



GALVESTON COUNTY HEALTH DISTRICT

UNITED BOARD OF HEALTH

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

AGENDA

Wednesday, November 9, 2022 – 12:30 PM

CONSENT AGENDA: ALL ITEMS MARKED WITH A SINGLE ASTERISK (*) 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 to participate in this proceeding shall, within three (3) days prior to any proceeding contact the Executive Office at 9850-A.108 Texas City, Texas 77591 (409) 938-2273.

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

Prayer

- Item #1.....Comments from the Public
- *Item #2 **ACTION**Agenda
- *Item #3 **ACTION**.....Excused Absence(s)
- *Item #4 **ACTION**.....Consider for Approval Minutes from UBOH Meetings
 - a. September 28, 2022
 - b. October 6, 2022
- *Item #5 **ACTION**.....Receive and File Informational Reports
 - a. Morbidity Report
 - b. CHW September Financial Report
- *Item #6 **ACTION**.....Consider for Approval FY2023 Audit Engagement with Bankole, Okoye & Associates, PC
- *Item #7 **ACTION**.....Consider for Approval Appointments and Re-Appointments to the Animal Services Advisory Committee
- Item #8.....Executive Report, COVID-19, and Monkey Pox Updates Submitted by the Chief Executive Officer
- Item #9 **ACTION**.....Consider for Approval September 2022 Financial Report Submitted by CFO
- Item #10 **ACTION**.....Consider for Approval Proposed Annual Fees for Environmental Services Effective November 1, 2022 Submitted by Chief Financial Officer
- Item #11 **ACTION**.....Update on FEMA Items Sent for Reimbursement Submitted by Chief Financial Officer

Item #12.....Update on the GCHD Strategic Health Plan Development
Submitted by Public Health Policy Specialist

Item #13.....Comments from Board Members

Next Meeting: December 7, 2022

Adjournment

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.*



GALVESTON COUNTY HEALTH DISTRICT

UNITED BOARD OF HEALTH

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

**United Board of Health
November 2022
Item #1
Comments from the Public**



GALVESTON COUNTY HEALTH DISTRICT

UNITED BOARD OF HEALTH

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

United Board of Health

November 2022

Item #2

Agenda



GALVESTON COUNTY HEALTH DISTRICT

UNITED BOARD OF HEALTH

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

United Board of Health

November 2022

Item #3

Excused Absence(s)



GALVESTON COUNTY HEALTH DISTRICT

UNITED BOARD OF HEALTH

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

United Board of Health

November 2022

Item #4

Consider for Approval Minutes from UBOH Meetings



GALVESTON COUNTY HEALTH DISTRICT

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

Galveston County Health District United Board of Health Meeting Minutes September 28, 2022

Board Members

Present:

Zach Davidson
Annette Jenkins, PharmD
Della Brown, RN
Donna B. Weaver, MD, FAAFP
Gayle Olson Koutrouvelis, MD, MPH, FACOG
Philip Keiser, MD, Ex -Officio
CEO, Local Health Authority

Meeting was called to order at 12:31 pm by Mr. Davidson.

Items #1 Comments from the Public

There were no comments from the public.

Item #2-7 Consent Agenda

Dr. Jenkins made a motion to approve consent agenda items two through seven. Mrs. Brown seconded the motion, and the board unanimously approved the consent agenda items two through seven.

Item #8 Executive Report, COVID-19 and Monkey Pox Update Submitted by the Chief Executive Officer

Philip Keiser, MD, Chief Executive Officer, and Local Health Authority, presented the Executive Report and provided an update on COVID-19 and Monkey Pox

Item #9 Consider for Approval July and August 2022 Financial Report Submitted by Chief Financial Officer

Trish Bailey, Chief Financial Officer, presented the July and August 2022 financial report. A motion to approve the financial reports as presented was made by Mrs. Brown. Dr. Jenkins seconded the motion, and the board unanimously approved the financial reports.

Item #10 Consider for Approval FY 2023 General Fund Budget Submitted by Chief Financial Officer

Trish Bailey, Chief Financial Officer presented the FY 2023 General Fund Budget. Mrs. Brown made a motion to approve the budget as presented. Dr. Weaver seconded the motion, and the Board unanimously approved the General Fund budget.

Item#11 Consider for Approval FY 2023 GAAA Budget Submitted by Chief Financial Officer

Trish Bailey, Chief Financial Officer presented the FY 2023 GAAA Budget. Mrs. Brown made a motion to approve the budget as presented. Dr. Jenkins seconded the motion, and the Board unanimously approved the GAAA budget.

Item #12 Consider for Approval the Purchase of a Generator for the Animal Resource Center from Animal Services Fund Balance as Requested by the Animal Advisory Committee Submitted by Director of Public Health Services

Randy Valcin, Director of Public Health Services, asked the Board to consider the purchase of a generator for the ACR. Mr. Valcin proposed to have up to \$60,000 taken from the Animal Services fund balance. Mrs. Brown made a motion to approve up to \$60,000 for the generator. Dr. Jenkins seconded the motion, and the Board unanimously approved the amount for the generator.

Item #13 Update on Cities Joining Animal Services Interlocal Agreement Submitted by UBOH Chairman

Mr. Davidson advised the Board Clear Lake Shores and Santa Fe will be rejoining the Animal Services Interlocal Agreement effective October 1, 2022.

Item #14 Comments from Board Members

Dr. Jenkins thanked everyone for their hard work in getting the budgets completed.

Dr. Weaver also thanked everyone for their hard work.

The meeting was adjourned at 1:11 pm.

Chair/Vice-Chairperson

Date



GALVESTON COUNTY HEALTH DISTRICT

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

Galveston County Health District's United Board of Health convened for a special meeting on October 6, 2022

Board Members

Present:

Zach Davidson
Donna B. Weaver, MD, FAAFP
Gayle Olson Koutrouvelis, MD, MPH, FACOG (via Zoom)
Philip Keiser, MD, Ex -Officio
CEO, Local Health Authority

Meeting was called to order at 2:13 pm by Zach Davidson.

