AGENDA
Wednesday, January 29, 2020 – 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 11, 2019 UBOH Meeting

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

*Item #5 ACTION ....................................................Receive and File Informational Reports
  a) CHW October 2019 Financial Report
  b) 2019 Morbidity Report
  c) Letter from BKD Regarding Scope of FY2019 Audit

*Item #6 ACTION ....................................................Consider for Approval Quarterly Investment Report for the Period Ending 12/31/19

*Item #7 ACTION ....................................................Consider for Approval Quarterly Worker’s Compensation Report for the Period Ending 12/31/19

Item #8 ..............................................................Comments from the Public

Item #9 ...............................................................Executive Report

Item #10 ACTION ....................................................Consider for Approval Monthly Financial Reports
  a) November 2019
  b) December 2019

Item #11 ACTION ....................................................Consider for Approval Revisions to the Purchasing Policy in Follow-up to Board Action on December 11, 2019
Item #12 ACTION……………………………...Consider for Approval Revision to the UBOH Bylaws based on Changes to the Purchasing Policy

Item #13 ACTION……………………………...Consider for Approval Revision to Fee Charged for Inspection of Farmer’s Market

Item #14 ACTION……………………………...Consider for Approval Quarterly Compliance Report for the Period Ending 12/31/19

Item #15 ACTION……………………………...Consider for Approval Purchase of MedTrainer Learning Management System to be Split Between GCHD and CHW in the Amount of $5,994 From Each Fund

Item #16 ACTION……………………………...Consider for Approval Waiving the Permitting Fee of $550 Requested by the County of Galveston for Restrooms at Carbide Park

Item #17 ACTION……………………………...Consider for Approval New CEO Evaluation Documents

Item #18 ACTION……………………………...Consider for Approval Sending United Board of Health Members to National Association of Local Boards of Health 2020 Annual Conference in Grand Rapids, MI from August 18-20, 2020

Item #19…………………………………………Presentation Regarding Annual Morbidity Report Trends and Healthy Concepts Clinic Utilization

Item #20…………………………………………Comments from Board Members

Adjournment

Next Meeting: February 26, 2020

Appearances Before United Board of Health

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

A citizen desiring to make comment to the Board regarding an item not listed on the agenda shall submit a written request to the Chief Executive Officer by noon on the Wednesday immediately preceding the Wednesday of the 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 a closed meeting (Executive Session) for any item listed on this agenda if the Executive Session is authorized under the Texas 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 closed meeting prior to the Board recessing into Executive Session. The United Board of Health may only enter into Executive Session to deliberate an agenda item not denoted on the agenda as a closed meeting item if 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. *A vote to commence for moving into Executive Session be passed by a majority of Board members.*
United Board of Health
January 2020
Item #2
Excused Absence(s)

1. Dr. Raimer
2. Dewey Brunt
3. Dr. Klages
United Board of Health
January 2020
Item #3
Consider for Approval Minutes from December 11, 2019 UBOH Meeting
Galveston County United Board of Health
December 11, 2019

Board Members
Present: Patrick McGinnis, MD
        Eric Froeschner
        Della Brown, RN
        Dr. Annette Jenkins
        John Hackbarth, DDS
        Dewey Brunt III, PE
        Holly Lilley
        Tripp Montalbo
        Barry Terrell
        Philip Keiser, MD, Ex-Officio
        Local Health Authority

Excused Absence(s): Curtis Klages, DVM, Dr. Chad Clause, Ben Raimer, MD and Mary Jo Godinich, MD

Unexcused Absence(s): None

Items # 1-4 Consent Agenda
A motion was made by Mr. Froeschner to approve the consent agenda items one through four. Dr. Hackbarth seconded the motion and the Board unanimously approved the consent agenda items one through four.

Item # 5 Comments from the Public
There were no comments made from the public.

Item # 6 Executive Report
Kathy Barroso, Chief Executive Officer, presented the December 2019 Executive Report to the Board.

Item #7 Consider for Approval October 2019 Financial Report
Andrea Cortinas, Chief Financial Officer, presented the October 2019 financial report to the Board. A motion to approve the financial report as presented was made by Dr. Hackbarth and seconded by Mrs. Brown. The Board unanimously approved the October 2019 financial report.

Item #8 Consider for Approval Annual Fund Balance Reserve of the General Fund as of September 30, 2019
Andrea Cortinas, Chief Financial Officer, presented the annual Fund Balance Reserve of the General Fund as of September 30, 2019 to the Board. Mrs. Cortinas explained that the operating reserve represents 23% of the FY2020 operating budget or 2.8 months of budgeted operating expenditures and that we have made good progress over the last few years in reaching our goal of 3 months. A motion to approve the report as presented was made by Dr. Hackbarth and seconded by Mr. Froeschner. The Board unanimously approved the report.
**Item #9 Consider for Approval IGT Payment Not to Exceed $144,000 as Related to the 1115 Waiver Project**

Andrea Cortinas, Chief Financial Officer, asked the board to consider for approval an IGT payment not to exceed $144,000 as related to the 1115 Waiver Project. A motion to approve this payment request was made by Mr. Froeschner and seconded by Dr. Hackbarth. The Board unanimously approved the payment request.

**Item #10 Consider for Approval Request from the Coastal Health & Wellness Governing Board to Increase the Maximum Approval Limit Designated to the CEO for Unbudgeted Single Item Purchases**

Kathy Barroso, Chief Executive Officer, asked the Board to consider a request from the Coastal Health & Wellness Governing Board to increase the maximum approval limit designated to the CEO for unbudgeted single item purchases. Dr. Hackbarth made a motion to proceed in making changes to the Bylaws and Purchasing Policy to raise the CEO limit for unbudgeted, single item purchases from $5,000 to $10,000. If the item is over $10,000, the CEO will seek approval from the UBOH Executive Committee and/or the United Board of Health prior to purchase. Mr. Montalbo seconded the motion and the Board unanimously approved the motion.


Amber Adams, Director of Animal Services, presented the progress report on the Animal Services Strategic Plan and the proposed next steps on the development of a new plan to the Board. Ms. Adams reviewed the progress made on all eight priorities from August 2018 through August 2019. Ms. Adams advised the Board that the Animal Services Advisory Committee voted to form a subcommittee to develop a new 5-year plan based off the current plan. A motion to approve the report was made by Dr. McGinnis and seconded by Dr. Jenkins. The Board unanimously approved the motion.

**Item #12 Update on Customer Satisfaction Survey Responses from Food Service Establishments**

Ron Schultz, Director of Environmental Health Services, presented an update on the Customer Satisfaction survey responses from food service establishments. Mr. Froeschner expressed concern with a satisfaction survey coming from the Health District. He feels more responses would be received if an outside company administered the survey to ensure confidentiality. The Board members came up with several suggestions to try and get more feedback from the survey, such as sending out a survey link after the inspection, handing out paper surveys that could be mailed back to the Health District, utilizing an outside survey company and working with the restaurant association to get feedback. Dr. Hackbarth made a motion that Mr. Schultz take the suggestions made by the Board members in order to try and improve survey participation and bring an update back to the Board in 3 months. Dr. Jenkins seconded the motion and the Board unanimously approved.

**Item #13 Consider for Approval New CEO Evaluation Form**

Mr. Froeschner made a motion that this item be taken into Executive Session to protect the employee and the Board members. Dr. Jenkins, Chair of the subcommittee tasked with reviewing the CEO evaluation form, then made a motion to table this item until the January 2020 meeting to allow the subcommittee additional time to reconvene and review the comments sent in from the other Board members. Dr. Jenkins also requested that the CEO evaluation be moved from April 2020 to June 2020 since the CEO was evaluated in June of last year and that would also give the subcommittee more time to finalize the document. Mr. Froeschner then rescinded his motion. Ms. Brown seconded Dr. Jenkins motion and the Board unanimously approved.

Sam Robinson, Chairperson for the Coastal Health & Wellness Governing Board requested that the CEO evaluation form be finalized at the January 2020 meeting so that the same format could be used by the Coastal Board to complete their evaluation of the CEO in February since this position is shared by both boards. Mr. Froeschner and Dr. Hackbarth requested that the CEO evaluation form be discussed in Executive Session at the UBOH January 2020 meeting.
Item #14 Consider for Approval Annual Board Evaluation Form
Kathy Barroso, Chief Executive Officer, asked the Board if they would like to make any changes to the annual Board Evaluation form. A motion to leave the form as is was made by Dr. Hackbarth and seconded by Mr. Montalbo. The Board unanimously approved the motion.

Item #15 Consider for Approval the Election of UBOH Representatives to Serve in the Following Positions for 2020: a. UBOH Chairperson b. UBOH Vice Chairperson c. UBOH Secretary / Treasurer
The vote for the election of UBOH Chairperson, UBOH Vice Chairperson, UBOH Secretary / Treasurer were as follows:
A. Dr. Hackbarth made a motion to elect Eric Froeschner as Board Chairperson and Mr. Terrell seconded the motion. After much discussion, Dr. McGinnis called for a vote. The motion to appoint Mr. Froeschner as Board Chairperson failed by a 1-7 vote, with Mr. Froeschner recusing himself from the vote. Mr. Brunt then made a motion to reappoint Dr. Raimer as the Board Chairperson. Mrs. Brown seconded the motion. Dr. McGinnis called for a vote and the motion to reappoint Dr. Raimer as Board Chairperson passed 5-2, with 2 members abstaining.
B. Mr. Brunt made a motion that Dr. McGinnis remain Vice-Chairperson and Mr. Montalbo seconded the motion. Dr. McGinnis called for a vote and the motion that Dr. McGinnis be reappointed Vice-Chairperson passed 6-0, with 2 members abstaining. Dr. McGinnis recused himself from the vote.
C. Mr. Montalbo made a motion that Mr. Froeschner remain Secretary/Treasurer. Dr. McGinnis called for a vote and the motion that Mr. Froeschner be reappointed Secretary/Treasurer passed 8-0. Mr. Froeschner recused himself from the vote.

Item #16 Comments from Board Members
Eric Froeschner commented that we are all taxpayers, so we all have conflicts of interest and he wished everyone a Merry Christmas.

Chair/Vice-Chairperson

______________________________

Secretary/Treasurer

______________________________

Date

Date

Back to Agenda
United Board of Health
January 2020
Item #4
Consider for Approval Annual Policy/Plan Review
ALL HAZARDS EMERGENCY MANAGEMENT PLAN

2019-2020
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

<table>
<thead>
<tr>
<th>Change #</th>
<th>Date of Change</th>
<th>Change Entered By</th>
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<td>24</td>
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<td>Tyler Tipton</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 Surveillance Programs:
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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APPENDIX

APPENDIX A: HURRICANE

APPENDIX B: BOMB THREAT

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APPENDIX E: TORNADOS

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APPENDIX I: HOSTAGE SITUATION

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APPENDIX K: EXAMPLES OF READINESS CONDITIONS CHART

APPENDIX L: EVACUATION INFORMATION

APPENDIX M: EMERGENCY EVENT LOG

APPENDIX N: PERSONNEL / CITIZEN ACCOUNTABILITY LOG

APPENDIX O: INFORMATION TECHNOLOGY

APPENDIX P: STANDARD OPERATING PROCEDURES
LOCAL HEALTH DEPARTMENT BASIC PLAN

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

Commented [A1]: ADDED
1. Galveston County Emergency Management Plan
2. Inter-local Agreements and Contracts

II. PURPOSE

This Basic Plan outlines Galveston County Health District's (GCHD) 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 GCHD staff including those working away from District GCHD 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>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tr>
<td>AAR</td>
<td>After Action Report</td>
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<tr>
<td>CEO</td>
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<tr>
<td>CFR</td>
<td>Code of Federal Regulations</td>
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<tr>
<td>DDC</td>
<td>Disaster District Committee</td>
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<td>Department of State Health Services</td>
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<tr>
<td>EOC</td>
<td>Emergency Operations or Operating Center</td>
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<td>Emergency Support Center</td>
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<td>GCHD</td>
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<td>OEM</td>
<td>Office of Emergency Management</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 Incidentsof 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.
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>Limited</td>
<td>Moderate</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>likely</td>
<td>Limited</td>
<td>Major</td>
</tr>
</tbody>
</table>

<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>Technological</td>
<td></td>
<td>Limited</td>
<td>Moderate</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 (transient)</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>
</tbody>
</table>

<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>Human Caused</td>
<td></td>
<td>Limited</td>
<td>Moderate</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 may 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;

- Points of Dispensing (POD’s) for distributing and dispensing 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 (Infectious Disease Emergency Response Plan);

- When applicable, activation of GCHD’s the continuity of operations plan (COOP) for reassignment of duties, utilizing alternative facilities and modes of communication.

- 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;

- Communication with county and city emergency management, local hospitals and providers, respective public information officers and stakeholders as needed (Risk Communication Plan).

- 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 identified community partners include 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/Public Health Surveillance Programs, or designee). In the event the Mid-County Annex is compromised due to weather, disease outbreak, cyber, or terror attack, GCHD 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 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 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 GCHD ICS is illustrated in the organization chart shown in Attachment 4. 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

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 in the form of a State of Texas Assistance Request (STAR)R. 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.

   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

Actions by Phases of Emergency Management

1. This plan follows an all-hazard approach and acknowledges 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 GC Emergency Management Director/Coordinator.
- Supporting and participating in emergency management training and exercises.
- 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 / Accounting
- 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, conducting, and documenting an incident action plan for emergency events including conducting post incident hotwashes.
- 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, Director of Public Health Surveillance Programs, 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 Services

- 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.

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 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 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

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

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.

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.

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**IX. ADMINISTRATION AND SUPPORT**

A. **Administration**

In general, emergency activities for the Galveston County Health District (GCHD) will be conducted from the designated Health District Emergency Operations Center area. The PHEP Manager will be the contact between the district and the County Emergency Operations Center Support.

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

B. **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.

C. 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.

Tier 1 (entry level) includes public health professionals that carry out day-to-day tasks of the HPH and are not in management positions. Responsibilities of these public health professionals may include basic data collection, fieldwork, outreach activities, programmatic support, and other organizational tasks.

Tier 2 (management) includes professionals with program management and/or supervisory responsibilities as well as program development/implementation/evaluation, maintaining community relations, managing timelines and work plans, and recommending public health policies.

Tier 3 (leadership) focuses on individuals in senior management or leadership positions. This level includes responsibility for program functions, organizational strategy and vision, and establishing/maintaining the organization’s professional culture.

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 3-1 Normal Operations

   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. 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 3-3 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.

D. 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 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 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 Director, or designee. Each emergency approval made by the Chief Executive Officer, Clinical Director, or his/her designee will be brought to the next board meeting for review and ratification.

E. 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 5); 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.

F. 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.

G. 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:

   i. Activation or deactivation of emergency facilities.
   ii. Emergency notifications to local, state and federal agencies.
   iii. Significant changes in the emergency situation.
   iv. Major commitments of resources or requests for additional resources from external sources.
   v. Issuance of protective action recommendations to the public.
   vi. Evacuations and shelter operations.
   vii. Casualties.
   viii. Containment or termination of the incident.

   ix. 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.

   x. Emergency or Disaster Costs. For major emergencies or disasters, all programs participating in the emergency response shall maintain detailed of 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

xi. 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.

xii. 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 or designee 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. All drills or exercises completed by PHEP will have an AAR. Any event that elicits the activation of the all hazard emergency operations plan will have an AAR. These events would include:

- food-borne outbreaks
- waterborne outbreaks
- infectious disease outbreaks
- environmental public health hazards
- natural disasters

Furthermore, any other response by the health district GCHD, as deemed necessary by the CEO or designee, will have an AAR. The AAR will be provided to DSHS Austin within 90 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.

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 90 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/SS Regional Office, 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.

5. The digital copy of this plan 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.

2.3. Scenario specific plans, such as Continuity of Operations Plan (COOP), Infectious Disease Emergency Response Plan (IDER), Zika Infection Prevention and Intervention Team Plan (ZIPIT), and others will be updated annually and as needed based on updates made to the All Hazards Plan.

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>

ATTACHMENT 3: REFERENCES

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
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 Contract Analyst
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, responding to, and recovering from domestic incidents.

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.

**UNIFIED COMMAND**

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.

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.

**AREA COMMAND**

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.
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. 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. 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 Plan, dated March 2004.

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.

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.

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

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.

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 34 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 13 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 31 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.
Galveston County Health District
Employee Hurricane Location Plan Form

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>
APPENDIX C: 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 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>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PHEP Manager documentation of personnel complete</td>
<td></td>
<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>
<td></td>
<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>
APPENDIX D: HEALTH DISTRICT CLOSURE

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
• 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

Tornados 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. Tornados 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 tornados 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 GCHD, 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: Tornados

TORNADO CHECKLIST

<table>
<thead>
<tr>
<th>Actions To Be Taken</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel In Safe Area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Operations Center Notified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation Completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tornado Threat Diminished/ PHEP Manager Notified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel notified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quick Damage Assessment completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility Re-Opened</td>
<td></td>
<td></td>
</tr>
</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>
</thead>
<tbody>
<tr>
<td>Personnel Notified of situation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel located in a safe area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Operations Center notified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evacuation completed (if applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All personnel accounted for</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel with disabilities assisted as necessary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Records secured as appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensitive equipment disconnected (computers, electrical, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation logs completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quick damage assessment completed (damage reported to Emergency Operations Center)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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>
</tr>
</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>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ANNEX H: FIRE/EXPLOSIONS

In the event of a fire or explosion in any 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>
</tr>
<tr>
<td>Personnel accounted for</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Operations Center notified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Damage assessment completed and Emergency Operations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 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>
APPENDIX J: ASSISTANCE FOR PEOPLE WITH DISABILITIES

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
### APPENDIX K: 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>
</table>
| **CONDITION 4** | Beginning of Hurricane Season  
More than 72-hours before (39 MPH Winds) impact the Texas Coast  
Weather System outside of the Gulf with the potential to Enter  
(Review Hurricane Plan and education staff) | RAINFALL IN THE AREA, BUT NO FLASH FLOOD WATCH YET  
THREAT OF ABNORMAL HIGH TIDES  
(REMOTELY MONITOR RAINFALL & TIDAL INFORMATION) | CONDITIONS EXIST FOR SEVERE ACTIVITY.  
NWS ISSUES A SEVERE WEATHER ADVISORY | LEVEL 2 OR ABOVE CHEMICAL SPILL / OR MAJOR FIRE WITH NO ASSISTANCE REQUIRED FROM OEM  
(MONITER SITUATION) | NOTIFIED OF TERRORIST THREAT / OR UNVERIFIED REPORT OF A TERRORIST DEVICE |
| **CONDITION 3** | 72 - 60 HRS BEFORE (39 MPH WINDS) IMPACT TEXAS COAST  
NATIONAL WEATHER SERVICE FORCAST TROPICAL STORM OR HURRICANE IN THE GULF  
(TOTAL PROBABILITY ...COLUMN E...>10%, FOR GALVESTON OR FREEPORT)  
LIMITED ACTIVATION OF COUNTYEOC | FLOOD OR FLASH FLOOD WATCH IN EFFECT  
GENERAL STREET FLOODING & POTENTIAL FOR BAY OR AREA BAYOUS & LAKES TO REACH THE TOP OF THEIR BANKS  
TIDE GAUGES READING 3.5 FOOT  
LIMITED ACTIVATION OF COUNTY | NWS ISSUES A TORNADO WATCH OR A SEVERE WEATHER WATCH  
LIMITED ACTIVATION OF COUNTYEOC | ASSISTANCE REQUESTED FROM INCIDENT COMANDER AT SCENE  
SIZE OF INCIDENT WILL HAVE SIGNIFICANT ECONOMIC OR DIRECT IMPACT ON LARGE POPULATION  
LIMITED ACTIVATION OF COUNTYEOC | HIGH PROBABILITY OF ATTACK OR CONFIRMATION THAT A TERRORIST DEVICE HAS BEEN LOCATED  
LIMITED ACTIVATION OF COUNTYEOC |
<p>| <strong>STATUS</strong> | HURRICANES/ TROPICAL STORMS | FLOODS/ EXTREME TIDES | TORNADOES/SEVERE THUNDERSTORMS/WINTER STORMS | FIRE/HAZARDOUS MATERIALS | TERRORIST THREAT/ ATTACK |</p>
<table>
<thead>
<tr>
<th>CONDITION</th>
<th>DESCRIPTION</th>
<th>ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Tropical Storm or Hurricane Watch issued for Upper Texas Coast 59 - 36 hrs prior to (39 mph 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 preparations) (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>
</tr>
<tr>
<td>1</td>
<td>35-12 hrs (39 mph winds) NWS Forecast Tropical Storm or Hurricane Warning (EOC is fully activated) Danger is imminent</td>
<td>County wide flooding (EOC is fully activated)</td>
</tr>
<tr>
<td></td>
<td>NWS Issues a Tornado and/or a severe weather warning</td>
<td>Recommended activation of county EOC.</td>
</tr>
<tr>
<td></td>
<td>Limited evacuations or sheltering in place necessary. Presence requested to assist IC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recommended activation of county EOC.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Evacuations or sheltering in place necessary. Recommended activation of county EOC.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Major evacuations or sheltering in place necessary. Possibility of large population being effected (EOC fully activated)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Terrorist effects imminent or explosion has occurred (full EOC activated)</td>
<td></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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</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>
<td></td>
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</tbody>
</table>
APPENDIX O: 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 (GCHD) 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>Acronym</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:

- **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 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.

