AGENDA
Wednesday, January 30, 2019 – 6:00 PM

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

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

In accordance with the provisions of the Americans with Disabilities Act (ADA), persons in need of a special accommodation in order to participate in this proceeding should, within two (2) days prior to the proceeding, request necessary accommodations by contacting GCHD’s Executive Office Coordinator at 409-938-2273, or via email at awolff@gchd.org.

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

REGULARLY SCHEDULED MEETING

Meeting Called to Order
Pledge of Allegiance

*Item #1 ACTION ........................................... Agenda

*Item #2 ACTION .......................................... Excused Absence(s)

*Item #3 ACTION .......................................... Consider for Approval Minutes from December 5, 2018 UBOH Meeting

*Item #4 ACTION .......................................... Consider for Approval Annual Policy/Plan Review
   a) All Hazards Emergency Plan
   b) Drug-Free Workplace Policy
   c) Criminal and Motor Vehicle Record Background Checks Policy

*Item #5 ..................................................... Receive and File Informational Reports
   a) CHW October 2018 Financial Report
   b) 2018 Morbidity Report

*Item #6 ACTION ........................................... Consider for Approval Quarterly Investment Report

*Item #7 ACTION .......................................... Consider for Approval Quarterly Worker’s Compensation Report

Item #8 EXECUTIVE SESSION…………………………………… Convene into Executive Session Pursuant to Texas Government Code, Section 551.074 (Personnel Matters). The United Board of Health will enter into executive session as permitted under the Open Meetings Act, Chapter 551 of the Texas Government Code, pursuant to Section 551.074 of the Texas Government Code, Personnel Matters: to deliberate the appointment, employment, evaluation, reassignment, duties, discipline, or dismissal of a public officer or employee, respectively the Coastal Health & Wellness Executive Director
Item #9 ............................................................ Reconvene Regular Open Meeting

Item #10 **ACTION** .................................................. Possible Action from Executive Session

Item #11 ........................................................................ Executive Report

Item #12 **ACTION** .................................................. Consider for Approval Monthly Financial Reports

a) November 2018

b) December 2018

Item #13 **ACTION** .................................................. Consider for Approval FY19 Budget Amendment for the Galveston Area Ambulance Authority

Item #14 **ACTION** .................................................. Consider for Approval the Request to Waive the On-site Sewage Facility Fees for the County of Galveston at Runge Park in Santa Fe

Item #15 **ACTION** .................................................. Consider for Approval Request to Reallocate Funding for FY19 IT Expenditures Based on IT Security Assessment

Item #16 **ACTION** .................................................. Consider for Approval the Addition of Della Brown to the UBOH Finance Committee

Item #17 **ACTION** .................................................. Consider for Approval Quarterly Compliance Report

Item #18 ........................................................................ Discussion Regarding Recent Concerns Related to Food Service Establishment Inspections

Item #19 ........................................................................ Presentation Regarding Annual Morbidity Report Trends

Adjournment

**Next Meeting:** February 27, 2019

**Appearances before United Board of Health**

A citizen desiring to make comment to the Board shall submit a written request to the Chief Executive Officer by noon on the Wednesday preceding the Wednesday Board meeting. A statement of the nature of the matter to be considered shall accompany the request. The Chief Executive Officer shall include the requested appearance on the agenda, and the person shall be heard if he or she appears.

**Executive Sessions**

The United Board of Health may recess into closed meeting (Executive Session) on any item listed on this agenda if the 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 County 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 United Board of Health shall announce the basis for the Executive Session prior to recessing into Executive Session. However, the United Board of Health may only enter into the Executive Session on any agenda item for which a separate Executive Session has not been separately posted if, prior to
conducting the Executive Session, a majority of the Board votes to go into Executive Session. This motion requirement does not apply to any agenda item that has been previously noticed to constitute or include an Executive Session.

The steps for enacting this procedure shall be as follows:

1. A Board member recommends that the discussion, so long as it pertains to one of the permissible exceptions noted above, be moved to a closed forum;

2. Additional detail about the subject-matter and why it should be discussed by the Board in private be provided to citizens in attendance, and citizens be offered the opportunity to ask questions about the matter which are to be answered at the discretion of the Board; and

3. An action or vote to commence for moving into Executive Session be passed by a majority Board members.
United Board of Health
January 2019
Item #2
Excused Absence(s)
United Board of Health
January 2019
Item #3
Consider for Approval Minutes from December 5, 2018 UBOH Meeting
Galveston County United Board of Health  
December 5, 2018

Board Members Present:  
Tim Rainey  
Vanessa Johnson, Esq.  
Mary Jo Godinich, MD  
Tripp Montalbo  
Holly Lilley  
Della Brown, RN  
Dewey H. Brunt III, P.E.  
John Hackbarth, DDS  
Patrick McGinnis, MD

Staff Present:  
Kathy Barroso  
Ronnie Schultz  
Sandra Cuellar-Wilson  
Ashley Tomkins  
Richard Mosquera  
Andy Mann  
Kenna Pruitt  
Eileen Dawley

Staff Present:  
Amy Weber  
Andrea Cortinas  
Paula Compton  
Stacey Bouse  
Caressa Rendon  
Tommy Leigh  
Kory Dominy  
Sharon Stonum  
Jeremiah Tremble

Excused Absence(s): Curtis Klages DVM, Eric Froeschner, Dr. Raimer

Unexcused Absence(s): None

Guests: None

Items # 1-5 Consent Agenda  
A motion was made by Dr. McGinnis to approve the consent agenda items one through five. Ms. Brown seconded the motion and the Board unanimously approved the consent agenda items.

Item #6 Executive Report  
Kathy Barroso, Chief Executive Officer, presented the October 2018 Executive Report to the Board.

Item #7 Consider for Approval October 2018 Financial Report  
Andrea Cortinas, Controller, presented the October 2018 financial report to the Board. A motion to approve the financial report as presented was made by Dr. Hackbarth and seconded by Dr. McGinnis. The Board unanimously approved the financial report.

Item #8 Consider for Approval Annual Fund Balance Reserve of the General Fund as of September 30, 2018  
Andrea Cortinas, Controller, presented the fund balance reserve of the General Fund as of September 30, 2018 to the Board. A motion to approve the report as presented was made by Dr. Hackbarth and seconded by Mr. Montalbo. The Board unanimously approved the fund balance reserve report.

Item #9 Consider for Approval IGT Payment Not to Exceed $155,000 as Related to the 1115 Waiver Project  
Andrea Cortinas, Controller, asked the Board to approve an IGT payment not to exceed $155,000 as related to the 1115 waiver project. A motion to approve the IGT payment was made by Dr. Hackbarth and seconded by Dr. McGinnis. The Board unanimously approved the IGT payment.
Item #10 Consider for Approval Mid County Annex Parking Lot Security Guard Proposal
Richard Mosquera, Chief Compliance Officer, presented a proposal for parking lot security to the Board. Mr. Mosquera advised the Board of the hours that the parking lot would be patrolled as well as how the cost would be funded. Mr. Rainey requested we reach out to the Sheriff’s department about providing parking lot security during United Board of Health monthly meetings. A motion to approve the proposal was made by Dr. Hackbarth and seconded by Mr. Montalbo. The Board unanimously approved the proposal.

Item #11 Consider the Tracking and Reporting of Incidents Related to Opioid Use in Galveston County
Dr. McGinnis made a motion that opioid related deaths be added to the morbidity report. Dr. Hackbarth seconded the motion and the Board unanimously approved.

Item #12 Consider for Approval the Election of UBOH Representatives to Serve in the Following Positions for 2019
Mr. Rainey made a motion to reappoint Dr. Raimer as Chairperson of the Board. Dr. Godinich seconded the motion and the Board unanimously approved. Mr. Rainey made a motion to appoint Dr. McGinnis as vice chairperson. Dr. Godinich seconded the motion and the Board unanimously approved. Dr. Hackbarth made a motion to reappoint Mr. Rainey as Secretary/Treasurer. Mr. Montalbo seconded the motion and the Board unanimously approved.

Item #13 Communication Plan for the 2019 “It’s Time Texas Community Challenge”
Ashley Thompkins, Director of Communications, presented the communication plan for the 2019 “It’s Time Texas Community Challenge” to the Board.

Item #14 2018 Employee Engagement Survey Report
Sandra Cuellar-Wilson, Director of Human Resources, presented the 2018 Employee Engagement Survey Report to the Board.
United Board of Health
January 2019
Item #4
Consider for Approval Annual Policy/Plan Review
Galveston County Health District

ALL HAZARDS EMERGENCY MANAGEMENT PLAN

2019
APPROVAL & IMPLEMENTATION

ALL HAZARDS
EMERGENCY MANAGEMENT PLAN
for the Galveston County Health District

This plan is hereby accepted for implementation and supersedes all previous editions.

_________________________  ________________
Chief Executive Officer              Date
## RECORD OF CHANGES

### Basic Plan

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<td><strong>1/2/2019</strong></td>
<td><strong>Randy Valcin</strong></td>
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Emergency Telephone Numbers

**Galveston County OEM:** Main Number 281-309-5002 or 24/7 on call (888) 384-2000

**Public Health Emergency Preparedness Manager**
Tyler Tipton (409) 938-2275 or cell (409) 392-1884

**Director of Epidemiology and Public Health Emergency Preparedness:**
Randy Valcin (409) 938-2322 or cell 832-368-5058

**GCHD After Hours Answering Service**
(888) 241-0442

**Galveston Sheriff Department** (409) 766-2330

**Bomb Disposal:** Galveston County Sheriff Dept.

**Local Response:** Noted in Attachment 1

**Hazardous Materials Information:**

TCEQ Spill Reporting: 1-800-832-8224

**Poison Control Center**
1-800-222-1222

**Utilities:** Gas: Noted in Attachment 1

**Electric:** Noted in Attachment 1

**Water:** Noted in Attachment 1

**Telephone:** Noted in individual Facility Plans for appropriate locations
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I. AUTHORITY

A. Federal

1. Robert T. Stafford Disaster Relief & Emergency Assistance Act, (as amended), 42 U.S.C. 5121
2. Emergency Planning and Community Right-to-Know Act, 42 USC Chapter 116
3. Emergency Management and Assistance, 44 CFR
8. National Incident Management System
9. National Response Plan
11. Nuclear/Radiological Incident Appendix of the National Response Plan

B. State

1. Government Code, Chapter 418 (Emergency Management)
2. Government Code, Chapter 421 (Homeland Security)
3. Government Code, Chapter 433 (State of Emergency)
4. Government Code, Chapter 791 (Inter-local Cooperation Contracts)
5. Health & Safety Code, Chapter 81 (Communicable Disease Act)
6. Health & Safety Code, Chapter 121 (Local Public Health Reorganization Act)
7. Health & Safety Code, Chapter 508 (Area Quarantine for Environmental and Toxic Agent)
8. Health & Safety Code, Chapter 778 (Emergency Management Assistance Compact)
10. Executive Order of the Governor Relating to the National Incident Management System
11. Administrative Code, Title 37, Part 1, Chapter 7 (Division of Emergency Management)
12. Administrative Code, Title 25, Part 1, Chapter 85 (Health Authorities)
15. The Texas Homeland Security Strategic Plan, 2005-2010, November 2005

C. Local
1. Galveston County Emergency Management Plan
2. Inter-local Agreements and Contracts

II. PURPOSE

This Basic Plan outlines Galveston County Health District’s approach to emergency operations. It provides general guidance for public health support of emergency management activities and an overview of our methods of mitigation/prevention, preparedness/protection, response, and recovery. The plan describes our emergency response organization and assigns responsibilities for various emergency tasks. It is intended to provide a framework for more specific functional Appendixes that describe in more detail who does what, when, and how.

This plan applies to all District staff including those working away from District headquarters. The primary audience for the document includes our staff leadership, program staff, and supporting volunteers who have assignments under this All-Hazards Emergency Management Plan. It is intended to address public health emergency response within Galveston County for which the district serves as the supporting health department, and thus aspects of this plan will be shared with emergency management officials.

III. EXPLANATION OF TERMS

A. Acronyms

<table>
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<tr>
<th>Acronym</th>
<th>Definition</th>
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<td>AAR</td>
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<td>EOC</td>
<td>Emergency Operations or Operating Center</td>
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<td>Emergency Support Center</td>
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<td>NIMS</td>
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B. Definitions

1. **Area Command (Unified Area Command)**. An organization established (1) to oversee the management of multiple incidents that are each being managed by an ICS organization or (2) to oversee the management of large or multiple incidents to which several Incident Management Teams have been assigned. Sets overall strategy and priorities, allocates critical resources according to priorities, ensures that incidents are properly managed, and ensures that objectives are met and strategies followed. Area Command may become a Unified Area Command when incidents are multijurisdictional.

2. **Disaster District**. Disaster Districts are regional state emergency management organizations mandated by the Executive Order of the Governor relating to Emergency Management whose boundaries parallel those of Highway Patrol Districts and Sub-Districts of the Texas Department of Public Safety.

3. **Disaster District Committee**. The DDC consists of a Chairperson (the local Highway Patrol captain or command lieutenant), and agency representatives that mirror the membership of the State Emergency Management Council. The DDC Chairperson, supported by committee members, is responsible for identifying, coordinating the use of, committing, and directing state resources within the district to respond to emergencies.

4. **Emergency Operations Center**. Specially equipped facilities from which government officials exercise direction and control and coordinate necessary resources in an emergency situation.

5. **Public Information**. Information that is disseminated to the public via the news media and other communication platforms before, during, and/or after an emergency or disaster.

6. **Emergency Situations**. As used in this plan, this term is intended to describe a range of occurrences, from a minor incident to a catastrophic disaster. It includes the following:

   a. **Incident**. An incident is a situation that is limited in scope and potential effects. Characteristics of an incident include:

      1) Involves a limited area and/or limited population.
      2) Evacuation or in-place sheltering is typically limited to the immediate area of the incident.
3) Warning and public instructions are provided in the immediate area, not community-wide.
4) One or two local response agencies or departments acting under an incident commander normally handle incidents. Requests for resource support are normally handled through agency and/or departmental channels.
5) May require limited external assistance from other local response agencies or contractors.
6) For the purposes of the NRP, incidents include the full range of occurrences that require an emergency response to protect life or property.

b. Emergency. An emergency is a situation that is larger in scope and more severe in terms of actual or potential effects than an incident. Characteristics include:

1) Involves a large area, significant population, or important facilities.
2) May require implementation of large-scale evacuation or in-place sheltering and implementation of temporary shelter and mass care operations.
3) May require community-wide warning and public instructions.
4) Requires a sizable multi-agency response operating under an incident commander.
5) May require some external assistance from other local response agencies, contractors, and limited assistance from state or federal agencies.
6) The EOC will be activated to provide general guidance and direction, coordinate external support, and provide resource support for the incident.
7) For the purposes of the NRP, an emergency (as defined by the Stafford Act) is "any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of catastrophe in any part of the United States."

c. Disaster. A disaster involves the occurrence or threat of significant casualties and/or widespread property damage that is beyond the capability of the local government to handle with its organic resources. Characteristics include:

1) Involves a large area, a sizable population, and/or important facilities.
2) May require implementation of large-scale evacuation or in-place sheltering and implementation of temporary shelter and mass care operations.
3) Requires community-wide warning and public instructions.
4) Requires a response by all local response agencies operating under one or more incident commanders.
5) Requires significant external assistance from other local response agencies, contractors, and extensive state or federal assistance.
6) The EOC will be activated to provide general guidance and direction, provide emergency information to the public, coordinate state and federal support, and coordinate resource support for emergency operations.
7) For the purposes of the NRP, a major disaster (as defined by the Stafford Act) is any catastrophe, regardless of the cause, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster federal assistance.

d. Catastrophic Incident. For the purposes of the NRP, this term is used to describe any natural or manmade occurrence that results in extraordinary levels of mass
casualties, property damage, or disruptions that severely affect the population, infrastructure, environment, economy, national morale, and/or government functions. An occurrence of this magnitude would result in sustained national impacts over prolonged periods of time, and would immediately overwhelm local and state capabilities. All catastrophic incidents are Incidents of National Significance.

7. **Hazard/Risk Analysis.** Appendixes to this plan, identifies the local hazards that have caused or possess the potential to adversely affect public health and safety, public or private property, or the environment.

8. **Hazardous Material (Hazmat).** A substance in a quantity or form posing an unreasonable risk to health, safety, and/or property when manufactured, stored, or transported. The substance, by its nature, containment, and reactivity, has the capability for inflicting harm during an accidental occurrence. Is toxic, corrosive, flammable, reactive, an irritant, or a strong sensitizer, and poses a threat to health and the environment when improperly managed. Includes toxic substances, certain infectious agents, radiological materials, and other related materials such as oil, used oil, petroleum products, and industrial solid waste substances.

9. **Incident of National Significance.** An actual or potential high-impact event that requires a coordinated and effective response by and appropriate combination of federal, state, local, tribal, nongovernmental, and/or private sector entities in order to save lives and minimize damage, and provide the basis for long-term communication recovery and mitigation activities.

10. **Inter-local Agreements.** Agreements between governments or organizations, either public or private, for reciprocal aid and assistance during emergency situations where the resources of a single jurisdiction or organization are insufficient or inappropriate for the tasks that must be performed to control the situation. Also referred to as a mutual aid agreement.

11. **Mutual Aid Agreements.** Arrangements between governments or organizations, either public or private, for reciprocal aid and assistance during emergency situations where the resources of a single jurisdiction or organization are insufficient or inappropriate for the tasks that must be performed to control the situation. Also referred to as inter-local agreements.

12. **Stafford Act.** The Robert T. Stafford Disaster Relief and Emergency Assistance Act authorizes federal agencies to undertake special measures designed to assist the efforts of states in expediting the rendering of aid, assistance, emergency services, and reconstruction and rehabilitation of areas devastated by disaster.

13. **Standard Operating Guidelines.** Approved methods for accomplishing a task or set of tasks. May also be referred to as Standard Operating Procedures (SOPs). SOPs are typically prepared at the department or agency level.
IV. SITUATION AND ASSUMPTIONS

A. Situation

Galveston County is exposed to many hazards, all of which have the potential for disrupting the community, causing casualties, and damaging or destroying public or private property. According to the Texas Public Health Risk Assessment Tool (TPHRA) completed in January 2013, Hurricane/Tropical Storms, Biological terrorism, Tornadoes, Biological terrorism, Hazardous materials incidents, and chemical terrorism are high risks due to Galveston’s proximity to the Gulf and geographic location to industries. A full report of Galveston County’s Hazards and risks can be found in the TPHRAT Report 2013. A summary of our major hazards is provided in Figure 1 below.

<table>
<thead>
<tr>
<th>Hazard Type:</th>
<th>Likelihood of Occurrence</th>
<th>Estimated Impact on Public Health &amp; Safety</th>
<th>Estimated Impact on Property</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drought</td>
<td>Occasional</td>
<td>Moderate</td>
<td>Major</td>
</tr>
<tr>
<td>Earthquake</td>
<td>Unlikely</td>
<td>Limited</td>
<td>Major</td>
</tr>
<tr>
<td>Flash Flooding</td>
<td>Occasional</td>
<td>Moderate</td>
<td>Major</td>
</tr>
<tr>
<td>Flooding (river or tidal)</td>
<td>Occasional</td>
<td>Moderate</td>
<td>Major</td>
</tr>
<tr>
<td>Hurricane</td>
<td>Highly Likely</td>
<td>Major</td>
<td>Major</td>
</tr>
<tr>
<td>Subsidence</td>
<td>Occasional</td>
<td>Moderate</td>
<td>Moderate</td>
</tr>
<tr>
<td>Tornado</td>
<td>Occasional</td>
<td>Moderate</td>
<td>Major</td>
</tr>
<tr>
<td>Wildfire</td>
<td>Occasional</td>
<td>Moderate</td>
<td>Major</td>
</tr>
<tr>
<td>Winter Storm</td>
<td>Unlikely</td>
<td>Limited</td>
<td>Moderate</td>
</tr>
<tr>
<td>Infectious Disease Outbreak</td>
<td>Unlikely</td>
<td>Major</td>
<td>Limited</td>
</tr>
<tr>
<td>Technological</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dam/Levee Failure</td>
<td>Unlikely</td>
<td>Moderate</td>
<td>Major</td>
</tr>
<tr>
<td>Energy/Fuel Shortage</td>
<td>Occasional</td>
<td>Moderate</td>
<td>Limited</td>
</tr>
<tr>
<td>Hazmat/Oil Spill/ Explosion (fixed site)</td>
<td>Highly Likely</td>
<td>Major</td>
<td>Major</td>
</tr>
<tr>
<td>Hazmat/Oil Spill (transport)</td>
<td>Likely</td>
<td>Major</td>
<td>Moderate</td>
</tr>
<tr>
<td>Major Structural Fire</td>
<td>Occasional</td>
<td>Moderate</td>
<td>Major</td>
</tr>
<tr>
<td>Nuclear Facility Incident</td>
<td>Unlikely</td>
<td>Limited</td>
<td>Major</td>
</tr>
<tr>
<td>Water System Failure</td>
<td>Unlikely</td>
<td>Moderate</td>
<td>Moderate</td>
</tr>
<tr>
<td>Human Caused</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Civil Disorder</td>
<td>Unlikely</td>
<td>Moderate</td>
<td>Moderate</td>
</tr>
<tr>
<td>Enemy Military Attack</td>
<td>Unlikely</td>
<td>Major</td>
<td>Major</td>
</tr>
<tr>
<td>Biological Terrorism</td>
<td>Unlikely</td>
<td>Major</td>
<td>Limited</td>
</tr>
<tr>
<td>Chemical Terrorism</td>
<td>Unlikely</td>
<td>Major</td>
<td>Limited</td>
</tr>
<tr>
<td>Radiological Terrorism</td>
<td>Unlikely</td>
<td>Major</td>
<td>Limited</td>
</tr>
<tr>
<td>Nuclear Terrorism</td>
<td>Unlikely</td>
<td>Major</td>
<td>Major</td>
</tr>
<tr>
<td>Explosive Terrorism</td>
<td>Unlikely</td>
<td>Major</td>
<td>Major</td>
</tr>
</tbody>
</table>

*Likelihood of Occurrence: Unlikely, Occasional, Likely, or Highly Likely

B. Assumptions
The Galveston County Health District is responsible for coordinating resources to meet the health and medical needs of Galveston County during emergency situations. Emergency tasks to be performed include:

- Assessing the numbers of dead and injured, types of injuries, anticipated health and sanitary conditions in the disaster area, and status of applicable medical facilities;
- Coordinating medical care for patients and special needs populations who cannot be moved, or must be moved at great risk, before a disaster strikes, if applicable, or after the disaster has occurred;
- Open Points of Dispensing (POD’s) for distributing prophylactic medications such as antibiotics to healthy people during a large-scale public health emergency. How this is to be accomplished is outlined in detail in GCHD’s SNS and 48-Hour Dispensing Plan;
- Coordinating the location, procurement, screening, and allocation of health and medical supplies and resources, including human resources, required to support health and medical operations;
- Providing health and medical information to the public and the medical community regarding the potential for human and animal disease and methods to combat the threat;
- Conducting inspections to assure the safety of food, water, and sewer disposal systems after an emergency.
- Assisting in the coordination of animal health issues. How this is to be accomplished is outlined in detail in GCHD’s Animal in Disaster Response Plan;
- Assisting in the coordination of behavioral health counseling to disaster victims, emergency workers, and others suffering trauma due to the emergency incident;
- Developing and disseminating emergency public health regulations and orders.
- Assisting in the coordination of measures to prevent or control disease vectors such as flies, mosquitoes, and rodents. Coordinating with emergency management to identify health hazard policies and plans of action of community partners in order to mitigate identified disaster health risks. Such plans identified community partners such as the American Red Cross, Gulf Coast Center, UTMB, Mainland Medical Hospital, and other local and regional agencies. These agencies will be contacted dependent on the jurisdiction’s needs, at-risk population, and public health emergency.
V. CONCEPT OF OPERATIONS

A. Objectives

The objectives of our emergency management program is to protect public health and safety and preserve public and private property, as these relate to public health.

B. General Concept of Operations

The normal day to day operations of the Galveston County Health District is the responsibility of the Health District administration. In a normal condition GCHD will function under the specific guidelines as directed by administration staff.