Items #1 Comments from the Public

None

Item #2 EXECUTIVE SESSION

Texas Government Code Section 551.071, Consultation with Attorney: the Galveston County Health District United Board of Health will enter into an executive session as permitted under the Texas Open Meetings Act, Chapter 551 of the Texas Government Code, pursuant to Section 551.071 of the Government Code: to seek the advice of its attorney about pending or contemplated litigation or on a matter in which the duty of the attorney to the Galveston County Health District under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with the Open Meetings Act relating to 20-CV-1656; Dr. Abdul-Azis Alhassan v. Galveston County Health District pending in the 405th District Court of Galveston County, Texas

Item #3 Reconvene into Regularly Scheduled Meeting

The Board reconvened at 3:04 pm.

Item #4 Possible Action from Executive Session

The Board took no action after Executive Session.

The meeting was adjourned at 3:05 pm.

Chair/Vice-Chairperson

Date



GALVESTON COUNTY HEALTH DISTRICT

UNITED BOARD OF HEALTH

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

United Board of Health

November 2022

Item #5

Receive and File Informational Reports



GALVESTON COUNTY HEALTH DISTRICT

Morbidity Report

	2017	2018	2019	2020	2021	Jan-Sep 2022
Amebiasis	2	0	0	0	0	0
AIDS*	10	3	0	1	*10	*1
Botulism	1	0	0	0	0	0
Campylobacteriosis	41	48	27	14	32	16
Candida Auris	-	-	-	0	9	24
Chagas	0	0	0	0	2	0
<i>Chlamydia trachomatis</i>	1648	1584	1422	881	1,160	951
<i>Chikungunya</i>	1	0	0	0	0	0
COVID 19	-	-	-	20,180	40,521	36,869
Creutzfeldt-Jakob Disease	1	0	0	1	0	1
Cryptosporidiosis	2	9	9	0	6	3
Cyclosporiasis	3	3	5	6	9	3
Cysticercosis	0	0	0	1	0	0
Dengue	1	0	0	0	0	0
Elevated Blood Lead	32	19	22	15	23	19
<i>E.coli</i> , enterohemorrhagic	12	13	8	4	3	12
Gonorrhea	448	509	449	351	438	332
Haemophilus Influenzae	5	8	3	3	2	5
Hepatitis, type A	3	1	3	1	1	2
Hepatitis, type B (acute)	4	1	1	5	0	1
Hepatitis, type C (acute)	3	4	6	0	3	7
Hepatitis, type E (acute)	0	1	0	0	1	0
HIV infection*	45	28	23	17	*19	*3
Influenza associated Pedi death	0	0	1	0	0	0
Influenza isolate	3970	4125	5312	4281	155	474
Legionellosis	4	6	9	6	5	5
Leishmaniasis	0	0	0	0	0	0
Listeriosis	1	0	1	1	2	2
Lyme Disease	0	0	1	1	1	0
Malaria	0	0	0	0	0	1
Measles	0	0	1	0	0	0
Meningococcal infection	2	0	0	0	0	0
Monkeypox	-	-	-	-	-	5
Multi-Drug Resistance Organism	67	61	47	48	23	12
Mumps	1	0	1	0	0	0
Opioid associated death*	29	33	23	43	*48	*25
Pertussis	5	15	11	0	2	0
Q Fever	1	0	0	0	0	0
Salmonellosis	56	57	82	39	49	58
Shigellosis	10	25	75	35	22	16
Spotted Fever Rickettsioses	2	2	0	0	1	2
Strep. Infection, invasive pneumo.	16	31	31	13	20	9
Suicide*	58	53	39	21	*31	*24
Syphilis	45	61	35	24	41	36
Tuberculosis	7	14	12	4	9	10
Tularemia	0	0	0	0	1	0
Typhoid Fever	0	0	0	1	0	0
Typhus Fever	17	40	22	45	51	41
Varicella (Chickenpox)	22	18	17	7	0	5
<i>Vibrio</i> infection	6	4	5	1	6	3
West Nile Virus Infection	0	1	0	0	5	0
Yersiniosis	1	0	0	2	2	1
Zika	0	0	0	0	0	0
Foodborne illness complaints	49	57	49	32	35	30
Rabies in animals	5	1	2	1	5	2

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

Public Health Services · Coastal Health & Wellness · Emergency Medical Services · Animal Resource Center

The Galveston County Health District (GCHD) is the local public health agency for Galveston County, Texas.

GCHD provides services and programs that protect the everyday health and well-being of Galveston County.

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

COASTAL HEALTH & WELLNESS

Governing Board



FINANCIAL SUMMARY

For the Period Ending

September 30, 2022

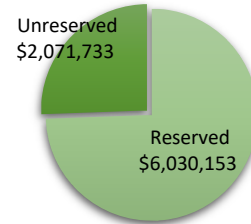
October 27, 2022

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

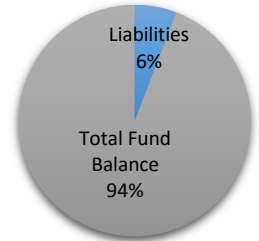
CHW - BALANCE SHEET
as of September 30, 2022