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. Core Services: Includes all services, hardware and software for mission critical operations. 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 31 PERSONNEL**

- Appropriate health district personnel will be assigned to the Emergency Operations Center to direct and coordinate District GCHD operations.
- Tier 31 Personnel will be released to take care of personal business so they may return to the office.
- Tier 31 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 all important vital record file cabinets, and 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 of the situation.
- Tier 2, 3, & 4 and 1 Personnel will be released from duty.
- Designated Tier 3 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 43 personnel are present at the Emergency Operations Center.
- Tier 43 Personnel will coordinate public health operations with Emergency Operations staff.
- Upon completion, Tier 43 Personnel may leave the Emergency Operations Center.
- Tier 43 Personnel must notify County.GCHD Emergency Management staff of their departure.
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.

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 2020
Item #5
Receive and File Informational Reports
COASTAL HEALTH & WELLNESS

Governing Board

FINANCIAL SUMMARY

For the Period Ending October 31, 2019

December 12, 2019

GCHD Board Room | 9850-A Emmett F. Lowry Expy. | Texas City, TX  77591
**CHW - BALANCE SHEET** as of October 31, 2019

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>Current Month Oct-19</th>
<th>Prior Month Sep-19</th>
<th>Increase (Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash &amp; Cash Equivalents</td>
<td>$4,998,983</td>
<td>$4,885,634</td>
<td>$113,350</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>2,007,588</td>
<td>1,696,722</td>
<td>310,866</td>
</tr>
<tr>
<td>Allowance For Bad Debt</td>
<td>(963,287)</td>
<td>(914,866)</td>
<td>(48,421)</td>
</tr>
<tr>
<td>Pre-Paid Expenses</td>
<td>129,279</td>
<td>88,976</td>
<td>40,303</td>
</tr>
<tr>
<td>Due To / From</td>
<td>43,963</td>
<td>334,582</td>
<td>(290,619)</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$6,216,526</strong></td>
<td><strong>$6,091,047</strong></td>
<td><strong>$125,479</strong></td>
</tr>
</tbody>
</table>

**LIABILITIES**

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>Current Month Oct-19</th>
<th>Prior Month Sep-19</th>
<th>Increase (Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
<td>$221,696</td>
<td>$87,910</td>
<td>$133,786</td>
</tr>
<tr>
<td>Accrued Salaries</td>
<td>336,024</td>
<td>244,023</td>
<td>92,001</td>
</tr>
<tr>
<td>Deferred Revenues</td>
<td>6,753</td>
<td>8,104</td>
<td>(1,351)</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>$564,473</strong></td>
<td><strong>$340,037</strong></td>
<td><strong>$224,436</strong></td>
</tr>
</tbody>
</table>

**FUND BALANCE**

<table>
<thead>
<tr>
<th>Fund Balance</th>
<th>Current Change</th>
<th>Total Fund Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fund Balance</td>
<td>$5,751,011</td>
<td>(98,958)</td>
</tr>
<tr>
<td><strong>Current Change</strong></td>
<td><strong>(98,958)</strong></td>
<td><strong>(98,958)</strong></td>
</tr>
<tr>
<td><strong>Total Fund Balance</strong></td>
<td><strong>$5,652,054</strong></td>
<td><strong>$5,652,054</strong></td>
</tr>
</tbody>
</table>

**TOTAL LIABILITIES & FUND BALANCE**

<table>
<thead>
<tr>
<th>Current Month</th>
<th>Prior Month</th>
<th>Increase (Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct-19</td>
<td>Sep-19</td>
<td></td>
</tr>
<tr>
<td><strong>Total Liabilities + Fund Balance</strong></td>
<td><strong>$6,216,526</strong></td>
<td><strong>$6,091,047</strong></td>
</tr>
</tbody>
</table>

**CHW - REVENUE & EXPENSES**

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Actual Oct-19</th>
<th>Budgeted Oct-19</th>
<th>PTD Budget Variance</th>
<th>YTD Budget Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Revenue</td>
<td>$311,222</td>
<td>$324,070</td>
<td>($12,848)</td>
<td>($12,844)</td>
</tr>
<tr>
<td>DSRIP Revenue</td>
<td>0</td>
<td>79,167</td>
<td>(79,167)</td>
<td>(554,167)</td>
</tr>
<tr>
<td>HHS Grant Revenue</td>
<td>329,666</td>
<td>260,617</td>
<td>69,050</td>
<td>252,265</td>
</tr>
<tr>
<td>Patient Revenue</td>
<td>232,109</td>
<td>368,553</td>
<td>(136,444)</td>
<td>(711,613)</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>13,018</td>
<td>23,635</td>
<td>(10,617)</td>
<td>(68,325)</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>$886,016</strong></td>
<td><strong>$1,056,042</strong></td>
<td><strong>($170,026)</strong></td>
<td><strong>($1,094,683)</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Actual Oct-19</th>
<th>Budgeted Oct-19</th>
<th>PTD Budget Variance</th>
<th>YTD Budget Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>$645,986</td>
<td>$680,896</td>
<td>$34,911</td>
<td>$520,067</td>
</tr>
<tr>
<td>Contractual</td>
<td>58,815</td>
<td>85,808</td>
<td>26,993</td>
<td>178,885</td>
</tr>
<tr>
<td>IGT Reimbursement</td>
<td>0</td>
<td>37,500</td>
<td>37,500</td>
<td>262,500</td>
</tr>
<tr>
<td>Supplies</td>
<td>132,535</td>
<td>121,986</td>
<td>(10,550)</td>
<td>114,980</td>
</tr>
<tr>
<td>Travel</td>
<td>8,005</td>
<td>2,519</td>
<td>(5,486)</td>
<td>(10,399)</td>
</tr>
<tr>
<td>Bad Debt Expense</td>
<td>48,421</td>
<td>35,045</td>
<td>(13,376)</td>
<td>(56,359)</td>
</tr>
<tr>
<td>Other</td>
<td>91,211</td>
<td>92,289</td>
<td>1,078</td>
<td>(119,304)</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$984,972</strong></td>
<td><strong>$1,056,042</strong></td>
<td><strong>$71,070</strong></td>
<td><strong>$890,367</strong></td>
</tr>
</tbody>
</table>

**CHANGE IN NET ASSETS**

<table>
<thead>
<tr>
<th>Actual</th>
<th>Budgeted</th>
<th>PTD Budget Variance</th>
<th>YTD Budget Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>($98,958)</td>
<td>$0</td>
<td>($98,958)</td>
<td>($204,313)</td>
</tr>
</tbody>
</table>

**HIGHLIGHTS**

- MTD and YTD decrease in Fund Balance of ($98,958).
- MTD revenues were underbudget by ($170,026). Patient revenues are lower across all payer categories as visits are lower than actual budget. Title V revenue was higher than budget by $498. Pharmacy revenue was also underbudget by ($20,127) because of fewer pRep Rx's ($12K) and average cost per insured Rx decreased to $242 in October compared to $300 in September, resulting in an ($8K) decrease in revenue.
- County Revenue decreased ($12,844) in October.
- MTD expenses were $71,070 underbudget. Supplies was overbudget by $10,550 for Fund Balance purchases of a Midmark M-11 and a twin vac system for Dental. Travel was slightly overbudget, but was offset by savings in Personnel, Contractual, and Other.
- Bad debt expense is overbudget for the month. Accrual is based on % of Self-Pay Charges less Adjustments.
- Total Fund balance is $5,652,054 as of 10/31/19.
### Actual Revenue & Expenses in Comparison to Budget

- **Actual Revenue:**
  - Nov-18: $100,000
  - Dec-18: $300,000
  - Jan-19: $500,000
  - Feb-19: $700,000
  - Mar-19: $900,000
  - Apr-19: $1,100,000
  - May-19: $1,300,000
  - Jun-19: $1,500,000
  - Jul-19: $1,700,000
  - Aug-19: $1,900,000
  - Sep-19: $2,100,000
  - Oct-19: $2,300,000

- **Budget Revenue:**
  - Nov-18: $100,000
  - Dec-18: $300,000
  - Jan-19: $500,000
  - Feb-19: $700,000
  - Mar-19: $900,000
  - Apr-19: $1,100,000
  - May-19: $1,300,000
  - Jun-19: $1,500,000
  - Jul-19: $1,700,000
  - Aug-19: $1,900,000
  - Sep-19: $2,100,000
  - Oct-19: $2,300,000

- **Expense:**
  - Nov-18: $0
  - Dec-18: $0
  - Jan-19: $0
  - Feb-19: $0
  - Mar-19: $0
  - Apr-19: $0
  - May-19: $0
  - Jun-19: $0
  - Jul-19: $0
  - Aug-19: $0
  - Sep-19: $0
  - Oct-19: $0

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

- **Patient Self Pay:** $100,000
- **Third Party Payors:** $71,820
- **Medicare:** $17,628
- **Medicaid:** $25,406
- **Private Ins.:** $22,011
- **Title V:** $5,277
- **Contracts:** $1,498

### Actual Patient Revenue Rec'd vs Budget

- **Actual:**
  - Nov-18: $100,000
  - Dec-18: $200,000
  - Jan-19: $300,000
  - Feb-19: $400,000
  - Mar-19: $500,000
  - Apr-19: $600,000
  - May-19: $700,000
  - Jun-19: $800,000
  - Jul-19: $900,000
  - Aug-19: $1,000,000
  - Sep-19: $1,100,000
  - Oct-19: $1,200,000

- **Budget:**
  - Nov-18: $100,000
  - Dec-18: $200,000
  - Jan-19: $300,000
  - Feb-19: $400,000
  - Mar-19: $500,000
  - Apr-19: $600,000
  - May-19: $700,000
  - Jun-19: $800,000
  - Jul-19: $900,000
  - Aug-19: $1,000,000
  - Sep-19: $1,100,000
  - Oct-19: $1,200,000
### Statement of Revenue and Expenses for the Period ending October 31, 2019

<table>
<thead>
<tr>
<th>Grouping</th>
<th>Description</th>
<th>Period Ending</th>
<th>Budget</th>
<th>Variance</th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTD</td>
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<td>MTD Budget</td>
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<td>YTD</td>
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<td>YTD Budget</td>
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<tr>
<td>Annual</td>
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</tbody>
</table>

#### REVENUE

<table>
<thead>
<tr>
<th>Description</th>
<th>Period Ending</th>
<th>Budget</th>
<th>Variance</th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTD</td>
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<tr>
<td>MTD Budget</td>
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<td>YTD</td>
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<tr>
<td>YTD Budget</td>
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<td>Annual</td>
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</tr>
</tbody>
</table>

#### EXPENSES

<table>
<thead>
<tr>
<th>Description</th>
<th>Period Ending</th>
<th>Budget</th>
<th>Variance</th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTD</td>
<td></td>
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<tr>
<td>MTD Budget</td>
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</tr>
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<td>YTD</td>
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</tr>
<tr>
<td>YTD Budget</td>
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</tr>
<tr>
<td>Annual</td>
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</tr>
</tbody>
</table>

---

Coastal Health & Wellness

**Amounts in USD**
## Coastal Health & Wellness

**Statement of Revenue and Expenses for the Period ending October 31, 2019**

<table>
<thead>
<tr>
<th>Description</th>
<th>Period Ending</th>
<th>MTD</th>
<th>MTD Budget</th>
<th>YTD</th>
<th>YTD Budget</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10/31/19</td>
<td>Budget</td>
<td>Variance</td>
<td>Actual</td>
<td>Variance</td>
<td>Budget</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMPUTER EQUIPMENT</td>
<td>$0</td>
<td>$0</td>
<td>($0)</td>
<td>$0</td>
<td>$0</td>
<td>$0.00</td>
</tr>
<tr>
<td>OPERATING EQUIPMENT</td>
<td>$10,815</td>
<td>$0</td>
<td>($10,815)</td>
<td>$29,315</td>
<td>$0</td>
<td>($29,315)</td>
</tr>
<tr>
<td>BUILDING IMPROVEMENTS</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0.00</td>
</tr>
<tr>
<td>NEWSPAPER ADS</td>
<td>$119</td>
<td>$1,500</td>
<td>$1,381</td>
<td>$5,914</td>
<td>$10,500</td>
<td>$4,586</td>
</tr>
<tr>
<td>SUBSCRIPTIONS, BOOKS, ETC</td>
<td>$210</td>
<td>$125</td>
<td>($85)</td>
<td>$844</td>
<td>$875</td>
<td>$31</td>
</tr>
<tr>
<td>ASSOCIATION DUES</td>
<td>$2,829</td>
<td>$2,883</td>
<td>$53</td>
<td>$18,829</td>
<td>$20,179</td>
<td>$1,349</td>
</tr>
<tr>
<td>IT SOFTWARE, LICENSES, INTANGIBLES</td>
<td>$13,053</td>
<td>$18,355</td>
<td>$5,302</td>
<td>$151,408</td>
<td>$128,488</td>
<td>($22,920)</td>
</tr>
<tr>
<td>PROF FEES/LICENSE/INSPECTIONS</td>
<td>$0</td>
<td>$203</td>
<td>$203</td>
<td>$717</td>
<td>$1,418</td>
<td>$701</td>
</tr>
<tr>
<td>PROFESSIONAL SERVICES</td>
<td>$235</td>
<td>$1,875</td>
<td>$1,637</td>
<td>$37,395</td>
<td>$13,125</td>
<td>($24,270)</td>
</tr>
<tr>
<td>MED/HAZARD WASTE DISPOSAL</td>
<td>$0</td>
<td>$483</td>
<td>$483</td>
<td>$3,270</td>
<td>$3,383</td>
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<tr>
<td>TRANSPORTATION CONTRACT</td>
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<td>$650</td>
<td>$104</td>
<td>$3,290</td>
<td>$4,550</td>
<td>$1,260</td>
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<tr>
<td>BOARD MEETING OPERATIONS</td>
<td>$0</td>
<td>$29</td>
<td>$29</td>
<td>$2,057</td>
<td>$204</td>
<td>($1,853)</td>
</tr>
<tr>
<td>SERVICE CHG - CREDIT CARDS</td>
<td>$538</td>
<td>$685</td>
<td>$147</td>
<td>$4,896</td>
<td>$4,795</td>
<td>($101)</td>
</tr>
<tr>
<td>CASHIER OVER / SHORT</td>
<td>$20</td>
<td>$0</td>
<td>($20)</td>
<td>$25</td>
<td>$0</td>
<td>$0.00</td>
</tr>
<tr>
<td>LATE CHARGES</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0.00</td>
</tr>
<tr>
<td>BAD DEBT EXPENSE</td>
<td>$48,421</td>
<td>$35,045</td>
<td>($13,376)</td>
<td>$301,687</td>
<td>$245,313</td>
<td>($56,374)</td>
</tr>
<tr>
<td>MISCELLANEOUS EXPENSE</td>
<td>$59</td>
<td>$0</td>
<td>($59)</td>
<td>$2,004</td>
<td>$0</td>
<td>($2,004)</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$984,972</td>
<td>$1,056,042</td>
<td>$71,070</td>
<td>$6,523,839</td>
<td>$7,392,293</td>
<td>$868,454</td>
</tr>
</tbody>
</table>

### Net Change in Fund Balance

- Expenses Fund Bal. Reserve: ($228,896)
- Total Expenses: ($98,958)
- Budget: ($10,816)
- Net Change in Fund Balance: ($98,142)
### Medical Visits

<table>
<thead>
<tr>
<th></th>
<th>Prior Period</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov</td>
<td>2,857</td>
<td>2,351</td>
</tr>
<tr>
<td>Dec</td>
<td>2,542</td>
<td>2,175</td>
</tr>
<tr>
<td>Jan</td>
<td>2,939</td>
<td>2,714</td>
</tr>
<tr>
<td>Feb</td>
<td>2,798</td>
<td>2,534</td>
</tr>
<tr>
<td>Mar</td>
<td>2,946</td>
<td>2,484</td>
</tr>
<tr>
<td>Apr</td>
<td>2,334</td>
<td>2,119</td>
</tr>
<tr>
<td>May</td>
<td>2,177</td>
<td>2,171</td>
</tr>
<tr>
<td>June</td>
<td>2,205</td>
<td>1,797</td>
</tr>
<tr>
<td>July</td>
<td>2,363</td>
<td>1,798</td>
</tr>
<tr>
<td>Aug</td>
<td>2,413</td>
<td>2,081</td>
</tr>
<tr>
<td>Sept</td>
<td>2,115</td>
<td>1,804</td>
</tr>
<tr>
<td>Oct</td>
<td>2,725</td>
<td>2,250</td>
</tr>
<tr>
<td>Total</td>
<td><strong>30,414</strong></td>
<td><strong>26,278</strong></td>
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</table>

### Dental Visits

<table>
<thead>
<tr>
<th></th>
<th>Prior Period</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov</td>
<td>749</td>
<td>447</td>
</tr>
<tr>
<td>Dec</td>
<td>772</td>
<td>530</td>
</tr>
<tr>
<td>Jan</td>
<td>597</td>
<td>656</td>
</tr>
<tr>
<td>Feb</td>
<td>354</td>
<td>699</td>
</tr>
<tr>
<td>Mar</td>
<td>0</td>
<td>763</td>
</tr>
<tr>
<td>Apr</td>
<td>167</td>
<td>728</td>
</tr>
<tr>
<td>May</td>
<td>362</td>
<td>783</td>
</tr>
<tr>
<td>June</td>
<td>446</td>
<td>731</td>
</tr>
<tr>
<td>July</td>
<td>427</td>
<td>643</td>
</tr>
<tr>
<td>Aug</td>
<td>523</td>
<td>728</td>
</tr>
<tr>
<td>Sept</td>
<td>426</td>
<td>699</td>
</tr>
<tr>
<td>Oct</td>
<td>531</td>
<td>842</td>
</tr>
<tr>
<td>Total</td>
<td><strong>5,354</strong></td>
<td><strong>8,249</strong></td>
</tr>
</tbody>
</table>

### Counseling Visits

<table>
<thead>
<tr>
<th></th>
<th>Prior Period</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov</td>
<td>52</td>
<td>69</td>
</tr>
<tr>
<td>Dec</td>
<td>60</td>
<td>59</td>
</tr>
<tr>
<td>Jan</td>
<td>62</td>
<td>64</td>
</tr>
<tr>
<td>Feb</td>
<td>66</td>
<td>63</td>
</tr>
<tr>
<td>Mar</td>
<td>83</td>
<td>86</td>
</tr>
<tr>
<td>Apr</td>
<td>54</td>
<td>104</td>
</tr>
<tr>
<td>May</td>
<td>53</td>
<td>100</td>
</tr>
<tr>
<td>June</td>
<td>54</td>
<td>95</td>
</tr>
<tr>
<td>July</td>
<td>67</td>
<td>81</td>
</tr>
<tr>
<td>Aug</td>
<td>66</td>
<td>85</td>
</tr>
<tr>
<td>Sept</td>
<td>64</td>
<td>73</td>
</tr>
<tr>
<td>Oct</td>
<td>79</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td><strong>760</strong></td>
<td><strong>979</strong></td>
</tr>
</tbody>
</table>
Vists by Financial Class - Actual vs. Budget
As of October 31, 2019 (Grant Year 4/1/19-3/31/20)

<table>
<thead>
<tr>
<th>Financial Class</th>
<th>Annual HRSA Grant Budget</th>
<th>MTD Actual</th>
<th>MTD Budget</th>
<th>Over/(Under)</th>
<th>YTD Actual</th>
<th>YTD Budget</th>
<th>Over/(Under)</th>
<th>% Over/(Under)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>5,442</td>
<td>241</td>
<td>454</td>
<td>(213)</td>
<td>1,433</td>
<td>3,175</td>
<td>(1,742)</td>
<td>-55%</td>
</tr>
<tr>
<td>Medicare</td>
<td>3,640</td>
<td>203</td>
<td>303</td>
<td>(100)</td>
<td>1,494</td>
<td>2,123</td>
<td>(629)</td>
<td>-30%</td>
</tr>
<tr>
<td>Other Public (Title V, Contract)</td>
<td>1,728</td>
<td>113</td>
<td>144</td>
<td>(31)</td>
<td>642</td>
<td>1,008</td>
<td>(366)</td>
<td>-36%</td>
</tr>
<tr>
<td>Private Insurance</td>
<td>4,718</td>
<td>172</td>
<td>393</td>
<td>(221)</td>
<td>1,137</td>
<td>2,752</td>
<td>(1,615)</td>
<td>-59%</td>
</tr>
<tr>
<td>Self Pay</td>
<td>31,361</td>
<td>2,463</td>
<td>2,613</td>
<td>(150)</td>
<td>15,158</td>
<td>18,294</td>
<td>(3,136)</td>
<td>-17%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>46,889</td>
<td>3,192</td>
<td>3,907</td>
<td>(715)</td>
<td>19,864</td>
<td>27,352</td>
<td>(7,488)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Unduplicated Patients</th>
<th>Current Year Actual</th>
<th>Jan-Oct 2018 (Decrease) Prior Year</th>
<th>% of Annual Target</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16,345</td>
<td>11,571</td>
<td>(306)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Unduplicated Patients</th>
<th>Apr 2018 - Oct 2018 Actual</th>
<th>Apr 2019 - Oct 2019 Actual</th>
<th>Increase/Decrease Prior Year</th>
<th>% of Annual Target</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16,345</td>
<td>8,785</td>
<td>9,066</td>
<td>281</td>
</tr>
</tbody>
</table>
Number of Unduplicated Patients