In the event of an emergency/disaster or impending threat the scope of normal operations could change resulting in the activation of The All Hazard Emergency Management Plan. The Incident Management Team (IMT), which is a group of essential GCHD Tier 1 personnel, will meet to confer what actions need to be taken. The Health District will then operate based on established emergency operating procedures under the direction of the incident commander (CEO, Director of Epidemiology and PHEP, or designee). In the event the Mid-County Annex is compromised due to weather, disease outbreak, cyber, or terror attack, the Health District would activate the Continuity of Operations Plan (COOP - Annex J).

In emergency/disaster situations decisions will be made by GCHD Administration through utilization of the All Hazards Emergency Response plan. Potentially threatening situations or actual events should be reported to the PHEP Supervisor Manager immediately. The district will coordinate their response through the Incident Command Structure (ICS), which in turn will make the proper notifications and requests to the proper organization(s).

The incident command structure (ICS) will evaluate information gathered and determine what actions will be taken by the district. The CEO or their designee will notify the district of any change in operations to include facility closures, as well as disruptions or discontinuation of services.

"When the IMT convenes and a determination is made for ICS activation, during this first meeting immediate, long-term, and final actions needed to accomplish the incident objectives will be outlined and adhered to with the caveat of updates to come when needed*
1. Incidents include natural disasters, man-made disasters, disease outbreak, and bioterrorism attacks.
2. All hazard with annexes, Infectious Disease Emergency Response, Regional Epidemiology Coordination Plan, SNS, Zika Infection Prevention and Intervention Team.

C. Operational Guidance

Public health emergency response will be conducted under the direction of the CEO and the Local Health Authority (LHA) in concert with other local and state agencies and partners. When required, assistance will be requested from the Galveston County Office of Emergency Management. Consultation regarding public health issues may be made with the DSHS Regional Office.

D. National Incident Management System (NIMS)

GCHD has adopted the principles and concepts of NIMS.

E. Incident Command System (ICS)

An example of the GCHD incident command system (ICS) is illustrated in the organization chart shown in Attachment 4 below. This organization is designed to support the worst case known threat response, and sections may be activated or deactivated as dictated by the incident.
F. ICS - EOC Interface

GCHD will activate an emergency operations center as dictated by the emergency situation.

The CEO or his/her designee acting in the capacity of Incident Commander can activate or deactivate sections of the incident command organization, or call into action other-GCHD staff, as dictated by the emergency situation.

G. State, Federal, and Other Assistance

1. State and Federal Assistance
   a. When the emergency situation is of such a magnitude as to require the activation of the Galveston County Emergency Operations Center (GCEOC), at the request of the County Emergency Management Coordinator, we will staff the GCEOC with a GCHD representative.
   b. If local health and medical resources are inadequate to deal with a public health emergency situation, we will request assistance through the GCEOC. State assistance furnished to local governments is intended to supplement local resources and not substitute for such resources, including mutual aid resources, equipment purchases or leases, or resources covered by emergency service contracts. Cities must request assistance from the county before requesting state assistance. Local and regional mutual aid agreements must be used before requesting state or federal resources.
   c. Local jurisdiction requests for state assistance must be made through the GCEOC first to the Regional Unified Command (RUC). If the RUC is unable to fill the need, the request is then made to the DDC by the chief elected official (County Judge). The DDC Chairperson has the authority to utilize all state resources within the district to respond to a request for assistance, with the exception of the National Guard. Use of National Guard resources requires approval of the Governor.
   d. The Disaster District staff will forward requests for assistance that cannot be satisfied by state resources within the District to the State Operations Center (SOC) in Austin for action.
   e. Requests for health and medical resources through the DDC will be handled like any other request. Any assistance/resource that GCHD requires from DSHS Austin will be requested by the DDC from the SOC. The SOC staff will forward the request to the DSHS representative at the SOC for action.

2. Other Assistance
   a. If resources required to control an emergency situation are not available within the State, the Governor may request assistance from other states pursuant to a number of interstate compacts or from the federal government through the Federal Emergency Management Agency (FEMA).
   b. For major emergencies and disasters for which a Presidential declaration has been issued, federal agencies may be mobilized to provide assistance to states and local
governments. The National Response Plan (NRP) describes the policies, planning assumptions, concept of operations, and responsibilities of designated federal agencies for various response and recovery functions. The Nuclear/Radiological Incident Appendix of the NRP addresses the federal response to major incidents involving radioactive materials.

c. FEMA has the primary responsibility for coordinating federal disaster assistance. No direct federal disaster assistance is authorized prior to a Presidential emergency or disaster declaration, but FEMA has limited authority to stage initial response resources near the disaster site and activate command and control structures prior to a declaration and the Department of Defense has the authority to commit its resources to save lives prior to an emergency or disaster declaration.

d. The NRP applies to Stafford and non-Stafford Act incidents and is designed to accommodate not only actual incidents, but also the threat of incidents. Therefore, NRP implementation is possible under a greater range of incidents.

e. When a disaster declaration has been issued, the County Judge and/or the Mayor’s or City Managers may use all available local resources to respond to the disaster and temporarily suspends statutes and rules, including those relating to purchasing and contracting, if compliance would hinder or delay actions necessary to cope with the disaster. When normal purchasing and contracting rules are suspended, it is incumbent on Galveston County and the finance section chief and the joint resolution jurisdiction finance section chief to formulate and advise government employees of the rules that are in effect for emergency purchasing and contracting.

f. Volunteer Management will contact Regional MRC and local partner agencies, CERT, VOAD and faith-based organizations on an as-needed basis.

H. Emergency Authorities

1. Key federal, state, and local legal authorities pertaining to emergency management are listed in Section I of this plan.

2. Texas statutes and the Executive Order of the Governor Relating to Emergency Management provide local government, principally the chief elected official, with a number of powers to control emergency situations. If necessary, we shall use these powers during emergency situations. These powers include:

a. Emergency Declaration. The County Judge/Mayor may request that the Governor issue an emergency declaration for this jurisdiction and take action to control the situation. Use of the emergency declaration is explained in Appendix U, Legal.

b. Disaster Declaration. When an emergency situation has caused severe damage, injury, or loss of life or it appears likely to do so, the County Judge/Mayor may, by executive order or proclamation, declare a local state of disaster. The County Judge/Mayor may subsequently issue orders or proclamations referencing that declaration to invoke certain emergency powers granted the Governor in the Texas
Disaster Act on an appropriate local scale in order to cope with the disaster. These powers include:

1) Suspending procedural laws and rules to facilitate a timely response.
2) Using all available resources of government and commandeering private property, subject to compensation, to cope with the disaster.
3) Restricting the movement of people and occupancy of premises.
4) Prohibiting the sale or transportation of certain substances.
5) Implementing price controls.

A local disaster declaration activates the recovery and rehabilitation aspects of this plan. A local disaster declaration is required to obtain state and federal disaster recovery assistance.

c. Authority for Evacuations. In accordance with HB 3111 (79thR) a County Judge or Mayor has the authority to order the evacuation of all or part of the population from a stricken or threatened area within their respective jurisdictions.

d. Public Health Control Measures. In the event of an infectious disease outbreak requiring the imposition of control measures, GCHD will follow DSHS guidance as stated in The Emerging and Acute Infectious Disease Investigation Guidelines. A control measure imposed by the LHA may be revoked or modified by DSHS.

e. Health Authority. A health authority is a physician appointed under Health and Safety Code Chapter 121 to administer state and local laws relating to public health within the jurisdiction. In the absence of such an appointment, the DSHS regional director has these powers (Health and Safety Code Sec. 121.007, Title 25 TAC Sec. 85.1).

f. Area Quarantine for Environmental or Toxic Agent. A control measure imposed by the health authority or the commissioner of DSHS under Texas Health and Safety Code Chapter 508.

g. Public Health Disaster. In accordance with Health and Safety Code Sec. 81.003, a public health disaster requires a declaration of disaster by the governor, and a determination by the commissioner of DSHS that a communicable disease threat exists. This declaration streamlines the imposition of communicable disease control measures under Chapter 81 of the Health and Safety Code. The LHA is the final decision-making authority on escalation and de-escalation of interventions implemented by the Health District.
I. Galveston County and Neighboring Jurisdictions

J. Actions by Phases of Emergency Management

1. This plan follows an all-hazard approach and acknowledges that most responsibilities and functions performed during an emergency are not hazard specific. Likewise, this plan accounts for activities before and after, as well as during emergency operations. These are commonly referred to as the four phases of emergency management and consist of the following:

   a. **Mitigation**
   Mitigation actions are taken to eliminate or reduce the degree of long-term risk to personnel and district property from natural and technological hazards.

   b. **Preparedness**
   Preparedness activities serve to develop the response capabilities needed in the event an emergency should arise. Planning and training are among the activities conducted under this phase.

   c. **Response**
   Response is the actual provision of emergency services and conduct of emergency operations during a crisis. These activities help to reduce casualties and speed up
the recovery process. Response activities include warning, evacuation, rescue, and other similar operations.

d. Recovery
Recovery is both a short-term and long-term process. Short-term operations seek to restore vital services to the district. Long-term operations focus on all aspects of returning the district to its normal or improved state of affairs. The recovery phase is also an opportune time to institute mitigation measures, particularly those related to the recent emergency/disaster.

VI. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. Organization

1. GCHD will establish an incident command organization with the following minimum General Staff identified: Incident Command, Operations, Planning, Finance, and Logistics. Supporting sections and teams will be organized and activated as determined by the situation and will comply with the first responder safety plan as stated in (Annex X).

2. The assignment of responsibilities for the Galveston County Health District consists of the following:

B. Assignment of Responsibilities

Chief Executive Officer

The Chief Executive Officer (CEO) and/or his or her designee are responsible for the general management of the Health District and all related personnel and equipment resources. For emergency activities the CEO is responsible for:

- Overseeing district emergency planning and operations.
- Assigning a reliable and authoritative emergency coordinator for the district.
- Assuring that all personnel are familiar with emergency and disaster plans.
- Authorizing and managing district emergency operations as prescribed by planning or direction of the Emergency Management Director.
- Supporting and participating in emergency management training and exercises.
- Supporting centralized emergency operations at the Emergency Operations Center.
- Consulting with local, state, and federal experts about established treatment and control measures for disease outbreaks and other public health threats.

Office of Fiscal Services

- Tracking and documenting expenditures related to response efforts
- Tracking and documenting GCHD employee time spent conducting response activities.
- Provide logistical support to GCHD response operations.
Public Health Emergency Preparedness

- Implementing and coordinating all emergency activities for GCHD.
- Managing the development of emergency plans, procedures, training, and exercises.
- Participating with the Office of Emergency Management in all aspects of the emergency management program, to include both simulated and actual emergency operations.
  - Establish and coordinate communications with Office of Emergency Management and their respective agencies (medical, fire, police, public works, etc.), as appropriate
- Requesting needed resources from County Emergency Management to support GCHD emergency operations.
- Coordinating planning and response activities with other agencies and social organizations with a role in response. Partner organizations include medical, mental/behavioral health professionals, faith-based, volunteer and professional organizations.
- Coordinating and organizing Galveston County Medical Reserve Corps response, training, and recruiting activities.
- Developing and documenting an incident action plan for emergency events including conducting post incident hot-washes.
- Developing and documenting lessons learned from response activities through improvement plans.
- Educating all GCHD employees on emergency and disaster plans.
- Develop annual Multiyear Training and Exercise Plan (MYTEP) in conjunction with appropriate county and city stakeholders.

Public Information Services

The role of Public Information Services is to provide accurate, timely, and consistent messages to the general public during a public health emergency. How this is to be accomplished is outlined in detail in GCHD’s Risk Communication Plan.

Epidemiology

- Compiles, maintains, and analyzes surveillance data and vital statistic information.
- Sends out Health Alerts to healthcare providers and other stakeholders.
- Provides accurate and timely updates to the Director of Epidemiology and PHEP, CEO, and LHA regarding disease investigation and outbreaks.

Office of Environmental Health Services

- Coordinate inspection of food products, water, sanitary sewer systems and other consumables that were exposed to the hazard.
- Coordinate inspection of damaged buildings for health hazards
- Coordinate the implementation of measures to prevent or control disease vectors such as flies, and rodents.
- Monitor food handling and sanitation in emergency facilities.
- Coordinate with local jurisdictions in debris management issues.
- Respond to citizen concerns associated with environmental issues.

**Office of Community Health Programs**

- Conduct mass vaccination and/or mass medication dispensing campaigns
- Access health and medical needs among affected populations.
- Link patients with needed medical, mental health and social services
- Provide assistance in repackaging medications during a public health emergency

**Office of Emergency Medical Services**

- Respond to the scene with appropriate emergency medical personnel and equipment
- Upon arrival at the scene, assume an appropriate role in the ICS.
- Triage, stabilize, treat, and transport the injured
- Coordinate with local and regional hospitals to ensure casualties are transported to the appropriate facilities
- Establish and maintain field communications and coordination with other responding emergency teams (medical, fire, police, public works, etc.) and radio and/or telephone communications with hospitals, as appropriate.

**Information Technology**

- Developing an enterprise-wide disaster recovery and business recovery plan.
- Coordinate strategic relationships between internal IT resources and other departments and external entities.
- Develops Information Services/Technology policies, standards, practices and security measures.

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**VII. DIRECTION AND CONTROL**

**A. General**

The GCHD CEO or their designee is responsible for directing the public health emergency response and recovery activities in Galveston County. The PHEP Manager is responsible for assuring that coordinated and effective emergency response systems are developed and maintained. The district will perform emergency activities closely related to those they perform routinely. The Health District will retain control over its personnel and equipment unless directed otherwise. Actions taken by the Health District are by the authority previously stated and under the medical direct authority of the LHA.

**B. Emergency Facilities**
An EOC will be established at GCHD headquarters located at 9850-A Emmett F. Lowry Expressway in Texas City, Texas for most public health managed incidents.

- Large scale incidents requiring a county wide response will be operated from GCEOC Building located at 1353 FM 646 in League City, Texas. This site will also function as an alternate EOC for GCHD in the event our primary EOC becomes unusable.

- Alternative Continuity Sites: two secondary work sites are identified to house GCHD Operations if the present location is compromised. As of January 2018, an MOU has been signed with the Galveston Housing Authority and the City of Texas City. These sites were selected because of their geographic distance away from GCHD and the availability of facilities to house all operations.

- We have a command and control vehicle operated by the Public Health Preparedness Program which may be used as a mobile incident command post.

- GCHD Public Health Preparedness Program has two multi emergency response trailers which may be used to transport Point of Dispensing Equipment to and operate as a mobile command post.

- GCHD has one mobile medical clinic unit available to provide mobile point of dispensing services.

C. Line of Succession

The line of succession for the Chief Executive Officer is:

1. LHA
2. Chief Nursing Officer/Controller DSHS Regional Director Region 6/5S

In the absence of the LHA, or a designated alternate, the Department of State Health Services (DSHS) Medical Director for PHR 6/5S would by statute assume the duties of health authority for Galveston County & Cities.

VIII. READINESS LEVELS

A. Many emergencies follow some recognizable build-up period during which actions can be taken to achieve a gradually increasing state of readiness. We use a four-tier system.

B. The following Readiness Levels will be used as a means of increasing our alert posture.

1. **Level 4: Normal Conditions.** Planning, training, drills and other preparedness activities are conducted. Emergency equipment is maintained and tested. Emergency incidents might occur that require district staff to respond to. Limited assistance might be required from other jurisdictions pursuant to established inter-local agreements.
2. **Level 3: Increased Readiness.** Increased Readiness refers to a situation that presents a greater potential threat than “Level 4”, but poses no immediate threat to life and/or property. General readiness actions may include increased situation-monitoring, a review of plans and resource status, determining staff availability and placing personnel on-call when the situations affecting public health occur. This condition includes situations that could develop into a hazardous condition, such as the following:

- A tropical weather system has developed having the potential to impact the local area. Readiness actions may include situation monitoring, a review of plans and resource status, determining staff availability, and placing personnel on call.

- Tornado Watch: Issued to alert persons to the possibility of tornado development in our area, for a specified period of time. Persons in the watch areas should maintain their daily routine however, be prepared to respond to a tornado warning.

- Flash Flood Watch: Issued to alert persons to the possibility of flash flooding in our area due to heavy rains occurring or expected to occur. Persons should remain alert and be prepared to take immediate action.

- Winter Storm Watch: Issued when there is a threat of severe winter weather in our area.

- International situation that deteriorates to the point that enemy attack is probable. This condition would allow sufficient time for an orderly evacuation.

- Small-Scale localized civil unrest is present or when the increased predictable threat of terrorist activity exists.

- Hazardous Materials emergency conditions in an adjacent area.

3. **Level 2: High Readiness.** High Readiness refers to a situation with a significant potential and probability of causing loss of life and/or property. This condition will normally require some degree of warning to the public. Actions could be triggered by severe weather warning information issued by the National Weather Service such as:

- Tropical Weather Threat: A tropical weather system may impact the area within 72 hours. Readiness actions might include monitoring storm forecasts, participating in Emergency Management conference calls, increasing preparedness of personnel, and preparing to address facility issues.

- Tornado Warning: Issued when a tornado has actually been sighted in the area or indicated by radar, and may strike in the vicinity.

- Flash Flood Warning: Issued to alert persons that flash flooding is imminent or occurring on certain streams or designated areas, and immediate action should be taken.

- Winter Storm Warning: Issued when heavy snow, sleet, freezing rain are forecast...
to occur separately or in combination.

- Condition 2 actions could be generated when the international situation has deteriorated to the point that enemy attack is probable. This condition may/may not allow sufficient time for an orderly evacuation.

- Condition 2 actions could also be triggered by civil disorder with relatively large-scale localized violence or terrorist incident has occurred or is imminent.

4. **Level 1: Maximum Readiness.** Maximum Readiness refers to a situation that hazardous conditions are imminent. This condition is used to denote a greater sense of danger and urgency than found in condition 2. A condition one will be declared when 39 mph winds are expected to reach our area between 24-12 hours. The threat is better defined in terms of time and proximity. For example:

- 39 mph winds predicted in 24-12 hours or less
- Tornado sighted especially close to, or moving in the path of the facility.
- Flooding is imminent or occurring.
- Condition 1 actions could be generated when an enemy attack is imminent based upon the evaluation of intelligence data. This warning is declared and disseminated by the Federal Emergency Management Agency (FEMA) National Warning System (NAWAS).
- Condition 1 actions could also be implemented when civil disorder precipitates large-scale and wide-spread violence or an area that has received a terrorist threat.
- Level 1 actions could be triggered by a significant local chemical release, transportation accident or fire situation that requires active intervention in a public health role. Level 1 actions can be triggered by local public health emergencies including imminent disease outbreaks, infrastructure vulnerability, or contamination of the food supply that requires active intervention in a public health role.
IX. ADMINISTRATION AND SUPPORT

A. Administration

In general, emergency activities for the Galveston County Health District will be conducted from the designated Health District Emergency Operations Center area. The Planner/PEP Coordinator/Supervisor/Manager will be the contact between the district and the County Emergency Operations Center.

B. Support

Requests for assistance during an emergency/disaster will be forwarded to the Planner/PEP Coordinator/Manager. In the event the scope of the incident is beyond the capabilities of the district, the Planner/PEP Coordinator/Manager will request assistance through the Galveston County Emergency Operations Center.

C. Recovery

All employees should check in with their supervisor as soon as possible after an emergency event occurs, for job assignments or to report if they are able to assist in recovery efforts. Employees can also call into the Inclement Weather Line at (409) 938-2489 and/or listen to radio station KTRH 740 AM to find the status of District operations and when recovery operations for their program will commence.

D. Disaster Re-Entry Plans

GCHD personnel will have to provide two picture ID’s, they should be the employee’s ID badge and their driver license with a current address. All critical personnel will be issued a GCHD magnetic car door signs for use of re-entry.

1. Entry Level Staff Tier 4
   i. Non-responders, don’t have an immediate job expectation to respond to emergency, but their secondary role in emergencies will require a basic understanding of ICS.

2. Tier 3 Normal Operations
   i. Return to participate in recovery efforts and establish normal operations.

3. Tier 2 Recovery
   i. Return when conditions permit to assist in recovery operations.

4. Tier 1 Essential
   i. Ride out storm in secure locations or return ASAP to conduct response and recovery activities.

Employees in all Tier categories must remain in their positions prior to an anticipated emergency event (such as a hurricane) to assist in preparation until released by their supervisor. All employees are subject to re-direction of job duties to assist in response and recovery operations.
E. **Policy**

All employees are expected to fulfill their emergency response activities to maintain employment with the District.

If a public health emergency/disaster situation occurs or a Disaster Declaration is issued for any jurisdiction which may incorporate crucial services provided by the District or its employees, both exempt and non-exempt employees may be compensated in accordance with the following clauses.

1. **Non-essential Employees** released from duty by the Chief Executive Officer, **Clinical Executive Director** or his/her designee may receive compensation (disaster pay) at their regular rate of pay until they are expected to return to work, or the expiration of three (3) working days – whichever event occurs sooner.

2. **Essential Employees** performing District responsibilities during declared emergencies shall be paid in accordance with the terms set forth below.

   During such circumstances, non-exempt employees shall be paid their regular wage for the first forty (40) hours they work during the work week, which shall always begin and reset each Thursday at 12:01 am, and one-hundred fifty percent (150%) their regular wage for every hour worked thereafter. Exempt employees undertaking District responsibilities during a declared emergency may, at the discretion of the Chief Executive Officer or **Clinical Executive Director**, be paid at straight-rate of their average respective hourly pay (individual weekly salary/40) for every additional hour worked in access of forty (40) hours. Likewise, the work week for exempt employees shall begin and reset every Thursday at 12:01 am.

   This policy may be modified in emergency situations as deemed necessary by the Chief Executive Officer, **Clinical Executive Director**, or designee. Each emergency approval made by the Chief Executive Officer, **Clinical Executive Director** or his/her designee will be brought to the next board meeting for review and ratification.

F. **Agreements and Contracts**

   **Should** GCHD resources prove to be inadequate during an emergency, requests for assistance will be made pursuant to mutual aid agreements (see Attachment 54) and if those prove insufficient, requests will be made for assistance from the supporting Disaster District Committee and DSHS Austin. Such assistance may include equipment, supplies, or personnel. All agreements will be entered into by authorized officials and should be in writing whenever possible. Agreements and contracts should identify the local officials authorized to request assistance pursuant to those documents.

G. **Reports**
Reports shall be managed to the extent possible in WebEOC. When WebEOC cannot be used, alternative methods of communication will be used. WebEOC automatically documents and records information entered into the WebEOC system. All reports must be maintained in such a manner that they may be retrieved.

Initial Emergency Report. This short report should be prepared and transmitted upon recognition of an emergency incident affecting public health. In WebEOC this requires the creation of a new incident. Should the incident have already been created, the region’s initial report shall be by Situation Report.

Situation Report. The Situation Report is a continuously updated WebEOC standardized report screen.

Other Reports. Other reports may be required during the emergency and may be incorporated or kept separate from WebEOC and other electronic reporting methods.

H. Records (Record Keeping for Emergency Operations)

GCHD has established administrative controls necessary to manage the expenditure of funds and to provide reasonable accountability and justification for expenditures made to support emergency operations. This shall be done in accordance with the established local fiscal policies and standard cost accounting procedures. Records should be collected and centrally stored by event, to the maximum extent possible.

1. Activity Logs. All emergency facilities shall maintain accurate logs recording key response activities, including:
   1. Activation or deactivation of emergency facilities.
   2. Emergency notifications to local, state and federal agencies.
   3. Significant changes in the emergency situation.
   4. Major commitments of resources or requests for additional resources from external sources.
   5. Issuance of protective action recommendations to the public.
   6. Evacuations and shelter operations.
   7. Casualties.
   8. Containment or termination of the incident.

2. Incident Costs. All department and agencies shall maintain records summarizing the use of personnel, equipment, and supplies during the response to day-to-day incidents to obtain an estimate of annual emergency response costs that can be used as in preparing future department or agency budgets.