	Current Month Sep-22	Prior Month Aug-22	Increase (Decrease)
ASSETS			
Cash & Cash Equivalents	\$7,787,149	\$7,447,253	\$339,896
Accounts Receivable	2,880,644	2,760,138	120,505
Allowance For Bad Debt	(1,426,676)	(1,384,842)	(41,834)
Pre-Paid Expenses	314,187	201,983	112,205
Due To / From	(289,259)	263,789	(553,048)
Total Assets	\$9,266,046	\$9,288,321	(\$22,275)
LIABILITIES			
Accounts Payable	\$53,940	\$104,337	(\$50,397)
Accrued Salaries	464,324	368,295	96,029
Deferred Revenues	24,642	24,642	0
Total Liabilities	\$542,906	\$497,274	\$45,632
FUND BALANCE			
Fund Balance	\$8,131,580	\$8,131,580	0
Current Change	591,560	659,466	(67,907)
Total Fund Balance	\$8,723,140	\$8,791,047	(\$67,907)
TOTAL LIABILITIES & FUND BALANCE	\$9,266,046	\$9,288,321	(\$22,275)

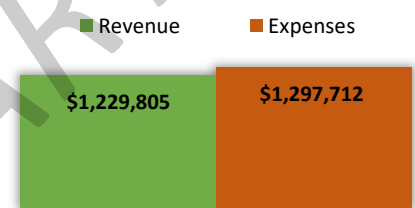
Total Fund Balance



Current Period Assets



Current Month Actuals



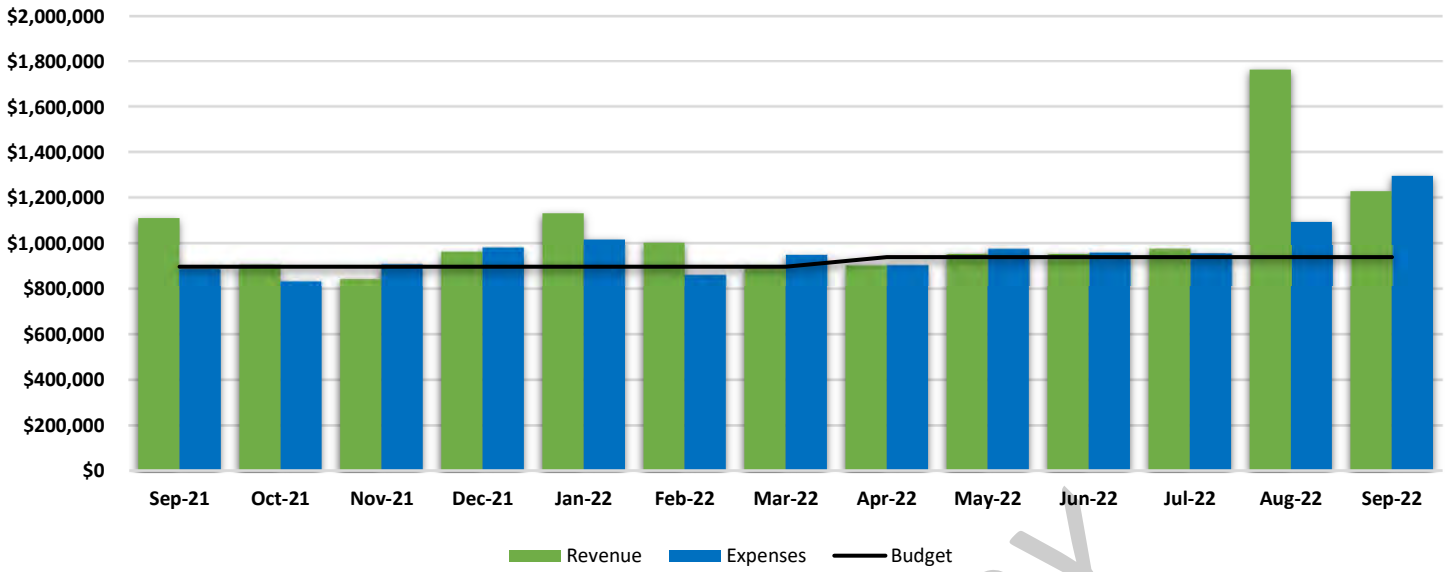
CHW - REVENUE & EXPENSES
as of September 30, 2022

	MTD Actual Sep-22	MTD Budgeted Sep-22	MTD Budget Variance	YTD Actual thru Aug 2022	YTD Budget thru Aug 2022	YTD Budget Variance
REVENUE						
County Revenue	\$311,222	\$311,222	\$0	1,867,333.50	\$1,867,334	-
DSRIP Revenue	0	62,500	(62,500)	712,500	375,000	337,500
HHS Grant Revenue	633,604	269,783	363,821	2,540,828	1,618,700	922,128
Patient Revenue	280,771	290,952	(10,181)	1,590,508	1,745,712	(155,203)
Other Revenue	4,208	4,976	(768)	59,103	29,854	29,249
Total Revenue	\$1,229,805	\$939,433	\$290,372	6,770,272	\$5,636,599	1,133,673
EXPENSES						
Personnel	\$701,400	\$618,574	(\$82,826)	3,919,665.58	\$3,711,442	(\$208,224)
Contractual	102,223	77,767	(24,456)	526,625	466,601	(60,024)
IGT Reimbursement	235,125	20,569	(214,556)	235,125	123,413	(111,713)
Supplies	90,127	84,323	(5,804)	510,391	505,940	(4,451)
Travel	8,468	3,278	(5,190)	16,924	19,668	2,744
Bad Debt Expense	41,834	33,454	(8,380)	255,493	200,723	(54,770)
Other	118,536	101,469	(17,068)	714,489	608,814	(105,675)
Total Expenses	\$1,297,712	\$939,433	(\$358,279)	6,178,712	\$5,636,599	(\$542,113)
CHANGE IN NET ASSETS	(\$67,907)	\$0	(\$67,907)	591,560	\$0	591,560