- Annual HRSA Grant Budget: 16,345
- HRSA Apr 2019 - Oct 2019 Actual: 9,066
- UDS Data Calendar Year Target: 16,345
- Jan - Oct 2019 Actual: 11,265
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Amebiasis</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>AID*</td>
<td>9</td>
<td>10</td>
<td>10</td>
<td>*3</td>
<td>*0</td>
</tr>
<tr>
<td>Botulism</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Campylobacteriosis</td>
<td>31</td>
<td>45</td>
<td>41</td>
<td>48</td>
<td>27</td>
</tr>
<tr>
<td>Chlamydia trachomatis</td>
<td>1439</td>
<td>1579</td>
<td>1648</td>
<td>1584</td>
<td>1422</td>
</tr>
<tr>
<td>Chikungunya</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Creutzfeld-Jakob Disease</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Cryptosporidiosis</td>
<td>2</td>
<td>8</td>
<td>2</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Cyclosporiasis</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Dengue</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Elevated Blood Lead</td>
<td>33</td>
<td>25</td>
<td>32</td>
<td>19</td>
<td>22</td>
</tr>
<tr>
<td>E.coli, enterohemorrhagic</td>
<td>7</td>
<td>13</td>
<td>12</td>
<td>13</td>
<td>8</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>336</td>
<td>419</td>
<td>448</td>
<td>509</td>
<td>449</td>
</tr>
<tr>
<td>Haemophilus Influenzae</td>
<td>7</td>
<td>5</td>
<td>8</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Hepatitis, type A</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Hepatitis, type B (acute)</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Hepatitis, type C (acute)</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Hepatitis, type E (acute)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>HIV infection*</td>
<td>49</td>
<td>37</td>
<td>45</td>
<td>*28</td>
<td>*23</td>
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<tr>
<td>Influenza associated Pedi death</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Influenza isolate</td>
<td>653</td>
<td>2340</td>
<td>3970</td>
<td>4125</td>
<td>5312</td>
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<tr>
<td>Legionellosis</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Leishmaniasis</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Listeriosis</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Lyme Disease</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Malaria</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Meningococcal infection</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Multi-Drug Resistance Organism</td>
<td>77</td>
<td>61</td>
<td>67</td>
<td>61</td>
<td>47</td>
</tr>
<tr>
<td>Mumps</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Opioid associated death*</td>
<td>16</td>
<td>9</td>
<td>5</td>
<td>15</td>
<td>11</td>
</tr>
<tr>
<td>Pertussis</td>
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<td>1</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Q Fever</td>
<td>90</td>
<td>125</td>
<td>56</td>
<td>57</td>
<td>82</td>
</tr>
<tr>
<td>Salmonellosis</td>
<td>139</td>
<td>224</td>
<td>10</td>
<td>25</td>
<td>75</td>
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<tr>
<td>Shigellosis</td>
<td>35</td>
<td>34</td>
<td>13</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>Spotted Fever Rickettsioses</td>
<td>20</td>
<td>30</td>
<td>36</td>
<td>34</td>
<td>29</td>
</tr>
<tr>
<td>Strep. Infection, invasive group A</td>
<td>23</td>
<td>28</td>
<td>16</td>
<td>31</td>
<td>31</td>
</tr>
<tr>
<td>Suicide*</td>
<td>64</td>
<td>47</td>
<td>58</td>
<td>*53</td>
<td>*39</td>
</tr>
<tr>
<td>Syphilis</td>
<td>50</td>
<td>37</td>
<td>45</td>
<td>61</td>
<td>35</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>6</td>
<td>13</td>
<td>7</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td>Typhoid Fever</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Typhus Fever</td>
<td>8</td>
<td>2</td>
<td>17</td>
<td>40</td>
<td>22</td>
</tr>
<tr>
<td>Varicella (Chickenpox)</td>
<td>13</td>
<td>21</td>
<td>22</td>
<td>18</td>
<td>17</td>
</tr>
<tr>
<td>Vibrio infection</td>
<td>8</td>
<td>5</td>
<td>6</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>West Nile Virus Infection</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Yersiniosis</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Zika</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Foodborne illness complaints</td>
<td>51</td>
<td>71</td>
<td>49</td>
<td>57</td>
<td>49</td>
</tr>
<tr>
<td>Rabies in animals</td>
<td>7</td>
<td>3</td>
<td>5</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

*Please note: Numbers are preliminary reports; therefore, these numbers are subject to change.*
December 17, 2019

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

The purpose of this communication is to summarize various matters related to the planned scope and timing for the September 30, 2019, audits of the financial statements of Galveston County Health District and of its compliance with specified requirements applicable to its major federal award programs.

Please refer to our engagement letter dated August 22, 2019, for additional information and the terms of our engagement.

OVERVIEW

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

- The audit of the financial statements to obtain reasonable rather than absolute assurance about whether the financial statements are free of material misstatement, whether caused by error or fraud. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

- The audit of compliance with the types of compliance requirements described in the U.S. Office of Management and Budget Compliance Supplement that are applicable to each major federal award program to obtain reasonable rather than absolute assurance about whether noncompliance having a direct and material effect on a major federal award program occurred.
**PLANNED SCOPE AND TIMING**

We have preliminarily identified the following areas of significant risks of material misstatement due to error or fraud and of material noncompliance and propose to address these areas as described:

<table>
<thead>
<tr>
<th>Risk Area</th>
<th>Audit Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk of management override of controls</td>
<td>✓ Review of journal entries; review of estimates for management bias; and review of significant/unusual terms for business purpose.</td>
</tr>
<tr>
<td>Revenue Recognition</td>
<td>✓ Analytically review revenue; review of subsequent collections; and analysis of the estimate of allowance for uncollectible accounts.</td>
</tr>
<tr>
<td>Compliance with federal grant rules and regulations under Uniform Guidance</td>
<td>✓ Review expenditures of federal awards to determine which programs required testing and perform compliance testing federal programs, as necessary.</td>
</tr>
</tbody>
</table>

We welcome any input you may have regarding the risk areas identified above, any other significant risk areas in your opinion or other matters you believe warrant particular attention.

We propose the following timeline:

- Drafts of the financial statements and management letter, together with our letter regarding auditor responsibilities, will be furnished by January 31, 2019.
- Final reports will be issued once approved by the District.

**CONTACTS**

We understand the appropriate person in the governance structure with whom to communicate is Mrs. Kathy Barroso, CEO.
If for any reason any member of the Board of Directors would need to contact us, please call Amanda Eaves, at 713.499.4600.

ACCOUNTING AND AUDITING MATTERS

The following matters are, in our judgment, relevant to the planned scope of the audit as well as your responsibilities in overseeing the financial reporting process.

In governmental agencies and community health centers, accounting estimates play a significant role in preparing financial statements in accordance with generally accepted accounting principles. The accuracy of accounting estimates during the year is key to making informed decisions.

CONSIDERATION OF ERROR OR FRAUD

One of the most common questions we receive from audit committees is, “How do you address fraud in a financial statement audit?” Our responsibility, as it relates to fraud, in an audit of financial statements is addressed in auditing standards generally accepted in the United States of America.

Our audit approach includes such procedures as:

- Engagement Team Brainstorming
  - Discussions include how and where we believe the entity’s financial statements might be susceptible to material misstatement due to error or fraud, how management could perpetrate and conceal fraudulent financial reporting and how assets of the entity could be misappropriated.
  - An emphasis is placed on the importance of maintaining the proper state of mind throughout the audit regarding the potential for material misstatement due to error or fraud.

- Inquiries of Management and Others
  - Personnel interviewed include the Audit Committee Chair, the Chief Executive Officer, the Chief Financial Officer, the Chief Compliance Officer, and others.
Inquiries are directed towards the risks of error or fraud and whether personnel have knowledge of any fraud or suspected fraud affecting the entity.

- Reviewing Accounting Estimates for Bias
- Evaluating Business Rationale for Significant Unusual Transactions
- Incorporating an Element of Unpredictability into the Audit Each Year

This communication is intended solely for the information and use of those charged with governance, Board of Directors and management, and is not intended to be, and should not be used by anyone other than these parties.

Amanda Eaves, CPA
Director

Back to Agenda
United Board of Health
January 2020
Item #6
Consider for Approval Quarterly Investment Report for the Period Ending 12/31/19
### General Fund

<table>
<thead>
<tr>
<th></th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
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</thead>
<tbody>
<tr>
<td>Beginning Balance</td>
<td>2,758,013</td>
<td>1,966,896</td>
<td>1,234,170</td>
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<tr>
<td>Deposits</td>
<td>228,000</td>
<td>83,500</td>
<td>1,398,000</td>
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<td>Withdrawals</td>
<td>(1,022,000)</td>
<td>(818,000)</td>
<td>(395,000)</td>
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<tr>
<td>Interest Earned</td>
<td>2,883</td>
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<td>1,201</td>
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<td>$1,966,896</td>
<td>$1,234,170</td>
<td>$2,238,371</td>
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<th>Dec</th>
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<tr>
<td>Current Yields</td>
<td>1.41%</td>
<td>1.41%</td>
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</tr>
<tr>
<td>Previous Quarter Yield (7/2019 to 9/2019)</td>
<td>1.41%</td>
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### Galveston Area Ambulance Authority

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<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Balance</td>
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### FY20 Summary

<table>
<thead>
<tr>
<th></th>
<th>General Fund</th>
<th>GAAA</th>
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<tbody>
<tr>
<td>Interest Earned</td>
<td>Oct 1-Nov 30</td>
<td>14,030</td>
</tr>
<tr>
<td>Avg Balance</td>
<td>3,524,601</td>
<td>4,657,122</td>
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<tr>
<td>Yield</td>
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### General Fund

<table>
<thead>
<tr>
<th>Interest Yield Year to Year Comparison</th>
<th>Oct 1-Dec 31</th>
<th>Jan 1-Mar 31</th>
<th>Apr 1-June 30</th>
<th>Jul 1-Sept 30</th>
<th>Total as of 9/30</th>
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<tbody>
<tr>
<td>FY2017</td>
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<td>FY2020 (Current year)</td>
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<td>FY2020 (Current year)</td>
<td>0.40%</td>
<td>0.40%</td>
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### Money Market Account

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### Tex Pool Investments

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<td>Ending Balance</td>
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### FY20 Summary

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### YTD Totals

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<tr>
<td>Yield</td>
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<td>0.40%</td>
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</table>

### Interest Yield Year to Year Comparison

#### General Fund

- FY2017: 0.13%
- FY2018: 0.14%
- FY2019: 0.43%
- FY2020 (Current year): 0.40%

#### Galveston Area Ambulance Authority

- FY2017: 0.13%
- FY2018: 0.14%
- FY2019: 0.43%
- FY2020 (Current year): 0.40%
United Board of Health
January 2020
Item #7
Consider for Approval Quarterly Worker’s Compensation Report for the Period Ending 12/31/19
Workers’ Compensation Report
Quarter 1 – Fiscal Year 2020

Claims Reported

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<td>8</td>
<td>3</td>
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<tr>
<td>GAAA</td>
<td>21</td>
<td>18</td>
<td>12</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>26</td>
<td>20</td>
<td>4</td>
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</table>

DENOTES TOTAL NUMBER OF WORKERS’ COMPENSATION CLAIMS FILED.

Lost Time

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<tbody>
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<td>16</td>
<td>15</td>
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<tr>
<td>Lost Time</td>
<td>9</td>
<td>10</td>
<td>5</td>
<td>1</td>
<td>1</td>
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<tr>
<td>Total</td>
<td>27</td>
<td>26</td>
<td>20</td>
<td>5</td>
<td>5</td>
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DISPLAYS VARIANCE AMONGST CLAIMS RESULTING ONLY IN MEDICAL ATTENTION AGAINST THOSE RESULTING IN LOST TIME.

Galveston County Health District
United Board of Health – January 29, 2020

Workers’ Compensation Report
Workers’ Compensation Report
Quarter 1 – Fiscal Year 2020

*INCLUDES OPEN CLAIMS WHICH MAY RESULT IN AN INCREASE OR DECREASE (THROUGH SUBBROGATION) OF FINAL COST.

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United Board of Health
January 2020
Item #8
Comments from the Public
United Board of Health
January 2020
Item #9
Executive Report
Hundreds kick off 2020 with New Year, New You event

Galveston County Health District hosted its 2nd Annual Healthy Eating Active Living (HEAL) New Year, New You event on Jan. 25.

Hundreds took part in the free 1 Mile Fun Run/5K and health fair that featured local businesses offering healthy lifestyle resources including free snacks, chair massages, activity stations, giveaways and more.

Those attending even got to meet KC the carrot, HEAL’s mascot, who took a turn around the Fun Run track and cheered on runners and walkers.

To learn more about the health district’s HEAL initiative, visit gchd.org/HEAL.
Galveston County cities have collectively earned more than 1 million points three weeks into the IT’S TIME TEXAS Community Challenge.

If you’re looking to get healthier in 2020, the Community Challenge is for you. Reach your goals while also earning points for the city you live or work in.

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 1.

“Many of us have goals focused on getting healthy,” said Kathy Barroso, Galveston County Health District (GCHD) CEO. “This eight-week Community Challenge is a great way to kick-start that healthy lifestyle and have fun with family and friends as you compete against one another.”

As of Jan. 27, Texas City leads Galveston County communities with 933,150 points, followed by Clear Lake Shores with 47,350 points and Santa Fe with 34,200 points.

Special thanks to the following mayors and council members for supporting the Community Challenge with pledges: Texas City Mayor Matthew T. Doyle and commission members Phil Roberts, Bruce Clawson, Earl Alexander, Abel Garza, Dorthea Jones and Jami Clark; Santa Fe Mayor Jason Tabor and council members IV

Texas City Mayor Matthew T. Doyle and commission, top, Santa Fe Mayor Jason Tabor and council, pictured above, and Clear Lake Shores Mayor Kurt Otten, pictured at left, and council all signed pledges in support of the IT’S TIME TEXAS Community Challenge. A BIG thank you to these communities for showing support of the Community Challenge and setting an example for the community.
<table>
<thead>
<tr>
<th>Category</th>
<th>City</th>
<th>Score</th>
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<tbody>
<tr>
<td><strong>LARGE CITY CATEGORY</strong></td>
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<tr>
<td>14th place in category</td>
<td>League City</td>
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<tr>
<td><strong>MID SIZE CATEGORY</strong></td>
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<tr>
<td>★ 3rd place in category</td>
<td>Texas City</td>
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<tr>
<td>14th place in category</td>
<td>Galveston</td>
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<tr>
<td><strong>SMALL CATEGORY</strong></td>
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<tr>
<td>15th place in category</td>
<td>Santa Fe</td>
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<td>26th place in category</td>
<td>Dickinson</td>
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<tr>
<td>30th place in category</td>
<td>Friendswood</td>
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<tr>
<td>63rd place in category</td>
<td>La Marque</td>
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<tr>
<td><strong>EXTRA SMALL CATEGORY</strong></td>
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</tr>
<tr>
<td>8th place in category</td>
<td>Clear Lake Shores</td>
<td>47,350</td>
</tr>
<tr>
<td>51st place in category</td>
<td>Bayou Vista</td>
<td>1,700</td>
</tr>
<tr>
<td>62nd place in category</td>
<td>Kemah</td>
<td>950</td>
</tr>
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</table>
EMERIL’S BEEF AND BROCCOLI

Ingredients

1/2 cup oyster sauce
1/4 cup low-sodium soy sauce
2 Tbsp. plus 2 tsp. rice vinegar
2 Tbsp. orange blossom honey or your local favorite local honey
2 tsp. toasted sesame oil
1 tsp. crushed red pepper
2 lbs. beef flank steak, thinly sliced across the grain (freeze lightly for easier slicing)
1/4 cup cornstarch
6 Tbsp. peanut oil
1 bunch green onions, cut into 2-inch pieces on the diagonal
1 red bell pepper, cut into 1-inch dice (about 1 1/2 cups)
2 Tbsp. minced garlic
2 Tbsp. peeled and minced fresh ginger
2 large heads of broccoli, cut into florets
2 tsp. sesame seeds
Steamed rice, for serving

Directions

Combine the oyster sauce, soy sauce, vinegar, honey, sesame oil and crushed red pepper. Mix well and set aside.

Toss the beef in the cornstarch, shake to remove any excess and set aside.

Heat a wok or large skillet over high heat. Add two tablespoons of the peanut oil. Once it begins to smoke, add the green onions, bell pepper, garlic and ginger and cook for one minute. Add the broccoli and cook, stirring frequently, for three minutes. Transfer the broccoli and peppers to a small platter and set aside.

Add two tablespoons of the remaining peanut oil to the wok. Add half of the beef and sauté, stirring frequently, until browned, about one minute. Transfer the beef to the platter with the broccoli.

Add the remaining two tablespoons peanut oil to the pan and cook the remaining beef.

Return the reserved broccoli and beef mixture to the wok. Add the sauce and cook, stirring to coat the beef and broccoli evenly, until warmed through, about two minutes. Add the sesame seeds, stir to combine, and serve immediately with steamed rice.
Healthy lifestyle helps lower risk of heart disease

Some might believe heart disease is only a problem for older adults. But, that’s not the case. In fact, conditions that lead to heart disease are developing at a younger age.

February marks American Heart Month, the perfect time to learn about risk factors and steps to take care of your heart.

Americans, ages 35-64, are at risk for heart disease earlier in life due to high rates in obesity and high blood pressure, according to the Centers for Disease Control and Prevention (CDC).

“The top three risk factors for heart disease are high blood pressure, high cholesterol and smoking or tobacco use and half of all Americans have at least one of those risk factors,” said Dr. Philip Keiser, Galveston County Health District (GCHD) local health authority. “Heart disease is the leading cause of death for both men and women.”

Millions of Americans suffer from high blood pressure – one of the biggest risks for heart disease and stroke – and roughly half of those don’t have it under control. High cholesterol may also increase the risk for heart disease.

Smoking is the leading cause of preventable death in the United States, according to the CDC. More than 37 million U.S. adults are current smokers and thousands of young people start smoking each day. Smoking also damages blood vessels and can cause heart disease. “The good news is you’re in control. You’re in charge of your health and healthy lifestyle changes can help lower your risk for developing heart disease,” Keiser said.

Controlling and preventing risk factors is also important for people who already have 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. Reduce the amount of salt you consume by choosing low sodium options. Limit sugar, which can increase blood sugar levels by replacing sugary drinks like soda and juices with water or low-sugar alternatives.

Get active

Only one in five adults meets the Surgeon General’s physical guidelines of getting at least 150 minutes of moderate-intensity activity a week. Aim for 30 minutes each day. You can even break up those 30 minutes into 10-minute blocks to better fit movement in your schedule.
Congratulations to Epidemiologists Karla Ruiz and Sharon Stonum who are now board certified in infection prevention and control after completing a certification program offered by the Board of Infection Control and Epidemiology.

This certification is a way for epidemiologists to go the extra mile in ensuring their community gets their best knowledge and service.

The course can be incredibly difficult and spans over several months. Thanks to their initiative, our epidemiologists are better prepared to work with infection control practitioners in preventing the spread of disease in Galveston County.

Congratulations to our Vital Statistics department - which handles birth and death records. They were once again awarded the Five Star Exemplary Service Award from the Texas Department of State Health Services. The department has received the award 18 consecutive years.

This annual award recognizes vital statistics partners who exceed standards in training, proper record management, customer service and keeping up with legislation and trends.

Pictured are Business Center Specialist Lindsay Durant, Business Center Specialist - Team Leader Abby Amaro, Local Registrar/ Business Center Manager Alma Garcia and Business Center Specialist Xochilt Alvarado. Our Vital Statistics department issues about 19,000 certified birth and death records and 9,000 new records each year.

Congratulations to Epidemiologists Karla Ruiz and Sharon Stonum who are now board certified in infection prevention and control after completing a certification program offered by the Board of Infection Control and Epidemiology.

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When should I wash my hands?

<table>
<thead>
<tr>
<th>Before/after activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>cooking food</td>
</tr>
<tr>
<td>eating food</td>
</tr>
<tr>
<td>caring for someone who is sick/ill</td>
</tr>
<tr>
<td>before and after treating a cut or wound</td>
</tr>
<tr>
<td>after touching your nose, coughing or sneezing</td>
</tr>
<tr>
<td>after using the bathroom</td>
</tr>
<tr>
<td>after changing diapers</td>
</tr>
<tr>
<td>after touching an animal, feed or waste</td>
</tr>
<tr>
<td>after using the restroom</td>
</tr>
</tbody>
</table>

Wet lather, scrub, rinse

Wet your hands with clean, running water and apply soap. Lather your hands - front, back, between fingers and under nails. Wash your hands for at least 20 seconds. Want to pass the time? Sing “Happy Birthday” from beginning to end, twice. Rinse your hands under clean, running water.
Do’s and don’ts for outdoor burning

Are you thinking about outdoor burning at your residence? Before you start, check out these answers to some burning questions.

BEFORE YOU START OUTDOOR BURNING

✅ Call your local officials to make sure that burning is not against any local law, such as a city ordinance.

✅ Make sure that a burn ban is not in place for your area (to prevent wildfires, counties often ban burning during dry weather).

✅ Burn only allowable trash and land-clearing debris that was generated at the residence.

DO’S AND DON’TS FOR OUTDOOR BURNING | GCHD.ORG

BEFORE YOU START OUTDOOR BURNING

❌ Don’t create a traffic hazard: make sure that smoke doesn’t blow across roads.

❌ Don’t burn anything that may create excessive smoke or toxic fumes, such as plastic, tires, or shingles.

❌ Don’t burn trash or anything else from a business.

❌ Don’t cause a nuisance: make sure you don’t smoke out your neighbors.

