select appropriate letter(s):</b>	
<input type="checkbox"/> Preapplication		<input type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		<b>* Other (Specify)</b>	
<input type="checkbox"/> Changed/Corrected Application		<input checked="" type="checkbox"/> Revision			
<b>* 3. Date Received:</b>		<b>4. Applicant Identifier:</b>			
<b>* 5.a Federal Entity Identifier:</b>		<b>5.b Federal Award Identifier:</b>			
Application #: 157623		HR0CS00344			
Grants.Gov #:					
<b>* 6. Date Received by State:</b>		<b>7. State Application Identifier:</b>			
<b>a. Applicant Information:</b>					
<b>* a. Legal Name</b>		COASTAL HEALTH & WELLNESS			
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b>		<b>* c. Organizational DUNS</b>			
74-1665318		135951940			
<b>d. Address:</b>					
<b>* Street1:</b>		P.O. BOX 939			
Street2:					
<b>* City:</b>		LA MARQUE			
<b>* County:</b>					
<b>* State:</b>		TX			
<b>* Province:</b>					
<b>* Country:</b>		US: United States			
<b>* Zip / Postal Code:</b>		77568-5925			
<b>e. Organization Unit:</b>					
Department Name:		Division Name:			
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
<b>Prefix:</b>		<b>* First Name:</b>		May	
Middle Name: Middle Name:					
<b>Last Name:</b>		Orange			
<b>Suffix:</b>					
<b>Title:</b>					
<b>Organizational Affiliation:</b>					
<b>* Telephone Number:</b>		(409) 938-2240		<b>Fax Number:</b>	
<b>* Email:</b>		morange@gchcd.org			
<b>9. Type of Applicant 1:</b>					
D: Special District Government					
<b>Type of Applicant 2:</b>					
<b>Type of Applicant 3:</b>					
<b>* Other (specify):</b>					
<b>* 10. Name of Federal Agency:</b>					
N/A					
<b>11. Catalog of Federal Domestic Assistance Number:</b>					
93.224					
<b>CFDA Title:</b>					
Community Health Centers					
<b>* 12. Funding Opportunity Number:</b>					
HRSA-18-118					
<b>* Title:</b>					
Fiscal Year 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH)					
<b>13. Competition Identification Number:</b>					
7623					
<b>Title:</b>					
Fiscal Year 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH)					
<b>Areas Affected by Project (Cities, Counties, States, etc.):</b>					
See Attachment					
<b>* 15. Descriptive Title of Applicant's Project:</b>					
Health Center Cluster					
<b>Project Description:</b>					
See Attachment					
<b>16. Congressional Districts Of:</b>					



Application (Continuation Sheet)

* a. Applicant	TX-14	* b. Program/Project	TX-14
Additional Program/Project Congressional Districts: See Attachment			
<b>17. Proposed Project:</b>			
* a. Start Date:	9/1/2018	* b. End Date:	8/31/2020
<b>18. Estimated Funding (\$):</b>			
* a. Federal	\$150,000.00		
* b. Applicant	\$0.00		
* c. State	\$0.00		
* d. Local	\$0.00		
* e. Other	\$0.00		
* f. Program Income	\$800.00		
* g. TOTAL	\$150,800.00		
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>			
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on			
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.			
<input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372.			
<b>* 20. Is the Applicant Delinquent Of Any Federal Debt?(If "Yes", provide explanation in attachment.)</b>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b>			
<input type="checkbox"/> I Agree			
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
<b>Authorized Representative:</b>			
Prefix:		* First Name:	Kathy
Middle Name:			
* Last Name:	Barroso		
Suffix:			
* Title:			
* Telephone Number:	(409) 938-2257	Fax Number:	
* Email:	kbarroso@gchd.org		
* Signature of Authorized Representative:	Kathy Barroso	* Date Signed:	

SF-424A: BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-004

Expiration Date 8/31/2016

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity	Catalog of Federal Domestic Assistance Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Community Health Centers	93.224	\$0.00	\$0.00	\$150,000.00	\$800.00	\$150,800.00
<b>Total</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$150,000.00</b>	<b>\$800.00</b>	<b>\$150,800.00</b>

SECTION C - NON-FEDERAL RESOURCES				
Grant Program Function or Activity	Applicant	State	Other Sources	TOTALS
Community Health Centers	\$0.00	\$0.00	\$800.00	\$800.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$800.00</b>	<b>\$800.00</b>

**SF-424B: ASSURANCES, NON-CONSTRUCTION PROGRAMS**

OMB Approval No. 4040-0007  
Expiration Date 06/30/2014

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.  
**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award, and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §278c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. 45 CFR 75, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

\* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

Kathy Barroso

\* APPLICANT ORGANIZATION

COASTAL HEALTH & WELLNESS

\* TITLE

\* DATE SUBMITTED

**Program Specific Form(s) - Review**

00157623: COASTAL HEALTH & WELLNESS

Due Date: 07/16/2018 (Due In: 0 Days)

Announcement Number: HRSA-18-118

Announcement Name: Fiscal Year 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH)

Application Type: Revision (Supplemental)