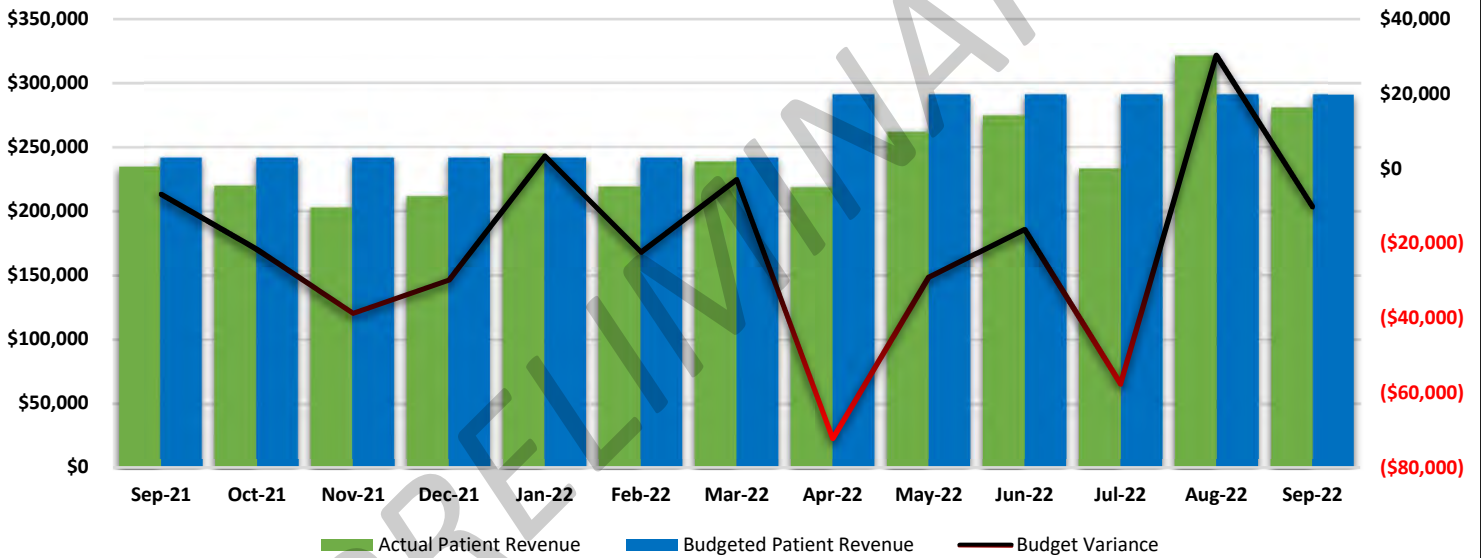
HIGHLIGHTS

- Fund Balance:** For the month of September the total fund balance was \$8,723,140, a decrease of \$67,907 from August. Decrease due to IGT Reimbursement paid in September for DSRIP revenue received prior month.
- Revenue:** MTD revenue was \$1,229,805 which is over budget by \$290,372. YTD revenue was \$6,770,272 and is over budget by \$1,133,673. The large difference between actual and budget for MTD and YTD is due to the extra funding from HHS and the DSRIP revenue coming in all at once.
- Expense:** MTD expenses were \$1,297,712 which is \$358,279 over budget. YTD expenses were \$6,178,712 which are \$542,113 over budget. This difference between actual and budget is due to the increase in personal and other personal changes as well as the IGT payment. The overage in personnel is offset by revenue from the HRSA ARP grant.

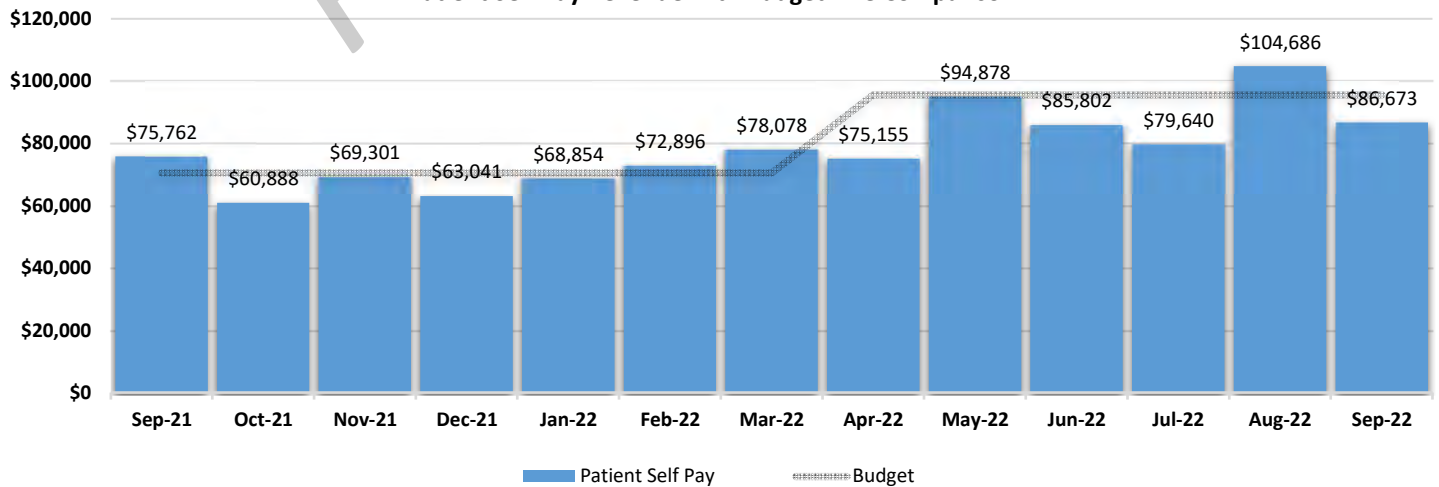
Actual Revenue & Expenses in Comparison to Budget