❌ Don’t burn anything during a Burn Ban or during a Red Flag Warning.

DO’S AND DON’TS FOR OUTDOOR BURNING | GCHD.ORG

Calendar of Events

Diabetes 101
The Galveston County Health District (GCHD) Diabetes 101 class meets each Wednesday, 3:30 p.m. and is a support group for those living with diabetes. Topics include monitoring blood glucose, healthy eating, meal planning, understanding food labels, counting carbs and managing stress through increased activity. Classes take place in the GCHD Texas City WIC classroom, 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.

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.

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.
For more information, call 409-949-3471. All ingredients are provided and you get to eat the food you create! This is a FREE class open to WIC clients.

Healthy Concepts Clinic
Healthy Concepts Clinic (HCC) is a public health clinic that offers STD, HIV, Syphilis, Hepatitis C, Chlamydia and Gonorrhea testing as well as Tuberculosis case management and treatment. The Texas City clinic, located at 9850-B Emmett F. Lowry Expressway, Suite B103, is open Wednesdays 1-5 p.m.
The Galveston clinic, located at Island Community Center, 4700 Broadway, Suite F101, is open Mondays 11 a.m.-3 p.m.
Galveston County Health District is now a NOAA Weather-Ready Nation (WRN) ambassador.

The health district is dedicated to improving Galveston County’s readiness against extreme weather, water and climate events. As an ambassador, the health district will work closely with NOAA and other partners to strengthen resilience against extreme weather.
ARC to host low-cost pet vaccine clinics Feb. 7, 8

The Galveston County Animal Resource Center (ARC) is happy to host two low-cost pet vaccination clinics on Friday, Feb. 7 and Saturday, Feb. 8. 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. Friday, Feb. 7 and noon-3 p.m. Saturday, Feb. 8.

Appointments are not needed. Cash, check and major credit cards are accepted. For more information call 409-948-2485.

Heart health

A 10-minute walk can promote heart health, improve brain function, ease depression and help you breathe easier. Plus, a shot of endorphins can help you get through your day.

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.

Take charge

Take charge of your health. Work with your doctor and health care team to manage conditions that could contribute to a higher risk of heart disease. This includes high blood pressure and high cholesterol. Take medicines as prescribed and learn more about preventing and managing high blood pressure and high cholesterol.

If you don’t smoke, keep it that way. If you do, speak to your doctor about the best way to quit.
Out and about: Community outreach

Staff from Coastal Health & Wellness, pictured at left, Galveston County WIC, pictured bottom left, and Galveston County Medical Reserve Corps, pictured bottom right, and Galveston Area Ambulance Authority all attended Galveston County Health District's (GCHD) 2nd Annual Healthy Eating Active Living New Year, New You Fun Run and Health Fair on Jan. 25, offering resources to the public on how to live a healthier life.

GCHD’s HIV/ STD prevention staff was busy in December and January, providing outreach in Brazoria County. Staff visited Brazos Place, Prince Barber Shop, Ultimate Kutz Barber Shop and the Community Health Network for free testing, free condom distribution and education.
February highlights importance of spay, neuter

February is Spay/ Neuter Awareness Month. Did you know spaying and neutering your dogs and cats can increase their lifespan and reduce aggression, along with so many other benefits?

Be part of the solution to pet overpopulation by spaying and neutering your pets.

**BENEFITS OF SPAYING & NEUTERING**

- Increase lifespan
- Lower risk of some cancers
- Reduce roaming
- Reduce aggression
- Fight and decrease overpopulation
- Decrease the numbers of animals in shelters

DO YOU NEED HELP?

Several local facilities offer low-cost spay/neuter assistance:

**THE ANIMAL ALLIANCE**  
www.animalalliancetx.org

**SNIP – SPAY & NEUTER INITIATIVE PROGRAM**  
www.facebook.com/SNIPoTX

**SNAP – SPAY-NEUTER ASSISTANCE PROGRAM**  
www.snapus.org/pasadena

**SNAP – SPAY-NEUTER & ANIMAL WELLNESS CLINIC**  
www.snapus.org/houston/

**THE GREATER GOOD LOW COST SPAY, NEUTER AND VACCINATIONS**  
www.mygreatergoodvet.com

**EMANCIPET HOUSTON TEXAS**  
www.emancipet.org/houston

spay and neuter your pets.

From your friends at the Galveston County Animal Resource Center
BEING ACTIVE

helps you prevent chronic diseases, improve heart and lung health, build strong bones and muscles, reduce fat, improve sleep, decrease stress, fight depression and increase your confidence and self-esteem!

CHILDHOOD OBESITY

Childhood obesity is now the #1 health concern among parents in the United States, topping drug abuse and smoking.

Over the past 30 years, child obesity rates in America have tripled. Today nearly 1 in 3 Americans are overweight or obese.

FOOD FOR THOUGHT

30 years ago, kids ate 1 snack a day. Today, the trend is nearing 3 snacks a day!

That adds up to an extra 200 calories a day! Encourage children 2 and older to eat at least 5 servings of fruits and veggies a day.

GET MOVING

All children age 2 and older should get at least 60 minutes of enjoyable, varied, moderate-intensity physical activity every day.

When it comes to sports, only 12.6% of children who participate are overweight. 18.1% of children who don’t participate are overweight.

SCREEN TIME

90% of the ads a child might see on Saturday morning advertise food and drinks that are high in fat, sodium, and added sugars.

8 to 18 year olds spend an average of 7.5 hours a day on screen time, including tv, computers, videogames, cell phones and movies.
Clear Lake Shores city council members Mark Thompson, Christy Lyons, Jan Bailey, Amanda Fenwick and Angie Terrell all signed council pledges supporting the IT’S TIME TEXAS Community Challenge.

It’s not too late to join in on the fun. Register and earn 500 points. Did you participate last year? If so, you can simply reactivate your profile. Answer a few more questions while setting up your profile and you’ve earned an additional 250 points. That’s 1,000 points for just a few minutes of work.

Watch the Living Healthier video and add another 500.

A breakdown of points available for each activity is available at www.itccommunitychallenge.com.

Don’t have time for a 30-minute walk or workout session? Join us as we #Take10.

Break it down into three 10-minute sessions and work those into your daily routine.

Link your fitness tracker when you register to automatically record your daily activity.

Winners earn grant money for health-related improvements in their community, plus bragging rights.

Statewide, communities with similar populations compete, but we’ve also had a healthy competition in Galveston County.

“We’re here to help you along the way,” Barroso. “We’ll offer Motivation Monday tips, healthy living resources and ideas plus weekly totals by community so we can see how each city in the county is stacking up to its neighbors.”

Check out www.gchd.org/challenge for more information on how to participate.

Follow us @GCHDinfo on Facebook, Twitter and Instagram for weekly totals and motivation.
Santa Claus visits Animal Resource Center
Galveston County Health District continues to work with the Texas Department of State Health Services (DSHS) and Centers for Disease Control and Prevention (CDC) to closely monitor an outbreak of respiratory illness caused by a 2019 Novel (new) Coronavirus (named “2019-nCoV”) that was first detected in Wuhan City, Hubei Province, China and which continues to expand. Infections with 2019-nCoV, most of them associated with travel from Wuhan, also are being reported in a growing number of international locations, including the United States. CDC and DSHS stress while 2019-nCoV is a new respiratory virus, following simple steps - like you do with the flu - can offer protection.

- Wash hands often with soap and water for at least 20 seconds.
- Avoid touching your eyes, nose or mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Stay home if you’re sick.
- Cover coughs and sneezes, and then wash your hands.
- Frequently clean and disinfect objects and surfaces.

Public health officials monitor Novel Coronavirus outbreak
PUBLIC HEALTH PROGRAMS

ANIMAL SERVICES
Dec. 11, 2019-Jan. 29, 2020

- There have been no reported cases of rabies.

COMMUNITY HEALTH SERVICES
Nov. 23, 2019-Jan. 21, 2020

Breast Cancer Screenings

- A total of 53 screening mammograms were provided to women of Galveston County who met requirements of both the BCCS and D’Feet programs. Staff processed 20 referrals from providers to have patients undergo diagnostic workups for breast cancer evaluation. In 2019, nine women were diagnosed with breast cancer. Two were ineligible for Medicaid and were referred to MD Anderson and Harris Health for treatment while the other seven were enrolled in the Medicaid for Breast Cervical Cancer (MBCC) program.

- Going forward, the D’Feet program has exhausted its funding; since the founder of D’Feet, Dolly Warren, passed away three years ago, the D’Feet organization has not been able to resume active fundraising. This will result in a loss of 250 screening mammograms for women in Galveston County in the coming year.

Immunization Program

- Immunization staff administered 764 shots (to 409 patients) during this reporting period, compared to 963 (to 428 patients) during the same time period last year.

- National Influenza Vaccination Week was recognized Dec. 1-7 with flu educational posters and coloring books on display in the waiting room. Immunization staff educated WIC on the importance of recommending to pregnant women and mothers of infants that they receive their flu vaccinations.

- Annual daycare audits have begun with five completed during this reporting period. Several daycare and school audits are scheduled during the upcoming reporting period. Each audited daycare and school are given information on health district resources including the use of the ImmTrac registry.

- There are currently 92 local providers enrolled in ImmTrac with 32 of those providers registered as Texas Vaccines for Children Program (TVCP) providers.

- Two cases of Perinatal Hepatitis B continue to be case managed by immunization staff.

HIV/STD Services

- The HIV/ STD control program conducted 123 HIV, Syphilis and Hepatitis C tests Dec. 20, 2019-Jan. 21, 2020. Within the testing effort, the HIV/STD prevention team tested individuals at the Galveston County Jail and other community events.

Tuberculosis (TB) Control Services

- The TB program had 11 confirmed TB cases in 2019. These patients are continuing treatment while two new suspects began treatment in January. A total of 574 doses of Directly Observed Therapy (DOT) and Directly Observed Preventive Therapy (DOPT) were delivered to clients.
• A total of 44 clients were seen in chest clinic and 10 field visits were conducted during this reporting period.
• The TB budget increase approved by the Department of State Health Services (DSHS) will allow the health district’s program to purchase a vehicle for field visits, as well as an ECG machine for evaluation for multidrug resistant (MDR) patients.
• The TB program continues with its case management, surveillance and reporting activities as required by Galveston County, DSHS and the Centers for Disease Prevention and Control (CDC).

Healthy Concepts Clinic
• Healthy Concepts Clinic saw 44 patients in Texas City and 32 in Galveston during this reporting period.
• A total of 14 patients have been treated for Chlamydia, 23 for Gonorrhea and eight for Syphilis during this reporting period.

Public Health Nursing
• Thirteen participants attended the Diabetes 101 class during this period. Topics included cooking and recipes with a registered dietician as a guest speaker. Plans are currently underway to revamp the structure of classes to focus on increased outreach and participation.
• Public health nurses participated in seven health fairs/outreach events in Galveston, Texas City and LaMarque providing information about health care services to 26 participants. Blood pressure screenings were done for 13 participants with one person having elevated blood pressure. Blood glucose screenings were done on 15 participants, with a total of three people having abnormal blood glucose readings. Participants were provided with educational information and referrals to their own medical provider, the emergency room or the Coastal Health & Wellness (CHW) clinic, depending on their individual circumstances.
• Public health nurses participated in a Southeast Resources Veteran’s Effort (SERVE) meeting.

Women, Infants and Children (WIC)
• WIC’s Incredible Years parenting 12-week toddler class in Texas City will begin in February.
• WIC served 4,122 clients in December, up 177 from December 2018. WIC has seen a slight participation increase over the past several months but dipped slightly during the holidays.
• The 2020 session of the Cooking with Galveston’s Own Farmers Market class will be held monthly in Galveston. Classes are designed to give families ideas on how to keep meals healthy with easy recipes featuring new ingredients and utilizing foods WIC provides.
• WIC conducted its second mandated internal audit for 2019 and overall audit results were within compliance parameters.

Healthy Eating, Active Living (HEAL)
• The health district hosted HEAL’s New Year, New You kick off event on Jan. 25 at Texas City High School. The event included a 1 Mile Fun Run/ 5K, numerous healthy vendors providing fun, educational and health services and samples.
• Community Health Services Manager Ami Cotharn visited city council meetings across Galveston County in January to provide information and encourage participation in this year’s IT’S TIME TEXAS Community Challenge, which runs through March 1.
• Public health nurses continue to work with the communications department to update the HEAL website monthly with new campaigns and infographics. Information is also pushed to community stakeholders and on social media.
• Sara Maknojia, MPH recently joined the health district as a community health worker and will assist in outreach efforts related to the HEAL program as well as other community initiatives such as the REACH coalition.

ENVIRONMENTAL and CONSUMER HEALTH SERVICES
• On Dec. 19, the Highland Bayou Watershed Committee met to review the proposed Watershed Protection Plan (WPP). Richard Matthews gave an update for the Galveston County Municipal Utility District No. 12’s Highland Bayou Drainage Project and stated it fell under the Continuing Authorities Program. Therefore, this project qualifies as a federally funded Aquatic Ecosystem Restoration project. The Corps of Engineers will assist. A discussion ensued on how to proceed on the WPP project, who to involve and how best to use the funds. The Highland Bayou Watershed Protection Plan project is a multi-year effort to work with cities, businesses and residents to identify steps for improving the quality and safety of the bayous.
• Staff from the Air and Water Pollution Services program attended the 11th State of the Bay Symposium at Moody Gardens in Galveston. The symposium is sponsored by the Texas Commission on Environmental Quality’s (TCEQ) Estuary Program. Attendees were provided the opportunity to hear from regional leaders and local experts and connect with other leading scientists and natural resource management experts in the area. Presentations included areas of environmental education, environmental funding and resources, the latest on water monitoring, restoration programs such as oyster restoration, discussions about coastal resilience and much more. The UBOH recently approved a resolution supporting the symposium and the great work of the estuary program.
• The Air Monitoring Annex Workgroup, which was formed as a result of the barge incident last year, continues to meet. Recent discussions included the flow of air monitoring data within the ICS structure/incident players and how that information should get distributed to the community stakeholders.
• Director of Environmental Health Services Ronnie Schultz was asked to serve on the Galveston Restaurant Association (GRA) and attended their January meeting at Sunflower Bakery. Schultz introduced the food safety inspection program at the health district to the membership and extended the desire to partner with the association on food safety and creating education opportunities for all restaurants. He also discussed the health district’s current customer service satisfaction survey and received input from the members to increase participation.

EPIDEMIOLOGY/ PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP)
• On Dec. 9, epidemiology staff received a call about a League City resident who handled a bat while at a hunting camp. After coordination and assessment with the state zoonotic department, it was recommended the resident receive rabies post-exposure prophylaxis (PEP). A second resident who handled the bat was also recommended to receive rabies PEP. Both residents began treatment. Rabies is an acute viral infection causing progressive encephalomyelitis that is nearly always fatal. The most common form of exposure is virus-laden saliva from a rabid animal introduced through a bite or scratch.
In December, epidemiology staff received a report of four flu outbreaks involving schools across the county for the month. The department provided the schools with letters to send home to parents and facility cleaning/disinfecting information to stop the illness from spreading.

On Dec. 20, epidemiology staff received a report of 34 cases with vomiting and diarrhea at an assisted living facility in League City. The department provided the facility with preventative and cleaning/disinfecting measures to stop the illness from spreading.

On Jan. 9, epidemiology staff received a report of 20 cases with fever, cough and vomiting at an elementary school in La Marque. A site visit was conducted to identify possible sources for the outbreak. The department provided the school with a letter to send home to parents and cleaning/disinfecting recommendations to stop the illness from spreading.

In January, the health district confirmed the first Galveston County resident death associated with E-cigarette or Vaping Associated Lung Injury (EVALI). The patient was a female ranging in age 30-35 who passed away on Dec. 29, 2019 at a local hospital.

On Jan. 20, epidemiology staff received a report of six cases with Influenza A at an assisted living facility in Galveston. The department provided the facility with preventive and cleaning/disinfecting measures to stop the illness from spreading.

On Jan. 21, epidemiology staff presented a lecture about foodborne and waterborne diseases to MD/MPH students at UTMB. Topics included the importance of disease reporting, foodborne illness, waterborne infections and outbreaks in Galveston County.

On Jan. 17, epidemiology staff received a report of 35 flu cases at a Texas City school. The cases tested positive for Influenza A and B. The department provided the school with a letter to send home to parents and facility cleaning/disinfecting information to stop the illness from spreading.

The National Association of County and City Health Officials (NACCHO) awarded the 2020 Medical Reserve Corps (MRC) Operational Readiness Award for Tier 2 funding of $7,500 to Galveston County Medical Reserve Corp. The award will help: recruit, retain and train MRC volunteers through free AHA BLS (CPR/AED) and Stop the Bleed; increase response capabilities with personal first aid/Stop the Bleed kits with tourniquets; and cross train with community partners and city officials to increase awareness of GCMRC emergency response capabilities.

Public Health Emergency Preparedness (PHEP) staff attended the Healthcare Coalition preparedness conference Dec. 2-5 in Houston. The conference included tips on facilitating a more relevant, timely, effective and efficient response, which in turn improves how affected community needs are met during disasters, as well as improving how emergency needs are met every day.

As a part of the Complex Coordinated Terrorist Attack (CCTA) grant, PHEP staff participated in a countywide emergency management preparedness exercise Dec. 10-12 involving all emergency response personnel. The goal of the course was to enhance the county’s decision making and preparedness skills in order to safely and effectively manage and support the response to an expanding Type 3 incident. During the exercise, all response agencies were given the chance to participate in each Incident Command Post (ICS) position and section (command, operations, plans, logistics and finance/administration), thereby increasing response capabilities as a county.

GAAA

On Dec. 2, GAAA worked with the UTMB Stroke Team to complete its research video to educate the public on strokes and what processes they go through from home to the hospital.

On Dec. 4, GAAA staff participated in a scuba diving accident drill at Moody Gardens.
• On Dec. 13, GAAA staff offered a Stop the Bleed class at Parker Elementary School in Galveston.
• On Dec. 14, Dr. Kent Harkey and GAAA were published in the American Journal of Medicine on emergency medical services responding difficulties during Hurricane Harvey.
• On Dec. 15, GAAA staff provided stand-by assistance for the Santa Hustle in Galveston.
• On Dec. 16, GAAA staff offered a Stop the Bleed class at Burnet Elementary School in Galveston.

EXECUTIVE OFFICE
• The health district’s Public Health Accreditation (PHAB) Committee continues to meet and work on gathering required documentation. On Dec. 12, the health district was notified that the registration for public health accreditation had been accepted by the Public Health Accreditation Board.
• The annual employee engagement survey has been distributed to staff and results will be presented to the UBOH board at a future meeting.
• As previously reported, an employee focus group was formed to review the current Employee Recognition Program and provide suggestions on how the program might be restructured to better define criteria and allow for more participation. The newly revamped program is planning to be implemented within the next month.
• CHW has been selected to receive HRSA sponsored technical assistance, Intracycle Monitoring (ICM) from the Joint Commission. These resources are provided at no cost and are aimed to help accredited organizations maintain peak performance throughout the three-year cycle of accreditation. The site visit is scheduled for Thursday, March 12.
• A HRSA operational site visit (OSV) has been scheduled for Aug. 25-27. This visit will focus on the various performance elements outlined in the HRSA Compliance Manual for community health centers.
• CHW recently reported patient satisfaction survey results for the quarter ending Dec. 31, 2019. Survey results indicated a patient satisfaction weighted average score of 4.9 out of 5, with 5 being excellent.
• Discussions are ongoing regarding plans to repurpose leased space at the Island Community Center. Currently, the health district utilizes space in this building for the Women, Infant and Children (WIC) program, Healthy Concepts Clinic and CHW.

COMMUNITY OUTREACH
Animal Services
• On Dec. 13-14, ARC hosted its low-cost pet vaccine clinics.
• One Dec. 16, ARC launched www.gcarcsponsoraheart.com to feature cats and dogs available for adoption at the animal shelter.
• On Dec. 20-21, ARC offered $10 dog/ cat and $20 puppy/ kitten adoptions, sponsored by the Sponsor a Heart Fund.
• On Jan. 10-11, ARC hosted its low-cost pet vaccine clinics.
• On Jan. 14, ARC transported 28 dogs to Helen Woodward Animal Center in California.
• On Jan. 25, ARC participated in HEAL’s New Year, New You event with dogs available for adoption.