Grant Number: H80CS00344-17

Year 1 Total Federal Funding (Eligible/Requested): \$250,000/\$150,000

Year 2 Total Federal Funding (Eligible/Requested): \$100,000/\$100,000

Resources

**Federal Object Class Categories**

As of 07/16/2018 04:06:03 PM

OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

Budget Categories						
Object Class Category	Year 1		Year 2		Total	
	Federal	Non-Federal	Federal	Non-Federal	Year 1	Year 2
a. Personnel	\$30,000.00	\$0.00	\$45,000.00	\$0.00	\$30,000.00	\$45,000.00
b. Fringe Benefits	\$8,904.00	\$0.00	\$13,357.00	\$0.00	\$8,904.00	\$13,357.00
c. Travel	\$1,936.00	\$0.00	\$654.00	\$1,500.00	\$1,936.00	\$2,154.00
d. Equipment	\$20,000.00	\$0.00	N/A	\$0.00	\$20,000.00	\$0.00
e. Supplies	\$10,000.00	\$800.00	\$0.00	\$6,200.00	\$10,800.00	\$6,200.00
f. Contractual	\$43,475.00	\$0.00	\$39,489.00	\$7,111.00	\$43,475.00	\$46,600.00
g. Construction	\$30,000.00	\$0.00	N/A	\$0.00	\$30,000.00	\$0.00
h. Other	\$5,685.00	\$0.00	\$1,500.00	\$0.00	\$5,685.00	\$1,500.00
i. Total Direct Charges (sum of a through h)	\$150,000.00	\$800.00	\$100,000.00	\$14,811.00	\$150,800.00	\$114,811.00
j. Indirect Charges	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
k. Total Budget Specified in this application (sum of i through j)	\$150,000.00	\$800.00	\$100,000.00	\$14,811.00	\$150,800.00	\$114,811.00

**Project Overview**

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Fields with are required

Federal Funding Request	Year 1 Federal Funds Requested	Year 2 Federal Funds Requested
<b>Expanded Services Funding</b>		

You must request expanded services funding to implement and/or advance evidence-based strategies to expand access to integrated SUD and/or mental health services, including additional MAT services, if applicable, for years 1 and 2.

Note the following when completing this form:

- Additional expanded services funding is available to health centers currently providing MAT services as demonstrated by 2017 UDS to increase the number of patients receiving MAT services. \$100,000
- If your health center did not report patients receiving MAT for OUD in 2017, you may request only the base level of expanded services funding in years 1 and 2 (plus one-time funding in year 1). \$100,000
- Funding is anticipated to continue to support service expansion activities in year 2.
- HRSA provided the maximum amount of funding each health center is eligible to request for years 1 and 2 by email.
- Expanded services funding is expected to become part of the H80 grant award (roll into base funding) contingent upon available funding and satisfactory progress.

**One-Time Funding to Support Service Expansion (Optional)**

You may also request one-time funding to support increased access to integrated SUD and/or mental health services, including additional MAT services, if applicable, in year 1. One-time funding is not available in year 2.

Total	\$50,000	N/A
	\$150,000	\$100,000

**Evidence-Based Strategies**

Identify which evidence-based integration strategy(ies) SUD-MH funding will help you implement and/or advance. Select all that apply. If "Other" is selected, describe the proposed evidence-based strategy(ies) in Project Narrative question 1 below.

Select All That Apply

- Medication Assisted Treatment  Medication Assisted Treatment
- Collaborative Care Model  Collaborative Care Model
- Patient-Centered Medical Home  Patient-Centered Medical Home
- Medicaid Health Homes  Medicaid Health Homes
- Four Quadrant Model  Four Quadrant Model
- Assertive Community Treatment (ACT)  Assertive Community Treatment (ACT)
- Integration of Mental Health, Substance Use, and Primary Care Services  Integration of Mental Health, Substance Use, and Primary Care Services
- Improving Mood-Promoting Access to Collaborative Treatment (IMPACT)  Improving Mood-Promoting Access to Collaborative Treatment (IMPACT)
- Screening, Brief Interventions, Referral to Treatment (SBIRT)  Screening, Brief Interventions, Referral to Treatment (SBIRT)
- Other evidence-based strategy -  Other evidence-based strategy  
 In your response to Project Narrative question 1 below, provide details on the selected integration strategy(ies)

**Project Narrative**

1. Describe how proposed activities and purchases will help implement and/or advance each identified evidence-based integration strategy, including how they address the health center's overarching SUD and/or mental health goals.

If you selected 'Other' above, identify the selected integration strategy(ies) and briefly state the evidence base. If you wish to submit a table or diagram to support this narrative, do so in the Project Description/Abstract attachment.

Approximately 3/4 page. (Max 2500 Characters with spaces)

At Coastal Health & Wellness, we are committed to providing access to high-quality primary care to individuals at all life stages in order to meet the health care needs of our community. It is our goal to become designated as a Primary Care Medical Home (PCMH). The ability to provide substance use disorder and mental health services not only assists us with this goal, but also allows us the opportunity to provide much needed services in our community that are currently inaccessible due to funding limitations. The ability for patients to access mental health services, especially psychiatric services, is very hard in Galveston County. Partner agencies who provide these services have a current backlog of 2-4 months for an initial appointment. This funding will allow for the addition of one FTE, plus telemedicine services for psychiatric services. Current providers, working in conjunction with a psychiatric telemedicine service, would also be able to offer medication assisted treatment (MAT) for patients. The one-time funding will allow for the purchase of necessary equipment at our two clinic locations, as well as renovations to existing spaces that would be used for tele-psychiatry services. The funding would also be used to assist with increased costs for lab and pharmaceutical expenses due to the addition of this service to our patient population.

2. Describe the actions that you will take to achieve expanded access to quality integrated SUD and/or mental health services, including proposed personnel and one-time funding uses (if requested). If additional MAT funding is requested, specifically address expanded access to MAT for OUD.

Approximately 3/4 page. (Max 2500 Characters with spaces)

The ability for patients to access mental health services, especially psychiatric services, is very limited in Galveston County. Partner agencies who provide these services have a current backlog of 2-4 months for a first appointment. In addition, our community was recently impacted by the Santa Fe High School shooting in May, which has only further strained the number of available mental health counselors in our area. To help address current needs, Coastal Health & Wellness will use this funding to increase the ability to provide psychiatric services via telemedicine. One FTE will be hired to coordinate patient scheduling and act as a patient presenter for telemedicine services. This person will either be a case manager or LVN. This position will be responsible for coordination of visits between the patient, their primary care provider and telemedicine services. They will also do outreach activities within the community and work with other social service agencies to make people aware of substance use disorder and mental health services that are now available through Coastal Health & Wellness. In addition, Coastal Health & Wellness, in conjunction with the telemedicine provider, will also provide medication assisted therapies to Coastal patients through this program. Since space modifications will also be necessary to provide these services, the one-time funding requested will assist in converting clinical space to allow for tele-psychiatry services.