3. Emergency or Disaster Costs. For major emergencies or disasters, all programs participating in the emergency response shall maintain detailed costs for emergency operations to include:
   1. Personnel costs, especially overtime costs
   2. Equipment operations costs
   3. Costs for leased or rented equipment
   4. Costs for contract services to support emergency operations
5. Costs of specialized supplies expended for emergency operations

These records may be used to recover costs from the responsible party or insurers or as a basis for requesting financial assistance for certain allowable response and recovery costs from the state and/or federal government.

Preservation of Records

i. In order to continue normal government operations following an emergency situation disaster, vital records must be protected. These include legal documents as well as health, financial, and other supporting records. The principal causes of damage to records are fire and water; therefore, essential records should be protected accordingly.

ii. If records are damaged during an emergency situation, we will seek professional assistance to preserve and restore them.

I. Training

All staff personnel will be trained in NIMS-compliant incident command systems, and possess an appropriate level of training, experience, credentialing, physical and medical fitness, or capability for any positions they are tasked to fill.

J. Post-Incident and Exercise Review

The PHEP Manager is responsible for organizing and conducting a critique following the conclusion of a significant emergency event/incident or exercise. From this evaluation an After Action Report (AAR) will be written, and will entail both written and verbal input from all appropriate participants. The AAR will be provided to DSHS Austin within 960 days of the exercise or event completion. An Improvement Plan will be written addressing identified deficiencies, corrective measures, and correction timelines identified. This Improvement Plan will be forwarded to DSHS Austin. A retest of those areas found deficient will be conducted within 180 days and results forwarded to DSHS Austin.
X. PLAN DEVELOPMENT AND MAINTENANCE

A. Plan Development

The GCHD CEO will direct the development of the All Hazards Plan. Approval of the plan will be granted by the United Board of Health. The creation of policy, plans, and procedures to new or emerging threats will follow similar processes utilizing legal counsel and subject matter experts to ensure a broad, comprehensive approach is achieved.

B. Distribution of Planning Documents

1. When approved, the All Hazards Plan shall be promulgated to the United Board of Health, the Galveston County Office of Emergency Management, and the DSHS Austin, Community Preparedness Section.

2. The plan will be placed on the GCHD intranet site for access by all GCHD staff.

3. The All-Hazards Plan should include a distribution list (See Attachment 2 to this plan) that indicates who receives copies of this plan and the various Appendixes to it. In general, individuals who receive copies of Appendixes to this plan should also receive a copy of this document.

4. Changes to the All Hazards Plan and Appendixes will be distributed to document holders listed in Attachment (2) herein.

4.5. The digital copy of this plan will be maintained on the BT drive, accessible from any computer currently on GCHD’s network can be found online at gchd.org on the employee extranet, under policies/plans. The physical copy of this plan is maintained in the office of the PHEP Manager. New employees are told where to find the plan during their onboarding orientation with Human Resources.

C. Review and Update

1. This plan will be updated based upon deficiencies identified during actual emergency situations, exercises and when changes in threat hazards, resources and capabilities, or agency structure occur.

2. The Basic Plan and its Appendixes must be revised or updated by a formal change yearly. The responsibility for coordinating the revision of the Basic Plan and Appendixes is assigned to the PHEP Manager.

Revised or updated planning documents will be distributed as outlines in Section X.B above.
ATTACHMENTS:
1. First responders contact procedures
2. Distribution List
3. References
4. ICS Organization chart for Emergencies
5. Summary of Agreements & Contracts
6. National Incident Management System

ATTACHMENT 1
1st Responder Contact procedures

In order to contact all first responders in the county, GCHD will communicate through GCOEM (who can be contacted via phone at 888-384-2000). The county OEM will contact the respective city emergency managers, who will in turn contact the city’s first responders. This communication tree will serve as the basis of contact between entities.

ATTACHMENT 2
DISTRIBUTION LIST

<table>
<thead>
<tr>
<th>Jurisdiction/Agency Plan</th>
<th>All-Hazards Plan</th>
<th>Appendixes</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Board of Health</td>
<td>1</td>
<td>All</td>
</tr>
<tr>
<td>Galveston County Office of Emergency Management</td>
<td>1</td>
<td>All</td>
</tr>
<tr>
<td>DSHS Region 6/5S</td>
<td>1</td>
<td>All</td>
</tr>
</tbody>
</table>
REFERENCES

1. Texas Department of Public Safety, Governor’s Division of Emergency Management, Local Emergency Management Planning Guide, DEM-10

2. Texas Department of Public Safety, Governor’s Division of Emergency Management, Disaster Recovery Manual

3. Texas Department of Public Safety, Governor’s Division of Emergency Management, Mitigation Handbook

4. FEMA, Independent Study Course, IS-288: The Role of Voluntary Organizations in Emergency Management


7. 79th Texas Legislature, House Bill 3111

8. Emergency Management Plan for Galveston County and Participating Cities
Galveston County Health District Incident Command Structure Example

INCIDENT COMMANDER
   Chief Executive Officer
   Dir. of Epidemiology & PHED
   Local Health Authority

SAFETY OFFICER
   Risk & Safety Coordinator
   Chief Nursing Officer

PUBLIC INFORMATION OFFICER
   Director of Communications
   Communications Specialist

LIAISON OFFICER
   Dir. of Environmental Health
   TBD

PLANNING SECTION CHIEF
   PHED Manager
   Consumer Health Manager

   DOCUMENTATION UNIT
   Admin. and Vitals Staff

   DEMOBILIZATION UNIT
   TBD

OPERATIONS SECTION CHIEF
   Dir. of Environmental Health
   Chief Compliance Officer

   PHONE BANK BRANCH
   Disease Intervention Spec.

   COMM. HEALTH BRANCH
   Chief Nursing Officer

   ENVIRONMENTAL BRANCH
   Dir. of Environmental Health

   EPIDEMIOLOGY BRANCH
   Lead Epidemiologist

LOGISTICS SECTION CHIEF
   SNS Coordinator
   Air Program Manager

   SUPPLY UNIT
   Procurement Agent

   IT UNIT
   IT Staff

   PERSONNEL UNIT
   Human Resources Staff

   FACILITY UNIT
   Fleet & Facility Coordinator

   FOOD UNIT
   Executive Assistant

FINANCE SECTION CHIEF
   Controller/ Grant Coord.

   TIME UNIT
   Accounting Staff

   PROCUREMENT UNIT
   Procurement Agent
Agreements

**Description:** Memorandum of Understanding with College of the Mainland and the Independent School Districts of Clear Creek, Dickinson, Friendswood, Galveston, High Island, Hitchcock, La Marque, Santa Fe, and Texas City.

**Summary of Provisions:** To provide the use of school facilities, office equipment, supplies, and staff in the event of a public health emergency.

**Officials:** Authorized to Implement:

**Costs:** None Specified. GCHD will seek reimbursement for supplies used in the course of response to a public health emergency.

**Copies Held By:** GCHD Director of Contracts & Compliance, Chief Compliance Officer and GCHD Contract Analyst
### NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) SUMMARY

#### A. BACKGROUND

1. NIMS is a comprehensive, national approach to incident management that is applicable to all jurisdictional levels and across functional disciplines. This system is suitable across a wide range of incidents and hazard scenarios, regardless of size or complexity. It provides a flexible framework for all phases of incident management, as well as requirements for processes, procedures, and systems designed to improve interoperability.

2. NIMS is a multifaceted system that provides a national framework for preparing for, preventing, responding to, and recovering from domestic incidents.

#### B. COMPONENTS

1. **Command and Management.** The incident management structures employed by NIMS can be used to manage emergency incidents or non-emergency events such as celebrations. The system works equally well for small incidents and large-scale emergency situations. The system has built-in flexibility to grow or shrink depending on current needs. It is a standardized system, so personnel from a variety of agencies and geographic locations can be rapidly incorporated into a common management structure.

   a. **Incident Management System.** A system that can be used to manage emergency incidents or non-emergency events such as celebrations.

#### FEATURES OF ICS

ICS has a number of features that work together to make it a real management system. Among the primary attributes of ICS are:

a) **Common Terminology.** ICS requires the use of common terminology, such as the use of standard titles for facilities and positions within an organization, to ensure efficient and clear communications.

b) **Organizational Resources.** All resources including personnel, facilities, major equipment, and supply items used to support incident management activities must be "typed" with respect to capability. This typing will minimize confusion and enhance interoperability.

c) **Manageable Span of Control.** Span of control should ideally vary from three to seven. Anything less or more requires expansion or consolidation of the organization.
d) Organizational Facilities. Common terminology is used to define incident facilities, the activities conducted at these facilities, and the organizational positions that can be found working there.

e) Use of Position Titles. All ICS positions have distinct titles.

f) Reliance on an Incident Action Plan. The incident action plan, which may be verbal or written, is intended to provide supervisory personnel a common understanding of the situation and direction for future action. The plan includes a statement of objectives, organizational description, assignments, and support material such as maps. Written plans are desirable when two or more jurisdictions are involved, when state and/or federal agencies are assisting local response personnel, or there has been significant turnover in the incident staff.

g) Integrated Communications. Integrated communications includes interfacing disparate communications as effectively as possible, planning for the use of all available systems and frequencies, and requiring the use of clear text in communications.

h) Accountability. ICS is based on an orderly chain of command, check-in for all responders, and only one supervisor for each responder.

2) UNIFIED COMMAND

a) Unified Command is a variant of ICS used when there is more than one agency or jurisdiction with responsibility for the incident or when personnel and equipment from a number of different agencies or jurisdictions are responding to it. This might occur when the incident site crosses jurisdictional boundaries or when an emergency situation involves matters for which state and/or federal agencies have regulatory responsibility or legal requirements.

b) ICS Unified Command is intended to integrate the efforts of multiple agencies and jurisdictions. The major change from a normal ICS structure is at the top. In a Unified command, senior representatives of each agency or jurisdiction responding to the incident collectively agree on objectives, priorities, and an overall strategy or strategies to accomplish objectives; approve a coordinated Incident Action Plan; and designate an Operations Section Chief. The Operations Section Chief is responsible for managing available resources to achieve objectives. Agency and jurisdictional resources remain under the administrative control of their agencies or jurisdictions, but respond to mission assignments and direction provided by the Operations Section Chief based on the requirements of the Incident Action Plan.

3) AREA COMMAND

a) An Area Command is intended for situations where there are multiple incidents that are each being managed by an ICS organization or to oversee the management of large or multiple incidents to which several Incident Management Teams have been
assigned. Area Command becomes Unified Area Command when incidents are
multijurisdictional.

b) The organization of an Area Command is different from a Unified Command in that there
is no operations section, since all operations are conducted on-scene, at the separate ICPs.

Multiagency Coordination Systems.

b. Multiagency coordination systems may be required for incidents that require higher level
resource management or information management. The components of multiagency
coordination systems include facilities, equipment, EOCs, specific multiagency coordination
entities, personnel, procedures, and communications; all of which are integrated into a common
framework for coordinating and supporting incident management.

Public Information.

b. The NIMS system fully integrates the ICS Joint Information System (JIS) and the Joint
Information Center (JIC). The JIC is a physical location where public information staff involved
in incident management activities can collocate to perform critical emergency information, crisis
communications, and public affairs functions. If applicable to the incident or establishing a
physical JIC is not optimal, a Virtual JIC can be established by the leading response entity.
More information on JICs can be obtained in the DHS National Incident Management System

2. Preparedness. Preparedness activities include planning, training, and exercises as well
as certification of response personnel, and equipment acquisition and certification. Activities
would also include the creation of mutual aid agreements and Emergency Management
Assistance Compacts. Any public information activities such as publication management
would also be preparedness activities.

3. Resource Management. All resources, such as equipment and personnel, must be
identified and typed. Systems for describing, inventorying, requesting, and tracking
resources must also be established.

4. Communications and Information Management. Adherence to NIMS specified standards
by all agencies ensures interoperability and compatibility in communications and information
management.

5. Supporting Technologies. This would include any technologies that enhance the
capabilities essential to implementing the NIMS. For instance, voice and data
communication systems, resource tracking systems, or data display systems.

6. Ongoing Management and Maintenance. The NIMS Integration Center provides
strategic direction and oversight in support of routine review and continual refinement of
both the system and its components over the long term.
APPENDIX A: HURRICANES

When a hurricane threatens Galveston County, several increased readiness activities need to occur. The Galveston County Health District will complete the following increased readiness actions prior to anticipated landfall:

**Condition 4: Normal Conditions**

Prior to hurricane season, certain actions should be taken for staff to be adequately prepared to address the threats from hurricanes and tropical storms.

- Review the Health District Emergency Plan and Annexes for responsibilities and update as needed.
- Complete training of personnel.
- Update Personnel directory.
- Review Stock of emergency supplies.
- Test emergency generators and other equipment.
- Encourage employees to develop personal evacuation plans and complete a hurricane relocation form to give to their supervisor. (See form below)

**Condition 3: Increased Readiness**

A tropical weather system has developed in the Gulf and has the potential to impact the local area

- Back-up computer systems
- Coordinate Tier Personnel.
- Update Employee Hurricane Relocation lists.

**Condition 2:**

Condition 2 will be declared as conditions worsen or become more severe. If 39 mph winds can impact Galveston County in 72-hours or less a condition 2 level will be declared by the Emergency Management Coordinator. During condition 2 the following actions should be taken:

- Secure and protect office.
- Fuel district vehicles and arrange to transport them out of the surge area.
- Purchase fuel for generators. Properly secure fuel containers to prevent spillage during storm.
- Close offices.

- District administration will determine which Tier 1 employees will fulfill needed public health roles during condition 1. These employees will be allowed to leave before the storms strikes to secure their personal property. They will then be required to return to
work to fulfill their role.

- Those employees not assigned specific duties during condition 1 should evacuate depending on the location of their residences and recommendations from Emergency Management. Tier 1 personnel not needed to report to the Office of Emergency Management should also evacuate but be ready to return as soon as it is safe to do so to assist in recovery operations.

CONDITION 1:

Condition 1 will be declared when 39 mph winds are predicted in 24 hours or less. Condition 1 denotes a greater sense of danger and urgency than condition 2. During the condition 1 stage the following actions will be taken by the personnel at the district:

The PHEP Manager, or designee, will request any necessary assets to accommodate response and recovery efforts via STAR request (medical supplies, vaccines, diabetic medications and supplies). Other organizations that provide resources such as Direct Relief or The American Red Cross will be contacted as well. These requests will be made before landfall, at the earliest convenient time.

Note: At this point the Emergency Operations Center should be activated and operations will continue through the PHEP Manager and the Office of Emergency Management under the requirements and guidelines of the Galveston County Emergency Management Plan. Appropriate Tier 1 personnel (Liaison) will report to the County Office of Emergency Management or other secure locations. The Liaison at the EOC will physically communicate with GCOEM, TxDOT, and all appropriate partners to keep GCHD EOC apprised of current situation and any changes.

AFTER THE STORM

Employees should listen to KTRH Radio AM740 for updates about the status of district operations. They can also call the Inclement Weather Number at 409-938-2489 for the status of district operations. The PHEP Manager or designee will utilize the i-Info system to communicate with GCHD staff via text messages, call outs, and standard emails.
We urge you to make a plan now for a hurricane evacuation: Know where you're going and have an emergency kit with food, water, medications, first aid supplies, etc. ready to take with you.

Date: ____________________

Department: _______________________________

Name: ______________________________________________________

Phone (home): ____________________________________________

Phone (Cell): ________________________________________

Emergency Contact

Name: ______________________________________________________

Phone(s): ____________________________________________________

Relationship to contact person: ___________________________________

Where will you go during a hurricane evacuation?

____________________________________________________________________________

____________________________________________________________________________

Address:

____________________________________________________________________________

____________________________________________________________________________

Phone(s): ______________________________

Please provide a name and telephone number of a person with whom we can leave a message for you. This person should be outside of the Houston/Galveston area and able to contact you daily.

Name: ______________________________________________________

Phone(s): ______________________________________________________

Relationship to contact person: _________________________________________________

This form should be given to your manager and/or supervisor. Managers and/or supervisors will keep the original and forward a copy to Tyler Tipton, PHEP Manager

Revised 01/03/2019
APPENDIX B: BOMB THREAT

The district can receive a bomb threat at any time. Generally, bomb threats are made for two reasons. One reason is the caller may have definite knowledge, or a strong belief, that an explosive device has been placed somewhere in the facility. This caller may be the person who placed the device or someone else who has become aware of such information. The second reason is the caller may want to create an atmosphere of panic and anxiety, which will result in the disruption of normal activities, even if no device has been placed.

All threats made to GCHD will be taken seriously and noted as being credible until proved otherwise by the police/sheriff’s office. The bomb threat checklist on page 18 will be utilized and completed for each incident relating to bomb threats.

Personnel of the district will be responsible for:

- Being aware of where to find the Bomb Threat Checklist.
- Maintaining a copy of the Bomb Threat Checklist in their work area.
- Contacting their respective manager up on receiving a bomb threat via telephone or mail.
- Completing the Bomb Threat Checklist each time a threat is received.
- Remaining calm when receiving a threat.
- Documenting the date, time call received, time call ended, person receiving call, and program receiving the call.
- Assisting law enforcement when requested in identifying any items in work areas that are unusual or appear to be out of place.

CREDIBILITY

Until the credibility of the threat is established, personnel in the district will take the following precautions:

- Avoid using 2-way radios in or within 300 feet of the facility.
- Do not attempt to locate the device.
- Leave all areas in the facility undisturbed.
- Do not turn on or off any light switches or other electrical devices.
- Do not move anything.
- Immediately evacuate the facility when directed.
• Upon evacuating, report to the respective program manager for personnel accountability.

• Account for all personnel in your program.

Program Managers

Program Managers will be responsible for:

• Notifying the Risk and Safety Coordinator and the CEO and/or their designee, that a threat has been made to the district.

• Ensuring the Bomb Threat Checklist is completed by the individual receiving the threat.

• Delivering the checklist to assist the local law enforcement agencies.

• Directing their employees to evacuate when orders are given.

• Accounting for program personnel.

• Conducting a quick search of the area to ensure personnel are out of the facility.

• Reporting any personnel unaccounted for.

• Updating and informing personnel of activities.

• Notifying personnel when to return to work.
BOMB THREAT CHECKLIST

Date of Call: ________________ Time of Call: _________ Time the caller Hung Up _____________

Phone/Ext. Number where call was received: ___________________________________________
Location where the call was received: _________________________________________________

QUESTIONS TO ASK:
1. When is the bomb going to explode? _______________________________________
2. Where is it right now? _________________________________________________________
3. What does it look like? _________________________________________________________
4. What kind of bomb is it? _________________________________________________________
5. What will cause it to explode? __________________________________________________
6. Who placed the bomb? _________________________________________________________
7. Why was the bomb placed? _____________________________________________________
8. Where are you calling from? ___________________________________________________
9. What is your name? ___________________________________________________________

EXACT WORDS OF THE CALLER:
_____________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
(Use other side of the page for more space)

DESCRIPTION OF CALLER’S VOICE:
___Male   ___Female    ___Young   ___Middle Age   ___Old    ___Race

TONE OF CALLER’S VOICE:
___Calm   ___Lisp   ___Deep   ___Cracking Voice   ___Slurred   ___Angry   ___Slow
___Ragged ___Clearing Throat ___Disguised ___Excited   ___Rapid   ___Loud
___Deep breathing ___Accent ___Nasal   ___Soft   ___Laughter   ___Normal   ___Familiar
___Stutter ___Raspy ___Crying ___Distinct

THREAT LANGUAGE OF CALLER:
___Well Spoken (Educated) ___Incoherent ___Foul ___Taped
**Irrational**  
Message read by Threat Maker

**BACKGROUND SOUNDS:**

- Street Noises
- House Noises
- Clear Other
- Crockery
- Motor
- Static
- Voices
- Office Machinery
- Local
- PA System
- Factory Machinery
- Long Distance
- Music
- Animal Noises
- Booth

PERSON WHO RECEIVED THE THREAT: -----------------------------------------------

---

**APPENDIX B**

**BOMB THREAT ACTION CHECKLIST**

<table>
<thead>
<tr>
<th>ACTION TO BE TAKEN</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bomb Threat Checklist Completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Police Department Notified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sheriff’s Department Notified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Operations Center notified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel notified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Law enforcement assisted in locating device</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility evacuated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel/Citizen Accountability log completed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the threat credible?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Search of the facility completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation completed (bomb threat checklist information)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation turned in to the Risk and Safety Coordinator</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HAZARDOUS MATERIAL INCIDENTS

Hazardous material incidents can occur with little or no warning. The district’s facilities are in close proximity to transit routes and various exposure risks. These areas are heavily traveled by trucks, trains, and pipelines transporting hazardous materials and incidents/releases can occur at any time, therefore, it is important for district personnel to follow the instructions of the PHEP Manager, or designee, as well as the local law enforcement agencies.

Hazardous material incidents are generally handled by evacuating or sheltering in place. These actions will be handled in the following manner:

SHELTERING IN PLACE

In some cases it may be necessary to shelter in place. The decision to shelter in place will be made by the GCHD CEO or designee after consulting with the GCOEM and representatives from the fire department or law enforcement. Sheltering in place is the safest method to use if it is determined that personnel can’t be evacuated safely from an area prior to the arrival of a toxic cloud. The sheltering in place method used for the department consists of the following:

- Get inside the building. Close and secure the entrance.
- Listen to the radio (KTRH 740AM) to determine the status of the incident.
- Stay away from glass doors.
- Avoid drinking water from water fountains or faucets, as they may become contaminated.
- Allow individuals that want to leave the facility the opportunity to do so prior to department lock-down.

*Note: Health District personnel can’t force individuals to remain in the facility. Inform the individual of the dangers and let them make their own decision. However, inform the individual that once the facility is locked down, it will remain in a secure mode until the threat is removed.*
• Follow instructions from the CEO or designee.

**EVACUATION**

In some cases it may become necessary to evacuate the facility. In such cases personnel will evacuate in the following manner:

• Turn off any electrical equipment (Coffee pots, Computers, etc.)

• Secure work area

• Proceed to the nearest exit

• Follow instructions from the CEO, PHEP Manager, or designee

• Ensure your name is on the list of personnel present during the incident by reporting to the [area Safety Captain or the Risk and Safety Coordinator](mailto:PHEP.Manager) upon evacuating the facility.

**Program Managers**

The Program Managers are responsible for:

• Informing the individuals in the facility when the threat of the incident is diminished.
APPENDIX C
HAZARDOUS MATERIALS INCIDENTS
ACTION CHECKLIST

<table>
<thead>
<tr>
<th>ACTIONS TO BE TAKEN/SHELTERING IN PLACE</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blankets/Towels placed under doors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Openings and Doors Taped Up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individuals Given the Opportunity to leave facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation complete listing of personnel in the program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Informing individuals the event is over</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation of sequence of events</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTIONS TO BE TAKEN/ EVACUATION</th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PHEP Manager documentation of personnel complete</td>
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<td></td>
</tr>
<tr>
<td>Personnel in facility evacuated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons with disabilities evacuated/if applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All personnel accounted for</td>
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<td></td>
</tr>
<tr>
<td>Personnel notified when the event is over</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation of Event completed/turned in to PHEP Manager</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In some circumstances it may become necessary to close one or more GCHD facilities. Several conditions can arise in which the closure of one or more facilities is necessary to maintaining the safety and health of district personnel and citizens. Refer to Annex J – COOP for detailed information. The following situations are few examples of conditions in which district facilities might close:

- Severe weather that threatens the safety of personnel
- Winter storms that can block the ability of safe travel of personnel arriving to and from work
- Hazardous Material Incident
- Flooding in the building
- Onset of gale force winds associated with a hurricane
- Power failure
- Tornado activity
- Bomb threat
- Loss of water service that results in unsanitary conditions
- Any other situation that affects the safety and health of personnel, or that puts the individual at risk.
- Any situation that the Chief Executive Officer, and/or his or her designee, or PHEP Manager deems appropriate to close the facility.

Program Managers

Program Managers are responsible for:

- Informing the personnel in their programs on issues relating to facility openings and closures
- Ensuring their programs take the necessary steps to shut-down operations safely
- Informing the PHEP Manager of any events or problems that warrant the closure of facilities.
- Ensuring that vital records are properly stored in a safe area
- Documenting actions taken during the shutdown of the facility.
- Assisting with evacuation when necessary
- Assisting and coordinating with the PHEP Manager on district closure requirements.