Community Health Services
• The HIV/STD prevention team distributed 2,105 condoms to business drop sites.
COMMUNICATION OFFICE

- **Website visitors – November 2019**
  There were 12,768 total users in November and 11,587 new users. Pageviews totaled 47,091. Visitors stayed on the website for an average of 1 minute, 21 seconds.
  Top pages visited, along with the number of visitors includes:
  - Homepage: 4,669
  - ARC: 3,913
  - Career Opportunities: 3,178
  - CHW: 2,703
  (external link to ARC Pet Harbor: 2,133)
  - News – National Diabetes Awareness Month press release: 1,897

- **Website visitors – December 2019**
  There were 10,694 total users in December and 9,614 new users. Pageviews totaled 41,703. Visitors stayed on the website for an average of 1 minute, 16 seconds.
  Top pages visited, along with the number of visitors includes:
  - ARC: 4,341
  - Homepage: 4,015
  - CHW: 2,456
  (external link to ARC Pet Harbor: 2,287)
  - Career Opportunities: 2,065
  - ARC pet adoptions: 1,900

- **News Releases/ Website News Posts – December 2019**
  - ARC low-cost vaccination clinics
  - Marketplace Open Enrollment
  - National Influenza Vaccination Week press release
  - National Influenza Vaccination Week guest column

- **Social Media – December 2019**
  - ARC low-cost vaccination clinics
  - Marketplace Open Enrollment
  - National Influenza Vaccination Week
  - Breast cancer prevention education and checklist
  - Marketplace Open Enrollment
  - Diabetes awareness and education
  - Diabetes 101 class
  - Flu season vaccine, education
  - Handwashing education
  - HEAL – childhood obesity
  - HEAL – healthy holiday eating with kids
  - HEAL – obesity
  - Healthy Concepts Clinic services
  - HEAL – healthy cookies during the holiday season
  - World AIDS Day
  - HIV/STD free testing offered
  - HIV/STD free condoms offered
  - Holiday closures – Christmas and New Year
  - HEAL 2nd Annual New Year, New You kick-off event
- HEAL #Take10
- WIC cooking series
- GCHD epidemiologists certification recognition
- GCHD vitals department recognition
- GCHD, ARC, GAAA employees donate as part of Employee Appreciation Luncheon
- We’re on Instagram!
- #WorkWednesday
- Vaping and e-cigarette education and awareness
- IT’S TIME TEXAS Community Challenge

- Videos – December 2019
  - Pets of the Week (4)
  - Meet KC the Carrot (HEAL mascot)
  - HEAL’s New Year, New You kick off event

**HUMAN RESOURCES**

**GCHD and GAAA Career Opportunities:**

- **Employee Onboarding** – Human Resources conducted new employee orientation for the following employee(s):
  - Justin Amaro EMT Basic (full-time)
  - Jazz Dupree – Animal Care Technician
  - Sirena Gutierrez – Epidemiologist I (part-time)
  - Sara Maknojia – Community Health Worker
  - James Preslock – Paramedic 1 (full-time)
  - Leonard Weir – Paramedic 1 (part-time)
  - Michael Worthy - Paramedic I (full-time)
  - Kenneth Jamilosa – EMT Basic (part-time)
  - Perla Romero – WIC Site Supervisor/Nutritionist

- **Job Offers** – The following candidate(s) were extended job offers and future start date has been determined.
  - A. Medellin – IT Manager

- **Current Vacancies:**
  - Public Health vacancies:
    - Animal Services
      - Animal Care Technician part-time (3)
      - Animal Care Technician full-time (1)
      - Administrative Assistant full-time (1)
  - GAAA Field vacancies:
    - EMT Advanced full-time (5)
    - Paramedic full-time (2)
    - Supervisor – EMS (1)
    - EMS Training Officer (1)

**Employee Activities**

- **PHN Employee Wellness Activities**
December and January breakroom displays, and activities focused on Holiday Stress/Hypertension and Drug and Alcohol Awareness.

- Employees donated toiletries and other items in December to Our Daily Bread, which serves the underserved and homeless.
- A Polar Express Hot Chocolate Bar employee event featuring hot chocolate and ornament decorating was hosted in December.

**BeWell Committee**
- In December, the BeWell Committee hosted a Christmas potluck lunch.
- IT’S TIME TEXAS Community Challenge is underway and runs through March 1.
- BeWell Committee members continue to meet monthly to plan a variety of healthy and fun events for employees.

**UBOH Executive Contract Report: January 2020**

1. A Memorandum of Understanding was renewed between Galveston County Health District, Coastal Health and Wellness and Central Appraisal District to share the expense of a security guard to patrol the parking lot located outside of 9850 Emmett F Lowry Expressway in order to deter vehicle theft, loss or damage from criminal and/or other prohibited acts. A month-to-month Agreement for Security Services was renewed with Ranger Guard and Investigations offices located at 2912 Shaver in Pasadena, Texas for no additional increase in cost.

2. The Department of State Health Services added $5,000 of additional funds to the budget for the Public Health Emergency Preparedness grant in support of the Medical Reserve Corps Preparedness Project and $4,562 for direct and indirect costs with the District providing $456 in matching funds. In addition, the Statement of Work for Fiscal Year 2020 was revised and includes CPR Instruction Certification, quarterly reporting, training and direct and indirect costs.

3. The District’s Environmental Services division entered into a rental agreement with Equipco for lead testing equipment. The term of the agreement begins on the date of receipt of the equipment and ends when equipment is returned.

4. An Agreement between Linkage to Health, Inc., the Galveston County Health District and Coastal Health and Wellness was executed for HEP C education, prevention and testing. Linkage to Health provides low cost HEP C testing for Galveston County Health District programs, as well as, Coastal Health and Wellness.

5. A First Responder Agreement was signed between Galveston Area Ambulance Authority and the Bacliff Volunteer Fire Department. This agreement will allow Bacliff to be designated as a First Responder Organization through the Department of State Health Services and delineates the roles of each party when responding to an emergency.

6. The District’s Information Technology department entered into an Agreement with New Horizons Computer Learning Centers in the amount of $10,000 to receive IT security training in order to prevent hacking, other potential security breaches, as well as, receive training in Microsoft Technical, SharePoint and OneNote.

7. A Lease Agreement was signed with Great Value Storage for an additional storage unit for Galveston County Health District’s Women, Infant and Children (“WIC”) program. The cost of the unit is $175.00 per month.

8. Amendment 3 to Contract Number 529-17-0023-00015 for Breast and Cervical Cancer Services was signed. The only change included the requirement to complete a BCCS Program Certification Form.

9. A Non-Emergency Transfer Agreement was signed between Galveston Area Ambulance Authority and the Clear Lake Emergency Medical Corps for services in the City of Galveston.
10. The National Association of County and City Health Officials having received a grant through the Department of Health and Human Services’ Office of the Assistant Secretary of Preparedness and Response has granted the Medical Reserve Corp of Galveston County Health District with $7,500 to be utilized for training in Stop the Bleed and CPR/AED training.

Back to Agenda
United Board of Health
January 2020
Item #10
Consider for Approval Monthly Financial Reports
GALVESTON COUNTY HEALTH DISTRICT

United Board of Health

For the Period Ending November 30, 2019

January 29, 2020

GCHD Board Room | 9850-A Emmett F. Lowry Expy. | Texas City, TX 77591
YTD expenses were $61k lower than budgeted due to lower personnel costs which offset the purchase of flu vaccines.

HIGHLIGHTS

- MTD increase in fund balance of $1,720.
- MTD revenues were $4k higher than budgeted due to higher insurance proceeds ($8k), food services ($6k), immunizations ($5k), and vital statistics ($3k) revenues which offset lower than budgeted grant revenue ($18k).
- YTD revenues were $17k higher than budgeted due mostly to higher food services ($13k), vital statistics ($11k), insurance proceeds ($8k), immunization ($4k), and interest ($4k) revenues which offset lower than budgeted grant revenue ($28k).
- MTD expenses were $54k lower than budgeted due to lower personnel expenses which include $52,250 for the supplemental payout that was paid out this month. This offset large travel expenses which hit this month but were budgeted evenly.
- YTD expenses were $61k lower than budgeted due to lower personnel costs which offset the purchase of flu vaccines.
**Highlights**

- MTD decrease in fund balance of ($72,620).
- MTD revenues were $44k lower than budgeted due mainly to lower Medicare ($38k), GAAA contract ($14k) and water bill donation ($13k) revenues which offset higher than budgeted special event revenue ($18k).
- YTD revenues were $3k lower than budgeted due mainly to lower Medicare ($37k), water bill donation ($25k) and GAAA contract ($15k) revenues which offset higher than budgeted private ins ($27k), special event ($16k), patient fee ($15k), Medicaid ($10k) and interest ($3k) revenues.
- MTD expenses were $42k lower than budgeted due to lower personnel costs which include $30,750 for the one-time supplemental payout.
- YTD expenses were $90k higher than budgeted due mostly to an ambulance remount that was budgeted in FY19 but expensed in FY20. This was offset by lower than budgeted personnel costs.
- YTD decrease in fund balance of ($189,867). Total fund balance of $5.06M as of 11/30/19.
YTD expenses were $121k lower than budgeted due to lower personnel, misc contract services, and timing of IT software expenses which offset the purchase of flu vaccines.

HIGHLIGHTS

- MTD increase in fund balance of $22,501.
- MTD revenues were $1k lower than budgeted due mainly to lower grant revenue ($14k) which offset higher than budgeted vital statistic ($6k), food services ($2k), and immunization ($1k) revenue, as well as revenue received for TML renewal credits ($3k).
- YTD revenues were $16k higher than budgeted due mostly to higher vital statistics ($16k), food services ($15k), insurance proceeds ($8k), immunization ($5k), miscellaneous ($5k) and interest ($5k) revenues which offset lower than budgeted grant revenue ($42k).
- MTD expenses were $61k lower than budgeted due mainly to lower personnel and misc contract services expenses.
- YTD expenses were $121k lower than budgeted due to lower personnel, misc contract services, and timing of IT software expenses which offset the purchase of flu vaccines.
- YTD increase in fund balance of $17,895. Total fund balance of $4.83M as of 12/31/19.
GF Actual Revenue & Expense Trends with Change in Net Assets

GF Actual Revenue vs Budget Trends with Variance

GF Actual Expenses vs Budget Trends with Variance
HIGHLIGHTS

- MTD decrease in fund balance of ($175,346).
- MTD revenues were $9k higher than budgeted due mainly to higher GAAA contract ($20k) revenue, and revenue recognized for additional Kemah startup expenses ($45k). These offset lower than budgeted Medicare ($10k) and water bill donation ($45k) revenues.
- YTD revenues were $6k higher than budgeted due mainly to higher patient fee ($23k), private insurance ($19k), Medicaid ($14k), special event ($10k), GAAA contract ($4k), and interest ($4k) revenues, as well as revenue recognized for Kemah startup expenses ($51k). These offset lower than budgeted Medicare ($90k) and water bill donation ($30k) revenues.
- MTD expenses were $120k higher than budgeted due to operating equipment that was expensed this month but budgeted in January.
- YTD expenses were $209k higher than budgeted due to an ambulance remount that was budgeted in FY19 but expensed in FY20, as well as operating equipment that was expensed this month but budgeted in January.

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**GAAA - BALANCE SHEET**  
*as of December 31, 2019*

<table>
<thead>
<tr>
<th>Current Month</th>
<th>Prior Month</th>
<th>Increase (Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,511,899</td>
<td>$5,826,393</td>
<td>$314,494</td>
</tr>
</tbody>
</table>

**ASSETS**

- **Cash & Cash Equivalents**
  - Dec-19: 4,974,437
  - Nov-19: 4,775,725
  - Increase: 198,712

- **Accounts Receivable**
  - Dec-19: 395,249
  - Nov-19: 854,592
  - Decrease: 459,343

- **Pre-Paid Expenses**
  - Dec-19: 176,496
  - Nov-19: 203,588
  - Decrease: 27,092

- **Other**
  - Dec-19: 1,824
  - Nov-19: 104
  - Decrease: 1,920

- **Due To / From**
  - Dec-19: 32,459
  - Nov-19: 7,616
  - Decrease: 24,843

**LIABILITIES**

- **Accounts Payable**
  - Dec-19: 476,788
  - Nov-19: 260,849
  - Increase: 215,939

- **Personnel**
  - Dec-19: 118,636
  - Nov-19: 268,159
  - Decrease: 149,522

- **Deferred Revenues**
  - Dec-19: 32,063
  - Nov-19: 237,628
  - Decrease: 205,565

**FUND BALANCE**

- **Prior Year Fund Balance**
  - Dec-19: 5,249,625
  - Nov-19: 5,249,625

- **Current Change**
  - Dec-19: (365,213)
  - Nov-19: (189,867)
  - Decrease: (175,346)

- **Total Fund Balance**
  - Dec-19: 5,826,393
  - Nov-19: 5,059,758
  - Decrease: 766,635

**GAAA - REVENUE & EXPENSES**  
*as of December 31, 2019*

**REVENUE**

- **County Revenue**
  - Dec-19: 82,799
  - Dec-19 Variance: (1)
  - YTD Budget Variance: 0

- **Contract Revenue**
  - Dec-19: 177,522
  - Prior Year Fund Balance: 82,800
  - Variance: 64,757
  - YTD Budget Variance: 55,523

- **Program Revenue**
  - Dec-19: 278,082
  - Prior Year Fund Balance: 331,953
  - Variance: (53,871)
  - YTD Budget Variance: (25,700)

- **Interest Income**
  - Dec-19: 6,517
  - Prior Year Fund Balance: 5,503
  - Variance: 1,014
  - YTD Budget Variance: 3,484

- **Other Revenue**
  - Dec-19: 14,454
  - Prior Year Fund Balance: 17,500
  - Variance: (3,046)
  - YTD Budget Variance: (27,596)

- **Total Revenue**
  - Dec-19: 559,374
  - Prior Year Fund Balance: 550,703
  - Variance: 8,671
  - YTD Budget Variance: 5,710

**EXPENSES**

- **Personnel**
  - Dec-19: 414,422
  - Prior Year Fund Balance: 455,722
  - Variance: 41,300
  - YTD Budget Variance: 134,531

- **Contractual**
  - Dec-19: 18,043
  - Prior Year Fund Balance: 19,670
  - Variance: 1,627
  - YTD Budget Variance: (5,024)

- **Supplies**
  - Dec-19: 64,819
  - Prior Year Fund Balance: 67,841
  - Variance: 3,022
  - YTD Budget Variance: (1,009)

- **Travel**
  - Dec-19: -
  - Prior Year Fund Balance: 1,008
  - Variance: 1,008
  - YTD Budget Variance: 1,511

- **Equipment/Capital**
  - Dec-19: 175,455
  - Prior Year Fund Balance: -
  - Variance: (175,455)
  - YTD Budget Variance: (334,693)

- **Other**
  - Dec-19: 61,982
  - Prior Year Fund Balance: 70,890
  - Variance: 8,908
  - YTD Budget Variance: (4,662)

- **Total Expenses**
  - Dec-19: 734,720
  - Prior Year Fund Balance: 615,131
  - Variance: (119,589)
  - YTD Budget Variance: (209,346)

**CHANGE IN NET ASSETS**

- Dec-19: 734,720
- Prior Year Fund Balance: 615,131
- Variance: (119,589)
- YTD Budget Variance: (209,346)

- Actual: ($175,346)
- PTD Budget: ($64,428)
- YTD Budget: ($110,918)
- YTD Budget Variance: ($203,635)

**GV 911**

- Actual 2,138
- Projected 2,112

**GV Transfer**

- Actual 679
- Projected 555

**Bacliff**

- Actual 328
- Projected 397

**Hitchcock**

- Actual 260
- Projected 217

**Kemah/CLS**

- Actual 115
- Projected 137

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**YTD Call Volume by Location**

- Actual 2,138
- Projected 2,112

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**GV 911**

- Actual 679
- Projected 555

**GV Transfer**

- Actual 328
- Projected 397

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- Actual 260
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**YTD Call Volume by Location**

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- Actual 260
- Projected 217

**Hitchcock**

- Actual 115
- Projected 137

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**YTD Call Volume by Location**

- Actual 2,138
- Projected 2,112
United Board of Health
January 2020
Item #11
Consider for Approval Revisions to the Purchasing Policy in Follow-up to Board Action on December 11, 2019
Purchasing Policy

AUDIENCE

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

PURPOSE

The purpose of the District Purchasing Policy is to comply with the laws and procedures governing District purchasing in order to provide reasonably priced, high-quality goods and services to end users, while preserving organizational and financial accountability. This policy is applicable to all procurements regardless of funding source.

STATEMENT OF GENERAL POLICY

It is the policy of the District that all purchasing shall be conducted strictly on the basis of economic and business merit. To avoid violation of or the appearance of violation of the policies, District officials and employees are prohibited from:

- Seeking or accepting, directly or indirectly, any loans, services, payments, entertainment, trips or gifts of merchandise or money in any amount from a business or an individual doing or seeking to do business with the District.

- Participating in the selection, award and administration of a contract if he or she has a real or apparent conflict of interest. A conflict of interest would arise when the employee, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other tangible personal benefit from a firm considered for a contract.

It is important to remember that the District Purchasing Department operates in full view of the public. The District intends to maintain a cost effective purchasing system conforming to good management practices.

PURCHASING AUTHORITY

Authority to make District purchases resides in the appropriate Board(s) or in Administration as delegated by the Board(s). The Purchasing Department is responsible for making purchases
of supplies, materials, equipment and for negotiating and making contracts for services and repairs to District owned and/or leased property. Purchases made using competitive bids shall be reviewed by the GCHD Chief Executive Officer or designee in accordance with the purchase contract.

GENERAL PURCHASING GUIDELINES

A. A central supply for the use of all departments will be maintained to warehouse generally used office and operating supplies. Departments may obtain items directly from Central Supply by requisition, without the necessity of a purchase order. If an item is not stocked in Central Supply, the purchasing department staff will use the appropriate purchasing method to obtain the item.

B. Items not normally stocked in Central Supply and not requiring competitive bids will usually be purchased through the Purchasing Department.

C. Competitive bidding is mandatory on any purchase or combination of purchases of like items and/or component purchases, separate purchases and sequential purchases which will equal or exceed $50,000. This applies to all contractual agreements and/or services and purchases or annual accumulative purchase of $50,000 or more. Any purchases made with vendors listed through the Texas Procurement and Support Services (TPASS) will satisfy the bid requirements, as will purchases which are purchased through legally constituted shared services agreements that have completed the competitive bid process including, but not limited to, HGAC, TACHC or TALHO.

D. Competition

All procurement transactions must be conducted in a manner providing full and open competition. Some of the situations considered to be restrictive of competition include but are not limited to:

- Placing unreasonable requirements on firms in order for them to qualify to do business
- Requiring unnecessary experience and excessive bonding
- Noncompetitive pricing practices between firms or between affiliated companies
- Noncompetitive contracts to consultants that are on retainer contracts
- Organization conflicts of interest
Specifying only a “brand name” product instead of allowing “an equal” product to be offered

Any arbitrary action in the procurement process

The District prohibits the use of statutorily or administratively imposed state, local or tribal geographical preferences in the evaluation of bids or proposals, except in cases where applicable Federal statutes expressly mandate geographical preference.

Vendors will be selected with regard to dependability and service record, nature of guarantee and warranty of product (when applicable), price and quality. The District will utilize small businesses, minority-owned firms, women’s business enterprises and labor surplus area firms when possible, provided this involves no sacrifice in quality, service or price.

E. Pursuant to Texas House Bill 89 [https://capitol.texas.gov/tlodocs/85R/billtext/html/HB00089I.htm](https://capitol.texas.gov/tlodocs/85R/billtext/html/HB00089I.htm) and Senate Bill 252 [https://capitol.texas.gov/tlodocs/85R/billtext/html/SB00252I.htm](https://capitol.texas.gov/tlodocs/85R/billtext/html/SB00252I.htm), the District must certify and verify that any business, parent company, company, affiliate, subsidiary, or “Vendor Companies” with which we have a contractual relationship:

1. Does not boycott Israel currently;
2. Will not boycott Israel during the contract term;
3. Is not identified on the Texas Comptroller’s list of companies known to have contracts with, engaged in business with, or provide supplies/services to, Iran, Sudan, or a foreign organization designated as a Foreign Terrorist Organization by the U.S. Secretary of State. (See Texas Government Code § 2270.808 and 2252.151-2252.154.

Contracting for-profit entities, providing goods and services, must submit a HB 89 Certification Form (see Appendix A) which provides written verification that the company/vendor does not and during the term of the contract will not boycott Israel.

The Purchase Order Terms and Conditions (see Appendix B) include a certification clause that the vendor certified that it is not a company identified on the Texas Comptroller’s list of companies known to have contracts with, or provide supplies or services to foreign organization designated as a Foreign Terrorist Organization by the US Secretary of State. The Vendor further certifies and verifies that neither Vendor, nor any affiliate, subsidiary, or parent company of Vendor, (if any the “Vendor Companies”) boycotts Israel, and Vendor agrees that Vendor and Vendor Companies will not boycott Israel during the term of this Purchase Order.
F. Under Section 2252.908 of House Bill 1295, any business entity that enters into a contract with the District that requires Board approval must submit a “Disclosure of Interested Parties” form (see Appendix C) to the Purchasing Department. This form is mandated by the Texas Ethics Commission. 
https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm

G. All goods, supplies, equipment and services will be purchased with prior appropriate approval.

H. The Purchasing department will maintain records sufficient to detail the history of procurement. These records will include rationale for the method of procurement, justification for the contractor selection/rejection, selection of contract type including justification when bids are not obtained, and the basis for the contract price.

I. Special procedures are available for and applicable to the purchase of particular goods and services, summarized under *Special Purchases*.

**PURCHASE REQUISITIONS**

Purchase requisitions prepared by the requesting department are required for all purchases. All purchase requisitions must be approved prior to issuing a purchase order. A purchase order is required prior to placing an order for supplies, goods, equipment and services unless pre-approved by the GCHD Chief Executive Officer or designee. Details for processing purchase requisitions are outlined in the *Purchasing Procedures Manual*.

**PROCUREMENT METHODS**

Materials and supplies not available from Central Supply are acquired through the Purchasing Department. Additionally, contracts for maintenance and repairs to facilities and equipment used by the District are handled by the Purchasing Department. Procedures for acquisitions through the Purchasing Department are outlined in the *Purchasing Procedures Manual*.

The District will use one of the following methods of procurement depending on the specifications of the purchase. The procurement methods are based on federal regulations, but with lower dollar thresholds to better accommodate the District’s needs.