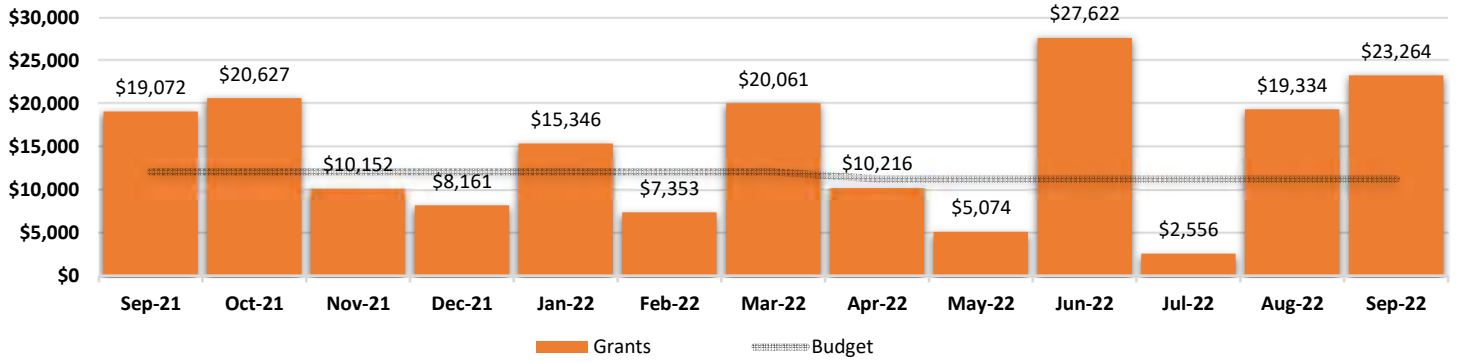
Actual Patient Revenue Rec'd vs Budget with Variance



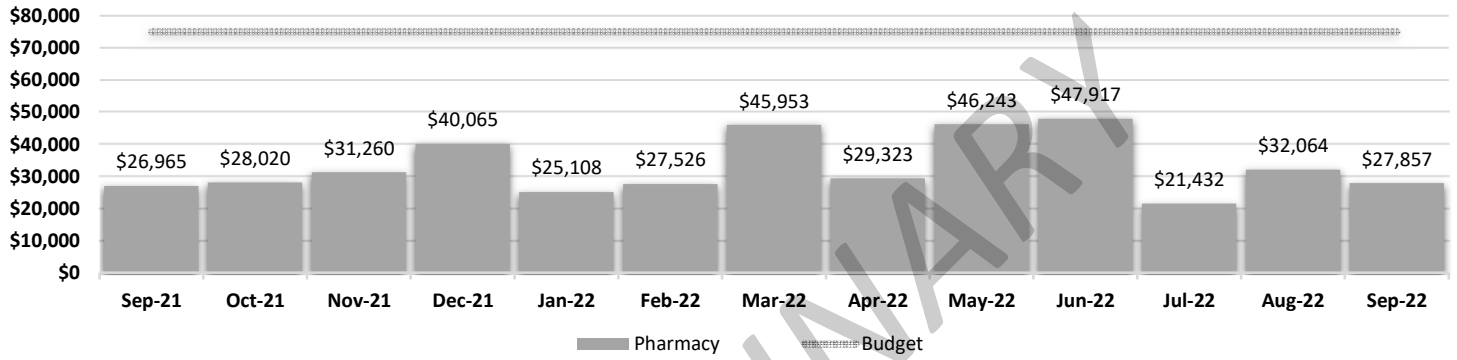
Patient Self Pay Revenue with Budget Line Comparison



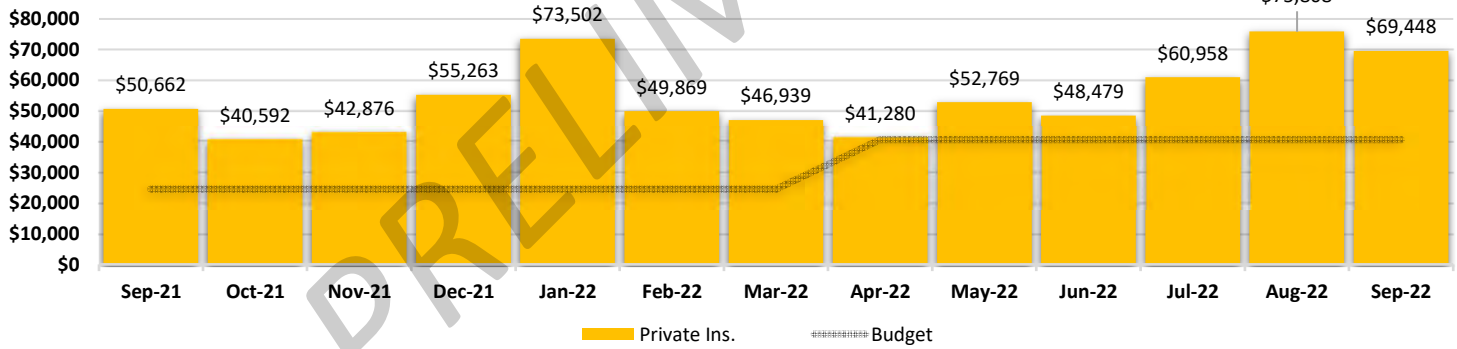
Title V & Ryan White Revenue with Budget Line Comparison