**Staffing Impact**

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Staffing Positions by Major Service Category	Year 1		Year 2	
	New Direct Hire Staff FTEs Proposed	New Contractor/Agreement FTEs Proposed	New Direct Hire Staff FTEs Proposed	New Contractor/Agreement FTEs Proposed
<b>Behavioral Health (Mental Health and Substance Use Disorder)</b>				
Psychiatrists		0.10		0.20
Licensed Clinical Psychologists				
Licensed Clinical Social Workers				
Other Licensed Mental Health Providers (e.g., psychiatric social workers, psychiatric nurse practitioners, family therapists)				
Other Mental Health Staff (e.g., "certified" individuals who provide counseling, treatment, or support to mental health providers)				
Substance Use Disorder Providers				
Physicians				

Application (Continuation Sheet)

- Family Physicians
- General Practitioners
- Internist
- Obstetrician/Gynecologist
- Pediatricians
- Other Specialty Physicians and Sub-Specialists (e.g., Emergency Medicine, Addiction Medicine, Pain Medicine, Infectious Disease)

**Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives**

- Nurse Practitioners
- Physician Assistants
- Certified Nurse Midwives

**Medical**

- Nurses
- Other Medical Personnel (e.g. Medical Assistants, Nurse Aides)
- Laboratory Personnel

**Pharmacy**

- Pharmacy Personnel

**Enabling Services**

Case Managers	1.00		1.00	
Patient/Community Education Specialists				
Outreach Workers				
Transportation Staff				
Eligibility Assistance Workers				
Interpretation Staff				
Community Health Workers				
Other Enabling Services Staff (e.g., staff who support outreach, care coordination, transportation)				

**Professional Services**

- Other Professional Health Services Staff (e.g., physical therapists, occupational therapists, acupuncturists)

<b>Subtotal</b>	<b>1.00</b>	<b>0.10</b>	<b>1.00</b>	<b>0.20</b>
<b>Total FTEs</b>		<b>1.10</b>		<b>1.20</b>

**Patient Impact**

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**Patient Impact Questions**

**Existing Patient Impact**

**1. Total Unduplicated Existing Patients:** Enter the total number of existing patients who will newly access SUD and/or mental health services in calendar year 2019 as a result of SUD-MH funding (e.g., existing medical patients not currently accessing these services that will begin to do so).

Attribute each patient to EITHER SUD or mental health in your response to Question 1, even if some existing patients are expected to access both expanded services (i.e., count each existing projected patient only once in this unduplicated patient projection). 50

**2. Existing Patients by Service Type:** Enter the number of existing patients who will newly access each service in calendar year 2019 below.

Count each projected existing patient according to the services they are expected to access. If a patient will start accessing both SUD and mental health services, they should be counted once for SUD and once for mental health.

- A. SUD Services Patients 30
- B. Mental Health Services Patients 20

**New Patient Impact**

**3. Total Unduplicated New Patients:** Enter the number of new patients (new to the health center) who will access SUD and/or mental health services in calendar year 2019 as a result of SUD-MH funding.

Attribute each patient to EITHER SUD or mental health in your response to Question 3, even if some new patients are expected to access both expanded services (i.e., count each new projected patient only once in this unduplicated patient projection). 25

Note: New unduplicated projected patients entered in response to this question will be added to your patient target. Failure to achieve this new patient projection by December

31, 2019 may result in a funding reduction when your service area is next competed through Service Area Competition (SAC). See the [SAC technical assistance website](#) for patient target resources.

4. **New Patients by Service Type:** Enter the number of new patients (new to the health center) who will access each service in calendar year 2019 below.

Count each projected new patient according to the services they are expected to access. If a new patient will access both SUD and mental health services, they should be counted once for SUD and once for mental health.

- A. SUD Services Patients 10
- B. Mental Health Services Patients 15

**Additional MAT Funding Impact**

5. **Patients Projected to Receive MAT:** Enter the number of existing and new patients who will newly receive MAT for OUD from a physician, certified nurse practitioner, or physician assistant with a DATA waiver working on behalf of the health center in calendar year 2019.

15

For this projection, count existing patients that will begin to receive MAT for the first time, as well as new health center patients accessing MAT as a result of SUD-MH funding.

**▼ New Patients by Population Type**

Population Type	NEW Patients Projected
<b>Total NEW Patients (from Question #3)</b>	<b>25</b>
General Underserved Community	25
Migratory and Seasonal Agricultural Workers	0
Public Housing Residents	0
People Experiencing Homelessness	0
<b>Total</b>	<b>25</b>

**Supplemental Information**

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**Telehealth**

Are you proposing to use telehealth to increase access to integrated SUD and/or mental health services?

- Yes, my health center will use telehealth to expand services
- No, my health center will not use telehealth to expand services

**Minor Alterations/Renovations**

Are you proposing to use one-time funding in year 1 for minor alteration/renovation (A/R) that will support increased access to integrated SUD and/or mental health services?

If yes, HRSA will request additional information about your minor A/R plans separately after SUD-MH awards are announced. SUD-MH funds requested for minor A/R may not be obligated until required information is submitted and HRSA approves your A/R plans (6 to 9 months post award).

- Yes, my health center's SUD-MH proposal includes minor A/R costs, and I acknowledge that the A/R activities may not begin until HRSA approves our A/R plans
- No, my health center's SUD-MH proposal does not include minor A/R costs

**Scope of Services**

Review your current approved [Form 5A: Services Provided](#). Will a Scope Adjustment or Change in Scope request be necessary to ensure that all planned changes to SUD and mental health services are on your Form 5A?

Access the technical assistance materials on the [Scope of Project resource website](#) for guidance in determining whether a Scope Adjustment or Change in Scope will be necessary (click on the "Services" header in the Resources section to access the Form 5A Information).