A. **MICRO-PURCHASES (Purchases less than $3,000):**
1. Procurement by micro-purchase is the acquisition of supplies or services in which the aggregate dollar amounts does not exceed $3,000.00. To the extent practicable, the District will distribute micro-purchases equitably among qualified suppliers.

2. Open market purchases of less than $500.00 do not require quotes. Such purchases require staff to use their best judgement and the most appropriate and cost-effective method of acquisition on each requisition.

3. Open market purchases of $500.00 – $2,999.99 may be made after obtaining three verbal quotes, with the exceptions referenced below in Vehicle, Equipment and Facility Maintenance and Repair.

4. Vehicle, Equipment and Facility Maintenance and Repair: Open market purchases for vehicle, equipment, and facility maintenance or repair do not require three verbal quotes if the service performed is less than $3,000. Because of the administrative cost of requesting quotes would likely be more than the amount saved on quote comparison, considering personnel time, types of services needed, immediacy of the circumstances, etc., obtaining three verbal quotes is not required. Purchases must still be consistent with purchasing ethics and even though quotes are not required, purchases must still be in GCHD’s best interest

B. SMALL PURCHASES (Purchases in excess of $3,000 but less than $50,000):

1. Small purchases are those relatively simple and informal procurement methods for securing services, supplies or other property that do not cost more than the Simplified Acquisition Threshold. For the District’s purposes, this threshold has been lowered to $50,000.

2. When using this method, open market purchases of $3,000.00 - $4,999.99 may be made after obtaining three properly documented verbal quotes.

3. Open market purchases of $5,000.00 and less than $50,000.00 may be made after obtaining three written quotes.
4. Waiver of Requirements: GCHD Chief Executive Officer or designee, at his/her discretion, may, depending on the circumstances surrounding a request, authorize a waiver of purchase requirements outlined in this policy for purchases less than $105,000. It is anticipated that such authorization is granted on limited occasions due to the special circumstances such as an emergency or unforeseeable circumstance.

C. SEALED BIDS AND COMPETITIVE PROPOSALS (Purchases of $50,000 or more)

1. If the capital expenditure is budgeted and the item is $50,000 or more, it must be competitively bid or purchased through state approved vendors, such as TPASS, HGAC, or Buy Board. Such purchases will be made after obtaining sealed competitive bids or sealed Requests for Proposals.

2. A sealed bid is a procurement method in which competing contractors, suppliers, or vendors are invited by openly advertising the scope, specifications, and terms and conditions of the proposed contract as well as the criteria by which the bids will be evaluated. Competitive bidding aims at obtaining goods and services at the lowest prices by stimulating competition, and by preventing favoritism.

3. A request for proposal (RFP) is a procurement method in which a solicitation is made often through a bidding process, by an agency or company interested in procurement of a commodity, service or valuable asset, to potential suppliers to submit business proposals. Proposals seeks the most advantageous good or services considering the price and other factors. A proposal is handled the same way as a sealed bid with the exception of the negotiation with vendor after the opening and the bid sheet states name only, no dollar amount.

4. **General Information** – The Procurement Agent or designee will ensure publication of the legally required notice at least twice in one or more newspapers of general circulation in the county which the work is to be performed. No specifications or unreasonable requirements will be written with the intent to exclude a potential bidder. Competitive bidding can be either lump sum or on a unit price basis. If unit price bids are solicited, the needed quantities of each item are to be estimated in the bid specifications. These estimates are to be based on the best available information. The
successful bidder’s compensation, however, will be based on the actual quantities supplied, furnished or contracted.

5. **Bid or Proposal Opening** – Bids/proposals will be received by the Procurement Agent or designee until the date and time specified in the bid/proposal advertisement. Bids/proposals may be submitted in hard-copy format or through electronic transmission ensuring the identification, security, and confidentiality of each response and the electronic bids/proposals remain effectively unopened until the assigned time. On the specified time, date and place, the Procurement Agent or designee will open all sealed bids/proposals. The bids/proposals will be opened in an open public forum. Anyone may attend. Bids will be read aloud and recorded on a bid receipt.

6. **Emergency or Unanticipated Events** – In case of an emergency or unanticipated event causing GCHD to close for business on the date of a Bid/Proposal submission deadline, the bid closing will automatically be extended to the same time of day specified in the provisions on the first business day in which normal GCHD processes resume. If conditions or any other unforeseen event causes delays in carrier service operations, GCHD may issue an addendum to all known Bidders interested in the project to extend the deadline. It will be the responsibility of the Bidder to notify GCHD of its interest in the Bid if these conditions are impacting their ability to turn in a submission within the stated deadline. GCHD reserves the right to make the final judgment call to extend any deadline.

7. **Cost or Price Analysis** – A cost or price analysis will be performed for procurements of $50,000 or more, including contract modifications. The method and degree of the analysis will depend on the facts surrounding the procurement. In addition, GCHD will make independent estimates before receiving bids or proposals.

8. **Evaluations** – Evaluations will be based on a written method and applied to all bids and proposals received and for selecting recipients.

9. **Recommendations** – After examining all of the bids or proposals, the Procurement Agent or designee will make recommendation to award to a vendor. The final recommendation to award will then be forwarded to the
GCHD Chief Executive Officer or Chief Financial Officer for final approval.

10. Appeal – Any actual or prospective bidder who is allegedly aggrieved in connection with the solicitation or award of the contract may appeal. The appeal will be submitted in writing to the Chief Compliance Officer within ten (10) business days of the action or decision being appealed. The protester may appeal the decision of the Chief Compliance Officer to the GCHD Chief Executive Officer who will defer policy matters to the United Board of Health. Any such appeal shall be submitted in writing within ten (10) business days of the action or decision being appealed. The decision of the Board will be final. The Galveston County United Board of Health will not consider any protests unless this procedure is followed.

11. Exceptions To Bid – Any exception to the bid specifications must be submitted in writing and attached to the bid. The GCHD Chief Executive Officer or designee will have the final decision on accepting or rejecting any exceptions, alterations.

12. Award – In determining and evaluating the best bid/proposal, the District will award to those whose bid/proposal is most advantageous. Factors that will be considered may include, but not limited to, cost, quality, equality, efficiency, utility, general terms, delivery, suitability of the service offered, and the reputation of the service in general use will also be considered with any other relevant items. In addition, consideration will be given to such matters as contractor integrity, compliance with public policy, record of past performance, and financial and technical resources.

   a. When the District only receives one bid/proposal, the bid/proposal may be accepted if such purchase is: recommended by the requesting Department and the Procurement Agent or designee; after reviewing the specifications to determine if they were restrictive; and the bid/proposal packets were sent to all known prospective bidders.

   b. If two or more responsible bidders/proposers submit identical bids, the bid award may be made by drawing lots.

13. Bonds – A vendor who is awarded a contract may be required to post bond. If it is required, the requirements will be included in the advertisement.
Requirements of a bond will be in accordance with requirements of the funding source or state laws as applied to Local Governments, whichever is most stringent.

14. **Acquisition of Item After Award** – Following award of a contract, the requisition is processed in the manner described in the *Purchasing Procedures Manual*.

15. **Change Orders** – A change order may be required when it becomes necessary to make changes after commenced contract has been made. The GCHD Chief Executive Officer or designee is authorized to approve increases to the original contract price of $10,000 or less. Change orders requiring increases to the contract price of more than $10,000 must be approved by the appropriate Board. However, the original contract price may not be increased by 25% unless the change order is necessary to comply with a federal or state statute, rule, regulation, or judicial decision after the contract was made. The contract price may not be decreased by 18% or more without the contractor’s consent. All change orders must have the written consent of the District and the contractor.

**SPECIAL PURCHASES**

A. **Unbudgeted Capital Expenditures** – Purchases of $10,000 or more not authorized in a Department’s current budget, or purchases necessitating an increase in Department’s current budget must be authorized by the appropriate Board and/or funding source prior to the purchase. Unbudgeted purchases less than $10,000 may be authorized by the GCHD Chief Executive Officer as long as sufficient funds are available from operating surplus or fund balance reserves.

B. **Noncompetitive Proposals** – Items otherwise required to be competitively bid may be exempted from the competitive bid process by the appropriate Board if:

1. A prompt purchase is required, due to a public calamity, to meet a necessity of the citizens or preserve public property.

2. The purchase is necessary to preserve public health or safety of Citizens.
3. An After Hours Emergency – In such instances the Department must take the necessary action to obtain the needed goods or services. If, however, the Department is aware that the purchase involves an expenditure of $5,000.00 or more, a reasonable effort should be made to contact the Chief Executive Officer or Chief Financial Officer and/or Procurement Agent for notification that an emergency exists. The next working day, the Department should contact the Procurement Agent or designee for procedures to secure payment of the goods or services.

4. A Sole Source Item - An item available from only one source may be purchased without competitive bidding, with the approval of the GCHD Chief Executive Officer or designee. Typical items in this category include, but not limited to, patented or copyrighted material, secret processes, natural monopolies, utility services, captive replacement parts or components for equipment, and films, manuscripts or books. A Sole Source letter must be attached to the Purchase Order.

C. Work in Progress – This may be exempted by the appropriate Board and paid for by the day, after it is performed

D. Land and Right-Of-Way Acquisition – The District generally does not purchase land. In the case that it becomes necessary, the intent to purchase must be approved by the Board and/or funding source. This is exempted by the Board from competitive bidding

INSPECTING, TESTING AND RECEIVING

Merchandise will be received at the receiving department before it is sent to or picked up by the ordering department. It is the responsibility of each Department to see that all purchased items conform to the specifications, quality and quantity on the order. Technical equipment, needing installation at that location, may be shipped directly to the department, per the direction of the IT Department. If the merchandise is not acceptable as determined by the requesting department or by receiving, the Procurement Agent or Buyer will then take action to obtain the correct merchandise.

PHARMACEUTICALS
All pharmaceuticals purchased by the District or transferred to the District for patient use, may not be given away, loaned or sold to any individual or entity.

**HEALTH DISTRICT PROPERTY**

A. **Receipt/Tagging of New Property** – the Purchasing Department will attach a property tag to all property as defined in the *Fixed Asset Guidelines*. An Asset Record Form will be completed and forwarded to the Accounting Department along with a copy of the applicable Purchase Order.

B. **Disposal of Surplus or Salvage Property** – An Asset Disposal Form will be completed for requests to dispose of equipment or property, with original being forwarded to the Accounting Department.

1. Surplus property (in excess of needs, but still useful) may be disposed by competitive bids, auction, donation, or transfer to another local government with the approval of the GCHD Chief Executive Officer or Chief Financial Officer. The Purchasing Department will attempt to realize the maximum benefit to the District in selling or disposing of surplus property. If efforts to sell or dispose of the property fail, property may be disposed of in the manner most advantageous for the District. Asset tags will be removed from property sold, disposed or transferred. District employees will be given the same opportunity afforded to other persons to bid on and purchase surplus property offered by competitive bids or auction.

2. Salvage property (valueless property of no use) may be disposed of by the Procurement Agent or designee, with the approval of the GCHD Chief Executive Officer or Chief Financial Officer, in the manner most advantageous to the District.
United Board of Health
January 2020
Item #12
Consider for Approval Revision to the UBOH Bylaws based on Changes to the Purchasing Policy
ADOPTED: November 29, 1972


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DEFINITIONS:

Public Health – Encompasses the functions and activities of a governmental entity (e.g., the Galveston County Health District), which stand to protect and promote the optimal health and well-being of Galveston County residents. In Texas, the ten essential public health functions were defined by the Seventy-sixth Legislature in 1999 under House Bill 1444.

Business Operations – Are those essential internal functions necessary to effectively and efficiently manage a business. Such functions include, but are not limited to, human resources, purchasing, risk management, financial management, billing, material management, information technology, etc.

Policy – Written public health policy adopted by the United Board of Health provides controlling authority and broad guidance to the executive managers of GCHD who are directly responsible for managing and developing public health and business procedures that direct employee activities and job expectations on a day-to-day basis.

Policy development – Refers to the process leading to the United Board of Health adopting written expectations for GCHD to accomplish public health goals and measurable objectives. The process of developing policies with controlling authority over GCHD will involve: (1) the use of inclusive stakeholder feedback (e.g., advisory or ad-hoc committees); (2) a formal public hearing at a United Board of Health meeting; and/or (3) a three (3) week period to obtain comments from city governments within the county jurisdiction.

Budgeted Revenue/Fees – Fees which GCHD anticipates collecting. These collected fees are included in the original United Board of Health approved budget.

Unbudgeted/Revenue/Fees – In the event that GCHD collects funds in excess of budgeted revenue, the excess funds must be brought to the United Board of Health for approval of recommended appropriations.
Galveston County United Board of Health Bylaws

PURPOSE

The purpose of the Bylaws is to outline the operational rules of the Galveston County Health District’s (“GCHD”) United Board of Health (“UBOH”/“Board”), to include the responsibilities of the Board, legal authority, function, composition of members, responsibilities of members and officers, meeting procedures, conflicts of interest and confidentiality, and to outline the responsibilities of the Chief Executive Officer.

GENERAL DESCRIPTION

The United Board of Health is a policy-making board responsible for the oversight of the Galveston County Health District, created by an Interlocal Agreement as permitted under Chapter 121 of the Texas Health and Safety Code between the County of Galveston, Texas, and the following member cities:

Bayou Vista;
Clear Lake Shores;
Dickinson;
Friendswood;
Galveston;
Hitchcock;
Jamaica Beach;
Kemah;
La Marque;
League City;
Santa Fe;
Texas City; and
Tiki Island.

Through the actions of the United Board of Health, public health and operational policies are adopted. These adopted policies provide controlling authority and/or guidance to the duties, functions and internal business operations of GCHD, with the exception of the powers delegated to the Coastal Health & Wellness Governing Board.

In general the United Board of Health will:

- Establish and monitor GCHD’s Strategic Health Plan (“Plan”) to measurably improve health in Galveston County;
- Annually review and, as necessary, modify all existing public health policies and related fee schedules;
- Consider adopting new policies or changes in existing state/federal policies when there is an option on whether to adopt said policies. Some new and revised policies may be state or federally mandated and shall not allow for the implementation of the policy to be optional. State and/or federally mandated policies will be communicated to the United Board of Health but will not require Board action to become effective.
Galveston County United Board of Health Bylaws

- Review and, as necessary, act on any new public health activities and associated fees proposed by GCHD staff.
- Review and, as necessary, act on any proposed changes in the level of public health services (e.g., hours of operation, expanded services, new services, and/or a decrease in services) currently provided to Galveston County citizens.
- Review and, as necessary, act on health issues raised by United Board of Health members which are politically sensitive, have a potential fiscal impact on member cities and/or the County, or which may have a perceived adverse impact on the citizens of Galveston County.
- Review and approve operational budgets for GCHD, except for those of which have been delegated to and pertain solely to the function of Coastal Health & Wellness.

VISION, MISSION & STATUTORY FUNCTIONS:

The United Board of Health will adopt policies that are consistent with the Vision and Mission of the Galveston County Health District, and the essential public health functions as statutorily defined by House Bill 1444¹.

Vision

“To become the healthiest county in Texas.”

Mission

“Protecting and promoting the optimal health & well-being of Galveston County.”

Essential Public Health Functions (see HB 1444):

1. Monitor the health status of individuals in the community to identify community health problems.
2. Diagnose and investigate community health problems and community health hazards.
3. Inform, educate, and empower the community with respect to health issues.
5. Develop policies and plans that support individual and community efforts to improve health.
6. Enforce laws and rules that protect the public health and ensure safety in accordance with those laws and rules.
7. Link individuals who have a need for community and personal health services to appropriate community and private providers.
8. Ensure a competent workforce for the provision of essential public health services.
10. Evaluate the effectiveness, accessibility, and quality of personal and population-based health services in a community.

¹ House Bill 1444, Seventy-sixth Legislature, Regular Session (1999)
Galveston County United Board of Health Bylaws

**SPECIFIC DUTIES OF BOARD:**

The United Board of Health shall provide the required community-based governance and oversight of the Galveston County Health District, consistent with the Bylaws of the Galveston County United Board of Health, as set forth below. Per this delegation, the United Board of Health shall have specific responsibility to:

- Form a Finance Committee to carry out the following: (1) review monthly financial reports of applicable GCHD budgets and recommend pertinent appropriate actions at United Board of Health meetings; (2) develop and propose finance management policies for adoption at Board meetings; and (3) propose other policies for Board action to improve financial viability.
- Annually approve the General Fund (GF) and Galveston Area Ambulance Authority (GAAA) budgets, with the exception of Coastal Health & Wellness’ budget, which will be reviewed and approved by the Coastal Health & Wellness Governing Board. Budgets shall include, but not be limited to, the following categories: personnel, benefits, operations, capital and any fund balance which has been reserved and restricted to UBOH action. The budget will be presented at a minimum level to show revenue and expenditures for each public health program, Galveston Area Ambulance Authority, Administration, and for the Indigent Healthcare Program (County funds which reimburse area hospitals and private physicians for secondary and tertiary care of qualified patient enrollees).
- Review and approve unbudgeted expenditures (i.e. unexpected expenditures that are not already accounted for in the planned budget process) and recommend allocations of unexpected increase in revenues (i.e., unbudgeted funds not tied to a specific use). Once the appropriate budgets are approved, the Board will review any unbudgeted revenue for appropriate allocation. In the event that GCHD staff determines a need for the use of unbudgeted expenditures, the United Board of Health approval shall be sought for use of any dollars in the restricted reserve.
- Nominate replacements to fill vacancies on the Coastal Health & Wellness Governing Board in accordance with federal guidelines and the Coastal Health & Wellness Bylaws regarding membership representation.
- Conduct an annual performance evaluation of the Galveston County Health District Chief Executive Officer based on an assessment of GCHD’s progress toward priorities, goals, and objectives as they pertain to the Strategic Health Plan (“Plan”).
- Perform an annual self-assessment of the Board’s effectiveness, as a group, in meeting the expectations of the United Board of Health as transcribed.
- In conjunction with Coastal Health & Wellness, adopt a Strategic Health Plan every five years to include priorities, goals, and objectives that the Galveston County Health District will be expected to accomplish. The Plan will be developed in an inclusive participatory process involving public feedback and comment, and will identify key health partners who contribute to the Plan’s goals and objectives in conjunction with GCHD.
- Review and approve an annual report on the state of the Health District in accomplishing the goals and objectives set forth by the Strategic Health Plan.
- Review and approve emergency/disaster plans and procedures on an annual basis.
- Review and approve any proposed single item purchase in excess of $10,000.

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Galveston County United Board of Health Bylaws

or greater which have not been budgeted for (and therefore, without prior Board approval).

- Review and approve any proposed single item purchase with a bid of $50,000.00 or greater.
- Review and adopt GCHD’s operational policies on an annual basis. Operational business policies shall include, but not be limited to, human resources, purchasing, records management, equal opportunity, emergency and disaster response, information technology, risk management and safety, fiscal management, financial signatories for authorizing district pay checks, travel, HIPPA, American Disability Act, etc.
- Elect officers (see United Board of Health Operational Procedures # 6).
- Annually contract with an outside auditor to perform a single agency audit, and officially adopt the annual audit report.

UNITED BOARD OF HEALTH OPERATIONAL PROCEDURES

1. **Member Appointments:** The United Board of Health shall consist of thirteen (13) members who are either a resident of or primarily employed in Galveston County, and who shall serve without compensation or salary. The composition of the Board shall be comprised of the following representation.

   - One (1) licensed physician recommended by the Medical Society of Galveston County;
   - One (1) representative from UTMB;
   - One (1) representative from HCA Houston Healthcare Mainland;
   - Two (2) representatives from municipalities located within Galveston County;
   - One (1) licensed veterinarian;
   - One (1) registered nurse;
   - One (1) practicing licensed professional engineer engaged in civil and/or sanitary engineering or an individual with a BS or BA from an accredited college or university with at least ten (10) years’ experience in the petrochemical industry field;
   - One (1) licensed dentist;
   - One (1) member of the food service/food sales industry; and
   - Three (3) interested citizens of Galveston County.

2. **Terms of Membership:** Beginning in April 2003, six (6) members shall serve for a period of one (1) year and seven (7) members for a period of two (2) years. Thereafter, all new or renewed appointments shall be for a period of two (2) years, commencing in the month of April. At the end of a member’s appointment term, the existing member shall continue to serve on the Board until an appointment decision is reached by the member governments.

3. **Removal of Membership:** Any member may be removed from office by a majority vote of the member governments for neglect of duty, malfeasance, or conviction of a felony. In addition, any member who misses three (3) consecutive meetings without being excused by action of the Board shall automatically be removed from office.
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office. The Chair of the Board may declare a vacancy and shall notify the member governments of such fact, so that the vacant seat can be filled as soon as possible.

4. **Vacancies**: Should a Board vacancy occur (through death, resignation or dismissal), the member governments shall appoint a new member. New members shall be nominated by the Commissioners’ Court of Galveston County with subsequent approval by a majority of the member governments. The new member shall proceed to fulfill the unexpired term held by the former member.

5. **Officers**: Annually, the Board shall elect officers from its pool of current Board members to hold the following positions: Chairperson, Vice Chairperson, and Secretary-Treasurer. Collectively, the Chairperson, Vice Chairperson, and Secretary-Treasurer will comprise the United Board of Health’s Executive Committee. Each officer shall serve for a period of one (1) year terms, and there shall be no limit on the number of terms for which an officer may serve. Vacancies that occur prior to the expiration of an officer’s term shall be filled by a current member upon receiving majority consent from the Board to complete the term of the office.