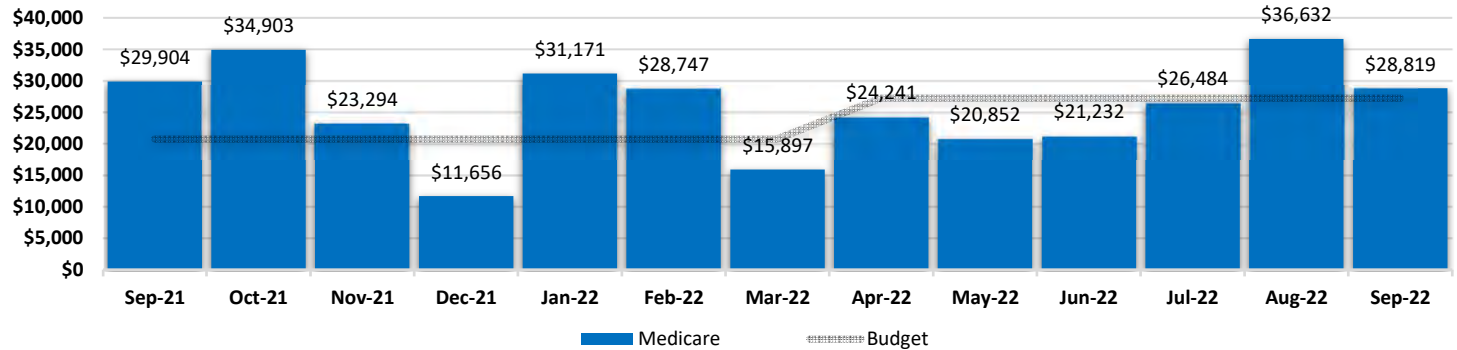
Pharmacy Revenue with Budget Line Comparison



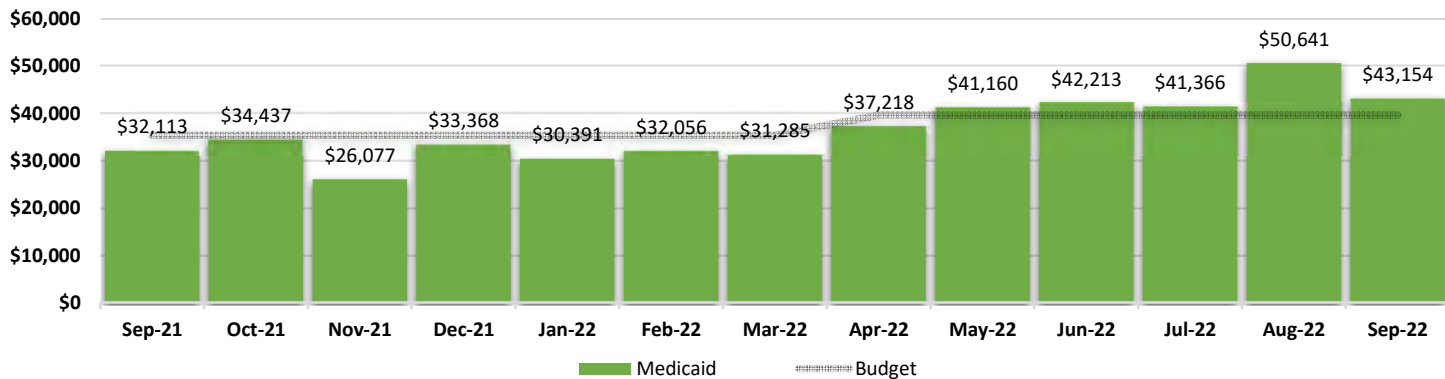
Private Insurance Revenue with Budget Line Comparison



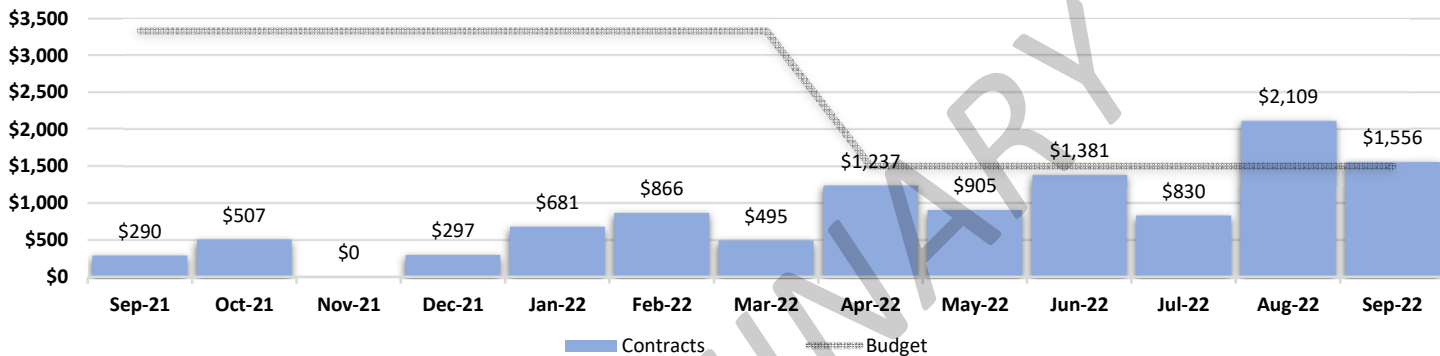
Medicare Revenue with Budget Line Comparison



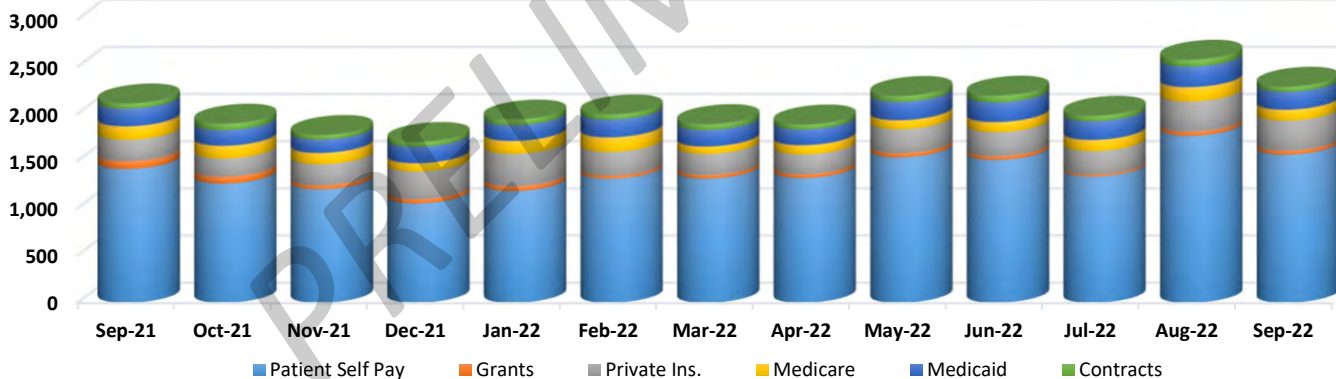
Medicaid Revenue with Budget Line Comparison