If yes, you must separately submit a Scope Adjustment or Change in Scope request to HRSA (e.g., to move mental health services from formal referral (Column III) to direct provision (Column I), to add SUD services for the first time). You may not modify your approved Form 5A through this application.

Note the following when completing this form:

- You do not need to submit a Scope Adjustment or Change in Scope request if SUD-MH funding will expand services that you are already providing in the same modes of provision (i.e., Form 5A Column I, Column II).
- SUD-MH funded services must be listed in Column I and/or II on Form 5A, either currently or after you submit and are approved for a Scope Adjustment or Change in Scope.

- Yes, I reviewed my Form 5A and determined that my health center's proposed activities will require a Scope Adjustment or Change in Scope request to modify Form 5A
- No, I reviewed my Form 5A and determined that my health center's proposed activities will not require a Scope Adjustment or Change in Scope request to modify Form 5A

If yes, describe the proposed changes and a timeline for requesting necessary modifications to your Form 5A below.

Approximately 1/4 page. (Max 1000 Characters with spaces)

Mental Health and Substance Abuse Services will need to be added to Form 5A: Services Provided, Column II. Once this grant submission is approved for funding, the Scope Adjustment or Change in Scope request will be submitted to HRSA within one week.

**Equipment List**

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List of Equipment				
Type	Description	Unit Price	Quantity	Total Price
Non-Clinical	computer/monitor/TV/Software for telemedicine	\$10,000.00	2	\$20,000.00
<b>Total</b>			<b>2</b>	<b>\$20,000.00</b>

Close Window



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# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board**

**July 2018**

**Item #12**

**Consider for Approval Quarterly Compliance Report**

## Coastal Health & Wellness Governing Board

### Quarter 3, 2018 – Compliance Report

*(The information presented in this Report covers April, May, and June of 2018)*

INTERNAL AUDITS		
DATE CONDUCTED	TYPE OF AUDIT & FINDINGS	ACTION TAKEN
<u><i>April 2018, May 2018, and June 2018</i></u>	<p><b><u>Financial Screening Audit-Patient Services Manager:</u></b></p> <ul style="list-style-type: none"> <li>• Financial Screening audits were performed by randomly pulling ten application charts monthly to establish accuracy and chart completeness.</li> <li>• An inclusive application requires CHW intake specialists to ensure the accurate completion of nine different elements within each application, all of which are reviewed during the Financial Screening audit.</li> <li>• We had 100 percent compliance.</li> </ul>	No action taken. We will continue operating under our current protocol. However, we did note that the internal notes of the number of individuals in the household was not on the front page. We instructed our Staff to correct.
<u><i>Completed in April, May, and June 2018</i></u>	<p><b><u>Title V Eligibility Audit -- Patient Services Manager</u></b></p> <ul style="list-style-type: none"> <li>• Title V Eligibility Audit was performed on every title V application</li> <li>• We had the following findings:  <u>April 2018</u> – One minor Finding; child photo needs to be re-taken in the patient’s chart (poor quality- too light)  <u>May 2018</u> – Five Findings – 4 NextGen data errors, 1-box on application was left blank  <u>June 2018</u> –Four Findings – 3 NextGen data errors, 1-Title V Application was not scanned into the patient’s chart.</li> </ul>	These issues were rectified. Corrective action ensued for the error of failing to include the Title V Application into the patient’s chart. Title V guidelines were reissued to all employees as reminder of proper protocol.

## Coastal Health & Wellness Governing Board

### Quarter 3, 2018 – Compliance Report

*(The information presented in this Report covers April, May, and June of 2018)*

INCIDENT REPORTS		
DATE OF INCIDENT	COMPLIANCE/REPORTABLE ISSUES	ACTION TAKEN
<u>4/12/2018</u>	<p>An employee sat on a chair with a missing arm rest covering—exposing a metal protruding structure. The Employee cut her left forearm on the metal arm rest. Employee self-treated her injuries and did not seek a medical evaluation. The Risk and Safety Coordinator instructed the Patient Service Manager to request that staff tag the chair as broken and remove the chair from service.</p> <ul style="list-style-type: none"> <li>• <b><i>Preventable Incident</i></b></li> </ul>	Removed broken chair. Replaced with proper chair.
<u>06/09/2018</u>	<p>A Patient lost his footing when instructed to proceed to the X-Ray table for a left foot X-Ray. Staff immediately assisted the patient into a chair. Patient later informed Staff that he suffers from Neuropathy, resulting in an infrequent lack of stability.</p> <ul style="list-style-type: none"> <li>• <b><i>Non-Preventable Incident</i></b></li> </ul>	The Staff assisted Patient to a seated position and informed the referring Medical Provider of the incident. The Medical provider request that the Lab check patient. Patient insisted he was fine, after recovering and receiving an x-ray. The Patient left without complaint.
<u>06/13/2018</u>	<p>Patient attempted to move from a seated position to her walker. Patient fell forward to the ground during the transition. Staff assisted Patient to seated position and notified Medical Provider of fall. Patient did not have complaint, insisted she was ok. Patient left clinic under own strength and without assistance.</p> <ul style="list-style-type: none"> <li>• <b><i>Non-Preventable Incident</i></b></li> </ul>	Nursing staff notified Supervisor and Medical provider of incident. Medical Provider responded and spoke with patient, no complaints.