**APPENDIX D**

**HEALTH DISTRICT CLOSURE CHECKLIST**

<table>
<thead>
<tr>
<th>ACTION TO BE TAKEN</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decision made to close the facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual assigned to assist with shutdown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program manager Notified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Operations Center notified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment turned off</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vital Records Secured</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actions And Sequence Of Events Documented on log</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation Turned In To The PHEP Manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHEP Manager Notified When The Event Is Over</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel Notified When The Event Is Over</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evacuation (If Applicable)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX E
TORNADOS

Tornadoes are extremely violent localized windstorms. A tornado is characterized by a funnel cloud, which reaches to the ground with wind velocities inside the funnel as high as 200 miles per hour. Tornadoes most frequently are associated with other violent weather conditions, primarily large thunderstorm systems, and often accompany hurricanes.

Personnel in the district must realize common terms associated with tornadoes such as:

- **Tornado Watch:** Conditions exist that are right for tornado formation.
- **Tornado Warning:** A tornado has been sighted or there is an immediate threat of a tornado in a particular area.

During incidents involving the threat of a tornado to the GALVESTON COUNTY HEALTH DISTRICT (GCMD), personnel will be responsible for the following:

**During a Tornado**

- If you are under a tornado warning, seek shelter immediately. Although there is no completely safe place during a tornado, some locations are much safer than others. Here is how you can remain safe in the following locations.

**Indoors**

- Move personnel and patients/customers to a safe part of the building preferably an interior room or central hallway in the facility.
- Avoid areas with windows or large amounts of glass

**In a Vehicle**

- **DO NOT STAY IN A VEHICLE, TRAILER, OR MOBILE HOME DURING A TORNADO.** These items can turn over during strong winds. Even trailers and mobile homes with a tie-down system cannot withstand the force of tornado winds.
- **PLAN AHEAD.** If you live in a mobile home, go to the lowest floor of a nearby building, preferably one with a basement. If there is no shelter nearby, lie flat in the nearest ditch, ravine, or culvert and protect your head with an object or with your arms.
• DO NOT TRY TO OUTRUN A TORNADO IN YOUR CAR. If you see a tornado, stop your vehicle and get out. Do not get under your vehicle. Follow the directions for seeking shelter outdoors (see Outdoors section).

**Outdoors**

If you are caught outside during a tornado and there is no adequate shelter immediately available:

- Avoid areas with many trees.
- Avoid vehicles.
- Lie down flat in the nearest ditch, ravine, or culvert.
- Protect your head with an object or with your arms

**After the tornado**

- Check people around you for injuries. Begin first aid or seek help if necessary. Always cooperate with local officials.
- Check utility lines and appliances for damage. If you smell gas, open the windows and turn off the main valve. Don't turn on lights or appliances until the gas has dissipated. If electric wires are shorting out, turn off the power.
- When you go outside, watch for downed power lines.
- Assess facility damage and notify the PHEP Manager.

**APPENDIX E**

**TORNADO CHECKLIST**

<table>
<thead>
<tr>
<th>Actions To Be Taken</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Personnel In Safe Area</td>
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<tr>
<td>Emergency Operations Center Notified</td>
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<td></td>
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<tr>
<td>Documentation Completed</td>
<td></td>
<td></td>
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<tr>
<td>Tornado Threat Diminished/ PHEP Manager Notified</td>
<td></td>
<td></td>
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<tr>
<td>Personnel notified</td>
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<td></td>
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<tr>
<td>Quick Damage Assessment completed</td>
<td></td>
<td></td>
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<tr>
<td>Facility Re-Opened</td>
<td></td>
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</tbody>
</table>
APPENDIX F
SEVERE WEATHER

Different severe weather events such as floods, high winds, thunderstorms, and lightning can occur on occasion in Galveston County. Although in general the response may be similar, in some cases they will vary

FLOODING

In the event that the Galveston County Health District should become vulnerable to flooding by means of heavy rainfall, water leaks, etc., measures must be taken to lessen the effects to the district and personnel.

PROGRAM MANAGERS AND SUPERVISORS

During an event involving flooding, program managers and supervisors will be responsible for:

• Notifying personnel of the situation
• Securing any records that can be damaged by rising water
• Documenting names of personnel in the facility.

THUNDERSTORMS AND LIGHTNING

During severe thunderstorm and lightning situations several precautions need to be taken to lessen or eliminate damages to the district and danger to personnel. These precautions will be handled in the following manner:

PROGRAM MANAGERS AND SUPERVISORS

Program managers and supervisors will be responsible for:

• Instructing personnel not to use telephones, except for emergencies during a thunderstorm (as long as thunder can be heard)
• Keeping personnel informed of the situation
Disconnecting any equipment that can be damaged from a power surge (i.e., computers, TVs, VCRs, coffee pots, etc.)

HIGH WINDS

In the event of high winds the following actions will be taken:

PROGRAM MANAGERS AND SUPERVISORS

Program managers and supervisors will be responsible for:

- Informing personnel in their program of the situation
- Documenting program personnel activities during the event
- Ensuring personnel stay away from glass doors and windows

APPENDIX F
SEVERE WEATHER CHECKLIST

<table>
<thead>
<tr>
<th>ACTIONS TO BE TAKEN</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>Personnel Notified of situation</td>
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<tr>
<td>Personnel located in a safe area</td>
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<tr>
<td>Emergency Operations Center notified</td>
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<td></td>
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<tr>
<td>Evacuation completed (if applicable)</td>
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<td></td>
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<tr>
<td>All personnel accounted for</td>
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<tr>
<td>Personnel with disabilities assisted as necessary</td>
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<td></td>
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<tr>
<td>Records secured as appropriate</td>
<td></td>
<td></td>
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<tr>
<td>Sensitive equipment disconnected (computers, electrical, etc.)</td>
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<td></td>
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<tr>
<td>Documentation logs completed</td>
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<td></td>
</tr>
<tr>
<td>Quick damage assessment completed (damage reported to</td>
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</tbody>
</table>
Emergency Operations Center).
APPENDIX G
WINTER STORMS

Winter storms in the form of freezing rain or sleet, ice, and heavy snow, although not frequent in Galveston County can on occasion occur and pose a hazard. Winter storms can include any of the following:

FREEZING RAIN
Rain that freezes as it strikes the ground and other surfaces forming a coating of ice.

SLEET
Small particles of ice usually mixed with rain. (Can make travel hazardous)

SNOW FLURRIES
Periods of snow falling for short durations at intermittent periods.

WINTER STORM WATCH
Severe winter weather conditions that may affect the area.

BELOW FREEZING TEMPERATURES
Temperatures may reach or go below freezing for an extended period bringing about the potential for damage to water systems and sensitive equipment.

WINTER STORM WARNING
Severe winter weather conditions are imminent.

TRAVELERS ADVISORIES
Issued to indicate that falling, blowing, or drifting snow, freezing rain or drizzle, sleet, or strong winds may make driving difficult.
ACTIONS TO BE TAKEN BY THE DISTRICT

In the event the district is threatened by severe conditions, such as those listed above, the following actions will be taken to protect the personnel and equipment in the district.

PHEP Manager
The PHEP Manager will be responsible for:

- Contacting the Emergency Operations Center to determine if the Health District offices should be closed
- Advising personnel to evacuate before hazardous driving conditions develop

After special precautions for the freezing temperatures have been completed proceed to Appendix D for additional guidelines on district closures.

APPENDIX G
WINTER STORMS
CHECKLIST

<table>
<thead>
<tr>
<th>ACTION TO BE TAKEN</th>
<th>YES</th>
<th>NO</th>
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</thead>
<tbody>
<tr>
<td>Emergency Operations Center contacted to determine if the district should be closed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel evacuated before hazardous driving conditions develop.</td>
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</tbody>
</table>
ANNEX H
FIRE/EXPLOSIONS

In the event of a fire or explosion in any GALVESTON COUNTY HEALTH DISTRICT (GCHD) facility the following actions will be taken:

* Evacuate the building by using the closest of the exits.
* All personnel will meet in parking lot.
* Notify Fire department by calling (9-1-1) or by activating the fire alarm.
* Ensure that all personnel are evacuated from the building.
* Ensure that any personnel with disabilities are assisted with evacuation.

APPENDIX H
FIRE/EXPLOSIONS
CHECKLIST

<table>
<thead>
<tr>
<th>ACTION TO BE TAKEN</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building evacuated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire Department Contacted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel with disabilities assisted</td>
<td></td>
<td></td>
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<tr>
<td>Personnel accounted for</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Operations Center notified</td>
<td></td>
<td></td>
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<tr>
<td>Documentation completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Damage assessment completed and Emergency Operations Center contacted</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX I
HOSTAGE SITUATIONS

A hostage situation can take place anytime, anywhere, and without warning. The GALVESTON COUNTY HEALTH DISTRICT (GCHD) will take all steps possible to ensure the safety of personnel in the vicinity, especially hostages. Actions to be taken by personnel consist of the following:

- Do not initiate discussions with the perpetrator if you are in the immediate area
- Contact the local Police or Sheriff’s Department, if possible
- Evacuate the immediate area, if possible
- Do not attempt to rescue the hostage
- Remain calm
- Do not discuss the situation with anyone other than law enforcement personnel. Only the Chief Executive Officer or his/her designee will address media inquiries.

APPENDIX I
HOSTAGE SITUATIONS
CHECKLIST

<table>
<thead>
<tr>
<th>ACTION TO BE TAKEN</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police Notified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel evacuated (if possible)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Operations Center notified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chief Executive Officer or designee addresses media</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
During any incident that affects the health and safety of the personnel in the district, it may become necessary to evacuate or relocate to another location. This re-location may be difficult or impossible for personnel in the district that have a disability. During an emergency the following actions should be taken to assist people with disabilities:

**PROGRAM MANAGERS AND SUPERVISORS**

The program managers and supervisors will be responsible for:

- Evaluating the personnel in their program to determine if any personnel will need assistance during an emergency
- Ensuring personnel are assigned to assist any personnel with a disability in the program with evacuation and relocation needs
- Informing personnel in their program of emergency situations
# Example of Readiness Condition Chart

<table>
<thead>
<tr>
<th>Status</th>
<th>Hurricanes/Tropical Storms</th>
<th>Floods/Extreme Tides</th>
<th>Tornadoes/Severe Thunderstorms/Winter Storms</th>
<th>Fire/Hazardous Materials</th>
<th>Terrorist/Threat at Attack</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CONDITION 4</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beginning of Hurricane Season</td>
<td></td>
<td></td>
<td>RAINFALL IN THE AREA, BUT NO FLASH FLOOD WATCH YET</td>
<td>CONDITIONS EXIST FOR SEVERE ACTIVITY</td>
<td>NOTIFIED OF TERRORIST THREAT OR UNVERIFIED REPORT OF A TERRORIST DEVICE</td>
</tr>
<tr>
<td>More than 72-hours before (39 MPH Winds) impact the Texas Coast</td>
<td></td>
<td></td>
<td>THREAT OF ABNORMAL HIGH TIDES</td>
<td>NWS ISSUES A SEVERE WEATHER ADVISORY</td>
<td></td>
</tr>
<tr>
<td>Weather System outside of the Gulf with the potential to Enter</td>
<td></td>
<td></td>
<td>(REMTELY MONITER RAINFALL &amp; TIDAL INFORMATION)</td>
<td>LEVEL 2 OR ABOVE CHEMICAL SPILL / OR MAJOR FIRE WITH NO ASSISTANCE REQUIRED FROM OEM</td>
<td></td>
</tr>
<tr>
<td>BEGINING OF HURRICANE SEASON</td>
<td></td>
<td></td>
<td></td>
<td>(MONITER SITUATION)</td>
<td></td>
</tr>
<tr>
<td>MORE THAN 72 HRS BEFORE (39 MPH WINDS) IMPACT THE TEXAS COAST</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WEATHER SYSTEM OUTSIDE OF THE GULF WITH THE POTENTIAL TO ENTER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(REVIEW HURRICANE PLAN &amp; EDUCATE STAFF)</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>CONDITION 3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>72 - 80 HRS BEFORE (39 MPH WINDS) IMPACT TEXAS COAST</td>
<td></td>
<td></td>
<td>FLOOD OR FLASH FLOOD WATCH IN EFFECT</td>
<td>NWS ISSUES A TORNADO WATCH OR A SEVERE WEATHER WATCH</td>
<td>HIGH PROBABILITY OF ATTACK OR CONFIRMATION THAT A TERRORIST DEVICE HAS BEEN LOCATED</td>
</tr>
<tr>
<td>NATIONAL WEATHER SERVICE FORCAST TROPICAL STORM OR HURRICANE IN THE GULF</td>
<td></td>
<td></td>
<td>GENERAL STREET FLOOding &amp; POTENTIAL FOR BAY OR AREA BAYOUS &amp; LAKES TO REACH THE TOP OF THEIR BANKS</td>
<td>LIMITED ACTIVATION OF COUNTYEOC</td>
<td>LIMITED ACTIVATION OF COUNTYEOC</td>
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<tr>
<td>(TOTAL PROBABILITY ... COLUMN E ... &gt;10% FOR GALVESTON OR FREEPORT)</td>
<td></td>
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</tr>
<tr>
<td>STATUS</td>
<td>HURRICANES/ TROPICAL STORMS</td>
<td>FLOODS/ EXTREME TIDES</td>
<td>TORNADOES/SEVERE THUNDERSTORMS/ WINTER STORMS</td>
<td>FIRE/HAZARDOUS MATERIALS</td>
<td>TERRORIST THREAT/ ATTACK</td>
</tr>
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</tr>
<tr>
<td>CONDITION 2</td>
<td>TROPICAL STORM OR HURRICANE WATCH ISSUED FOR UPPER TEXAS COAST 59 - 36 HRS PRIOR TO (39MPH WINDS) ON THE TEXAS COAST PROBABILITY COLUMNS ABC TOTAL...&gt;15% FOR GALVESTON OR FREEPORT (HEALTH DISTRICT CEASES TO FUNCTION IN A NORMAL FASHION, EMPLOYEES FOCUS ON HURRICANE OR STORM PREPERATIONS) (36-48 HOURS COUNTY WIDE EVACUATION COMMITTEE MEETING HELD)</td>
<td>FLOOD, FLASH FLOOD, OR COASTAL FLOOD WARNING IN EFFECT, EXPECT HEAVY RAINFALL AND STREET FLOODING WITH SOME BAYS, BAYOUS OR LAKES OUT OF THEIR BANKS. RECOMMENDED ACTIVATION OF COUNTY EOC, TIDE GAUGES READING 4'</td>
<td>NWS ISSUES A TORNADO AND/OR A SEVERE WEATHER WARNING RECOMMENDED ACTIVATION OF COUNTY EOC, TIDE GAUGES READING 4'</td>
<td>LIMITED EVACUATIONS OR SHELTERING IN PLACE NECESSARY. PRESENCE REQUESTED TO ASSIST IC RECOMMENDED ACTIVATION OF COUNTY EOC, TIDE GAUGES READING 4'</td>
<td>EVACUATIONS OR SHELTERING IN PLACE NECESSARY. RECOMMENDED ACTIVATION OF COUNTY EOC, TIDE GAUGES READING 4'</td>
</tr>
<tr>
<td>CONDITION 1</td>
<td>NWS FORCAST TROPICAL STORM OR HURRICANE WARNING (EOC IS FULLY ACTIVATED) DANGER IS IMMINENT</td>
<td>COUNTY WIDE FLOODING (EOC IS FULLY ACTIVATED)</td>
<td>NWS INDICATES TORNATIC ACTIVITY IN THE AREA CONFIRMED TORNADO STRIKES (EOC ACTIVATED, ACTIVATE DAMAGE ASSESSMENT TEAMS)</td>
<td>MAJOR EVACUATIONS OR SHELTERING IN PLACE NECESSARY. POSSIBILITY OF LARGE POPULATION BEING EFFECTED (EOC FULLY ACTIVATED)</td>
<td>TERRORIST EFFECTS IMMINENT OR EXPLOSION HAS OCCURED (FULL EOC ACTIVATED)</td>
</tr>
</tbody>
</table>
APPENDIX L
EVACUATION INFORMATION

**Person Authorized to Order Evacuation**

Designated Official________________________________________________

PHEP Manager__________________________________________________

CEO or 
**Designee**

Fire Department or Emergency Medical Services official in charge___________

**Evacuation Signals:**

**Fire:** Describe method of notification for complete or partial evacuation
____________________________________________________________________
____________________________________________________________________

**Explosion or Gas Leak:** Describe method of notification for complete or partial evacuation.
____________________________________________________________________
____________________________________________________________________

**Suspicious Object:** Describe method of notification for complete or partial evacuation.
____________________________________________________________________
____________________________________________________________________

**Alternate Site:** (describe or give address)
____________________________________________________________________
____________________________________________________________________

**Telephone Numbers**
____________________________________________________________________

**Building Reentry**

Method of recalling employees__________________________________________
____________________________________________________________________

**Building entry control method:** ______________________________________
## APPENDIX M
Emergency Event Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event/Action</th>
<th>Comments</th>
<th>Initial</th>
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</tbody>
</table>
# APPENDIX N

PERSONNEL / CITIZEN ACCOUNTABILITY LOG

<table>
<thead>
<tr>
<th>NAME</th>
<th>SSN#</th>
<th>ADDRESS</th>
<th>PHONE</th>
<th>EMPLOYEE Y/N</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
Appendix O: Standard Operating Procedure -

Emergency Supplies

* Emergency supplies will be kept in designated areas within each facility.
* Check inventory of emergency supplies.
* Supplies should include masking tape, electronic storage media (diskettes, CDs, etc.), storage boxes, and plastic.
* Ask office personnel for special needs or suggestions.
* Order supplies that are running low or lacking.
* Place labels on emergency supplies instructing “Emergency Supplies—Use only in an Emergency.”
Appendix OP:
Information Technology
Infrastructure Emergency Operations Procedures

Purpose

This document provides information about the tasks and schedules that must be followed in the event that operations for the Galveston County Health District and/or Coastal Health and Wellness are shut down due to a noted condition (hurricane, bioterrorism incident or the like).

Explanation of Terms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>GCHD</td>
<td>Galveston County Health District</td>
</tr>
<tr>
<td>IT</td>
<td>Information Technology Department</td>
</tr>
<tr>
<td>WAN</td>
<td>Wide Area Network</td>
</tr>
<tr>
<td>LAN</td>
<td>Local Area Network</td>
</tr>
<tr>
<td>DNS</td>
<td>Domain Naming Services</td>
</tr>
<tr>
<td>DHCP</td>
<td>Dynamic Host Configuration Protocol</td>
</tr>
<tr>
<td>WINS</td>
<td>Windows Internet Naming Service</td>
</tr>
<tr>
<td>CUCM</td>
<td>Cisco Unified Communications Manager</td>
</tr>
<tr>
<td>SMTP</td>
<td>Simple Mail Transfer Protocol</td>
</tr>
<tr>
<td>OWA</td>
<td>Outlook Web Access</td>
</tr>
<tr>
<td>DMZ</td>
<td>Demilitarized Zone</td>
</tr>
<tr>
<td>IIS</td>
<td>Internet Information Server</td>
</tr>
<tr>
<td>VPN</td>
<td>Virtual private Network</td>
</tr>
<tr>
<td>FTP</td>
<td>File Transfer Protocol</td>
</tr>
<tr>
<td>NAS</td>
<td>Network Attached Storage</td>
</tr>
</tbody>
</table>

Description of Information Technology Infrastructure

The Information Technology Infrastructure consists of all components that make up the following:

1. Wide Area Network: Include all services, hardware and software for interoffice and internet connectivity. This includes technology associated with our Metro Ethernet fiber service, T1, firewalls, routers, modems (DSL/cable) used to connect the sites of GCHD together as well as to the internet.

2. Local Area Network: Includes all services, hardware and software for internal connectivity. This includes technology associated with routers, switches, hubs, wireless, DMZ and VPN used to connect desktops and users to network resources.

3. Two Data Center facilities which include the production data facility at the county EMF 3rd floor and the MCA MDF data center in the IT suite.

4. Core Services: Includes all services, hardware and software for mission critical operations.
6. Desktops & Local Peripherals

Mission critical Information technology infrastructure includes:

- WAN/LAN (routers, firewalls, network switches, etc)
- Telephone – Cisco VOIP switches
- Telephone – Voice mail systems
- Active Directory Domain Controllers
- Network services: DNS, DHCP & WINS
- Symantec Anti-virus Server
- SMTP / Exchange Email / OWA
- Barracuda Spam Firewall
- File servers and SAN
- Virtual Server environment and their Host Servers
- email Firewall - IRONPORT

Core applications include:

- ESO Suite (GAAA)
- Vitals database (CityOn)
- Envision Connect (Decade) – Environmental and CHS
- TCEQ / Ceeds / Pollution Control database
- STD/HIV databases
- Internet connectivity for web based applications (IMMTRAC, TWICES)
- NextGen –EHR
- Chameleon

**Strategic Core IT Operations**

In the event of emergency conditions that do not affect the County EMF ability to maintain operations; the GCHD production core data services will remain online. IT will facilitate access to approved staff with remote internet capabilities where practical through the use of remote ssl internet connectivity.

**Alternative Operations (In the case county EMF facility becomes unviable)**

In the event the EMF is no longer online – preparations and network configurations must be changed to bring the MCA online as a production data center. Additional network routing protocol configuration must be completed and stored server replicas must be brought online from nightly backups.
Appendix P: Standard Operating Procedures

Standard Operating Procedure — Emergency Supplies

- Emergency supplies will be kept in designated areas within each facility.
- Check inventory of emergency supplies.
- Supplies should include masking tape, electronic storage media (diskettes, CDs, etc.), storage boxes, and plastic.
- Ask office personnel for special needs or suggestions.
- Order supplies that are running low or lacking.
- Place labels on emergency supplies instructing “Emergency Supplies – Use only in an Emergency.”
Standard Operating Procedure

Coordination of Tier 1 Personnel

• Appropriate health district personnel will be assigned to the Emergency Operations Center to direct and coordinate District operations.

• Tier 1 Personnel will be released to take care of personal business so they may return to the office.

• Tier 1 Personnel, upon their return, will receive instructions from their supervisor regarding their role in preparing for and responding to the emergency.

• Verify evacuation location of all personnel.
Standard Operating Procedure
Secure and Protect Office

- Move vital record file cabinets, desk files to secure locations.
- Turn off and unplug all office equipment.
- Move office equipment, supplies, and furniture away from windows to the open area of the office and cover with plastic.
- Place loose items on desks and in work stations into storage boxes.
- Use masking tape to secure wrapping of plastic.
- Make sure all office equipment, storage boxes, and supplies are on high ground to avoid water damage.
Standard Operating Procedure

Closure of Office

- The PHEP Manager will notify the Chief Executive Officer and/or the designated person, Chief Operations Officer, of the situation.
- Tier 2, 3, & 4 Personnel will be released from duty.
- Designated Tier 1 Liaison will be sent to the Galveston County Office of Emergency Management Emergency Operations Center if necessary.
- Place a CLOSED sign on office door.
- The PHEP Manager will notify the Emergency Operations Center that the department is closed, secured, and preparations are complete.
- Turn off all lights.
- Lock office door.
Standard Operating Procedure

Operations at the Emergency Operations Center

• Verify that necessary Tier 1 personnel are present at the Emergency Operations Center.

• Tier 1 Personnel will coordinate public health operations with Emergency Operations staff.

• Upon completion, Tier 1 Personnel may leave the Emergency Operations Center.

• Tier 1 Personnel must notify County Emergency Management staff of their departure.
Drug-Free Workplace

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

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

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

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

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

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

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

To assure compliance, District executives may initiate, as needed, random drug/alcohol testing in service areas where indicated (Reference: Vehicle Accident/Incident policy).
Consequences
Any employee who tests positive for illegal substances, including prescription drugs without a valid prescription, will be terminated immediately. Employees will be subject to the same consequences of a positive drug test if he/she refuses the screening or the test, adulterates or dilutes the specimen, substitutes the specimen with that from another person, refuses to sign required forms or refuses to cooperate in the testing process in such a way that prevents accurate completion of the test.