Contract Revenue with Budget Line Comparison



Total Number of Patient Visits



Coastal Health & Wellness
Statement of Revenue and Expenses for the Period ending September 30, 2022

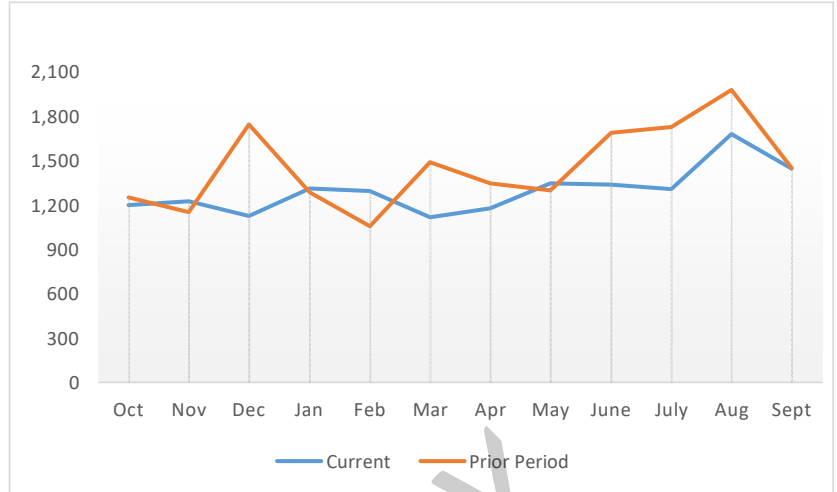
Cost Category	Account Description	Annual Budget	Period Ending 09/30/22	MTD Budget	MTD Budget Variance	YTD Actual	YTD Budget	YTD Budget Variance
Grouping	Revenue							
HHS	HHS Grant Revenue - HRSA	3,237,400	633,604	269,783	363,821.09	2,540,828	1,618,700	922,128
	<i>Base Funding</i>	3,237,400	259,575	269,783	(10,208)	1,533,400	1,618,700	(85,300)
	COVID ECT	-	545	-	545	6,488	-	6,488
	Hypertension (HTN)	-	-	-	-	2,939	-	2,939
	COVID ARP	-	373,484	-	373,484	998,000	-	998,000
HHS	HHS Grant Revenue - Other	-	-	-	-	-	-	-
Patient	Grant Revenue (Title V, Ryan White)	135,140	23,264	11,262	12,003	88,066	67,570	20,496
Patient	Patient Fees	1,146,988	86,673	95,582	(8,910)	526,834	573,494	(46,660)
Patient	Private Insurance	487,920	69,448	40,660	28,788	348,741	243,960	104,781
Patient	Pharmacy Revenue - 340b	900,000	27,857	75,000	(47,143)	204,836	450,000	(245,164)
Patient	Medicare	327,375	28,819	27,281	1,538	158,261	163,688	(5,427)
Patient	Medicaid	476,000	43,154	39,667	3,487	255,751	238,000	17,751
Other	Local Grants & Foundations	16,208	-	1,351	(1,351)	-	8,104	(8,104)
Other	Medical Record Revenue	14,000	126	1,167	(1,041)	3,852	7,000	(3,149)
Other	Medicaid Incentive Payments	-	-	-	-	36,600	-	36,600
County	County Revenue	3,734,667	311,222	311,222	-	1,867,334	1,867,334	-
DSRIP	DSRIP Revenue	750,000	-	62,500	(62,500)	712,500	375,000	337,500
Other	Miscellaneous Revenue	-	191	-	191	877	-	877
Other	Gain on Fixed Asset Disposals	-	-	-	-	-	-	-
Other	Interest Income	24,500	3,581	2,042	1,539	16,383	12,250	4,133
Patient	CHW Contract Revenue	18,000	1,556	1,500	56	8,018	9,000	(982)
Other	Local Funds / Other Revenue	5,000	310	417	(106)	1,391	2,500	(1,109)
	Total Revenue	\$ 11,273,198	\$ 1,229,805	\$ 939,433	\$ 290,372	\$ 6,770,272	\$ 5,636,599	\$ 1,133,673
	Expenses							
Personnel	Hourly Pay	5,919,231	571,807	493,269	(78,538)	3,148,743	2,959,616	(189,128)
Personnel	Supplemental/Merit Compensation	-	536	-	(536)	536	-	(536)
Personnel	Provider Incentives	5,000	750	417	(333)	6,000	2,500	(3,500)
Personnel	Overtime	24,000	3,162	2,000	(1,162)	18,213	12,000	(6,213)
Personnel	Part-Time Hourly Pay	217,127	25,781	18,094	(7,687)	161,113	108,564	(52,550)
Personnel	Comp Pay Premium	-	-	-	-	209	-	(209)
Personnel	FICA Expense	471,649	43,951	39,304	(4,647)	245,314	235,825	(9,490)
Personnel	Texas Unemployment Tax (SUTA)	11,808	51	984	933	(1,305)	5,904	7,209
Personnel	Life Insurance Expense	16,166	1,521	1,347	(173)	8,438	8,083	(355)
Personnel	Long Term Disability Coverage	15,038	1,166	1,253	87	6,590	7,519	929
Personnel	Employer Paid Health Insurance	418,938	29,114	34,912	5,798	169,838	209,469	39,631
Personnel	Worker's Comp Insurance	18,501	(4,974)	1,542	6,516	2,204	9,251	7,046
Personnel	Cobra Expense	-	100	-	(100)	226	-	(226)
Personnel	Health Reimbursement Account	-	(2)	-	2	(0)	-	0
Personnel	Employer Sponsered Healthcare	72,991	5,677	6,083	405	27,961	36,496	8,535
Personnel	Pension/Retirement	232,434	22,759	19,370	(3,390)	125,584	116,217	(9,367)
Contractual	Outside Lab Contract	205,632	18,054	17,136	(918)	106,755	102,816	(3,939)
Contractual	Outside X-Ray Contract	18,720	1,584	1,560	(24)	10,224	9,360	(864)
Contractual	Misc Contract Services	390,792	55,623	32,566	(23,057)	253,947	195,396	(58,551)
Personnel	Temporary Staffing	-	-	-	-	-	-	-
Contractual	CHW Billing Contract Services	90,000	7,831	7,500	(331)	41,590	45,000	3,410
IGT	IGT Reimbursement	246,825	235,125	20,569	(214,556)	235,125	123,413	(111,713)
Contractual	Janitorial Contract	196,438	16,395	16,370	(25)	98,372	98,219	(153)
Contractual	Pest Control	960	435	80	(355)	836	480	(356)
Contractual	Security	30,660	2,301	2,555	254	14,902	15,330	428
Supplies	Office Supplies	90,600	8,898	7,550	(1,348)	52,596	45,300	(7,296)
Supplies	Operating Supplies	258,000	30,021	21,500	(8,521)	194,781	129,000	(65,781)
Supplies	Outside Dental Supplies	52,000	6,329	4,333	(1,996)	37,919	26,000	(11,919)
Supplies	Pharmaceutical Supplies	600,000	44,041	50,000	5,959	199,890	300,000	100,110
Supplies	Janitorial Supplies	1,200	-	100	100	-	600	600
Supplies	Printing Supplies	5,280	17	440	424	731	2,640	1,909