## Coastal Health & Wellness Governing Board

### Quarter 3, 2018 – Compliance Report

*(The information presented in this Report covers April, May, and June of 2018)*

<p><u>06/15/2018</u></p>	<p>Medical Assistant performed ear lavage on a Patient with a water peroxide mixture. During cleaning, the mixture splashed out of patient's ear and into Medical Assistant's eyes. Employee reported some burning sensation to her eyes. The Employee reported the incident to the Nurse as she exited the patient's room. There was no harm to the employee.</p> <ul style="list-style-type: none"><li>• <i>Non-Preventable Incident</i></li></ul>	<p>Per CHW policy, the Medical Assistant rinsed her eyes in the eye wash station and rinsed eyes under nurse supervision. Following the incident, the Risk and Safety Coordinator spoke to the Employee who reported that she was fine.</p>
<p><u>6/19/2018</u></p>	<p>While serving one Patient, a Patient Services Employee was suddenly called to relieve a front desk staff member. When the Employee returned to the desk to serve another Patient, the Patient Services Employee did not fully exit the first Patient's file. The Employee printed an invoice with protected health and confidential information and inadvertently issued the invoice to the wrong patient. The error was immediately discovered by the Patient who received the wrong invoice information and the invoice was retracted immediately.</p> <ul style="list-style-type: none"><li>• <i>Preventable Incident</i></li></ul>	<p>The Employee received additional HIPAA Training. Since this was the Employee's second HIPAA violation, she received corrective action (documented in her HR File.). We reported the incident to the Office of Civil Rights and notified the Patient of the brief information breach.</p>

## Coastal Health & Wellness Governing Board

### Quarter 3, 2018 – Compliance Report

*(The information presented in this Report covers April, May, and June of 2018)*

BAD DEBT WARNING AND SUSPENSION LETTERS	
REASON	TYPE OF LETTER
Debt Collection Policy	Suspensions: 277 Reinstatements: 105
Behavior Letters Issued	Warnings: 1

**NOTE:** Various issues were discussed in peer review. Incidents involving quality of care issues, In accordance with Section 161 et seq., Health and Safety Code, are reviewed such that proceedings and records of the quality program and committee reviews are privileged and confidential.

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**Governing Board**

**July 2018**

**Item #13**

**Consider for Approval Renewal of Lease Agreement with the  
Galveston Housing Authority for Clinical Space in Galveston**

**LEASE OF OFFICE SPACE**

STATE OF TEXAS

COUNTY OF GALVESTON

This agreement made and entered into as of August 1, 2018, by and between City of Galveston Housing Authority (“Landlord”) and Coastal Health & Wellness (“Tenant”).

Tenant’s Address:

4700 Broadway, Suite F101  
Galveston, TX 77551

Landlord’s Address:

4700 Broadway  
Galveston, TX 77551

**WITNESSETH**

**RECITALS**

1. Landlord is the sole owner of the business premises described below having office space therein to rent.
2. Tenant is in the business of healthcare and related community and social services and desires to lease office space from Landlord.
3. The parties desire to enter into a lease agreement defining their respective rights, duties, and liabilities relating to the premises.

In consideration of the mutual covenants contained herein, the parties agree as follows:

**1. Description**

**Of Premises** Landlord leases to Tenant premises on the first floor of the building known as “Island Community Center,” and is located at 4700 Broadway, Galveston, Texas, 77551, as more fully described on Exhibit “A” attached hereto and incorporated herein, which consists of approximately **12,314** square feet of office space. Tenant accepts the premises in the condition existing on **August 1, 2018**. The premises may be used for the purposes of a primary care clinic as defined in the service requirements of a Community Health Center in Section 330 of the Public Health Service Act, dental services and other social and educational programs and services which support the community’s health including, without limitations, on-site laboratory, x-ray, Family Planning, or other services in anyway related thereto. Tenant shall not use or permit premises, or any part thereof, to be used as an abortion

clinic or abortion-counseling center excluding referrals. Landlord specifically acknowledges that the premises are contemplated to be used by Coastal Health & Wellness. . Landlord agrees not to lease any space in the building for a primary care clinic or duplicate direct services that could be in conflict or direct competition with services offered by Coastal Health & Wellness at this site. Landlord agrees to, upon agreement of this lease, to re-paint and retile rental space at Landlord's costs. Tenant will be responsible for removal of equipment, furniture and any apparatus on walls so that Landlord may be able to paint and retile rental space.

**2. Term of Lease**

The lease shall be for a period of *two (2)* years, commencing on the **1<sup>st</sup> day of August 2018** and terminate on the **31<sup>th</sup> day of July 2020**, unless Tenant has exercised the option to renew under provisions set forth herein. Tenant shall surrender the premises to Landlord immediately on termination or expiration of this lease.

In the event Tenant does not receive funding, Tenant shall have the right to terminate the lease upon a 60-day notice to Landlord effective **October 1, 2018** and each year thereafter during the original term hereof.

**3. Delivery of Possession**

If for any reason, Landlord cannot deliver possession of the premises at the commencement of the term, this lease shall not be void or voidable, nor shall Landlord be liable to Tenant for any loss or damage resulting therefrom. However, there shall be a proportionate reduction in total rent, covering the period between the period between the commencement of the term and actual delivery of the premises to Tenant, in the event of a late delivery by Landlord.

**4. Rental**

Tenant shall pay Landlord a monthly rental rate equal to the sum of the *(\$1.18)* times the approximate square footage of **12,314** for a total of **FOURTEEN THOUSAND AND FIVE HUNDRED AND THIRTY DOLLARS (\$14,530.00)**. Applicable Monthly Rental Rate is due in advance on the first (1<sup>st</sup>) day of each month for the succeeding month's rental. Payment(s) shall be made to Landlord at the address specified above, and a payment shall be delinquent if not paid by the (15<sup>th</sup>) day after which it is due. On Tenant's failure to pay the rental on a timely basis, Landlord shall have the right to assess a late charge of one percent (1%) per day after the tenth day in which the rental is due. If Tenant fails to pay the rental prior to the fifteenth (15<sup>th</sup>) day after its due date, Landlord shall have the right to terminate this Lease in accordance with Section 14



below. Utilities (heating, cooling and water) will be billed separately each month. Utility usage will be based upon the square footage of the building that is occupied by the Tenant, which is **17%**.

The parties agree that Tenant shall be responsible for the provision of housekeeping services within the premises only. Tenant shall have sole authority in the selection and retention of housekeeping services. Landlord shall be responsible for the provisions of housekeeping services for the common area space. Tenant shall be responsible for removal and disposal of all medical, toxic and hazardous waste generated by Tenant or by the premises occupied by Tenant.