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

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

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

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

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

Confidentiality
Information received by the District regarding drug test results and/or an employee’s mandatory or self-referral to the employee assistance program is confidential, and such information shall be made solely to those individuals on a need-to-know basis.
**Violation**
Any violation of this policy may result in appropriate corrective disciplinary action, up to and including suspension, with or without loss of pay, or termination. It is the intent of this policy to be in compliance with the Drug-Free Workplace Act of 1988.
Criminal and Motor Vehicle Record Background Check Policy

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

**Policy**
All offers of employment at the District are contingent upon satisfactory results of the subsequently denoted background checks. Background checks shall be conducted only after a pending job offer has been made to the applicant. No applicant shall be denied employment on the basis of simply having a criminal record. Factors that will determine eligibility of hire are provided below.

Background checks will include:
- **Social Security Verification**: validates the applicant's Social Security number, date of birth and last seven years of former addresses.
- **Criminal History**: includes a review of the applicant’s criminal convictions. The following factors will be considered when determining if applicants with a criminal history shall be rendered an offer of employment:
  - The nature of the crime and its relationship to the position;
  - The time of the conviction;
  - The number (if more than one) of convictions; and
  - Whether hiring, transferring or promoting the applicant would pose an unreasonable risk to the business, or to its employees, customers and/or vendors.

The following additional background searches will be required, if applicable to the position:
- **Motor Vehicle Records**: provides a report of an individual's driving history in the state(s) requested. This search will be conducted on any employee operating a company owned vehicle. Employees subject to such checks as a condition of employment will undergo these checks annually.

**Procedure**
Applicants must complete a background check authorization form AFTER a pending offer of employment is extended to the applicant, and shall return the completed authorization form to Human Resources. Human Resources will order the background check upon receipt of the signed authorization form. Human Resources and/or contracted employment screening services will conduct the checks. All results will be reviewed by Human Resources. Upon review of said results, Human Resources shall notify the hiring manager, via email, that the employee is eligible or not eligible for hire.

In instances where negative or incomplete information is obtained, Human Resources shall assess the potential risks and liabilities related to the job's requirements and determine whether the
applicant is fit to be hired. If a decision not to hire a candidate is made based on the results of a background check, the candidate shall receive a Fair Credit Reporting Act (FCRA) Adverse Action letter from Human Resources that shall also notify the candidate of the contracted screening service issuing these results. Background check information will be maintained in a file separate from employees' personnel files. The District shall reserve the right to modify this policy at any time without notice.

**Supervisor Responsibilities**

Supervisors are responsible for communicating program specific expectations to assigned employees and providing feedback to Human Resources in the event that a supervisor becomes aware that the employee has received a traffic violation and/or been convicted of a crime.

**Violation**

Violation of this policy and/or a poor background check may result in corrective action up to and including termination of employment, or the revocation of the offer of employment.
United Board of Health
January 2019
Item #5
Receive and File Informational Reports
COASTAL HEALTH & WELLNESS

Governing Board

FINANCIAL SUMMARY

For the Period Ending October 31, 2018

December 6, 2018

GCHD Board Room | 9850-A Emmett F. Lowry Expy. | Texas City, TX  77591
CHW - BALANCE SHEET as of October 31, 2018

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>Current Month Oct-18</th>
<th>Prior Month Sep-18</th>
<th>Increase (Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash &amp; Cash Equivalents</td>
<td>$5,446,460</td>
<td>$5,317,550</td>
<td>$128,910</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>2,651,354</td>
<td>2,726,884</td>
<td>(75,531)</td>
</tr>
<tr>
<td>Allowance For Bad Debt</td>
<td>(1,243,343)</td>
<td>(1,268,441)</td>
<td>25,098</td>
</tr>
<tr>
<td>Pre-Paid Expenses</td>
<td>123,102</td>
<td>$85,248</td>
<td>37,854</td>
</tr>
<tr>
<td>Due To / From</td>
<td>31,598</td>
<td>$7,905</td>
<td>23,693</td>
</tr>
<tr>
<td>Total Assets</td>
<td>$7,009,171</td>
<td>$6,869,146</td>
<td>$140,024</td>
</tr>
</tbody>
</table>

LIABILITIES

| Accounts Payable | $156,606 | $112,504 | $44,102 |
| Accrued Salaries | 338,722 | 214,993 | 123,729 |
| Deferred Revenues | 27,442 | 32,815 | (5,373) |
| Total Liabilities | $522,770 | $360,312 | $162,458 |

FUND BALANCE

| Fund Balance | 6,508,834 | 5,197,121 | 1,311,714 |
| Current Change | (22,434) | 1,311,714 | (1,334,148) |
| Total Fund Balance | $6,486,400 | $6,508,834 | ($22,434) |

TOTAL LIABILITIES & FUND BALANCE

<table>
<thead>
<tr>
<th>Current Month Oct-18</th>
<th>Prior Month Sep-18</th>
<th>Increase (Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$7,009,171</td>
<td>$6,869,146</td>
<td>$140,024</td>
</tr>
</tbody>
</table>

CHW - REVENUE & EXPENSES as of October 31, 2018

<table>
<thead>
<tr>
<th>REVENUE</th>
<th>Actual Oct-18</th>
<th>Budgeted Oct-18</th>
<th>PTD Budget Variance</th>
<th>YTD Budget Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Revenue</td>
<td>$324,070</td>
<td>$324,070</td>
<td>($0)</td>
<td>($0)</td>
</tr>
<tr>
<td>DSRIP Revenue</td>
<td>0</td>
<td>79,167</td>
<td>(79,167)</td>
<td>(364,167)</td>
</tr>
<tr>
<td>HHS Grant Revenue</td>
<td>240,688</td>
<td>260,617</td>
<td>(19,928)</td>
<td>(20,626)</td>
</tr>
<tr>
<td>Patient Revenue</td>
<td>1,364,587</td>
<td>1,352,449</td>
<td>122,138</td>
<td>1,607,929</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>11,235</td>
<td>11,187</td>
<td>48</td>
<td>60,890</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$2,140,581</td>
<td>$2,027,490</td>
<td>$113,091</td>
<td>$1,284,026</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>Actual</th>
<th>Budgeted</th>
<th>PTD Budget Variance</th>
<th>YTD Budget Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>$663,189</td>
<td>$652,685</td>
<td>($10,504)</td>
<td>$417,266</td>
</tr>
<tr>
<td>Contractual</td>
<td>83,183</td>
<td>60,260</td>
<td>(22,923)</td>
<td>18,127</td>
</tr>
<tr>
<td>IGT Reimbursement</td>
<td>0</td>
<td>37,500</td>
<td>37,500</td>
<td>179,022</td>
</tr>
<tr>
<td>Supplies</td>
<td>87,474</td>
<td>106,440</td>
<td>18,965</td>
<td>2,321</td>
</tr>
<tr>
<td>Travel</td>
<td>4,676</td>
<td>2,510</td>
<td>(2,166)</td>
<td>(1,588,615)</td>
</tr>
<tr>
<td>Bad Debt Expense</td>
<td>1,243,343</td>
<td>1,084,467</td>
<td>(158,876)</td>
<td>(1,588,615)</td>
</tr>
<tr>
<td>Other</td>
<td>81,149</td>
<td>83,628</td>
<td>2,479</td>
<td>(85,221)</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$2,163,015</td>
<td>$2,027,490</td>
<td>($135,525)</td>
<td>($1,058,138)</td>
</tr>
<tr>
<td>CHANGE IN NET ASSETS</td>
<td>($22,434)</td>
<td>$0</td>
<td>($22,434)</td>
<td>$225,888</td>
</tr>
</tbody>
</table>

HIGHLIGHTS

- MTD decrease in Fund Balance of ($22,434).
- Revenues were $113,091 higher than budgeted this month. YTD revenues related to Medicaid, Medicare and
  Contract Revenue were all higher than budgeted. YTD Private Insurance is slightly less than budgeted.
- Expenses were ($135,525) higher MTD than budgeted. Bad Debt expense is recorded higher than budgeted. Expenses
  included Supplemental Payroll ($45,073), J2 contract expenses for HRSA Competitive Grant Application ($13K), Waiting room chairs for
  Galveston Clinic ($7,700), and Dental Operating Supplies totaling ($13,563). A total of $66,336 was from Fund Balance Reserve.
- YTD increase in fund balance of $225,888. Total fund balance $6,486,400 as of 10/31/18.
Coastal Health & Wellness

Statement of Revenue and Expenses for the Period ending Oct 31, 2018

<table>
<thead>
<tr>
<th>Grouping</th>
<th>Description</th>
<th>Period Ending 10/31/18</th>
<th>MTD Budget Variance</th>
<th>MTD Budget Actual</th>
<th>YTD Actual Variances</th>
<th>YTD Actual</th>
<th>YTD Budget Variances</th>
<th>YTD Budget</th>
<th>Annual Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRSA</td>
<td>HHS GRANT REVENUE - Federal</td>
<td>$240,688</td>
<td>$260,617</td>
<td>($20,928)</td>
<td>$1,803,691</td>
<td>$1,824,316.67</td>
<td>($20,626)</td>
<td>$3,172,400</td>
<td></td>
</tr>
<tr>
<td>Patient Rev</td>
<td>GRANT REVENUE - Title V</td>
<td>$10,371</td>
<td>$17,419</td>
<td>($7,048)</td>
<td>$135,196</td>
<td>$135,907</td>
<td>($7,711)</td>
<td>$200,000</td>
<td></td>
</tr>
<tr>
<td>Patient Rev</td>
<td>PATIENT FEES</td>
<td>$874,918</td>
<td>$845,258</td>
<td>$26,660</td>
<td>$6,047,431</td>
<td>$5,937,804</td>
<td>$109,628</td>
<td>$1,809,128</td>
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</tr>
<tr>
<td>Patient Rev</td>
<td>PRIVATE INSURANCE</td>
<td>$135,003</td>
<td>$136,566</td>
<td>($1,562)</td>
<td>$1,019,491</td>
<td>$959,890</td>
<td>$63,601</td>
<td>$1,638,668</td>
<td></td>
</tr>
<tr>
<td>Patient Rev</td>
<td>PHARMACY REVENUE - 340b</td>
<td>$81,744</td>
<td>$58,750</td>
<td>$22,994</td>
<td>$559,541</td>
<td>$411,250</td>
<td>$148,291</td>
<td>$705,000</td>
<td></td>
</tr>
<tr>
<td>Patient Rev</td>
<td>MEDICARE</td>
<td>$232,378</td>
<td>$137,727</td>
<td>$94,651</td>
<td>$1,643,714</td>
<td>$964,086</td>
<td>$679,625</td>
<td>$1,652,723</td>
<td></td>
</tr>
<tr>
<td>Patient Rev</td>
<td>MEDICAL CLAIMS</td>
<td>$226,880</td>
<td>$169,421</td>
<td>$57,459</td>
<td>$1,631,124</td>
<td>$1,136,945</td>
<td>$496,179</td>
<td>$1,649,049</td>
<td></td>
</tr>
<tr>
<td>Other Rev</td>
<td>LOCAL GRANTS &amp; FOUNDATIONS</td>
<td>$1,351</td>
<td>$2,134</td>
<td>($1,351)</td>
<td>$74,663</td>
<td>$18,909</td>
<td>$55,753</td>
<td>$32,416</td>
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</tr>
<tr>
<td>Other Rev</td>
<td>MEDICAL RECORD REVENUE</td>
<td>$1,857</td>
<td>$503</td>
<td>$1,354</td>
<td>$15,616</td>
<td>$9,479</td>
<td>$6,137</td>
<td>$16,250</td>
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<tr>
<td>Other Rev</td>
<td>MEDICAID INCENTIVE PAYMENTS</td>
<td>$555</td>
<td>$555</td>
<td>$2,425</td>
<td>$0</td>
<td>$2,425</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>County</td>
<td>COUNTY REVENUE</td>
<td>$324,071</td>
<td>$324,070</td>
<td>$0</td>
<td>$2,268,493</td>
<td>$2,268,492</td>
<td>$1</td>
<td>$3,888,444</td>
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</tr>
<tr>
<td>Other Rev</td>
<td>MISCELLANEOUS REVENUE</td>
<td>$0</td>
<td>$0</td>
<td>$362</td>
<td>$0</td>
<td>$362</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Other Rev</td>
<td>MEDICAL REVENUE - SALE OF FIXED ASSET</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Other Rev</td>
<td>INTEREST INCOME</td>
<td>$7,102</td>
<td>$2,036</td>
<td>$5,065</td>
<td>$42,686</td>
<td>$14,583</td>
<td>$28,084</td>
<td>$25,000</td>
<td></td>
</tr>
<tr>
<td>Patient Rev</td>
<td>CONTRACT REVENUE</td>
<td>$3,140</td>
<td>$835</td>
<td>$2,307</td>
<td>$16,574</td>
<td>$5,833</td>
<td>$10,741</td>
<td>$10,000</td>
<td></td>
</tr>
<tr>
<td>Other Rev</td>
<td>LOCAL FUNDS / OTHER REVENUE</td>
<td>$370</td>
<td>$370</td>
<td>$370</td>
<td>$3,466</td>
<td>$3,466</td>
<td>$3,466</td>
<td>$0</td>
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</tr>
<tr>
<td>Other Rev</td>
<td>CONVENIENCE FEE</td>
<td>$670</td>
<td>$670</td>
<td>$0</td>
<td>$4,690</td>
<td>($4,690)</td>
<td>$8,040</td>
<td>$8,040</td>
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</tr>
<tr>
<td>Other Rev</td>
<td>Fund Balance</td>
<td>$4,378</td>
<td>($4,378)</td>
<td>$0</td>
<td>$30,648</td>
<td>($30,648)</td>
<td>$52,540</td>
<td>$52,540</td>
<td></td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$1,240,581</td>
<td>$2,027,490</td>
<td>$113,091</td>
<td>$15,476,455</td>
<td>$14,192,428</td>
<td>$1,284,026</td>
<td>$24,329,877</td>
<td>$24,329,877</td>
<td></td>
</tr>
</tbody>
</table>

**EXPENSES**

- **Personnel**
  - SALARIES: $504,217
  - Merit Compensation: $0
  - PROVIDER INCENTIVES: $0
  - SALARIES, AUTOMOTIVE: $4,500
  - O/T: $2,536
  - PAYROLL TAXES: $9,367
  - LABOR COSTS: $32,577
  - COMMISSIONS: $370
  - WORKER'S COMP: $1,318
  - EMPLOYER: $8,484
  - PAYROLL: $13,742
  - RETIREMENT: $13,287
  - OUTSIDE LAB: $22,847
  - X-RAY: $2,868
  - DENTAL SUPPLIES: $32,577
  - SUPPLIES: $8,360
  - LABOR: $7,429
  - IGT REIMBURSEMENT: $37,500
  - CONTRACTUAL: $13,742
  - PEST CONTROL: $80
  - SECURITY: $3,639
  - OFFICE SUPPLIES: $12,500
  - EQUIPMENT: $2,969
  - OTHER: $7,429
  - POSTAGE: $550
  - TELEPHONE: $4,012
  - WATER: $1,631
  - ELECTRICITY: $1,522
  - TRAVEL: $325
  - TRAVEL, LOCAL: $325
  - TRAVEL, OUT OF TOWN: $0
  - LOCAL TRAINING: $0
  - RENTALS: $3,270
  - LEASES: $43,121
  - MAINT/REPAIR/EQUIP.: $6,396
  - MAINT/REPAIR/AUTO: $0
  - FUEL: $175
  - MAINT/REPAIR/BUILDING: $42
  - MAINT/REPAIR, IT: $42
  - MAINT/REPAIR, PREVENTATIVE: $0
  - INSURANCE: $298
  - INSURANCE, GENERAL LIABILITY: $1,336
  - INSURANCE, BDLG. CONTENTS: $1,484
  - COMPUTER EQUIPMENT: $0
  - OPERATING EQUIPMENT: $0
  - BUILDING IMPROVEMENTS: $0
  - NEWSPAPER ADS: $378
  - SUBSCRIPTIONS, BOOKS, ETC: $97
  - ASSOCIATION DUES: $2,667

**Total Revenue:** $1,240,581

**Total Expenses:** $2,027,490

**Total Variance:** ($113,091)

**Total Budget:** $15,476,455

**Total Actual:** $14,192,428

**Total Variance:** $1,284,026

**Total Budget Variance:** $24,329,877

**Total Actual Variance:** $24,329,877
## Coastal Health & Wellness

### Statement of Revenue and Expenses for the Period ending Oct 31, 2018

<table>
<thead>
<tr>
<th>Description</th>
<th>Period Ending 10/31/18</th>
<th>MTD Budget</th>
<th>MTD Budget Variance</th>
<th>YTD Actual</th>
<th>YTD Budget</th>
<th>YTD Budget Variance</th>
<th>Annual Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other IT SOFTWARE, LICENSES, INTANGIBLES</td>
<td>$13,830</td>
<td>$12,712</td>
<td>($1,119)</td>
<td>$172,212</td>
<td>$88,982</td>
<td>($83,230)</td>
<td>$152,540.00</td>
</tr>
<tr>
<td>Other PROF FEES/LICENSE/INSPECTIONS</td>
<td>$475</td>
<td>$191</td>
<td>($284)</td>
<td>$1,503</td>
<td>$1,335</td>
<td>($168)</td>
<td>$2,288.00</td>
</tr>
<tr>
<td>Other PROFESSIONAL SERVICES</td>
<td>$217</td>
<td>$1,342</td>
<td>$1,125</td>
<td>$12,236</td>
<td>$9,392</td>
<td>($2,845)</td>
<td>$16,100.00</td>
</tr>
<tr>
<td>Other MED/HAZARD WASTE DISPOSAL</td>
<td>$520</td>
<td>$483</td>
<td>($37)</td>
<td>$2,752</td>
<td>$3,383</td>
<td>$631</td>
<td>$5,800.00</td>
</tr>
<tr>
<td>Other TRANSPORTATION CONTRACT</td>
<td>$631</td>
<td>$650</td>
<td>$19</td>
<td>$3,778</td>
<td>$4,550</td>
<td>$772</td>
<td>$7,800.00</td>
</tr>
<tr>
<td>Other BOARD MEETING OPERATIONS</td>
<td>$16</td>
<td>$29</td>
<td>$14</td>
<td>$86</td>
<td>$204</td>
<td>$118</td>
<td>$350.00</td>
</tr>
<tr>
<td>Other SERVICE CHG - CREDIT CARDS</td>
<td>$629</td>
<td>$685</td>
<td>$56</td>
<td>$4,211</td>
<td>$4,795</td>
<td>$584</td>
<td>$8,220.00</td>
</tr>
<tr>
<td>Other CASHIER OVER / SHORT</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>($5)</td>
<td>$0</td>
<td>($5)</td>
<td>$0.00</td>
</tr>
<tr>
<td>Other LATE CHARGES</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0.00</td>
</tr>
<tr>
<td>Other BAD DEBT EXPENSE</td>
<td>$1,243,343</td>
<td>$1,084,467</td>
<td>($158,876)</td>
<td>$9,179,884</td>
<td>$7,591,268</td>
<td>($1,588,615)</td>
<td>$13,013,603.00</td>
</tr>
<tr>
<td>Other MISCELLANEOUS EXPENSE</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$50</td>
<td>$0</td>
<td>($50)</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$2,163,015</strong></td>
<td><strong>$2,027,490</strong></td>
<td><strong>($135,525)</strong></td>
<td><strong>$15,250,569</strong></td>
<td><strong>$14,192,428</strong></td>
<td><strong>($1,058,138)</strong></td>
<td><strong>$24,329,877</strong></td>
</tr>
<tr>
<td><strong>Net Change in Fund Balance</strong></td>
<td><strong>($22,434)</strong></td>
<td><strong>$0</strong></td>
<td><strong>($22,434)</strong></td>
<td><strong>$225,888</strong></td>
<td><strong>$0</strong></td>
<td><strong>$225,888</strong></td>
<td><strong>$0</strong></td>
</tr>
</tbody>
</table>
### Prior Period vs. Current Visits

#### Medical Visits

<table>
<thead>
<tr>
<th>Month</th>
<th>Prior Period</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov</td>
<td>2,012</td>
<td>2,857</td>
</tr>
<tr>
<td>Dec</td>
<td>2,316</td>
<td>2,542</td>
</tr>
<tr>
<td>Jan</td>
<td>2,353</td>
<td>2,939</td>
</tr>
<tr>
<td>Feb</td>
<td>2,390</td>
<td>2,798</td>
</tr>
<tr>
<td>Mar</td>
<td>2,943</td>
<td>2,946</td>
</tr>
<tr>
<td>Apr</td>
<td>2,417</td>
<td>2,334</td>
</tr>
<tr>
<td>May</td>
<td>2,939</td>
<td>2,177</td>
</tr>
<tr>
<td>June</td>
<td>2,850</td>
<td>2,205</td>
</tr>
<tr>
<td>July</td>
<td>2,696</td>
<td>2,363</td>
</tr>
<tr>
<td>Aug</td>
<td>2,267</td>
<td>2,413</td>
</tr>
<tr>
<td>Sept</td>
<td>2,720</td>
<td>2,115</td>
</tr>
<tr>
<td>Oct</td>
<td>2,974</td>
<td>2,725</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30,877</strong></td>
<td><strong>30,414</strong></td>
</tr>
</tbody>
</table>

#### Dental Visits

<table>
<thead>
<tr>
<th>Month</th>
<th>Prior Period</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov</td>
<td>878</td>
<td>749</td>
</tr>
<tr>
<td>Dec</td>
<td>926</td>
<td>772</td>
</tr>
<tr>
<td>Jan</td>
<td>931</td>
<td>597</td>
</tr>
<tr>
<td>Feb</td>
<td>913</td>
<td>354</td>
</tr>
<tr>
<td>Mar</td>
<td>1111</td>
<td>0</td>
</tr>
<tr>
<td>Apr</td>
<td>851</td>
<td>167</td>
</tr>
<tr>
<td>May</td>
<td>858</td>
<td>362</td>
</tr>
<tr>
<td>June</td>
<td>841</td>
<td>446</td>
</tr>
<tr>
<td>July</td>
<td>899</td>
<td>427</td>
</tr>
<tr>
<td>Aug</td>
<td>820</td>
<td>523</td>
</tr>
<tr>
<td>Sept</td>
<td>903</td>
<td>426</td>
</tr>
<tr>
<td>Oct</td>
<td>838</td>
<td>531</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10,769</strong></td>
<td><strong>5,354</strong></td>
</tr>
</tbody>
</table>

#### Counseling Visits

<table>
<thead>
<tr>
<th>Month</th>
<th>Prior Period</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov</td>
<td>57</td>
<td>52</td>
</tr>
<tr>
<td>Dec</td>
<td>65</td>
<td>60</td>
</tr>
<tr>
<td>Jan</td>
<td>66</td>
<td>62</td>
</tr>
<tr>
<td>Feb</td>
<td>63</td>
<td>66</td>
</tr>
<tr>
<td>Mar</td>
<td>40</td>
<td>83</td>
</tr>
<tr>
<td>Apr</td>
<td>66</td>
<td>54</td>
</tr>
<tr>
<td>May</td>
<td>46</td>
<td>53</td>
</tr>
<tr>
<td>June</td>
<td>41</td>
<td>54</td>
</tr>
<tr>
<td>July</td>
<td>45</td>
<td>67</td>
</tr>
<tr>
<td>Aug</td>
<td>38</td>
<td>66</td>
</tr>
<tr>
<td>Sept</td>
<td>32</td>
<td>64</td>
</tr>
<tr>
<td>Oct</td>
<td>48</td>
<td>79</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>607</strong></td>
<td><strong>760</strong></td>
</tr>
</tbody>
</table>

---

### Medical Visits Graph

#### Dental Visits Graph

#### Counseling Visits Graph
## Annual HRSA Grant Budget

<table>
<thead>
<tr>
<th>Financial Class (Title V, Contract)</th>
<th>Annual HRSA Grant Budget MTD Actual</th>
<th>MTD Budget</th>
<th>Over/(Under) MTD Budget</th>
<th>YTD Actual</th>
<th>YTD Budget</th>
<th>Over/(Under) YTD Budget</th>
<th>% Over/ (Under) YTD Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>4,379</td>
<td>255</td>
<td>365</td>
<td>(110)</td>
<td>1,317</td>
<td>2,554</td>
<td>(1,237)</td>
</tr>
<tr>
<td>Medicare</td>
<td>3,703</td>
<td>298</td>
<td>309</td>
<td>(11)</td>
<td>1,890</td>
<td>2,160</td>
<td>(270)</td>
</tr>
<tr>
<td>Other Public (Title V, Contract)</td>
<td>1,064</td>
<td>148</td>
<td>89</td>
<td>59</td>
<td>869</td>
<td>621</td>
<td>248</td>
</tr>
<tr>
<td>Private Insurance</td>
<td>3,417</td>
<td>189</td>
<td>285</td>
<td>(96)</td>
<td>997</td>
<td>1,993</td>
<td>(996)</td>
</tr>
<tr>
<td>Self Pay</td>
<td>30,379</td>
<td>2,445</td>
<td>2,532</td>
<td>(87)</td>
<td>14,584</td>
<td>17,721</td>
<td>(3,137)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>42,942</strong></td>
<td><strong>3,335</strong></td>
<td><strong>3,579</strong></td>
<td><strong>(244)</strong></td>
<td><strong>19,657</strong></td>
<td><strong>25,050</strong></td>
<td><strong>(5,393)</strong></td>
</tr>
</tbody>
</table>

### Unduplicated Patients - Current vs. Prior Year

**UDS Data Calendar Year**

January through December

<table>
<thead>
<tr>
<th>Financial Class</th>
<th>Current Year Annual Target</th>
<th>Jan - Oct 2017 Actual</th>
<th>Jan - Oct 2018 Actual</th>
<th>(Decrease) Prior Year</th>
<th>% of Annual Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unduplicated Patients</td>
<td>16,345</td>
<td>12,526</td>
<td>11,571</td>
<td>(955)</td>
<td>71%</td>
</tr>
</tbody>
</table>

### Unduplicated Patients - Current vs. Prior Year

**HRSA Grant Year**

April through March

<table>
<thead>
<tr>
<th>Financial Class</th>
<th>Annual HRSA Grant Budget Apr - Oct 2017 Actual</th>
<th>Apr - Oct 2018 Actual</th>
<th>(Decrease) Prior Year</th>
<th>% of Annual Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unduplicated Patients</td>
<td>14,198</td>
<td>10,516</td>
<td>8,784</td>
<td>(1,732)</td>
</tr>
</tbody>
</table>

* The Texas City Dental Clinic reopened on April 16, 2018.
Number of Unduplicated Patients

- Annual HRSA Grant Budget: 14,198
- HRSA Apr - Oct 2018 Actual: 8,784
- UDS Data Calendar Year Target: 16,345
- Jan - Oct 2018 Actual: 11,571
The Galveston County Health District (GCHD) is the local public health agency for Galveston County, Texas. GCHD provides services and programs that protect the everyday health and well-being of Galveston County.