6. **Responsibilities of the Chairperson (or Vice Chairperson in absence of Chairperson)**:
   - Sign the Health Authority Oath of Office form, (designating the District’s Local Health Authority) which is to be completed every two years by state requirement.
   - Conduct UBOH meetings in accordance with Robert’s Rules of Order.
   - Review and sign official correspondences, including minutes, of the Board.

7. **Meetings**: The regular meeting of the United Board of Health shall routinely be held on the last Wednesday of each month at a Board determined time best suited to maintain a quorum so as to conduct business at each regularly scheduled meeting, in accordance with the following provisions.
   - Texas Open Meetings Act – All meetings of the United Board of Health shall conform to the rules and requirements set forth by the Texas Open Meetings Act.
   - Robert’s Rule of Order – Meetings of the Board shall be conducted in accordance with Robert’s Rules of Order, unless otherwise specified by this policy. Regular meetings may be postponed at the request of a majority of the Board.
   - Quorum – A majority of filled positions on the United Board of Health shall constitute a quorum for the transaction of business. If a quorum is not present at a meeting, or a quorum is not present at the time business is to be transacted, a majority of UBOH members present may adjourn the meeting to another time and shall give absent members reasonable notice of the time and place of such adjourned meeting.
   - Location/time – Meetings shall be held in the Galveston County Health District’s Boardroom unless proper action is taken by the United Board of Health to hold the meeting elsewhere, at which point location and time of the meeting shall be publicly announced. Majority vote can change the time and place of regular meetings.
Galveston County United Board of Health Bylaws

- Special meetings – Special meetings shall be called at any time by the Chairperson or at the request of a majority of the Board. Any time the Board needs to be called into a special meeting by the Chairperson or a majority of Board members, the Chief Executive Officer or designee will notify all members of the time, date and purpose of the called meeting.
- Agenda – At least seventy-two (72) hours before the scheduled time of a public Board meeting, the agenda for said meeting will be posted at the entrance of the Galveston County Health District’s Boardroom, and copies of the agenda will be forwarded electronically to the County Clerk, city councils of member cities, and to the local county newspaper. Finally, the agenda and relevant handouts will be publicly posted on the GCHD website.

8. Minutes: The minutes of the Galveston County United Board of Health shall be summary-type minutes. Regular meetings shall be taped and filed until the minutes are approved. Tapes of meetings with items of special interest, to be determined by the Chairperson or the Chief Executive Officer, will be retained for a period of one (1) year. The minutes of the preceding meeting will be approved at the next regular monthly meeting and at that time, will be signed by the Secretary-Treasurer and Chairperson (or Vice Chairperson in the absence of the Chairperson).

9. Persons Appearing Before the Board: Persons wishing to appear before the Board will have as their objective any of the following or combinations thereof: (1) to request information regarding Galveston County Health District affairs; (2) to comment on public health issues; and/or (3) to ask for specific action or change of policy. Under policies and procedures established by the Chief Executive Officer, day-to-day citizen inquiries are addressed directly by GCHD employees with issue-related job responsibilities. However, all shall be assured of their right to appear before the Board if so desired. A citizen desiring to address the United Board of Health shall submit a written request to the Chief Executive Officer by noon on the Wednesday preceding the coming UBOH 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 so long as the request is made in accordance with at least one of the aforementioned objectives, and the person shall be heard if he or she appears.
- At the discretion of the Chairperson, persons who have not submitted written requests may be permitted to comment on posted agenda items.

10. Adoption of Public Health Policies (local rules & regulations): The United Board of Health will adopt public health policies that govern public health activities within the Galveston County Health District’s jurisdiction. The procedure for adopting local public health policies (rules and regulations) is as follows:
Galveston County United Board of Health Bylaws

Step 1. (Board Meeting #1)

**Introduction of Proposed Policy**

- A draft of any new rule, regulation or amendment will be presented to the Board by the Chief Executive Officer, or designee, for discussion purposes. The Board will consider the proposed policy and give direction and suggested revisions to the proposal.

Step 2. (Board Meeting #2)

**Publication: First Reading: Submission to Members**

- Notice of such proposed policy will be published in the Galveston Daily News on at least two occasions prior to its official first reading at a United Board of Health meeting. Published notices shall indicate that a public hearing will be held at the time of the first reading, and that citizens are invited to comment on the proposal in-person. Following the public hearing, the Board will consider public comment and give direction and/or suggested revisions to the proposal. The United Board of Health then has the option of approving the proposal as written, or directing staff to make further revisions to undergo future public notice and public hearing in accordance with the aforementioned procedure. Following the Board’s approval of the proposal’s wording, it shall be submitted to the member governments of the Galveston County Health District for comment and approval. Member governments will have three (3) weeks to comment and propose additions or changes, or to indicate their opposition.

Step 3. (Board Meeting #3)

**Further Consideration: Policy Adoption or Revision**

- The Board will consider any comments received from member governments and may either proceed with adopting the proposal as written, or make revisions to it. Should revisions be made, the process to adopt the newly revised policy will revert back to Step Two (above).

11. **Change in Board Bylaws:** Changes or new additions to the United Board of Health Bylaws may be adopted by majority vote of Board members during United Board of Health meetings. Additionally, the Board may appointment a Bylaw Committee comprised of selected Board members delegated with the responsibility of making revisions to the Bylaws and submitting said recommendations/revisions at a future Board meeting for immediate adoption. Unless otherwise stated, upon Board approval, newly adopted Bylaws shall become effective immediately.

12. **Coastal Health & Wellness Governing Board:** A separate Board, referred to as the Coastal Health & Wellness Governing Board, shall have complete authority of oversight and policy-making for Coastal Health & Wellness, a clinic operated by the Galveston County Health District but independent of the United Board of Health. The United Board of Health herein grants exclusive authority to the Governing Board to set policies for and operate Coastal Health & Wellness in
Galveston County United Board of Health Bylaws

accordance with the Governing Board’s Bylaws.

13. **Authority to Act**: No individual United Board of Health member shall act for the Board, except as may be specifically authorized by the Board. The United Board of Health may, by a majority vote, authorize the Chairperson of the Board to act on its behalf during an emergency.

**CONFLICTS OF INTEREST AND CONFIDENTIALITY**

Each Board member has a fiduciary duty to the United Board of Health and must give it his/her loyalty. The United Board of Health shall establish and adopt a written policy, consistent with Texas Local Government Code Chapter 171.001 et seq., that establishes procedures for: (i) disclosing and addressing conflicts of interest or the appearance of conflicts of interest by United Board of Health members, officers, employees, consultants, and/or agents who provide services or furnish goods to the Galveston County Health District; and (ii) maintaining the confidentiality of information obtained by a United Board of Health member, officer, employee, consultant and/or agent by virtue of his or her position. Such standards shall also establish policies and procedures regarding nepotism, bribery, and the offer of gratuities.

No Board member shall participate in the selection, award or administration of any contract or other affiliation relating to operations conducted by the Galveston County Health District or for the furnishing of services or supplies to the Galveston County Health District, in which he/she or his/her immediate family has a real or potential conflict of interest (financial or otherwise) or with whom he/she is negotiating or has any arrangement concerning employment, nor shall any United Board of Health member divulge the subject or substance of such discussions, contracts or other affiliations to any person, institution, entity, company or other third-party. Notwithstanding the foregoing, such contracts or affiliations may be approved or authorized by a majority of the disinterested Board members present at a meeting at which a quorum exists if the facts of any such interest by a Board member shall have been disclosed to the Board by the interested Board member prior to or at the meeting at which the contract or affiliation was approved or authorized and such interested Board member abstains from voting in that regard, provided that the contract or affiliation is otherwise fully consistent with the Galveston County Health District’s procurement policies.

**PROHIBITION AGAINST POLITICAL ACTIVITIES AND LIMITATIONS ON LOBBYING**

The Galveston County Health District, and any individual Board member acting on behalf of the United Board of Health, shall not participate, or intervene, in (including the publishing or distributing of statements) any political campaign on behalf of any candidate for public office. No substantial part of the activities of the Galveston County Health District shall consist of carrying on propaganda, or otherwise attempting to influence legislation, except to the extent permitted by law for nonprofit, tax-exempt organizations.
AUTHORITY DELEGATED TO THE CHIEF EXECUTIVE OFFICER (who may in turn delegate authority to appropriate district staff):

- Approve all operational policies for immediate implementation. These policies will then be brought to the United Board of Health at the next meeting and/or at least annually for ratification.
- Sign contracts that commit the agency to receive any funds (local, state, federal; public, private, and/or nonprofit) for new and existing and continuing district program activities.
- Provide an executive report of GCHD activities, to include a summary of new and renewed contracts and/or services signed by the Chief Executive Officer or designee.
- Approve unbudgeted single item expenditures up to $10,000.00, and subsequently report such approval in executive reports.
- Serve as the primary liaison to the Local Health Authority on behalf of the Galveston County Health District in accordance with state and local laws.
- With accountability to the United Board of Health, independently execute, direct, organize, monitor and assign GCHD staff as necessary to implement Board policies, to support Board meetings, to carry out policy development activities and to assure District compliance with all applicable laws, rules and regulations.

Back to Agenda
United Board of Health
January 2020
Item #13
Consider for Approval Revision to Fee Charged for Inspection of Farmer’s Market
# Environmental Health Services Fees

**Effective October 1, 2019**

## Consumer Health – Food Service Establishments – Permitting, Inspections and Training

<table>
<thead>
<tr>
<th>Service/Item</th>
<th>Current Fee</th>
<th>Description</th>
<th>Fee Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Risk Food Permit</td>
<td>$350.00</td>
<td>Permit Fee for high risk food establishments</td>
<td>In compliance with H.B. No. 2755, Chapter 437.012 (b), Health and Safety Code is amended allowing the Health District to charge a fee for issuing or renewing a permit not to exceed the amount necessary to recover district's costs.</td>
</tr>
<tr>
<td>Medium Risk Food Permit</td>
<td>$275.00</td>
<td>Permit Fee for medium risk food establishments</td>
<td>In compliance with H.B. No. 2755, Chapter 437.012 (b), Health and Safety Code is amended allowing the Health District to charge a fee for issuing or renewing a permit not to exceed the amount necessary to recover district's costs.</td>
</tr>
<tr>
<td>Low Risk Food Permit</td>
<td>$250.00</td>
<td>Permit Fee for low risk food establishments</td>
<td>In compliance with H.B. No. 2755, Chapter 437.012 (b), Health and Safety Code is amended allowing the Health District to charge a fee for issuing or renewing a permit not to exceed the amount necessary to recover district's costs.</td>
</tr>
<tr>
<td>Timely- Temporary Food Permit</td>
<td>$75.00</td>
<td>Permit fee for temporary food establishments submitted at least two business days before event (fee waived for non-profits)</td>
<td>In compliance with H.B. No. 2755, Chapter 437.012 (b), Health and Safety Code is amended allowing the Health District to charge a fee for issuing or renewing a permit not to exceed the amount necessary to recover district's costs.</td>
</tr>
<tr>
<td>Untimely - Temporary Food Permit</td>
<td>$75.00 + $25.00 administrative processing fee</td>
<td>Permit fee for temporary food establishments submitted less than two business days before event (Non-profits do not pay the permit fee; however, they are responsible for administrative processing fee)</td>
<td>In compliance with H.B. No. 2755, Chapter 437.012 (b), Health and Safety Code is amended allowing the Health District to charge a fee for issuing or renewing a permit not to exceed the amount necessary to recover district's costs.</td>
</tr>
<tr>
<td>Expediated - Temporary Food Permit</td>
<td>$75.00 + $175.00 administrative fee to expedite the permit</td>
<td>Permit Fee for temporary food establishments permitted on the day of the event (Non-profits do not pay the permit fee; however, they are responsible for administrative fee to expedite)</td>
<td>In compliance with H.B. No. 2755, Chapter 437.012 (b), Health and Safety Code is amended allowing the Health District to charge a fee for issuing or renewing a permit not to exceed the amount necessary to recover district's costs.</td>
</tr>
</tbody>
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# Environmental Health Services Fees

**Effective October 1, 2019**

<table>
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<tr>
<td>Food Service Establishment Plan Review and Construction Fee</td>
<td></td>
<td>Fee to review acceptability of proposed food establishment plans and conduct the pre-opening inspection</td>
<td>Chapter 437 of the Health and Safety Code allows Health Districts to review planning materials of food establishments. Administrative fee to cover cost of review and the pre-opening inspection.</td>
</tr>
<tr>
<td>Food Service Establishment Plan Review and Construction Fee</td>
<td>Large* $225.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Service Establishment Plan Review and Construction Fee</td>
<td>Medium* $200.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Service Establishment Plan Review and Construction Fee</td>
<td>Small* $175.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Large (&gt;1500 sq.ft.)</td>
<td>*Medium (501-1500 sq.ft.)</td>
<td>*Small (&lt;500 sq.ft.)</td>
<td></td>
</tr>
<tr>
<td>Food Manager Class Registration</td>
<td>$50.00</td>
<td>One day course designed to educate food service managers on food handling regulations</td>
<td>Food manager course for food service managers required under GCHD food establishment permitting regulation.</td>
</tr>
<tr>
<td>Food Handler Certification</td>
<td>$25.00</td>
<td>Short course for food handlers working in local restaurants.</td>
<td>Administrative fee for shorter food handler class certification.</td>
</tr>
<tr>
<td>Potentially Hazardous Non-Farmer/Producer Food Vendors at a Farmer’s Market (Annual Food Permit)</td>
<td>$175.00</td>
<td>Fee assessed that allows vendors of farm food products to operate under the Farmer’s Market permit</td>
<td>Fee required under GCHD policy on food service establishments.</td>
</tr>
<tr>
<td>Potentially Hazardous Non-Farmer/Producer Food Vendors at a Farmer’s Market (Annual Food Permit valid at all Farmer’s Market in Galveston County)</td>
<td>$100.00</td>
<td>Fee assessed that allows vendors of farm food products to operate at a Farmer’s Market</td>
<td>In compliance with S.B. No. 932, Chapter 437.0065, Health and Safety Code is added allowing a fee of no more than $100.00 to sell food by a farmer/producer at any farmer’s market in a single jurisdiction.</td>
</tr>
<tr>
<td>Group Day Home Inspection</td>
<td>$75.00</td>
<td>Inspection provided to assist group day home operators in their compliance with group day home regulations.</td>
<td>General sanitation inspection provided as a service to group day homeowners. We are not required by any regulation to provide this service.</td>
</tr>
<tr>
<td>Chlorine Test Strip</td>
<td>$6.00</td>
<td>Test strips used to check chlorine sanitizer levels in ware-washing operations.</td>
<td>Provided for public and staff to help measure chlorine sanitizer levels.</td>
</tr>
<tr>
<td>Food Service Late Fee</td>
<td>$50.00 if not paid by due date</td>
<td>Administrative late fee assessed for all food permits not paid by the due date.</td>
<td>Fee approved by Board of Health</td>
</tr>
<tr>
<td>Food Service Late Fee</td>
<td>$100.00 if not paid 30 days after due date</td>
<td>Administrative late fee assessed for all food permits not paid by the due date.</td>
<td>Fee approved by Board of Health</td>
</tr>
</tbody>
</table>
## Environmental Health Services Fees

**Effective October 1, 2019**

### Consumer Health - On-Site Sewage Facilities (OSSFs) - Permitting, Inspections and Maintenance Agreements

<table>
<thead>
<tr>
<th>Service/Item</th>
<th>Current Fee</th>
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<th>Fee Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Septic</td>
<td>$250.00</td>
<td>Permit fee for residential OSSF. Includes the state septic system charge of $10.00.</td>
<td>Fee allowed under Ch. 366 Health and Safety Code</td>
</tr>
<tr>
<td>Commercial Septic</td>
<td>$450.00</td>
<td>Permit fee for commercial OSSF. Includes the state septic system charge of $10.00.</td>
<td>Fee allowed under Ch. 366 Health and Safety Code</td>
</tr>
<tr>
<td>Maintenance Agreement fee for aerobic On-Site Sewage Facilities (OSSF)(One Time Fee)</td>
<td>$100.00</td>
<td>Additional fee to follow perpetual maintenance contracts for aerobic OSSFs.</td>
<td>Fee allowed under Ch. 366 Health and Safety Code</td>
</tr>
<tr>
<td>Septic Re-inspection - Residential</td>
<td>$125.00</td>
<td>Re-inspection fee for OSSF due to failed construction inspection. Charge is ½ of original permit fee.</td>
<td>Fee allowed under Ch. 366 Health and Safety Code</td>
</tr>
<tr>
<td>Septic Re-inspection - Commercial</td>
<td>$225.00</td>
<td>Re-inspection fee for OSSF due to failed construction inspection. Charge is ½ of original permit fee.</td>
<td>Fee allowed under Ch. 366 Health and Safety Code</td>
</tr>
<tr>
<td>Septic Subdivision Review</td>
<td>$100.00</td>
<td>Fee to review subdivision plans as required by regulations.</td>
<td>Fee allowed under Ch. 366 Health and Safety Code</td>
</tr>
<tr>
<td>Ground Water Review</td>
<td>$100.00</td>
<td>Charge to review presence of groundwater in Bolivar/Galveston Area.</td>
<td>Fee allowed under Ch. 366 Health and Safety Code</td>
</tr>
</tbody>
</table>
## Environmental Health Services Fees

**Effective October 1, 2019**

### Consumer Health - Public and Semi-Public Pools, Spas and Interactive Water Features

<table>
<thead>
<tr>
<th>Service/Item</th>
<th>Current Fee</th>
<th>Description</th>
<th>Fee Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pool Permit, Spas and Interactive Water Features</td>
<td>$135.00</td>
<td>Swimming pool permit fee.</td>
<td>Cost of a swimming pool permit under the Galveston County Rules on Swimming Pool Sanitation. Allowed under Ch.341.064 Health and Safety Code.</td>
</tr>
<tr>
<td>Pool Operator Class</td>
<td>$50.00</td>
<td>Training class to help people better operate public swimming pools.</td>
<td>Pool operator class provided by health district personnel to meet requirements of GCHD swimming pool regulation. Allowed under Ch. 341.064 of Health and Safety Code</td>
</tr>
<tr>
<td>Pool Permit Late Fee</td>
<td>$50.00 if not paid by due date</td>
<td>Administrative late fee assessed for all pool permits not paid by the due date.</td>
<td>Fee approved by Board of Health</td>
</tr>
<tr>
<td>Pool Permit Late Fee</td>
<td>$100.00 if not paid 30 days after due date</td>
<td>Administrative late fee assessed for all pool permits not paid by the due date.</td>
<td>Fee approved by Board of Health</td>
</tr>
</tbody>
</table>

### Consumer Health - Miscellaneous Fees

<table>
<thead>
<tr>
<th>Service/Item</th>
<th>Current Fee</th>
<th>Description</th>
<th>Fee Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexually Oriented Business (SOB) Permit</td>
<td>$1,000.00</td>
<td>Sexually oriented business permit fee.</td>
<td>Fee set by Commissioners Court for Sexually Oriented Businesses in unincorporated areas of the county under regulation passed by Commissioners Court.</td>
</tr>
<tr>
<td>AIDS Poster</td>
<td>$5.00</td>
<td>AIDS information poster.</td>
<td>Small poster required to be available at the health district for use in SOB’s under SOB regulation.</td>
</tr>
<tr>
<td>Rat Bait</td>
<td>$8.00</td>
<td>Rat bait to assist with community rodent control.</td>
<td>Four (4) pound packages of rat bait to assist consumers with rodent control issues on their property.</td>
</tr>
<tr>
<td>Duplicate Permit Fee</td>
<td>$20.00</td>
<td>Charge for copy of any permit issued under health district regulations.</td>
<td>Administrative fee</td>
</tr>
</tbody>
</table>
Environmental Health Services Fees

Effective October 1, 2019

**Air and Water Pollution - Storm Water Permit**

<table>
<thead>
<tr>
<th>Service/Item</th>
<th>Current Fee</th>
<th>Description</th>
<th>Fee Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Storm Water Permit</td>
<td>$200.00</td>
<td>Storm water permit fee for construction activities.</td>
<td>Storm Water MS4 Pollution Control order for Erosion and Sediment Control; Illicit Discharge and Post-Construction to meet requirement of GCHD storm water policy.</td>
</tr>
</tbody>
</table>

Back to Agenda
United Board of Health  
January 2020  
Item #14  
Consider for Approval Quarterly Compliance Report for the Period Ending 12/31/19
# United Board of Health
## Quarter 1, FY 2020 – Compliance Report

<table>
<thead>
<tr>
<th>Internal Audits</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEPARTMENT – DATE CONDUCTED</strong></td>
<td><strong>TYPE OF AUDIT &amp; FINDINGS</strong></td>
</tr>
</tbody>
</table>
| Accounting – January 21, 2020 | Cash Audit  
- Accounting completed an audit of all District cash banks which yielded no discrepancies; all balances reconciled with amounts assigned. | • Continue operating under current protocol. |
| Accounting – January 10, 2020 | Fixed Asset Inventory  
- The fixed asset inventory audit resulted in all items being accounted for. | • Continue operating under current protocol. |
| GAAA – October 1, 2019 – December 31, 2019 | Program Reviews  
- The GAAA Program Review entails QA evaluations, investigations into complaints (both internal and external), and narcotic audits.  
- One minor logging error, which was corrected on-site, arose during the narcotics audit. | • The individual responsible for the error was counseled accordingly, and all staff was reminded to ensure that logs are always completed in their entirety. |
United Board of Health
Quarter 1, FY 2020 – Compliance Report

WIC – December 2019

Clinical Review
- A 35-page clinical audit was performed at each of the three WIC locations.
- Adverse findings were minimal and included one site not retaining publications in all requisite languages, and a stack of boxes obstructing access to a fire extinguisher at another site.