The parties acknowledge that currently the Island Community Center is exempt from payment of ad valorem real estate taxes. The parties agree that in the event that the Island Community Center shall ever become subject to ad valorem real estate taxation, that Tenant shall be responsible for its pro rata share of the ad valorem real estate taxes assessed on the Island Community Center, which share is deemed to be twenty percent (20%).

**5. Restrictions  
On Use**

Tenant shall comply with all governmental regulations and statutes affecting the premises either now in effect or enacted in the future and shall also comply with the rules and regulations attached to this lease and made a part hereof.

**6. Abandoning  
Premises of  
Personal  
Property**

Tenant shall not vacate or abandon the premises at any time during the term, but if Tenant does vacate or abandons the premises or is dispossessed by process of law, any personal property belonging to the Tenant and left on the premises shall be deemed abandoned at the option of Landlord and shall become the property of Landlord.

**7. Insurance**

Landlord shall maintain all normal insurance coverage for the building and premises, including General Liability, Property Damage, Fire and Extended Coverage, Flood, and Windstorm and Hail. Tenant shall be responsible for providing coverage, or self-insurance, for its operations, and contents in its leased area, including the following:

General Liability and Property Damage to a Combined Single Limit of at least \$1,000,000 per occurrence. ***Landlord shall be named as additional insured***, and a Certificate of Insurance or other evidence verifying

coverage and Landlord as additional insured shall be forwarded to Landlord at or prior to possession of the premises by Tenant. Certificates of Insurance or other evidence verifying coverage shall also be forwarded to Landlord at the time any changes in coverage occurs, and at the time of policy renewal. Landlord shall be notified of any lapse in coverage prior to occurrence of the lapse. Insurance on contents to whatever limits are deemed necessary by the Tenant. Tenant shall forward to Landlord a Certificate of Insurance or other evidence verifying coverage for coverage of contents as described above for liability coverage.

Other insurance coverage as may be statutory or as may relate to the operation of the Tenant's business or work shall be the sole responsibility of Tenant and shall not encumber Landlord in any manner or be of Landlord's concern. In the event that Tenant's occupancy of the premises causes an increase in the insurance rating of the building, any increase in Landlord's insurance premiums resulting solely from such increased insurance rating shall be the responsibility of Tenant and Tenant shall pay same to Landlord upon notification thereof as provided in Section 4. Exhibit "A" is attached hereto and made a part hereof.

**8. Hours of Operation**

Normal hours of operation for the *Island Community Center* are as follows: Monday through Thursday from 8:00am to 8:00pm, and Friday 8:00am to 6:00pm with the exceptions of listed holidays in which case the building will be closed. Listed holidays are as follows:

New Year's Day, Martin Luther King, Jr. Day, Good Friday, Memorial Day, Juneteenth Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day and day after Thanksgiving, Christmas Eve and Christmas Day.

**9. Alterations and Repairs**

Tenant shall take good care of the premises and shall not alter, repair, or change the premises without the written consent of Landlord, which shall not unreasonably be withheld, delayed, or denied. All alterations, improvements, and changes that Tenant may desire shall be done at Tenant's sole expense whether by or under the direction of Landlord and remain on the premises, except that at the option of Landlord, Tenant shall, at Tenant's expense, remove from the premises all partitions, counters, railings, and similarly installed

improvements when surrendering the premises. All signage must be pre-approved by Landlord before installing in rental space. All damage or injury done to the premises by Tenant or any person who may be in or on the premises with the consent of Tenant shall be paid for by Tenant. Tenant shall, at the termination of this lease, surrender the premises to Landlord in as good condition and repair as reasonable and proper use thereof will permit, normal wear and tear excepted.

Landlord shall be responsible for making all routine repairs and for performing routine maintenance. Landlord shall not be responsible for any repairs or maintenance to any improvements or equipment installed by Tenant or for normal wear and tear of the premises. Landlord will *not* be responsible for the replacement or cost of light bulbs. However, Tenant may request the Maintenance Department to change their light bulbs and Tenant will be billed for labor and/or cost of the light bulbs. Tenant shall permit Landlord and Landlord's agents to enter the premises at all reasonable times to inspect the premises, maintain the building and premises, and make repairs, alterations, or additions to the premises, or any portion of the building. This shall include the erection of scaffolding, props, or other mechanical devices; the posting of notice of nonliability for alterations, additions, or repairs; or the placement on the premises of any usual or ordinary "For Sale, For Rent, or For Lease" signs without any rebate of rent to Tenant or damages for any loss of occupation at any time within ninety (90) days prior to the expiration of this lease. Landlord and Landlord's agents may, during the last-mentioned period, enter on the premises at reasonable hours, and exhibit the same to prospective tenants.

**10. Liability of Landlord**

Tenant waives all claims against Landlord for damages to goods or for injuries to persons on or about the premises from any cause arising at any time, excepting however, the willful misconduct of Landlord and except as provided in the Warranty Habitability provisions set forth under the "Restrictions of Use" section of the Lease. Tenant *will be responsible* for any damage or injury to any person, or to the goods of any person, arising from the use of the premises by Tenant, or arising from the failure of Tenant to keep the premises in good condition as provided herein. Landlord shall not be liable to Tenant for any damage by or from any act or negligence of any owner or occupant of adjoining or contiguous property. Tenant agrees to pay for all damage

to the building, as well as all damage or injury suffered by tenants or occupants thereof caused by misuse or neglect of the premises by Tenant.