P.O. Box 939 La Marque, Texas 77568 • (409) 938-7221

www.gchd.org

Back to agenda
United Board of Health
January 2019
Item #6
Consider for Approval Quarterly Investment Report
# Galveston County Health District
## Investment Report
### For the period ending December 31, 2018

### General Fund

<table>
<thead>
<tr>
<th></th>
<th>October</th>
<th>November</th>
<th>December</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Balance</td>
<td>$2,410,454</td>
<td>$1,838,885</td>
<td>$2,989,983</td>
</tr>
<tr>
<td>Deposits</td>
<td>487,000</td>
<td>1,649,390</td>
<td>0</td>
</tr>
<tr>
<td>Withdrawals</td>
<td>(1,060,000)</td>
<td>(500,000)</td>
<td>(784,500)</td>
</tr>
<tr>
<td>Interest Earned</td>
<td>1,432</td>
<td>1,707</td>
<td>3,203</td>
</tr>
<tr>
<td>Ending Balance</td>
<td>$1,838,885</td>
<td>$2,989,983</td>
<td>$2,208,686</td>
</tr>
<tr>
<td><strong>Current Yields</strong></td>
<td>0.90%</td>
<td>1.40%</td>
<td>1.40%</td>
</tr>
<tr>
<td><strong>Previous Quarter Yield (7/2018 to 9/2018)</strong></td>
<td>0.75%</td>
<td>0.87%</td>
<td>0.90%</td>
</tr>
</tbody>
</table>

### Galveston Area Ambulance Authority

<table>
<thead>
<tr>
<th></th>
<th>October</th>
<th>November</th>
<th>December</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Balance</td>
<td>$2,102,305</td>
<td>$2,405,713</td>
<td>$2,318,238</td>
</tr>
<tr>
<td>Deposits</td>
<td>808,500</td>
<td>160,000</td>
<td>147,500</td>
</tr>
<tr>
<td>Withdrawals</td>
<td>(507,000)</td>
<td>(250,000)</td>
<td>(140,000)</td>
</tr>
<tr>
<td>Interest Earned</td>
<td>1,908</td>
<td>2,525</td>
<td>2,606</td>
</tr>
<tr>
<td>Ending Balance</td>
<td>$2,405,713</td>
<td>$2,318,238</td>
<td>$2,328,344</td>
</tr>
<tr>
<td><strong>Current Yields</strong></td>
<td>0.90%</td>
<td>1.40%</td>
<td>1.40%</td>
</tr>
<tr>
<td><strong>Previous Quarter Yield (7/2018 to 9/2018)</strong></td>
<td>0.75%</td>
<td>0.87%</td>
<td>0.90%</td>
</tr>
</tbody>
</table>

### FY18 Summary

<table>
<thead>
<tr>
<th></th>
<th>General Fund</th>
<th>GAAA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>Oct 1-Dec 31</td>
<td>$13,754</td>
</tr>
<tr>
<td>Q2</td>
<td>Jan 1-Mar 31</td>
<td>$3,346,501</td>
</tr>
<tr>
<td>Q3</td>
<td>Apr 1-June 30</td>
<td></td>
</tr>
<tr>
<td>Q4</td>
<td>Jul 1-Sept 30</td>
<td></td>
</tr>
<tr>
<td><strong>YTD Totals</strong></td>
<td>$13,754</td>
<td>$18,404</td>
</tr>
</tbody>
</table>

### Interest Earned Year to Year Comparison

<table>
<thead>
<tr>
<th></th>
<th>FY2016</th>
<th>FY2017</th>
<th>FY2018</th>
<th>FY2019 (Current year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total as of 9/30</strong></td>
<td>0.50%</td>
<td>0.50%</td>
<td>1.00%</td>
<td>0.41%</td>
</tr>
</tbody>
</table>

### Tex Pool Investments

<table>
<thead>
<tr>
<th></th>
<th>October</th>
<th>November</th>
<th>December</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Balance</td>
<td>$1,327,223</td>
<td>$1,329,640</td>
<td>$1,332,047</td>
</tr>
<tr>
<td>Deposits</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Withdrawals</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Interest Earned</td>
<td>2,417</td>
<td>2,408</td>
<td>2,588</td>
</tr>
<tr>
<td>Ending Balance</td>
<td>$1,329,640</td>
<td>$1,332,047</td>
<td>$1,334,635</td>
</tr>
<tr>
<td><strong>Current Yields</strong></td>
<td>2.14%</td>
<td>2.20%</td>
<td>2.29%</td>
</tr>
<tr>
<td><strong>Previous Quarter Yield (7/2018 to 9/2018)</strong></td>
<td>1.89%</td>
<td>1.92%</td>
<td>2.00%</td>
</tr>
</tbody>
</table>

### Interest Earned Year to Year Comparison

<table>
<thead>
<tr>
<th></th>
<th>FY2016</th>
<th>FY2017</th>
<th>FY2018</th>
<th>FY2019 (Current year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total as of 9/30</strong></td>
<td>0.50%</td>
<td>0.50%</td>
<td>1.00%</td>
<td>0.41%</td>
</tr>
</tbody>
</table>

### Back to agenda
United Board of Health
January 2019
Item #7
Consider for Approval Quarterly Worker’s Compensation Report
Workers’ Compensation Report
Q2 – FY19

Claims Reported

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>GCHD/CHW</td>
<td>5</td>
<td>6</td>
<td>8</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>GAAA</td>
<td>11</td>
<td>21</td>
<td>18</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>27</td>
<td>26</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

DENOTES TOTAL NUMBER OF WORKERS’ COMPENSATION CLAIMS FILED.

Lost Time

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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DEPICTS CLAIMS RESULTING ONLY IN MEDICAL ATTENTION AND CLAIMS RESULTING IN LOST TIME.
Workers’ Compensation Report
Q2 – FY19

*INCLUDES OPEN CLAIMS FROM FY18 WHICH ACCOUNTED FOR $31,467.84 OF TOTAL WORKERS’ COMP PAYMENTS MADE DURING Q1 OF FY19.

Back to agenda
Convene into Executive Session Pursuant to Texas Government Code, Section 551.074 (Personnel Matters). The United Board of Health will enter into executive session as permitted under the Open Meetings Act, Chapter 551 of the Texas Government Code, pursuant to Section 551.074 of the Texas Government Code, Personnel Matters: to deliberate the appointment, employment, evaluation, reassignment, duties, discipline, or dismissal of a public officer or employee, respectively the Coastal Health & Wellness Executive Director.
United Board of Health  
January 2019  
Item #9 
Reconvene Regular Open Meeting
United Board of Health
January 2019
Item #10
Possible Action from Executive Session

Back to agenda
United Board of Health
January 2019
Item #11
Executive Report
Looking for a healthier start in 2019? The New Year often comes with goals centered on health.

Have fun reaching your goals with the IT’S TIME TEXAS Community Challenge.

The Community Challenge allows individuals, schools and community leaders to earn points for their cities and towns by participating in healthy activities now through March 3.

"So many of us have goals that center on health at the start of a New Year. This challenge is the perfect way to kick off your healthy lifestyle, and have fun with family and friends, as you challenge one another," said Galveston County Health District (GCHD) CEO Kathy Barroso.

Want to get involved?

Head over to www.ittcommunitychallenge.com to register and choose your community.

Registering earns you an automatic 500 points. Take a couple of minutes to watch the “Living Healthier” video and answer a few questions for another 200 points.

Shout out to Galveston Mayor Jim Yarbrough, Dickinson Mayor Julie Masters and Santa Fe Mayor Jason Tabor for signing the Community Challenge Mayor’s Pledge. Thanks to Texas City Mayor Matthew Doyle for signing the Mayor’s Pledge and issuing the Mayor’s Challenge. The commission also signed the City Council Pledge.
Heart disease is the leading cause of death for both men and women in America. That’s a startling statistic.

To break that down, heart disease is responsible for one in four deaths – that’s about 610,000 deaths every year, according to the Centers for Disease Control and Prevention (CDC).

It’s time to change the statistics. February marks American Heart Month and now is the perfect time to learn how you can take control of your health and protect your heart.

Don’t be fooled, heart disease isn’t an old man’s health problem. More and more, we’re seeing the conditions that lead to heart disease happening at a younger age. In fact, Americans ages 35-64, are at risk for heart disease earlier in life due to high risks in obesity and blood pressure, according to the CDC.

Risk factors include high blood pressure, high blood cholesterol and smoking/tobacco use.

Uncontrolled high blood pressure is one of the biggest risks for heart disease. High cholesterol also increases the risk of heart disease.

Diabetes, obesity, smoking and eating unhealthy foods, in addition to not being physically active, all lead to higher cholesterol levels. Smoking also damages blood vessels and can cause heart disease.

The good news is you’re in control. Healthy changes can be made that may lower your risk of developing heart disease.

Adopt healthy eating habits
Healthy meals and snack options can help you avoid heart disease, and its complications.

Fresh fruits, vegetables and foods low in saturated fats, trans fats, carbohydrates and cholesterol can help in the fight against heart disease.

Most Americans eat far too much salt, which increases blood pressure.

Try low sodium options. Also, cut down on sugar. It increases your blood sugar levels. Try replacing sugary drinks like soda and juices with water or low-sugar alternatives.

Get active
Did you know only one in five adults meets the Surgeon General’s physical guidelines of getting 150 minutes of moderate-intensity activity a week? That’s just 2.5 hours a week, or 20 minutes a day. Even a brisk walk or time on a bicycle can lead to a healthier heart.

Staying active helps you keep your heart and blood vessels healthy, maintain a healthy weight and lower your blood pressure, cholesterol and sugar levels.

More than one in three Americans – and one in six children ages 2-19 – are considered obese. Extra weight puts stress on your heart.

Put down the cigarettes
Smoking is the leading cause of preventable death in the United States, according to the CDC. If you don’t smoke, keep it that way. If you do, speak to your doctor about the best way to quit.

Take charge
Take charge of your health. Work with your doctor to manage conditions that could lead to a higher risk of heart disease. For more information on how to take care of your heart, visit www.cdc.gov.
The points you earn are assigned to your community. Now, it's time for the real work.

Do you enjoy taking selfies? Snap up to seven #HealthySelfies each day for 200 points each and upload those to the Community Challenge website. You can also track your physical activity, and even sync up your fitness tracker!

You can also earn points by tracking what you eat, hosting a community event and more.

Communities across the state compete for the most points.

Winners earn grant money and bragging rights.

“The bragging rights are a huge part of this challenge. Who doesn’t want to say their community is the best?” Barroso asked. “Texas City has dominated Galveston County for the past two years, finishing third in the mid-size in 2017 and 2018.”

So far in this year’s Community challenge, Texas City is leading the way in Galveston County, with Santa Fe in second and Galveston rounding out the top three.

Special thanks to Galveston Mayor Jim Yarbrough, Dickinson Mayor Julie Masters, Santa Fe Mayor Jason Tabor and Texas City Mayor Matthew Doyle for signing the Mayor’s Pledge.

Texas City's City Commission also signed the City Council pledge, and issued a Mayor’s Challenge to Yarbrough in the spirit of friendly competition and making Galveston County healthy.

“Whether you are participating as an individual or representative of a city, school or business, Galveston County Health District is here to help,” Barroso said. “We’ll provide weekly totals by community so we can see how each city in the county is stacking up to its neighbors and offer some ideas for friendly competition.”

Be sure to follow GCHD on Facebook at Facebook.com/GCHDinfo and Twitter at Twitter.com/GCHDinfo for weekly totals and motivation.

Looking for a way to get your business involved? The Galveston County Health District hosts #WalkingWednesday each week at noon with a brisk 15 minute walk. You can log the physical activity, take a #HealthySelfie, AND log one healthy workplace event.
CHIPOTLE BBQ PORK FOLDED TACOS

Ingredients
- 2 garlic cloves, minced
- 1 cup reduced-sugar barbecue sauce
- 4 chipotle chile peppers in adobo sauce, pureed
- 2 lbs boneless pork shoulder blade (butt) roast, trimmed
- 1 ½ tsp. smoked paprika
- 16 6-inch low-carb whole wheat tortillas
- 2 cups shredded cabbage
- 1 ½ cups diced onion

Directions
In a medium bowl, combine the garlic, barbecue sauce and chipotles. Blend well, then set aside in the refrigerator.

Place the pork in a 3-to-6-quart slow cooker. Cover and cook on low for 8 to 10 hours or on high for 4 to 6 hours.

Transfer the cooked pork to a cutting board. Shred the pork with two forks, discarding the excess fat. Return the pork to the slow cooker. Sprinkle the paprika over the shredded pork, then add the barbecue mixture. Cover and cook on low for 1 hour. Skim off any excess fat.

To build tacos, place a heaping spoonful of pork on a warmed tortilla. Top with cabbage and onions and serve. Place any leftover pork in an airtight container and store in the refrigerator for up to three days.

Makes: 16 servings
Serving Size: 1 taco

Photography by Eric Mixdens; food styling by Anne Whyte

PER SERVING

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The Galveston County Animal Resource Center (ARC) is happy to host two low-cost pet vaccination clinics on Friday, Feb. 15 and Saturday, Feb. 16.

Both clinics are open to residents of any city and will include pet microchipping and county registration.

Low-cost vaccinations, flea control and heartworm testing and treatment services through ARC range from $15 for a rabies vaccine for both dogs and cats to $60 for the dog package and $45 for the cat package. Specific pricing is online at www.gchd.org/arc.

Microchips are available for all cats and dogs, regardless of jurisdiction, for just $20 each.

County regulation requires pet owners who live in the municipalities served by the ARC (Bayou Vista, Hitchcock, Kemah, La Marque, Texas City, Tiki Island and unincorporated Galveston County) to register their pets.

There is no registration fee for pets that are already microchipped.

Registration for pets that are not microchipped is $20 and includes a microchip. The fee is $15 for pet owners age 65 and older.

Both clinics will take place at ARC, located at 3412 25th Avenue North (Loop 197 North) in Texas City from noon-2 p.m. on Feb. 15 and noon-3 p.m. Feb. 16. Appointments are not needed. Cash, check and major credit cards are accepted.

For more information, call the ARC at 409-948-2485.

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Join GCHD for free weekly diabetes support group

The Galveston County Health District (GCHD) is happy to offer its weekly support group for people living with diabetes.

Diabetes 101 is facilitated by a registered nurse and offers education about diabetes self-management. Topics include monitoring blood glucose, healthy eating, meal planning, understanding food labels, counting carbs and managing stress through increased activity.

“This support group is an opportunity for people with diabetes to sit down together to share their experiences managing the condition,” said Eileen Dawley, GCHD chief nursing officer. “In addition to the peer support, our nurse will offer valuable education that will help those with diabetes live a healthy lifestyle.”

Diabetes 101 meets every Wednesday 3-4 p.m. in the GCHD Texas City WIC Clinic, 9850-B Emmett F. Lowry Expressway, Suite B-101.02.

Registration for the group is required by calling 409-938-2293 or emailing chs@gchd.org.

Diabetes is one of the leading causes of disability and death in the United States.

One in 10 Americans have diabetes and another 84 million adults are at high risk of developing type 2 diabetes,
according to the Centers for Disease Control and Prevention (CDC).

A healthy lifestyle, as recommended by a physician, can reduce its impact.

Every day actions like eating a healthy diet, being physically active and taking prescribed medications help those with diabetes stay on track.

There are three main types of diabetes: type 1, type 2 and gestational.

Roughly 90 percent of people with diabetes have type 2, which can often be delayed or prevented.

With type 2 diabetes, the body doesn’t use insulin well and is unable to regulate blood sugar. Risk factors include:

• Being overweight;
• Being 45 years or older;
• Having a parent, brother or sister with type 2 diabetes;
• Being physically active less than three times a week;
• Ever having gestational diabetes or giving birth to a baby who weighed more than nine pounds.

Race and ethnicity also matter. African Americans, Hispanic/Latino Americans, American Indians, Pacific Islanders and some Asian Americans are at higher risk for type 2 diabetes.

Uncontrolled, diabetes can cause blindness, nerve damage, kidney disease and other health problems.

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**DIABETES 101**

**WEANLICY DIABETES SELF MANAGEMENT CLASS**

**EVERY WEDNESDAY 3PM - 5PM**

**LOCATED**

GCHD Texas City WIC Classroom
9850-B Emmett F. Lowry Expressway
chs@gchd.org or (409) 938-2293

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**MOTIVATION TIPS**

**LET’S GET MOVING**

Run on dirt: If your ankles, knees and hips ache from running on pavement, head for the dirt. Soft trails are a lot easier on your joints than concrete.

Live near work, restaurants or other destinations? Consider walking or riding your bike there. You’ll save money on gas and get more active!

Swap out your shoes: Exercise shoes easily deteriorate after heavy use. Consider replacing them after a couple years.

Dance away! Tired of running and weight-lifting? Dancing is a great way to burn calories!

Sitting with style: If you’re able, try sitting on an exercise ball at your desk instead a chair. This will help you build core strength during the day.
Free WIC cooking class
Learn how to cook with Galveston County Health District’s Women, Infant and Children (WIC) services and Galveston’s Own Farmers Market to create low-cost, delicious and healthy recipes. Classes are available in both Texas City and Galveston, noon-1 p.m.

All ingredients are provided and you get to eat the food you create! This is a FREE class open to WIC clients.

Texas City classes will be held at 9850 Emmett F. Lowry Expressway, Suite B-101, Texas City on Feb. 19, April 16, June 18, Aug. 20, Oct. 15 and Dec. 17.

To RSVP for Texas City classes, please call 409-949-3471.

Galveston classes will be held at 4700 Broadway, Community Room, Galveston, on March 19, May 21, July 16, Sept. 17 and Nov. 19.

To RSVP for Galveston classes, please call 409-763-7207.

Mother’s Milk Club – Texas City
The Galveston County Health District’s Mother's Milk Club meets 5:30-6:30 p.m. on the first and third Tuesday of each month at the Texas City WIC Clinic, 9850 Emmett F. Lowry Expressway, Suite B-101.

For information, call 409-949-3471.

Mother’s Milk Club - Dickinson
The Galveston County Health District’s Mother’s Milk Club meets 5:30-6:30 p.m. on the second and fourth Wednesday of each month at the Dickinson WIC Clinic, 2401 Termini St., Dickinson.

For information, call 409-337-7606.

Mother’s Milk Club - Galveston
The Galveston County Health District’s Mother's Milk Club meets 5:30-6:30 p.m. on the second and fourth Tuesday of each month at the Galveston WIC Clinic, 4700 Broadway, Suite F102, Galveston. For information, call 409-763-7207.

Diabetes 101
Empower yourself to better manage diabetes with Galveston County Health District’s (GCHD) free Diabetes 101 class every Wednesday 3-4 p.m. at the GCHD Texas City WIC Clinic, 9850-B Emmett F. Lowry Expressway, Suite B-101.

Topics include monitoring blood glucose, healthy eating, meal planning, understanding food labels, counting carbs and managing stress through increased activity. Registration for the free group is required by calling 409-938-2293 or emailing chs@gchd.org.

DEFEND. DRESS. DRAIN.
IT’S THAT SIMPLE.
Fight the Bite and defend against ZIKA.
GCHD.ORG/ZIKA
PUBLIC HEALTH PROGRAMS

ANIMAL SERVICES
Dec. 6, 2018-Jan. 30, 2019
• There have been no reported cases of rabies.

COMMUNITY HEALTH SERVICES
Dec. 5, 2018-Jan. 22, 2019
Breast Cancer Screenings
• A total of 39 screening mammograms and 28 Clinical Breast Exams (CBE) were provided to women of Galveston County that met the requirements of both BCCS and D’Feet programs.
• Staff processed 19 referrals from providers to have patients undergo diagnostic work-ups for breast cancer evaluation.
• A total of 10 patients were diagnosed with breast cancer in 2018. None have been diagnosed thus far in 2019. Outreach for the breast cancer screening programs was conducted by the public health nurses at various events they attended.

Immunization Program
• The emphasis of the immunization program continues to be education, outreach and assisting clients in linking with their primary medical home for services, in addition to providing shots to the public.
• National Influenza Vaccination Week was observed Dec. 2-8 in the immunization clinic with new flu posters, brochures and coloring books on display in the waiting room. Community partners were informed of the week’s activities through emails and news releases.
• Immunization staff administered 800 shots during this time period, compared to 1,035 during the same time period last year. The decrease is due in part to 503 “free” flu vaccines given in response to last year’s flu epidemic, compared to the 117 flu shots given in the current time period.
• During this time, 17 cases of Perinatal Hepatitis B were case managed by immunization staff.
• Annual daycare and school audits continued with two childcare audits and two private school audits completed this period. Texas Vaccine for Children Program (TVFC) staff processed 17 vaccine loss reports from private providers, made two vaccine transfers, conducted vaccine loss training, conducted new recruitment training, performed five site visit follow-ups and 13 Assessment Feedback Incentives eXchange (AFIX) follow-ups and reviewed maximum stock levels for four providers.
• Local health department immunization clinics will no longer be assessed for up-to-date immunization rates AFIX on their clients during the Department of State Health Services (DSHS) site visits. The memo from DSHS indicating this policy update was distributed to regional immunization managers on Nov. 30 and stated, “Beginning on December 1, 2018, the DSHS Public Health Regions (PHR) will no longer be required to conduct AFIX visits to public immunization clinics (this includes public health regions and local health department clinics). These clinics act as a vaccine safety net and serve the primary function of meeting immediate immunization needs and connecting patients to a medical home. As a result, conducting immunization assessments to public clinics assesses them on a measure that is not aligned with
their primary operating objective. All clinics will continue to receive traditional [Provider, Education, Assessment and Reporting] PEAR visits.”