- Updated literature in each of the three languages mandated by the state was restocked at all locations, and boxes were removed immediately to allow for access to the fire extinguisher.
- The findings were discussed by the WIC Manager at an all-staff departmental meeting in January, at which time staff was instructed to proactively identify such issues and report them to their supervisor if and when they arise.

External Audits

<table>
<thead>
<tr>
<th>DEPARTMENT – DATE CONDUCTED</th>
<th>AUDITOR &amp; FINDINGS</th>
<th>ACTION TAKEN</th>
</tr>
</thead>
</table>
| Vital Statistics – October 8, 2019 | Texas Department of State Health Services (DSHS)  
- The Department of Vital Statistics submitted a mandatory 73-question annual self-assessment to DSHS, which captured information about departmental policies, public access to birth and death records, statistics from the 2018 calendar year, and forms and applications currently utilized by the department. |  
- Upon review of the assessment and in conjunction with other requisite qualifications, DSHS recognized GCHD’s Department of Vital Statistics as one of its 2019 Five Star Award winners, which are typically bestowed upon the top 50 registrar programs in the state.  
- This is the 18th time since 1997 the department has been recognized as a Five Star recipient. |
### United Board of Health
Quarter 1, FY 2020 – Compliance Report

<table>
<thead>
<tr>
<th>HIV/STD – October 9, 2019</th>
<th>Texas Department of State Health Services (DSHS)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• The HIV/AIDS Surveillance Program, a division of DSHS, performed a comprehensive audit of the Health District’s HIV/STD program, with a particular emphasis on its technical, administrative and physical security measures.</td>
</tr>
<tr>
<td></td>
<td>• The audit met and/or exceeded all criteria with the exception of the preset timeframe for each computer’s automated logoff timer, which was 15 minutes instead of 10. IT immediately reconfigured all computers within the department upon notification of this finding.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HIV/STD – November 18 – November 22, 2019</th>
<th>Texas Department of State Health Services (DSHS)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• DSHS facilitated a five-day HIV/STD site review which examined a variety of the department’s responsibilities, including linkage to care offerings, seropositive notification procedures, follow-up practices and prevention activities.</td>
</tr>
<tr>
<td></td>
<td>• Audit results are expected from DSHS in February and will be presented to the Board during the next quarterly compliance report.</td>
</tr>
</tbody>
</table>

### Incident Reports

<table>
<thead>
<tr>
<th>DEPARTMENT – DATE OCCURRED</th>
<th>SUMMARY</th>
<th>FOLLOW-UP</th>
</tr>
</thead>
</table>
| GAAA – October 26, 2019    | The shoreline and reel at the Central Fire Station in Galveston were damaged when a medic drove away with the shoreline still attached to the ambulance. | • The unit’s driver was suspended for a shift.  
• Repair cost: $2,282.04       |
# United Board of Health
## Quarter 1, FY 2020 – Compliance Report

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Complications/Actions</th>
</tr>
</thead>
</table>
| **GAAA– October 29, 2019** | The shoreline and reel at the substation in Bacliff were damaged when a medic drove away with the shoreline still attached to the ambulance. | - The unit’s driver was suspended for a shift and a memorandum regarding attentiveness to the matter was issued to all GAAA staff.  
  - Repair cost: $445.78 |
| **GAAA– November 29, 2019** | An ambulance veered outside of its lane while making a left turn and made contact with another vehicle. No injuries were sustained. | - A police report was filed, and the on-duty supervisor transported the driver for post-incident drug and alcohol testing (results were negative).  
  - Cost drug and alcohol test: $88.00 |
| **GAAA– December 5, 2019** | The shoreline and reel at the substation in Jamaica Beach were damaged when a medic drove away with the shoreline still attached to the ambulance. | - The unit’s driver was suspended for a shift and all GAAA staff members were required to undergo a shoreline awareness training.  
  - The GAAA Director implemented mandatory supervisor inspections of units parked at substations to ensure shorelines are draped over their side-mirrors as directed by GAAA’s SOGs.  
  - Repair cost: $595.78 |

* In September 2019, the Health District received notification that an administrative error committed by the Texas Municipal League Health Benefits Pool resulted in an untimely filing of the Health District’s 2017 IRS Form 1095-C, which subsequently prompted the IRS to assess a $68,300.00 penalty against the Health District. On January 21, 2020, the IRS informed the Health District that the Texas Municipal League, on behalf of the Health District, was able to establish reasonable cause for the delayed filings, and that the fine would be revoked in its entirety.

Submitted by: Richard Mosquera, Chief Compliance Officer  
United Board of Health: January 29, 2020
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 2020
Item #15
Consider for Approval Purchase of MedTrainer Learning Management System to be Split Between GCHD and CHW in the Amount of $5,994 From Each Fund
Consider for Approval Purchase Authorization of
MedTrainer Learning Management System

The Galveston County Health District and Coastal Health & Wellness are both facing heightened scrutiny by numerous regulatory agencies including, but not limited to, the Department of State Health Services, the Joint Commission, the Health Resources and Services Administration, and the Department of Health & Human Services to provide and produce records of trainings mandatory of health facilities. Current Health District trainings are facilitated either in-person or via PowerPoint and/or YouTube presentations emailed to employees, and proof of training is retained either through attendance logs or individual attestations, after which time these records are manually uploaded onto a Microsoft Excel file. MedTrainer will streamline these training processes by allowing for training, tracking and documentation to be enabled through a singular platform. Additionally, this learning management system offers professionally produced courses at no additional expense which can be used to supplement in-house created trainings currently being presented.

While the system was selected due its comparatively inexpensive cost ($11,988.00/annually), the least of the six different learning management systems reviewed, and its specific functionalities, it also offers additional elements, including a contract management system that should eventually allow for the Health District to discontinue its subscription with its current contract management vendor, MediTract, which costs $15,000.00/annually.

General Fund $5,994.00/annually
Coastal Health & Wellness $5,994.00/annually

We are requesting authorization to remit payment of these amounts from unreserved fund balance for FY20 and additionally FY21 for CHW. Going forward, these expenses will be included in the annual operating budgets.
United Board of Health
January 2020
Item #16
Consider for Approval Waiving the Permitting Fee of $550 Requested by the County of Galveston for Restrooms at Carbide Park
January 14, 2020

Martin Entringer
Consumer Health Services Manager
Galveston County Health District

RE: Request of Waiver of Permit Fees

Mr. Entringer,

Galveston County is installing a new restroom in Carbide Park, located in La Marque, Texas. Currently we have submitted a septic system plan for approval. Since we are a County Agency, I would like to request a waiver of the $550.00 permit fees for this plan.

Any assistance would be greatly appreciated. If you have any questions, please feel free to contact me directly.

Thank you,

[Signature]

Julie Diaz, CPRP
Director
Galveston County Parks & Cultural Services
409-934-8114
Julie.diaz@co.galveston.tx.us

Back to Agenda

Our Core Purpose: “We offer exceptional life experiences!”
United Board of Health
January 2020
Item #17
Consider for Approval New CEO Evaluation Documents
CEO Performance Evaluation

Galveston County Health District
CEO Performance Evaluation

Galveston County Health District

Evaluation period: _______________ to _______________

______________________________
Board Member’s Name

Each member of the governing body should complete this evaluation form, sign it in the space below and return it to _________________________________. The deadline for submitting this performance evaluation is ___________________________. Evaluations will be summarized and included on the agenda for discussion at the work session on ____________________________.

____________________________________
Board Chairman’s Signature

____________________________________
Date

____________________________________
Board Member’s Signature

____________________________________
Date Submitted
Galveston County Health Care District
CEO PERFORMANCE EVALUATION PROCEDURES

Purpose of Evaluation
The purpose of the performance evaluation process to be conducted by and between the Galveston County United Board of Health and the Chief Executive Officer are:

1. To strengthen the relationship between the Board and Chief Executive Officer.
2. To provide a mechanism for regular evaluation.
3. To identify performance objectives for the Chief Executive Officer.
4. To provide feedback to the Chief Executive Officer and identify areas where improvements may be needed.

Frequency
The Board will evaluate the Chief Executive Officer at least annually. The schedule for the evaluation will be established jointly by the Board and Chief Executive Officer.

Evaluation Procedures
The evaluation procedure remains at the will and direction of the Board and may be modified at any time. In general, the evaluation process will include the following steps.

1. The Board will inform the Board Chairman when the time for an annual evaluation has occurred.
2. The Board Chairman will ask Board Members to complete the evaluation form prior to an evaluation session.
3. The Board chairman may ask the Chief Executive Officer to complete a self-assessment, including a report on various Health District operations, issues and matters pertinent to the governance and management of the organization.
4. The Board chairman and Board Members will meet in closed session to discuss the Chief Executive Officer’s performance and to assimilate the individual performance evaluations.
5. The Board will conduct a closed session evaluation with the Chief Executive Officer (and all Board Members) to discuss the Chief Executive Officer’s performance, future performance goals and objectives for the Chief Executive Officer, as well as the self-assessment and report prepared by the Chief Executive Officer.
6. If warranted, authorize the implementation of a merit increase in accordance with The District’s Personnel Rules and Regulations and the Employment Agreement with the Chief Executive Officer.
7. Direct that the performance evaluation and any subsequent actions be placed in the Chief Executive Officer’s employee personnel file.
## Galveston County Health District
### CEO’S PERFORMANCE EVALUATION

### Directions for Completing Form

If the individual completing the form wants to hand write responses and comments, the form can be printed in its “blank” state and completed by hand. If desired, this form can be completed by computer. Use the TAB key to move between form fields, click mouse or strike “x” key to mark boxes. Type any comments.

**Chief Executive Officer:** [__________]  
**Date:** [__________]

**Evaluation Period**  
From: [__________]  
To: [__________]

**Submitted by:**

The following pages define significant areas of responsibility for the Chief Executive Officer position. In each section, examples of performance and responsibility are articulated to better explain each subject heading. Please rate the CEO’s performance based on the following categories:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Performance</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Excellent</td>
<td>Generally applies to the top 5-10% of all employees in the workplace. This person’s overall skills and abilities greatly exceed the expectations of the position. Demonstrated strong expertise within key areas of responsibilities. Occasionally receives outstanding results beyond scope of the performance plan in some key areas of responsibility over entire performance period.</td>
</tr>
<tr>
<td>4</td>
<td>Exceeds Expectations</td>
<td>Generally applies to the next 20-25% of employees. Occasionally exceeds performance expectations of the position. Performed the most difficult parts of the job competently and thoroughly. Contributed significant results on their own initiative. Worked with a high level of independence, initiative and concern for the quality of the work or service produced by the organization</td>
</tr>
<tr>
<td>3</td>
<td>Meets Expectations</td>
<td>Generally applies to 40-50% of employees. Met all expectations of the position, and is competent in the performance of responsibilities.</td>
</tr>
<tr>
<td>2</td>
<td>Needs Improvement</td>
<td>Generally applies to 20% of employees. Often failed to meet performance expectations of the position. Performance was generally adequate, but is deficient in one or more key areas, and will require additional training or assistance to fully achieve expectations.</td>
</tr>
<tr>
<td>1</td>
<td>Unsatisfactory</td>
<td>Generally applies to the bottom 4% of employees. Performance was well below expectations in most areas of responsibility. Serious performance deficiencies that inhibit adequate performance in the position. Employee should be evaluated for continuation of current position, demotion or termination of employment.</td>
</tr>
<tr>
<td>I. MANAGEMENT OF THE ORGANIZATION:</td>
<td>UBOH</td>
<td>CHW</td>
</tr>
<tr>
<td>-----------------------------------</td>
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<td>-----</td>
</tr>
<tr>
<td>Effectively manages the operations of the organization.</td>
<td></td>
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<tr>
<td>Maintains a collaborative, team building environment for staff.</td>
<td></td>
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<tr>
<td>Recognizes the accomplishments of staff and other agencies working on behalf of the District.</td>
<td></td>
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</tr>
<tr>
<td>Supports professional growth and opportunity within the organization.</td>
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</tr>
<tr>
<td>Accepts full accountability for staff and the outcome of District projects or decisions.</td>
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<tr>
<td>Identifies organizational problems and takes appropriate action.</td>
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<tr>
<td><strong>Total:</strong></td>
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<td></td>
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<tr>
<td><strong>Average:</strong></td>
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</tr>
<tr>
<td>United Board of Health:</td>
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</tr>
<tr>
<td>Coastal Health &amp; Wellness:</td>
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</tr>
<tr>
<td>CEO:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. EXECUTION OF POLICY:</th>
<th>UBOH</th>
<th>CHW</th>
<th>CEO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understands and complies with policies and procedures governing the District.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Implements District policy fairly and consistently based upon Board decisions, goals, and applicable laws and regulations.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Works toward accomplishing identified Board goals.</td>
<td></td>
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</tr>
<tr>
<td>Presents matters in a factual, analytical way.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordinates Board policy decisions to staff, departments, other organizations and the community.</td>
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<tr>
<td><strong>Total:</strong></td>
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<td><strong>Average:</strong></td>
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<tr>
<td>United Board of Health:</td>
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<tr>
<td>Coastal Health &amp; Wellness:</td>
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<tr>
<td>CEO:</td>
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</tr>
</tbody>
</table>
### III. FINANCIAL MANAGEMENT:

<table>
<thead>
<tr>
<th></th>
<th>UBOH</th>
<th>CHW</th>
<th>CEO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible for proper preparation and management of the budget.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates ingenuity and creativity in approaching budgetary matters, including long-range revenues and expenditures for the organization.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Met budget terms within 10% allowable variance for the fiscal year.</td>
<td></td>
<td></td>
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<tr>
<td>Total:</td>
<td></td>
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<td>Average:</td>
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</tr>
</tbody>
</table>

**United Board of Health:**

**Coastal Health & Wellness:**

**CEO:**

### IV. RELATIONS WITH THE BOARD:

<table>
<thead>
<tr>
<th></th>
<th>UBOH</th>
<th>CHW</th>
<th>CEO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides regular updates to the Board, keeping them informed about current and critical issues.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is accessible to Board Members.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handles issues that are brought by the Board in a consistent and timely manner.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains an honest, truthful and professional relationship with you as a Board Member.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keeps a positive attitude and approach to new ideas, issues and complaints raised by Board Members.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Total:</td>
<td></td>
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<td>Average:</td>
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</tr>
</tbody>
</table>

**United Board of Health:**

**Coastal Health & Wellness:**

**CEO:**
### V. COMMUNITY RELATIONS:

<table>
<thead>
<tr>
<th>Stays abreast of general community issues and concerns.</th>
<th>UBOH</th>
<th>CHW</th>
<th>CEO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is involved and active in the community.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Represents the Board in a professional and positive manner.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Works proactively with the media and press.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Works effectively with community organizations as well as Federal and State Grantors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educates the community on District goals and services.</td>
<td></td>
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</tbody>
</table>

**Total:**

**Average:**

- **United Board of Health:**

- **Coastal Health & Wellness:**

- **CEO:**

### VI. COMMUNICATIONS:

<table>
<thead>
<tr>
<th>Ensures that Board Members receive important information in a timely and effective manner.</th>
<th>UBOH</th>
<th>CHW</th>
<th>CEO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepares and presents the Board and community with clear and accurate written reports and correspondence.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CEO has shown skills at analyzing and addressing problems, challenges and conflicts.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilitates open two-way communication and encourages mutual honesty and respect with the community, Board and staff.</td>
<td></td>
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<td></td>
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</tbody>
</table>

**Total:**

**Average:**

- **United Board of Health:**

- **Coastal Health & Wellness:**

- **CEO:**
### VII. LEADERSHIP:

<table>
<thead>
<tr>
<th>Provides the Board and the organization with real solutions and creative alternatives to issues and problems.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticipates and responds to changing circumstances.</td>
</tr>
<tr>
<td>Advises the Board to ensure that Board decisions are objective and consistent with past practices and are legal and ethical.</td>
</tr>
<tr>
<td>Makes use of sound administrative practices.</td>
</tr>
<tr>
<td>Leads the organization through effective management of people and tasks.</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
</tr>
<tr>
<td><strong>Average:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>United Board of Health:</th>
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</thead>
<tbody>
<tr>
<td>Coastal Health &amp; Wellness:</td>
</tr>
<tr>
<td>CEO:</td>
</tr>
</tbody>
</table>

### VIII. PROFESSIONALISM:

<table>
<thead>
<tr>
<th>Deals effectively and appropriately with the public and other organizations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates high ethical standards.</td>
</tr>
<tr>
<td>Keeps “politics” and personal perspectives out of the decision-making process.</td>
</tr>
<tr>
<td>Stays active in professional organizations and abreast of regional issues.</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
</tr>
<tr>
<td><strong>Average:</strong></td>
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</table>

<table>
<thead>
<tr>
<th>United Board of Health:</th>
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<tbody>
<tr>
<td>Coastal Health &amp; Wellness:</td>
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<tr>
<td>CEO:</td>
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</tbody>
</table>
### IX. & X. ACHIEVEMENTS (rate 1-10):

<table>
<thead>
<tr>
<th></th>
<th>UBOH</th>
<th>CHW</th>
<th>CEO</th>
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<tbody>
<tr>
<td>Strategic Health Plan goals for the current rating period were met.</td>
<td></td>
<td></td>
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<tr>
<td>Total:</td>
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<td>Average:</td>
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#### United Board of Health:

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#### Coastal Health & Wellness:

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#### CEO:

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### RECOMMENDATIONS:

List two to three performance objectives which you feel are important for the CEO to work on for the upcoming rating period.

#### United Board of Health:

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#### Coastal Health & Wellness:

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#### CEO:

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</thead>
</table>
## ADDITIONAL COMMENTS:

### United Board of Health:

<table>
<thead>
<tr>
<th>Name of Rater:</th>
<th>Date:</th>
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</thead>
<tbody>
<tr>
<td>UBOH Chair Signature:</td>
<td>Date:</td>
</tr>
<tr>
<td>Coastal Health &amp; Wellness Board Chair:</td>
<td>Date:</td>
</tr>
<tr>
<td>CEO Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

Back to Agenda
United Board of Health
January 2020
Item #18
Consider for Approval Sending United Board of Health Members to National Association of Local Boards of Health 2020 Annual Conference in Grand Rapids, MI from August 18-20, 2020
Consider for Approval Sending UBOH Members to
National Association of Local Boards of Health 2020 Annual Conference
in Grand Rapids, MI from August 18-20, 2020

The National Association of Local Boards of Health (NALBOH) annual conference will be held in Grand Rapids, Michigan on August 18-20, 2020. We currently have operating funds to send 3 members based on the estimated costs below:

<table>
<thead>
<tr>
<th></th>
<th>Per Person Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td>$400</td>
</tr>
<tr>
<td>Airfare</td>
<td>$400</td>
</tr>
<tr>
<td>Hotel</td>
<td>$823</td>
</tr>
<tr>
<td>Per Diem (includes meals)</td>
<td>$305</td>
</tr>
<tr>
<td>Transportation/mileage</td>
<td>$150</td>
</tr>
<tr>
<td><strong>Total estimated cost per person</strong></td>
<td><strong>$2,078</strong></td>
</tr>
</tbody>
</table>

Please note that actual travel costs may vary and will be reimbursed according to the GCHD Travel Procedures.

Back to Agenda
United Board of Health
January 2020
Item #19
Presentation Regarding Annual Morbidity Report Trends and Healthy Concepts Clinic Utilization
Influenza Cases

- 2015: 653
- 2016: 2340
- 2017: 3970
- 2018: 4125
- 2019: 5312
Opioid Associated Death

- 2017: 27
- 2018: 30
- 2019: 20
Healthy Concepts Clinic (HCC) Six Month Update

• HCC came about as a way to help reduce the number of STIs and HIV cases in the county

• Board approved on April 24, 2019

• Opened in Texas City on June 19, 2019

• One day a week (Wednesday) for four hours

• Opened in Galveston on June 24, 2019

• One day a week (Monday) for four hours
Number of Patients Seen

- Galveston: 86
- Texas City: 222
Tests Performed vs Positive Results

<table>
<thead>
<tr>
<th>Disease</th>
<th>Tests Performed</th>
<th>Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>263</td>
<td>33</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>263</td>
<td>27</td>
</tr>
<tr>
<td>Syphilis</td>
<td>275</td>
<td>20</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>169</td>
<td>3</td>
</tr>
<tr>
<td>HIV</td>
<td>256</td>
<td>3</td>
</tr>
</tbody>
</table>
Positive Results & Treatments Given

- Positive Results: 86
- Treatments Given: 254
Revenue by Location

- Total Revenue:
  - Galveston: $810
  - Texas City: $2,120

- Total Collected:
  - Galveston: $800
  - Texas City: $2,080
## HIV/AIDS Infection

<table>
<thead>
<tr>
<th>Year</th>
<th>AIDS*</th>
<th>HIV Infection*</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>1</td>
<td>48</td>
</tr>
<tr>
<td>2015</td>
<td>19</td>
<td>44</td>
</tr>
<tr>
<td>2017</td>
<td>20</td>
<td>47</td>
</tr>
<tr>
<td>2018</td>
<td>3</td>
<td>28</td>
</tr>
<tr>
<td>2019</td>
<td>0</td>
<td>23</td>
</tr>
</tbody>
</table>
United Board of Health
January 2020
Item #20
Comments from Board Members