**11. Destruction of premises**

In the event of a partial destruction of the premises during the term of the lease from any cause, Landlord shall forthwith repair the same, provided the repairs can be made within thirty (30) days under the laws and regulations of applicable governmental authorities. Any partial destruction shall neither annul nor void this lease, except that Tenant shall be entitled to proportionate reduction of rent while the repairs are being made (unless such partial destruction was caused solely by Tenant), any proportionate reduction being based on the extent to which the making of repairs shall interfere with the business carried on by Tenant in the premises. If the repairs are so extensive they cannot be made within the thirty (30) day period, Landlord may, at Landlord's option, make repairs within a reasonable time, not to exceed an additional one-hundred twenty (120) days, this lease continuing in full force and effect and the rent to be proportionately rebated as previously set forth in this paragraph. In the event that Landlord does not elect to make repairs, the repairs cannot be made in the specified time, or the repairs cannot be made under the laws and regulations of the applicable governmental authorities, this lease may be terminated at the option of either party. In the event of any partial destruction that Landlord is obligated to repair or may elect to repair under the terms of this paragraph, any provisions of authorizing Tenant to make the repairs and deduct the expenses from the rent are waived by Tenant. Should the building in which the demised premises are situated be destroyed to the extent of not less than thirty percent (30%) of the replacement cost of thereof, Landlord may elect to terminate this lease, whether the demised premises are damaged or not. A total destruction of the building in which the premises are situated shall terminate this lease.

Tenant shall be liable for damage to premises beyond normal and ordinary use. Tenant shall also be liable for any subsequent loss of revenue resulting from such damage caused by Tenant. In the event that leased space (or any part of it) becomes unusable, Tenant shall be entitled to a proportionate reduction in Rent until space is rendered usable, unless Tenant actively or inactively was directly responsible for the loss of use.

Any dispute between Landlord and Tenant relative to the provisions of those paragraphs shall be subject to arbitration. Each party shall select an arbitrator, and the two arbitrators so selected shall select a third arbitrator between them, the decision of at least two of the three arbitrators shall be final and binding on both Landlord and Tenant, who shall bear the cost of such arbitration equally between them.

## **12. Condemnation**

A condemnation of the entire building or a condemnation of the portion of the premises occupied by Tenant shall result in a termination of this lease agreement. Landlord shall receive the total of any consequential damages award as a result of condemnation proceeding. All future rent installments to be paid by Tenant under this lease shall be terminated.

## **13. Assignment and Sublease**

Tenant shall not assign any right or duties under this lease nor sublet the premises or any part thereof, nor allow any other person to occupy or use the premises without the prior written consent of Landlord. A consent to one assignment, sublease, or occupation or use by any other person shall not be consent to any subsequent assignment, sublease, or occupation or use by another person shall not be consent to any subsequent assignment, sublease, or occupation or use by another person. Any assignment of subletting without consent shall be void. This lease shall not be assignable, as to the interest of Tenant, by operation of law, without the written consent of Landlord, which consent shall not be unreasonably withheld, delayed, or denied. Anything to the contrary contained herein notwithstanding, Landlord acknowledges that a portion of the premises are to be used as a community health clinic and that individuals, organizations, and entities other than Tenant will be occupying and using the premises, these individuals, organizations, and entities include, without limitation, its employees, agents, independent contractors, patients, and invitees, and other private and governmental organizations and entities that provide related dental, health care, social, and educational services and programs. Landlord hereby consents to the use of the premises by such individuals, organizations, and entities selected by Tenant and to Tenant's granting of licenses, subleases, or similar rights to use the premises to such individuals,

organizations, and entities and acknowledges that no further consents or notices are required hereunder.

Landlord shall not unreasonable without consent to assignment of sublease of the demised premises by Tenant if Tenant will provide evidence of the financial responsibly of the intended assignee or subtenant. Tenant shall remain liable under the terms of this lease and any renewal thereof unless specifically released from liability by Landlord. Landlord shall be under no obligation to provide such release in the event a sublease or assignment is approved

**14. Breach or Default**

Tenant shall have breached this lease and shall be considered in default hereunder if (1) Tenant files a petition of bankruptcy or insolvency or for reorganization under any bankruptcy act, or make an assignment for the benefit of creditors, (2) involuntary proceedings are instituted against Tenant under any bankruptcy act, (3) Tenant fails to pay any rent when due and does not make the delinquent payment within fifteen (15) days after receipt of notice thereof from Landlord, or (4) Tenant fails to perform or comply with any of the covenants or conditions of this lease and such failure continues for a period of thirty (30) days after receipt of notice thereof from Landlord.

**15. Effect of Breach**

In the event of a breach of this lease, the rights of Landlord shall be as follows:

1. Landlord shall have the right to cancel and terminate this lease as well as all right, title, and interest of Tenant hereunder, by giving Tenant not less than forty-five (45) days notice of the cancellation and termination. On expiration of the time fixed in the notice, this lease and the right, title, and interest of Tenant hereunder shall terminate in the same manner and with the same force and effect, except as to Tenant's liability, as if the date fixed in the notice of cancellation and termination were the end of the term herein originally determined.
2. Landlord may elect, but shall not be obligated, to make any payment required of Tenant herein or comply with any agreement, term, or condition required hereby to be performed by Tenant, and

Landlord shall have the right to enter the demised premises for the purpose of correction or remedying any such default and to remain until the default has been corrected or remedied, but any expenditure for the correction by Landlord shall not be deemed to waive or release Tenant's default or Landlord's right to take any action as may otherwise be permissible hereunder in the case of any default.

3. Landlord may re-enter the premises immediately and remove the property and personal effects of Tenant, and store the property in a public warehouse or at a place selected by Landlord, at the expense of Tenant. After re-entry, Landlord may terminate the lease on giving forty-five (45) days written notice of termination to Tenant. On termination, Landlord may recover from Tenant all damages proximately resulting from the breach, including the cost of recovering the premises and the worth of the balance of this lease over the reasonable rental value of the premises for the remainder of the lease term, which sum shall be immediately due Landlord from Tenant.

After re-entry, Landlord may re-rent the premises or any part thereof for any term without terminating the lease, at the rent and on the terms as Landlord may reasonably choose. Landlord may make alterations and repairs to the premises. The duties and liabilities of the parties if the premises if the premises are re-rented shall be as follows:

- a. In addition to Tenant's liability to Landlord for breach of the lease, Tenant shall be liable for all expenses of the re-renting, for the alterations and repairs made, and for the difference between the rent received by Landlord under the new lease agreement and the rent installments that are due for the same period under this lease.