HIV/STD Services
- The HIV/STD control program conducted 65 HIV, Syphilis and Hepatitis C tests from Nov. 22-Dec. 20.
- Within the testing effort, the HIV/STSD prevention team tested individuals at the Galveston County Jail and other community events in the area.

Tuberculosis (TB) Control Services
- Currently the TB program is treating seven confirmed TB cases. A total of 338 doses of Directly Observed Therapy (DOT) and Directly Observed Preventive Therapy (DOPT) were delivered to clients. All current active cases are being monitored by video DOT.
- A total of 54 clients were seen in chest clinic and 15 field visits were conducted during this time period.
- In December, TB staff joined efforts with Brazoria County in a mass contact investigation at Pearland High School, where an estimated 150 students and staff were tested for latent TB infection (LTBI).
- The TB program finished the 2018 calendar year with a total of 14 TB disease cases and seven TB suspects for a total of 22 work-ups for the year. One case was a Multi-Drug Resistant (MDR) case, which will be followed and treated for the next two years by the health district TB program. In 2017, a total of eight MDR TB cases were reported in the state of Texas.

Public Health Nursing
- The weekly Diabetes 101 class continues every Wednesday at the Mid-County Annex. Topics include reading food labels, healthy shopping for diabetes, stress management and other areas of interest to group participants. The nurses are now conducting individual counseling sessions for new diabetics. These have been Coastal Health & Wellness (CHW) referrals as well as people who learned about the sessions from The Daily News. A success story – one participant lowered her A1c from 11.6 to 6.5 and lost 15 pounds in three months.
- Public health nurses participated in 10 health fairs/outreach events, providing information on health district services and a variety of health information to more than 380 participants. Blood pressure and blood glucose screenings were done for 73 participants with a total of 28 people having elevated blood pressures and eight having elevated blood glucose readings. These individuals were provided with educational information and referrals to their own medical provider, the emergency room or the CHW clinic, depending on the individual circumstances.

Women, Infants and Children (WIC)
- A partial shutdown of the federal government began Dec. 22 and affected United States Department of Agriculture (USDA) funding. WIC agencies across Texas will continue to operate under normal circumstances considering the shutdown. WIC clients can continue to use their WIC benefits in grocery stores, take on-line classes and use the DSHS free lactation services hotline. Health and Human Services Commission (HHSC) has placed a notification on the TexasWIC.org website stating, “Texas WIC is open for business as usual even though the federal government is shut down.” Based on funding from USDA Texas, WIC had adequate funds to operate through the end of March.
• The Galveston WIC clinic hosted its first cooking demonstrations with Galveston’s Own Farmers Market on Jan. 19. The class was filled to capacity and participants learned how to cook a variety of recipes using WIC foods. The next cooking demonstration is scheduled for Texas City WIC on Feb. 19. The WIC program received approval from HHSC to provide nutrition education credit to WIC participants who attend the cooking sessions.

• WIC staff served an estimated 3,945 participants in December, down 552 from December 2017.

• WIC agencies across Texas are seeing a significant drop in participation with one identified factor being related to immigration status and fear of obtaining services from federal programs. During the months of December and January, WIC staff identified and reached out to more than 32 local physician offices and health programs to discuss the WIC program and provide written information on services. Staff has also reached out to local grocery stores and received approval for a standing WIC banner, advertising WIC services and contact information, to be displayed at three grocery stores in Texas City with more to come in Dickinson and Galveston.

ENVIRONMENTAL and CONSUMER HEALTH SERVICES
• Congratulations to Jen Thickitt who was recently named air program manager and Katherine Wilson who was named water program manager. Thickitt has been with the air pollution program for five years and formerly served as a senior environmental investigator. She will be responsible for air complaints, compliance inspections and air monitoring under the Biowatch Program and the National Particulate Matter Program. Thickitt continues to provide environmental lead investigations for the health district. Wilson has been with the water pollution program for seven years and formerly served as a senior environmental investigator. She will be responsible for water complaints, wastewater treatment inspections, water monitoring, stormwater pollution prevention and the Texas Beach Watch program.

• Consumer Health Services staff Helena Yazdani, Jennifer Peebler, Brittany Flores and Michael Falco recently inspected some 69 temporary food booths for the Yaga’s Chili Fest in Galveston. Inspections were made exceptionally difficult due to 40 mph winds and extremely cold temperatures. Staff had to find alternative ways to have booth operators protect their food due to the wind destroying some overhead covers. The unpleasant conditions led to several food booth operators not operating or shutting down early.

• Since 2017, air pollution investigators have investigated chronic odor complaints around the Galveston County Landfill on FM 1764 near Santa Fe. Following an investigation in April 2018, the air pollution division received a list of corrective actions from landfill management to help control the odors. The corporation installed 25 new gas extraction wells covering 26 acres, installed 16 pumps on existing wells in order to remove liquids from the waste gas stream, elevated the odor control misting system, installed 20 acres of intermediate soil cover and vegetative seeding and are conducting daily patrols off-site to determine if there are odor issues. The last complaint received by the health district was on Dec. 17. It appears complaints are received early summer through the end of fall. Odor issues at the Galveston County Landfill are not isolated to this facility. The company is also dealing with odors at other landfills in the area. As the landfill continues to expand upward, odors will have to be addressed.

• In December, the Year 5 Municipal Separate Storm Sewer System report was submitted to the Texas Commission on Environmental Quality (TCEQ) as required by Galveston County’s federal storm water permit. The health district, under agreement with the county, implements the objectives under the county’s permit. This report covers the five minimum control measures (MCM), which include public education and outreach, illicit discharge detection and elimination,
construction site storm water runoff control, post-construction controls and pollution prevention and good housekeeping for municipal operations. Within these MCMs, the health district completes a multitude of best management practices for the year including attending events with the Enviroscape watershed model and handing out information and merchandise, performing construction site inspections, training county employees on illicit discharges, sampling storm water sites, inspecting on-site sewage facilities (OSSF) and responding to water pollution and OSSF complaints. The new five-year Storm Water Management Program (SWMP) permit will come out this year and the health district will draft the storm water objectives for the county.

EPIDEMIOLOGY/ PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP)

- The epidemiology department was awarded funding for a new epidemiologist position through June 30, 2020. The funding is part of the Hurricane Recovery Crisis Cooperative Agreement Project. The position was created to enhance Galveston County’s jurisdictional surveillance, investigation and reporting of foodborne and waterborne disease outbreaks and other diseases commonly associated with disasters such as hurricanes and floods.
- On Dec. 10, epidemiology staff received a report that 14 of 17 people who ate at a restaurant became ill. The group began experiencing gastrointestinal illness one-two days after eating at the facility on Nov. 29. Staff’s working hypothesis is that this outbreak was due to Norovirus; however, testing was not recommended by DSHS due to the delay in reporting the illness.
- On Dec. 14, epidemiology staff received a report of 11 confirmed and six probable cases of flu at an elementary school in Dickinson. The report included 8-9-year-olds and two tested positive for Flu A. Symptom onset was Dec. 3-13. Staff provided the school with a flu letter and fact sheet to send home to parents. The letter went out on Dec. 14. The school nurse will continue to monitor and report cases.
- On Dec. 18, epidemiology staff received a report of a chicken pox case in an 11-month-old child at a daycare in League City. Upon investigation, staff discovered that the child went to daycare and there were four other cases of chicken pox at the daycare. It was then considered an outbreak. Staff sent the daycare a letter to send home to parents, asked daycare staff to monitor and exclude any child with signs of chicken pox until their lesions had crusted over and to report all new cases to the health district. Staff also informed daycare staff the outbreak would be considered over once two incubation periods (42 days) have passed with no new cases.
- On Dec. 15, Medical Reserve Corps (MRC) Coordinator Richard Pierce held a Basic Life Support (BLS) training at the Mid-County Annex. MRC held its regular monthly meeting on Jan. 9.
- The epidemiology department was asked to give several lectures Jan. 10-24 to UTMB epidemiology students. Topics included outbreak investigation, foodborne illness, local diseases and surveillance.

GAAA UPDATES

- GAAA welcomed Stacey Bouse as the department’s non-emergency transfer supervisor on Dec. 21. Bouse previously served as EMS senior team captain.
- On Jan. 7, GAAA staff met with the UTMB Care Management Team to discuss transfers and ways in which to improve transfer scheduling and communication. Going forward, monthly meetings are scheduled to discuss progress and address any areas of concern.
• Kory Dominy, EMS training officer, conducted a mandatory hands-on training course for GAAA staff on using Stryker stretchers. Training included the proper lifting techniques for loading and unloading a stretcher in and out of an ambulance and how to navigate on rough terrain and uneven gradients.

COMMUNITY OUTREACH

Animal Services
• On Dec. 8, ARC hosted its low-cost vaccination clinic, servicing 16 pets.
• On Dec. 15, ARC participated in the Healthy Pets for the Holiday Girl Scouts event.
• On Dec. 21, ARC participated in the KHEA 99.5 FM Share-a-Thon with a live radio and social media interview with an ARC dog.
• On Dec. 22, ARC participated in the Pearland Towncenter adoption event.
• On Jan. 4-5, ARC offered half-price adoptions with 17 pets adopted.
• On Jan. 11-12, ARC hosted its low-cost vaccination clinic, servicing 33 pets.
• On Jan. 22, Jimmy Changas in League City hosted a fundraiser benefiting ARC.
• On Jan. 26, ARC participated in the Pet Supplies Plus adoption event in League City.

Community Health Services
• GCHD Zika community outreach staff participated in several community outreach events in December and January, including giving a Zika presentation to WIC clients.
• The HIV/STD prevention team distributed 421 condoms to business drop sites.
• The HIV/STD program sponsored three outreach/testing events in recognition of World Aids Day, Dec. 1. Staff offered testing at Walgreens in Galveston on Nov. 30, Walgreens in Dickinson on Dec. 1 and Danbury Hospital in Lake Jackson on Dec. 3. They also participated in a testing event sponsored by the Bacliff Police Department on Dec. 10.

GAAA
• On Dec. 2, GAAA staff provided standby coverage for a cheer competition at Moody Gardens on Galveston Island.
• On Dec. 16, GAAA staff provided standby coverage for the Santa Hustle.

COMMUNICATION OFFICE

• News Releases/Website News Posts
  o ARC low-cost vaccination clinic
  o World AIDS Day
  o Dealing with holiday stress
  o National Influenza Vaccination Week guest column
  o National Influenza Vaccination Week press release
  o HEAL launch
  o IT’S TIME TEXAS Community Challenge guest column
  o IT’S TIME TEXAS Community Challenge press release

• Social Media
  o ARC low-cost vaccination clinic
  o World AIDS DAY
  o Dealing with holiday stress
  o National Influenza Vaccination Week
  o HEAL
  o IT’S TIME TEXAS Community Challenge
• National Handwashing Awareness Week
• ARC Heal-a-Heart
• HIV/STD free condoms
• HIV/STD PrEP
• HIV/STD free testing
• HIV/STD Jim Hilton Award
• WIC December cooking class
• WIC January cooking class
• WIC Mother’s Milk Club
• Birth and Death Records division services
• Free breast cancer screening services
• Diabetes 101 class
• Food safety inspections
• Holiday closures
• Healthy eating during the holidays

• Videos
  • Pets of the Week (4)
  • Employee Spotlight – Marissa Worsham

**HUMAN RESOURCES UPDATES**
Dec. 7, 2018-Jan. 25, 2019

**GCHD and GAAA Career Opportunities:**

- **Employee Onboarding** – Human Resources conducted new employee orientation for the following employee(s):
  - Amanda Montgomery – Human Resources Administrative Assistant
  - Isabella Dworak – EMT Basic
  - Cameron Edward – EMT Basic
  - Jillian Anderson – Advanced EMT
  - Syed Ullah – IT Network Security Engineer II
  - Julie Borgmann – Animal Care Technician
  - Kory Dominy – EMS Training Officer
  - Stacey Bouse – EMS NET Field Supervisor

- **Job Offers** – The following candidate(s) were extended job offers and have future start dates:
  - Quinn Juarez – Animal Control Officer

- **Current Vacancies:**
  - Public Health vacancies:
    - Animal Services – Animal Care Technician (1 full-time, 3 part-time)
    - Environmental Health Services - Environmental Investigator
    - Epidemiology – Epidemiologist I
    - Human Resources – Human Resources Director
    - WIC – Breastfeeding Peer Counselor
  - GAAA Admin vacancies:
    - Logistics Coordinator
GAAA Field vacancies:
- EMT Basic part-time (3)
- EMT Advanced full-time (5)
- EMT Advanced part-time (1)
- Paramedic (3)
- Team Captain (5)

Employee Activities
- **PHN Employee Wellness Activities**
  - Healthy Eating Portion Control and Cervical Cancer Awareness Month educational materials and displays were provided in the employee break room.

- **Employee Wellness Committee**
  - The healthy snack bar continues to be well received.
  - The Knit & Crochet Club for employees meets weekly at lunch in the mid-county annex.
  - A weekly parking lot trash pickup happens each Friday.
  - The monthly healthy luncheons continue to be held for employees.
  - A book club was started for employees to check out books.
  - Employees are being encouraged to participate in the IT’S TIME TEXAS Community Challenge.
  - A weekly employee walking group is being held every Wednesday at noon throughout the IT’S TIME TEXAS Community Challenge.
  - Infused water is being offered to employees every Friday throughout the IT’S TIME TEXAS Community Challenge.

**UBOH Contract Report: January 2019**
1. A Memorandum of Understanding was signed between Galveston County Health District, Coastal Health and Wellness and Central Appraisal District to share the expense of securing a security guard to patrol the parking lot located outside of 9850 Emmett F Lowry Expressway to deter vehicle theft, loss or damage from criminal and/or other prohibited acts. A month-to-month Agreement for Security Services was signed with Ranger Guard and Investigations offices located at 2912 Shaver in Pasadena, Texas.

2. In accordance with the Department of State Health Services (“DSHS”) Public Health Zika grant for the provision of Zika response activities, specifically, developing risk communication plans and targeted messaging through different public mediums regarding Zika risks and protective measures, the Health District has entered into an Agreement with iHeart Media to run informational and educational radio commercials regarding Zika.

3. A Memorandum of Understanding was entered into between Galveston’s Own Farmers Market and Galveston County Health District’s Women, Infant and Children (“WIC”) program to provide educational classes to teach about good nutrition and provide cooking demonstrations and food samplings to teach how to make healthy meals. This is part of an ongoing initiative to educate the community about healthy eating habits.
4. Galveston County Health District’s Women, Infant and Children (“WIC”) also secured an additional location for WIC to provide breastfeeding education and nutrition classes, as well as, a meeting location for the Mother’s Milk Club support group.

5. The Health District’s Office of Environmental Health Programs entered into a Water Pollution and Abatement Contract for the 2019 fiscal year with the City of Texas City. Through this agreement, environmental health inspectors provide the City of Texas City with services including complaint investigations, both spot and comprehensive inspections of publicly owned treatment works (POTWs), grease trap inspections, and the collection and lab testing of surface water samples.

6. A Contract for the maintenance of Stryker equipment including Stair Pro and stretchers was awarded to ProCare in the amount of $13,346.70 including a substantial discount in the amount of $2,355.30

7. The Texas Commission on Environmental Quality (TCEQ) and Galveston County Health District agreed to Amend Contract Number 582-18-80090 in accordance with the General Terms and Conditions, Section 1.2 to revise the cost budget sheets for fiscal years 2018 and 2019 for the maintenance and operation of a non-continuous air monitoring station (NCAMS). FY18 funds will be reduced from $92,867 to $92,182 reflecting a reduction of $685 while the FY19 budget will be increased from $92,867 to $93,552 reflecting an increase of $685. This Contract requires matching funds. GCHD must match TCEQ expenditures by contributing 33% of the total amount of the project.

8. A Memorandum of Understanding was entered into between Galveston County Health District and the Galveston County Housing Authority in order to implement the Continuity of Operations Plan in the event of a disaster or need. The Galveston County Health District employees must be able to continue operations if their currently occupied facility becomes uninhabitable.

9. The Department of State Health Services (“DSHS”) awarded $120,329.00 grant to the Galveston County Health District made in accordance with awards by the Center for Disease Control and Prevention Cooperative Agreement for Emergency Response Hurricane Public Health Crisis Response. This grant will allow for the Cold Chain supply of vaccines. This Contract terminates on June 30, 2020. LHDs in Texas Governor Abbott’s Hurricane Harvey disaster declaration area will increase their capacity to provide support in maintaining the cold chain for vaccine supplies during emergencies, such as, hurricanes. In addition, GCHD will cross-train and educate staff in the LHD and adjoining jurisdictions about effective foodborne and waterborne disease surveillance for outbreaks commonly associated with hurricanes. This grant includes in the budget $74,020 for the cost of personnel and $17,158 for fringe benefits.

10. GA AAA entered into an Ambulance Services Agreement with Harbor Hospice of Houston. This Agreement includes the Board approved rates for the services provided.
United Board of Health
January 2019
Item #12
Consider for Approval Monthly Financial Reports
GALVESTON COUNTY HEALTH DISTRICT

United Board of Health

For the Period Ending November 30, 2018

January 30, 2019

GCHD Board Room | 9850-A Emmett F. Lowry Expy. | Texas City, TX 77591
YTD revenues were $37k higher than budget due mostly to increased grant and sale of fixed asset revenue.

MTD expenses were $4k lower than budgeted due to lower personnel cost which offset higher than budgeted contract services and advertising expense.

YTD expenses were $53k lower than budgeted due to lower personnel cost which offset higher than budgeted contract services expense.

Total fund balance of $4.36M as of 11/30/18.
GAAA - BALANCE SHEET  as of  November 30, 2018

ASSETS

<table>
<thead>
<tr>
<th></th>
<th>Current Month Nov-18</th>
<th>Prior Month Oct-18</th>
<th>Increase (Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash &amp; Cash Equivalents</td>
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<td>4,568,159</td>
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<td>Pre-Paid Expenses</td>
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<td>Other</td>
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<td>(485)</td>
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<td>Due To / From</td>
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<td>Total Assets</td>
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LIABILITIES

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<thead>
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<th>GAAA Current Period Assets</th>
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<tbody>
<tr>
<td>Accounts Payable</td>
<td>94,754</td>
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<tr>
<td>Personnel</td>
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<tr>
<td>Deferred Revenues</td>
<td>136,593</td>
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<tr>
<td>Total Liabilities</td>
<td>$466,710</td>
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FUND BALANCE

<table>
<thead>
<tr>
<th></th>
<th>GAAA Current Period Revenue</th>
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<tbody>
<tr>
<td>Prior Year Fund Balance</td>
<td>4,893,819</td>
</tr>
<tr>
<td>Current Change</td>
<td>(5,145)</td>
</tr>
<tr>
<td>Total Fund Balance</td>
<td>$4,888,675</td>
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</table>

TOTAL LIABILITIES & FUND BALANCE

<table>
<thead>
<tr>
<th></th>
<th>GAAA Current Period Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Month Nov-18</td>
<td>$483,086</td>
</tr>
<tr>
<td>Prior Month Oct-18</td>
<td>$948,328</td>
</tr>
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<td>Increase (Decrease)</td>
<td>($465,242)</td>
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GAAA - REVENUE & EXPENSES  as of  November 30, 2018

<table>
<thead>
<tr>
<th></th>
<th>Actual Nov-18</th>
<th>Budgeted Nov-18</th>
<th>PTD Budget Variance</th>
<th>YTD Budget Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>REVENUE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Revenue</td>
<td>68,676</td>
<td>68,676</td>
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<tr>
<td>Contract Revenue</td>
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<tr>
<td>Program Revenue</td>
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<td>769,123</td>
<td>(472,092)</td>
<td>(932,782)</td>
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<tr>
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<td>17,916</td>
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<tr>
<td>Total Revenue</td>
<td>$483,086</td>
<td>$948,328</td>
<td>($465,242)</td>
<td>($899,109)</td>
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EXPENSES

<table>
<thead>
<tr>
<th></th>
<th>Actual Nov-18</th>
<th>Budgeted Nov-18</th>
<th>PTD Budget Variance</th>
<th>YTD Budget Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>370,183</td>
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<td>49,034</td>
<td>86,741</td>
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<td>22,011</td>
<td>2,763</td>
<td>2,502</td>
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<td>44,626</td>
<td>30,782</td>
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<td>Travel</td>
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<td>1,114</td>
<td>22</td>
<td>704</td>
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<tr>
<td>Equipment/Capital</td>
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<td>0</td>
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<tr>
<td>Other</td>
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<td>Bad Debt</td>
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<td>433,008</td>
<td>866,016</td>
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<td>Total Expenses</td>
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<td>$987,762</td>
<td>$532,547</td>
<td>$993,478</td>
</tr>
</tbody>
</table>

CHANGE IN NET ASSETS

|                     | $27,871       | ($39,434)       | $67,305             | $94,368             |

HIGHLIGHTS

- MTD net increase in fund balance of $27,871.
- MTD and YTD actual program revenues were lower than budgeted due to change in reporting from accrual basis to cash collected.
- MTD and YTD actual expenses were lower than budgeted due to change in reporting revenue which eliminated need for bad debt expense. In addition, personnel, supply and auto maintenance/repair expenses were lower than budget.
- Total fund balance of $4.89M as of 11/30/18.
Fund Balance Trends
NOV 2016 to NOV 2018

Fund Balance Change by Period
NOV 2016 to NOV 2018
YTD revenues were $115k higher than budgeted due to higher grant revenue ($95k), interest ($7k) and proceeds from sale of fixed assets ($7k).

MTD expenses were $37k higher than budgeted due to higher supply and Zika advertising expense which offset lower than budgeted personnel expense. Supply costs include purchase of computers budgeted to come out of fund balance.

YTD expenses were $16k lower than budget due to lower personnel costs which offset higher than budgeted supply and advertising expense.

Total fund balance of $4.36M as of 12/31/18.

MTD net increase in fund balance of $750.

Revenues were $77k higher than budgeted this month due mostly to increased grant revenue ($75k) from Zika grant.

YTD revenues were $115k higher than budgeted due to higher grant revenue ($95k), interest ($7k) and proceeds from sale of fixed assets ($7k).

MTD expenses were $37k higher than budgeted due to higher supply and Zika advertising expense which offset lower than budgeted personnel expense. Supply costs include purchase of computers budgeted to come out of fund balance.

YTD expenses were $16k lower than budget due to lower personnel costs which offset higher than budgeted supply and advertising expense.

Total fund balance of $4.36M as of 12/31/18.
HIGHLIGHTS

- MTD net increase in fund balance of $13,150.
- MTD and YTD actual program revenues were lower than budgeted due to change in reporting from accrual basis to cash collections. Other revenue was higher than budgeted due to the sale of fixed assets.
- MTD actual expenses were lower than budgeted due to change in reporting revenue which eliminated need for bad debt expense, as well as lower personnel costs.
- YTD actual expenses were also lower than budgeted due to elimination of bad debt expense, as well as lower personnel, operating supply and auto maintenance/repair expenses.
- Total fund balance of $4.9M as of 12/31/18.

### GAAA - BALANCE SHEET as of December 31, 2018

#### ASSETS

<table>
<thead>
<tr>
<th></th>
<th>Current Month Dec-18</th>
<th>Prior Month Nov-18</th>
<th>Increase (Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash &amp; Cash Equivalents</td>
<td>4,620,639</td>
<td>4,495,360</td>
<td>125,278</td>
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<tr>
<td>Accounts Receivable</td>
<td>489,478</td>
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<tr>
<td>Pre-Paid Expenses</td>
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</tr>
<tr>
<td>Other</td>
<td>579</td>
<td>(485)</td>
<td>1,064</td>
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<tr>
<td>Due To / From</td>
<td>(1,969)</td>
<td>186,997</td>
<td>(188,966)</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$5,258,316</strong></td>
<td><strong>$5,355,384</strong></td>
<td><strong>($97,068)</strong></td>
</tr>
</tbody>
</table>

#### LIABILITIES

<table>
<thead>
<tr>
<th></th>
<th>Current Month Dec-18</th>
<th>Prior Month Nov-18</th>
<th>Increase (Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
<td>66,966</td>
<td>94,754</td>
<td>(27,789)</td>
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<tr>
<td>Personnel</td>
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<td>43,747</td>
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<tr>
<td>Deferred Revenues</td>
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<td><strong>Total Liabilities</strong></td>
<td><strong>$356,492</strong></td>
<td><strong>$466,710</strong></td>
<td><strong>($110,218)</strong></td>
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#### FUND BALANCE

<table>
<thead>
<tr>
<th></th>
<th>Current Month Dec-18</th>
<th>Prior Month Nov-18</th>
<th>Increase (Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior Year Fund Balance</td>
<td>4,893,819</td>
<td>4,893,819</td>
<td>0</td>
</tr>
<tr>
<td>Current Change</td>
<td>8,005</td>
<td>(5,145)</td>
<td>13,150</td>
</tr>
<tr>
<td><strong>Total Fund Balance</strong></td>
<td><strong>$4,901,825</strong></td>
<td><strong>$4,888,675</strong></td>
<td><strong>$13,150</strong></td>
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</tbody>
</table>

#### TOTAL LIABILITIES & FUND BALANCE

<table>
<thead>
<tr>
<th></th>
<th>Current Month Dec-18</th>
<th>Prior Month Nov-18</th>
<th>Increase (Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$5,258,316</strong></td>
<td><strong>$5,355,384</strong></td>
<td><strong>($97,068)</strong></td>
</tr>
</tbody>
</table>

### GAAA - REVENUE & EXPENSES as of December 31, 2018

#### REVENUE

<table>
<thead>
<tr>
<th></th>
<th>Actual Dec-18</th>
<th>Budgeted Dec-18</th>
<th>PTD Variance</th>
<th>YTD Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Revenue</td>
<td>68,676</td>
<td>68,677</td>
<td>(1)</td>
<td>0</td>
</tr>
<tr>
<td>Contract Revenue</td>
<td>90,956</td>
<td>89,445</td>
<td>1,511</td>
<td>27,557</td>
</tr>
<tr>
<td>Program Revenue</td>
<td>321,342</td>
<td>769,122</td>
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<td>(1,380,562)</td>
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<td>Interest Income</td>
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<td>3,678</td>
<td>9,638</td>
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<td>Other Revenue</td>
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<td>17,917</td>
<td>8,251</td>
<td>9,917</td>
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<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>$513,988</strong></td>
<td><strong>$948,328</strong></td>
<td><strong>($434,340)</strong></td>
<td><strong>($1,333,450)</strong></td>
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#### EXPENSES

<table>
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<tr>
<th></th>
<th>Actual Dec-18</th>
<th>Budgeted Dec-18</th>
<th>PTD Variance</th>
<th>YTD Variance</th>
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<tbody>
<tr>
<td>Personnel</td>
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<td><strong>$470,967</strong></td>
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#### CHANGE IN NET ASSETS

<table>
<thead>
<tr>
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<th>Actual 1,906</th>
<th>Projected 1,975</th>
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<tr>
<td><strong>MTD</strong></td>
<td><strong>$13,150</strong></td>
<td><strong>($23,476)</strong></td>
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</table>
GAAA Actual Revenue & Expense Trends with Change in Net Assets

GAAA Actual Revenue vs Budget Trends with Variance

GAAA Actual Expenses vs Budget Trends with Variance
Fund Balance Trends
DEC 2016 to DEC 2018

GF Fund Balance
GAAA Fund Balance

Fund Balance Change by Period
DEC 2016 to DEC 2018

GF Fund Balance
GAAA Fund Balance
United Board of Health
January 2019
Item #13
Consider for Approval FY19 Budget Amendment for the Galveston Area Ambulance Authority
Proposed GAAA FY19 Budget Amendment

Background

- For the FY19 GAAA budget, we changed the way we recorded revenue from cash collected to an accrual basis. This was based on recommendations from the last audit.
- Revenue would be estimated using charges/historical collection rates and would be offset by a projected bad debt expense.
- The purpose of reporting revenue this way is to match the revenue to when the expenses are incurred on a monthly basis.

Challenges

- We ran into several challenges when trying to calculate the estimated revenue and bad debt expense:
  - Movement among payors
  - Billing company reporting
  - Contractual allowances
  - Collection rates
  - Recording of fund balance
- For October 2018 financials, the accrual methodology resulted in an overall loss of ($47k) compared to an overall surplus of $13k using actual cash collections.

Recommendation

- We discussed these challenges with the auditors when they were here for recent site visit.
- We agreed upon a modified accrual methodology:
  - We will revert back to recording cash collections as revenue on a monthly basis. At year end, we will record a projection of additional revenue to be collected.
- We are proposing a budget amendment so that the budgeted revenue is estimated on a cash basis, eliminating need for bad debt expense.
<table>
<thead>
<tr>
<th>Calls:</th>
<th>FY19 Proposed Budget Amendment</th>
<th>FY19 Approved Budget</th>
<th>Change</th>
</tr>
</thead>
<tbody>
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<td>GALVESTON 911</td>
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<tr>
<td>GALVESTON NET</td>
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<tr>
<td>BACLIFF 911</td>
<td>1,402</td>
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<tr>
<td>HITCHCOCK 911</td>
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</tr>
<tr>
<td>MAINLAND NET</td>
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<tr>
<td>SPECIAL EVENTS</td>
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<tr>
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<td><strong>$3,553,610</strong></td>
<td>$(5,320)**</td>
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<td>Grants &amp; Foundations</td>
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<td>Medical Revenues</td>
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<td>Other - Sale of Fixed Assets</td>
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<tr>
<td>Insurance Proceeds</td>
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<tr>
<td>Interest Income</td>
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<td>GAAA Contracts</td>
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<td>Special Events</td>
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<tr>
<td>General Donations</td>
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<tr>
<td>City of Galveston</td>
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<td>City of Tiki Island</td>
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<td>City of Hitchcock</td>
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<tr>
<td>TOTAL REVENUE</td>
<td><strong>$3,545,290</strong></td>
<td><strong>$3,553,610</strong></td>
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<td>Misc Contract Services</td>
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<td>Grounds Upkeep Contract</td>
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<td>Janitorial Contract</td>
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</table>
## GALVESTON COUNTY HEALTH DISTRICT

### Galveston Area Ambulance Authority

**Proposed Budget Amendment for the fiscal year ending September 30, 2019**

<table>
<thead>
<tr>
<th>Category</th>
<th>FY19 Proposed Budget Amendment</th>
<th>FY19 Approved Budget</th>
<th>Change</th>
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<td><strong>MAINT/REPAIR, EQUIP.</strong></td>
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<td>18,628</td>
<td>8,150</td>
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<td>54,399</td>
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<td>185</td>
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<td>21,592</td>
<td>10,626</td>
<td>9,390</td>
<td>49,762</td>
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<td>2,562</td>
<td>943</td>
<td>373</td>
<td>4,160</td>
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<td>2,269</td>
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<td>733</td>
<td>3,876</td>
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<td>195,000</td>
<td>125,000</td>
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<td>320,000</td>
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<td><strong>OPERATING EQUIPMENT</strong></td>
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<tr>
<td>462</td>
<td>170</td>
<td>67</td>
<td>750</td>
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<td><strong>IT SOFTWARE, LICENSES, INTANG.</strong></td>
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<td>22,181</td>
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<td><strong>COLLECTION AGENCY FEES</strong></td>
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<td>19,000</td>
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<td>17,099</td>
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<td>168,444</td>
<td>55,055</td>
<td>48,431</td>
<td>304,733</td>
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<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td>$3,800,682</td>
<td>$1,299,714</td>
<td>$688,867</td>
</tr>
</tbody>
</table>
United Board of Health
January 2019
Item #14
Consider for Approval the Request to Waive the On-site Sewage Facility Fees for the County of Galveston at Runge Park in Santa Fe
Hi Marty,

The County Parks Department is currently working on improving the septic system at Runge Community Center. We understand the work that goes into the permitting new project like this, but, if at possible, would you be willing to waive the permitting fees for this project for us?

We appreciate any help you can provide.

Thanks,

Bo Hahn, CPRP
Assistant Director
Galveston County Parks & Cultural Services
4102 Main Street (FM 519)
La Marque, Texas 77568
(409) 934-8126 Direct
(409) 934-8100 Parks Administrative Office
bo.hahn@co.galveston.tx.us
www.galvestoncountytx.gov
Find us at www.facebook.com/GalvestonCountytx and join the conversation!
Follow us on Twitter at www.twitter.com/GalCoTx

We offer Exceptional Life Experiences!

[EXTERNAL]
United Board of Health
January 2019
Item #15
Consider for Approval Request to Reallocate Funding for FY19 IT Expenditures
Based on IT Security Assessment
Consider for Approval Request to Reallocate Funding for FY19 IT Expenditures Based on IT Security Assessment

Summary: After an initial security audit carried out by Star Point consulting, staff is requesting that funding for IT expenditures budgeted in FY19 be reallocated to address the most pressing security concerns and hardware gaps.

Staff is requesting that the surplus from the computer refresh, licensing and maintenance from old hardware, as well as unspent hardware funds be redirected to the following items:

1. Palo Alto Firewalls
2. Knowbe4 Email Security training service
3. Microsoft Intune Phone Security License Upgrade
4. Network attached flash storage system.

All surpluses are due to underruns or by obtaining budgeted service via other means.

<table>
<thead>
<tr>
<th>Items Requested:</th>
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</thead>
<tbody>
<tr>
<td>Description</td>
<td>Detail</td>
<td>Grand Total</td>
<td>General Fund Portion</td>
</tr>
<tr>
<td>New Firewalls</td>
<td>Palo Alto</td>
<td>$14,500.00</td>
<td>$7,250.00</td>
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<tr>
<td>New Storage</td>
<td>Supermicro flash</td>
<td>$34,343.00</td>
<td>$17,171.50</td>
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<tr>
<td>KnowBeFor</td>
<td>Phishing/training service</td>
<td>$4,900.00</td>
<td>$2,450.00</td>
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<tr>
<td>MS A to EMS E3</td>
<td>Microsoft mobile security</td>
<td>$13,500.00</td>
<td>$6,750.00</td>
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<tr>
<td></td>
<td>Total</td>
<td>$67,243.00</td>
<td>$33,621.50</td>
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</table>

Budgeted Funding Source:

<table>
<thead>
<tr>
<th>Description</th>
<th>Detail</th>
<th>Grand Total</th>
<th>General Fund Portion</th>
<th>CHW Portion</th>
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</thead>
<tbody>
<tr>
<td>Office Supplies</td>
<td>Surplus from desktop refresh Phase I</td>
<td>$14,720.00</td>
<td>$7,360.00</td>
<td>$7,360.00</td>
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<tr>
<td>Misc. Contract Services</td>
<td>Pen Testing</td>
<td>$15,000.00</td>
<td>$7,500.00</td>
<td>$7,500.00</td>
</tr>
<tr>
<td>Maint/Repair of IT Equip</td>
<td>Network Upgrades</td>
<td>$24,750.00</td>
<td>$12,375.00</td>
<td>$12,375.00</td>
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<tr>
<td></td>
<td>MCA Power Dist</td>
<td>$5,800.00</td>
<td>$2,900.00</td>
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<td>IT Software, Licenses</td>
<td>Cisco ASA</td>
<td>$5,760.00</td>
<td>$2,880.00</td>
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<td>Cisco Mgmt Center</td>
<td>$400.00</td>
<td>$200.00</td>
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<tr>
<td></td>
<td>Cisco SmartNet</td>
<td>$1,724.00</td>
<td>$862.00</td>
<td>$862.00</td>
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<td></td>
<td>Total</td>
<td>$68,154.00</td>
<td>$34,077.00</td>
<td>$34,077.00</td>
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</tbody>
</table>

Projected cost savings: $911.00 $455.50 $455.50
United Board of Health
January 2019
Item #16
Consider for Approval the Addition of Della Brown to the
UBOH Finance Committee

Current Finance Committee Members:
1. Tim Rainey, Chair, Secretary/Treasurer
2. Dr. Hackbarth
3. Vanessa Johnson
United Board of Health
January 2019
Item #17
Consider for Approval Quarterly Compliance Report
# Internal Audits

<table>
<thead>
<tr>
<th>DEPARTMENT – DATE CONDUCTED</th>
<th>TYPE OF AUDIT &amp; FINDINGS</th>
<th>ACTION TAKEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounting – July 31, 2018</td>
<td>Cash Audit:</td>
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<td>• Accounting completed an audit of all District cash banks on July 31, 2018.</td>
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<td>• Audit yielded no discrepancies; all balances reconciled with amounts assigned.</td>
<td>• Continue operating under current protocol.</td>
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<tr>
<td>Accounting – January 3, 2019</td>
<td>Fixed Asset Inventory:</td>
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<tr>
<td></td>
<td>• Accounting completed the Fixed Asset Inventory on January 3, 2019.</td>
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<td>• Audit yielded that one GAAA scoop stretcher, valued at $742.50, had been lost during the quarter.</td>
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<td>• Two assets reported as missing from previous quarters, including a $3,000.00 portable radio, were located and restocked within their appropriate departments.</td>
<td>• Supervisors are following-up with Team Leads and Captains daily to ensure all units are completely stocked and equipped, and are also performing random audits at substations.</td>
</tr>
<tr>
<td>GAAA – October 16, 2018; December 20, 2018</td>
<td>Narcotic Audit</td>
<td>• Minor recommendations pertinent to findings, all of which were trivial, were reported to the Medical Director by Clinical Compliance Coordinator.</td>
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<td>• Two separate narcotic audits were performed at all EMS substations by the Clinical Compliance Coordinator.</td>
<td>• Continue operating under current protocol.</td>
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<td>• During the audit, it was ensured that vial numbers corresponded with those of which are in the narcotics folder, written log, and the appropriate unit kits.</td>
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<tr>
<td>Animal Resource Center–November 5, 2018</td>
<td>GCHD Subcontractor on behalf of Department of State Health Services (DSHS)</td>
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</table>
| | • A forty-six (46) point inspection, encompassing elements from all sectors of the Animal Resource Center (ARC), was performed in accordance with DSHS standards by a GCHD subcontracted veterinarian to review the ARC’s adherence to policies set forth under §169.26(a-e) of the Texas Administrative Code.  
| | • All elements were deemed to be compliant with the Code, and no corrective actions were suggested. |  
|  |  | • Continue operating under current protocol.  

### External Audits

<table>
<thead>
<tr>
<th>DEPARTMENT – DATE CONDUCTED</th>
<th>AUDITOR &amp; FINDINGS</th>
<th>ACTION TAKEN</th>
</tr>
</thead>
</table>
| Air & Water–December 12, 2018 | Texas Commission on Environmental Quality (TCEQ)  
| | • TCEQ mandated an end-of-year questionnaire applicable to data collected between October 1, 2017 and September 30, 2018 under the Section 105 Pass-Thru grant, specifically pertaining to the Particulate Matter Monitoring program, be submitted by December 31, 2018.  
<p>| | • The audit was completed and issued to TCEQ on December 12, 2018 and feedback from the agency is pending. | • TCEQ has not responded to the questionnaire, but findings rendered will be reported to the Board during the next Quarterly Compliance Report. |</p>
<table>
<thead>
<tr>
<th>DEPARTMENT – DATE OCCURRED</th>
<th>SUMMARY</th>
<th>FOLLOW-UP</th>
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</table>
| GAAA—October 9, 2018      | GAAA was dispatched to a bariatric patient’s residence. Two medics attempted to transport the patient, who was secured to a power stretcher, from the residence to the ambulance by rolling the stretcher over an uneven surface. While doing so, the stretcher flipped onto its side.  
  - Preventable Incident | • GAAA Operations Manager issued a memorandum to all GAAA staff notifying staff that four responders, when available, should handle a stretcher when loaded with a large patient or while being moved across rough/uneven surfaces.  
  • GAAA Operations Manager and Training Coordinator have designed a Stretcher Operations course mandatory for all employees, which is currently being facilitated and emphasizes using additional personnel on stretchers when necessary. |
| Animal Resource Center (ARC)—October 13, 2018 | A cash bag containing $150.00 was reported missing after a clerk allegedly placed the cash bag in the ARC’s safe.  
  - Preventable Incident | • The clerk received a written reprimand and was instructed to reimburse GCHD in the amount of $150.00. |
| GAAA—October 23, 2018     | A CPR adapter (dongle) was reported missing after medics successfully transferred care of a patient in cardiac arrest to UTMB personnel.  
  - Non-Preventable Incident | • While not uncommon for dongles to be lost when transferring patient care from medics to hospital staff, GAAA Operations Manager ordered tethers to keep all dongles affixed to CPR equipment to prevent further occurrences. |
| Date: November 15, 2018 | Incident: After assisting a patient in walking from his bed to a stretcher, a medic noted she had injured her back.  
- **Preventable Incident** | Action: In this instance, medics should have utilized a stair-chair for the transfer of the patient from his bed to the stretcher instead of assisting the patient as he walked. |
| Date: November 27, 2018 | Incident: Medics were unable to locate a stair-chair after it was removed from the ambulance in anticipation of use, but then placed aside when medics instead opted to utilize a backboard. The stair-chair was not put back onto the unit, and crews failed to notice for several days that it was missing. Upon returning to the scene, it could not be located.  
- **Preventable Incident** | Action:  
- Supervisors are following-up with Team Leads and Captains daily to ensure the units are completely stocked and equipped.  
- Operative IQ, the software used to inventory equipment pre and post-use, will no longer have select items set to a default status of already being on the units.  
- Medics who forgot to place the stair-chair back onto the unit and those who submitted pre-shift inventory logs incorrectly denoting the stair-chair as being onboard the unit were issued written reprimands. |
| Date: November 29, 2018 | Incident: While departing an air monitoring site, wind blew the gate at the entryway/exit of the site into the vehicle, causing damage to the driver side door.  
- **Non-Preventable Incident** | Action:  
- An insurance claim was filed to cover repair costs.  
- Cost of deductible: $250.00  
- Cost of employee drug test: $170.00 |
| Date: December 26, 2018 | Incident: While responding to an emergency call at a hotel, the medic/driver scraped a large pillar, causing extensive cosmetic damage to both the pillar and the ambulance.  
- **Preventable Incident** | Action:  
- Instead of using his partner as a spotter, the medic relied upon one of the hotel’s valet drivers to guide him under the portico.  
- Corrective action was issued, resulting in the medic being suspended for a shift and forced to complete a defensive driving course at his own cost.  
- Cost of insurance deductible: $250.00  
- Cost of employee drug test: $63.00 |
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.*
United Board of Health
January 2019
Item #18
Discussion Regarding Recent Concerns Related to
Food Service Establishment Inspections
Food Service Establishments

A discussion about recent concerns related to food service establishment inspections
Concerns

1. Physical / Structural Facility Issues
2. Existing Structures
3. Customer Relations
4. Communication / Public Awareness
5. Inspector Consistency
Physical / Structural Facilities

• Paint Color Concerns – Walls and Ceilings
  • What is “Light in Color”
  • Moving Forward – use of Light Reflectance Values providing guidance and flexibility to operators

• Lighting
  • Operators should discuss with professionals
  • Moving Forward – staff training/retraining of where and how to measure intensity

• Open Ceilings (studs, joists and rafters) – Restrooms and Bar Service Areas
Existing Structures

- Existing physical structures – not in compliance with 2015 TFER
  - Changes to TFER in 2015
    - Prior to 2015 – 27 item inspection form
    - After to 2015 – 47 item inspection form
  - How do we handle existing physical structures
  - Document in general comments – no demerits
  - Discuss with operator, will have to meet code at next remodel or renovation
Customer Relations

• Concerns about current staff roles and attitudes during food establishment inspections
• Our job is to inform operators of demerits and educate on how to better comply with the TFER rules
• Moving forward with a focus on communication (making sure that we discuss demerits and concerns with management and leave a report before we leave), exceeding expectations, asking for feedback (customer service satisfaction survey), showing our appreciation
• Customer Service Training - working with Human Resources
• Assemble educational materials for food establishments and distribute during inspections.
Communication / Public Awareness

• Reporting inspection scores not required by regulation.

• Weekly reporting – Daily News
  • In 2015 went from 27 items to 47 items, demerit scores in some cases increased. Communicated this to food establishments
  • Strategic Health Plan – focus on efforts to reduce priority items
  • Moving forward - consider reporting priority items only vs. total score

• Website reporting – GCHD Webpage
  • Review and consider removing general violation language on the website
  • Moving forward – request to have PDF of inspection report on website
Inspector Consistency

• Weekly staff meetings

• Management review of inspection reports

• Management quality reviews of inspectors

• Professional Development Plan
NEW! Plan Review Process Update
NEW! Tips for Food Service Establishments
NEW! How to prepare for a food inspection

FOOD SERVICE ESTABLISHMENT
YOU ARE THE HEALTH INSPECTOR
How to prepare for a successful health inspection

Developed by the Consumer Health Services
January 2019

PUBLIC HEALTH SERVICES · EMERGENCY MEDICAL SERVICES · ANIMAL RESOURCE CENTER · COASTAL HEALTH & WELLNESS
Protecting and promoting the optimal health and well-being of Galveston County.
gchd.org
Thank you

Questions
United Board of Health
January 2019
Item #19
Presentation Regarding Annual Morbidity Report Trends
Morbidity Report Summary

Randy Valcin
Director of Epidemiology,
Public Health Emergency Preparedness & HIV/STD
Galveston County Health District
Campylobacter and E.coli cases remain steady throughout the years.

Even though there is an increase in Cryptosporidiosis cases from 2017 to 2018, this is attributed to a household cluster, which caused an increase in our numbers.

In 2016, there was a Salmonella outbreak associated with a local restaurant.

In 2016, there were Shigella outbreaks in schools and daycares.
Pertussis cases tripled since 2017. The increase might be due to Pertussis outbreaks in surrounding counties like Brazoria County and Harris County.

Streptococcus pneumonia tend to fluctuate; CDC states that the number of invasive Streptococcus cases can be difficult to determine in any given area during a certain time period.

Varicella cases decreased by 18% between 2017 and 2018.
Legionellosis increased by 2 cases (50%) from the last 2 years.

Multi-Drug Resistance Organism (MDRO) cases remain steady throughout the years.

MDRO and Invasive Strep cases: multiple underlying conditions making them susceptible to the illness.

Invasive Streptococcus cases tend to fluctuate making it difficult to determine trends.

Tuberculosis:

2016: 2 Mono-resistant cases
2017: No resistant cases
2018: 1 Mono-resistant and 1 Multi-drug resistant (MDR)

**Mono-resistant** = Resistance to 1 first-line TB drug only

**Multi-drug resistant (MDR)** = Resistance to at least isoniazid and rifampin
In 2017 and 2018, increased typhus activity was noted by DSHS and an alert was issued at the end of November 2017 and the beginning of July 2018.

The increase could be due to more accurate testing and diagnosis of Typhus.

**Note:** In Texas, there were 315 Zika cases in 2016.
2017 - Typhus cases
2018-Typhus cases
2017 Opioid deaths

27 deaths
- Age Range: 19-64
- Average age: 42
- 14 were under the age of 40.
- 13 were 44 and older.
2018 Opioid deaths

30 deaths
• Age Range: 25-64
• Average age: 42
• 14 were under the age of 40.
• 16 were 40 and older.
Geographic Breakdowns and Rankings

Out of 254 counties in Texas, Galveston County is the 17th largest population wise and we ranked:

- 16 for Chlamydia cases
- 17 for Gonorrhea cases
- 18 for Syphilis cases
- 13 for HIV diagnoses
- 12 for AIDS diagnoses

Even though Chlamydia cases decreased by 4% from 2017 there was a 14% increase in Gonorrhea cases in 2018. But if you look at the combined CT and GC cases for 2017 then do the same for 2018 there is only a differences of 3 cases.

Syphilis cases have increased by 36% since last year.

*2018 AIDS and HIV Infection numbers are preliminary and are subject to change once the CDC issues the final report.

We (GCHD) started the PrEP program in May 2017 and we now have 84 active clients.
Questions?