- b. Landlord shall have the right to apply the rent received from re-renting the premises (1) to reduce Tenant's indebtedness to Landlord under the lease, not including indebtedness for rent, (2) to expenses of the re-renting and alterations and repairs made, (3) to rent due under this lease, or (4) to payment of future rent under this lease as it becomes due. If the new Tenant does not pay a rent installment promptly to the Landlord, and the rent installment has been credited in advance of payments to the indebtedness of Tenant other than rent, or if rentals from the new Tenant have been otherwise applied by Landlord, as provided for herein, and during any rent installment period, are less than the rent payable for the corresponding installment period under this lease, Tenant shall pay Landlord the deficiency before the end of that period. Landlord may, at any time after a re-renting, terminate the lease for the breach on which Landlord has based the re-entry and subsequently re-rent the premises.
- 4. After re-entry, Landlord may procure the appointment of a receiver to take possession and collect rents and profits of the business of Tenant, and, if necessary, to collect the rents and profits the receiver may carry on the business of Tenant and take possession of the personal property used in the business of Tenant, including inventory, trade fixtures, and furnishings, and use them in the business without compensating Tenant. Proceedings for appointment of a receiver by Landlord, or the appointment of a receiver and the conduct of the business of Tenant by receiver, shall not terminate and forfeit this lease unless Landlord has given written notice of termination to Tenant as provided herein.

**16. Option to Extend  
Lease**

Tenant shall have an option to renew this lease for one (1) additional five (5) year term upon the same terms and conditions as the original term hereunder except as modified



herein. Tenant shall give Landlord a minimum of ninety (90) days prior written notice from the end of the then current term of its desire to extend this lease. The monthly Base Rent during the renewal period shall not exceed one hundred and twelve percent (112%) of the Base Rent in the final year hereunder.

**17. Unlawful  
Detainer**

In case suit shall be brought for an unlawful detainer of the premises, for the recovery of any rent due under the provisions of this lease, or for Tenant's breach of any other condition contained herein, Tenant shall pay to Landlord a reasonable attorney's fee which shall be fixed by the court, and such attorney's fee shall be deemed to have accrued on the commencement of the action and shall be paid on the successful completion of this action by Landlord. Tenant shall be entitled to attorney's fees in the same manner if judgment is rendered for Tenant.

**18. Security  
Deposit**

There shall be no security deposit required hereunder.

**19. Holding Over**

If Tenant holds possession of the premises after the term of this lease, Tenant shall become a Tenant from month-to-month on the terms herein specified, but at a monthly rental equivalent to one-tenth (1/10) of the annual lease rate paid to the Landlord for the year prior to the commencement of the holdover period. The holdover payments are due during the term of the lease, until tenancy shall be terminated by Landlord, or until Tenant has given to Landlord a written notice at least one (1) month prior to the date of termination of the Tenant's intention to terminate the tenancy. Any holdover period hereunder shall not exceed six (6) months.

**20. Evacuation**

Landlord reserves the right to order an evacuation of Tenant from the Island Community Center in the event of an emergency. Landlord will only take such action after consultation with the proper authorities on those situations, which threaten safety, or potential harm to life and/or property. Landlord will not be responsible for any liabilities that the Tenant may incur resulting from the evacuation.

**21. Portable  
Heater's**

GHA reserves the right to ban portable heaters, space heaters,

burning candles or incense or any device with a flame are not allowed in any or all offices leased or sub-leased at the Island Community Center.

**22. Remedies of  
Landlord  
Cumulative**

The remedies herein given to Landlord shall be cumulative, and the exercise of any one remedy by Landlord shall not be to the exclusion of any other remedy.

**IN TESTIMONY WHEREOF, the Parties hereto have executed their agreement in Duplicate Originals this \_\_\_\_\_ day of \_\_\_\_\_, 2018, as first above written, and have agreed that the covenants and agreements contained herein shall be binding upon the parties hereto, their heirs, successors, and assigns.**

**LANDLORD:**

**TENANT:**

**City of Galveston Housing Authority**

**Coastal Health & Wellness**

By \_\_\_\_\_

By \_\_\_\_\_

**MONA PURGASON  
EXECUTIVE DIRECTOR**

**KATHY BARROSO  
INTERIM EXECUTIVE DIRECTOR**

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# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board**

**July 2018**

**Item #14**

**Review of Current Board Member Composition and Discussion  
Regarding Recruitment for Vacant Board Positions**

## Board of Directors Recruitment Grid

	Board Member 1	Board Member 2	Board Member 3	Board Member 4	Board Member 5	Board Member 6	Board Member 7	Board Member 8	Board Member 9	Board Member 10	Board Member 11	Board Member 12	Board Member 13	Board Member 14	Board Member 15
<b>Constituencies</b>															
Consumer Member			X	X	X		X	X							
Community Member	X	X				X			X						
Special Population - Migrant/Seasonal Farmworker															
Special Population - Homeless															
Special Populasiton - Public Housing Resident															
<b>Skills</b>															
Business	X	X		X					X						
Fund Raising	X				X			X							
Public Relations			X	X											
Financial		X	X			X	X								
Legal															
Health Care-clinical	X		X									X			
Health Care-administration							X					X			
Health Care - managed care												X			
Social/Human Services				X								X			
Government		X					X					X			
Labor Relations/Human Resources				X	X		X								
Planning/Program Expertise		X													
<b>Demographics</b>															
Female			X	X			X	X	X						
Male	X	X			X	X									
Age 18-30															
Age 31-45															
Age 46-65		X			X		X			X					
Age 65 +	X		X	X		X		X	X						
White		X	X			X	X	X	X						
White (Hispanic/Latino)						X		X							
African American	X			X											
Asian American															
Native American															
Hawaiian/Pacific Islander															
Other															
<b>Geographic</b>															
Live in Designated Service Area	X	X	X	X	X	X	X	X	X						
Work in Designated Service Area	X	X							X						

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