Coastal Health & Wellness
Statement of Revenue and Expenses for the Period ending September 30, 2022

Cost Category	Account Description	Annual Budget	Period Ending 09/30/22	MTD Budget	MTD Budget Variance	YTD Actual	YTD Budget	YTD Budget Variance
Supplies	Uniform Supplies	-	-	-	-	51	-	(51)
Supplies	Controlled Assets (i.e. computers)	4,800	821	400	(421)	24,423	2,400	(22,023)
Other	Postage	9,000	465	750	285	3,132	4,500	1,368
Other	Telecommunications	67,812	4,002	5,651	1,649	32,752	33,906	1,154
Other	Water	372	-	31	31	153	186	34
Other	Electricity	18,000	(125)	1,500	1,625	5,787	9,000	3,213
Travel	Travel, Local	3,200	137	267	129	737	1,600	863
Travel	Travel, Out Of Town	-	1,203	-	(1,203)	6,554	-	(6,554)
Travel	Training, Local	30,135	5,578	2,511	(3,067)	7,638	15,068	7,429
Travel	Training, Out Of Town	6,000	1,549	500	(1,049)	1,995	3,000	1,005
Other	Rentals	58,440	3,550	4,870	1,320	30,422	29,220	(1,202)
Other	Leases	519,924	43,327	43,327	0	259,961	259,962	1
Other	Maint/Repair, Equip.	90,799	7,906	7,567	(339)	46,036	45,400	(636)
Other	Maint/Repair, Bldg.	3,017	-	251	251	-	1,509	1,509
Other	Maint/Repair, IT Equipment	-	-	-	-	518	-	(518)
Other	Insurance, Auto/Truck	108	8	9	1	46	54	8
Other	Insurance, General Liability	10,908	866	909	44	5,193	5,454	261
Other	Insurance, Bldg. Contents	14,736	1,217	1,228	11	7,302	7,368	66
Other	Operating Equipment	-	-	-	-	(8,575)	-	8,575
Other	Newspaper Ads/Advertising	23,900	765	1,992	1,227	6,076	11,950	5,874
Other	Subscriptions, Books, Etc.	18,000	1,435	1,500	65	8,329	9,000	671
Other	Association Dues	34,975	1,000	2,915	1,915	36,260	17,488	(18,773)
Other	IT Software / Licenses	299,566	44,299	24,964	(19,335)	237,297	149,783	(87,514)
Other	Prof Fees/Licenses/Inspections	4,670	637	389	(248)	2,236	2,335	99
Other	Professional Services	22,800	6,625	1,900	(4,725)	28,229	11,400	(16,829)
Other	Med/Hazard Waste Disposal	5,400	-	450	450	3,374	2,700	(674)
Other	Transportation	6,000	81	500	419	1,458	3,000	1,542
Other	Employee Betterment	-	1,393	-	(1,393)	1,393	-	(1,393)
Other	Board Meeting Operations	600	99	50	(49)	1,926	300	(1,626)
Other	Service Charge - Credit Cards	8,600	989	717	(272)	5,097	4,300	(797)
Other	Cashier Over/Short	-	-	-	-	86	-	(86)
Bad Debt	Bad Debt Expense	401,446	41,834	33,454	(8,380)	255,493	200,723	(54,770)
Other	Miscellaneous Expense	-	-	-	-	-	-	-
	Total Expenses	\$ 11,273,198	\$ 1,297,712	\$ 939,433	\$ (358,279)	\$ 6,178,712	\$ 5,636,599	\$ (542,113)
	Net Change in Fund Balance	\$ -	\$ (67,907)	\$ -	\$ (67,907)	\$ 591,560	\$ -	\$ 591,560

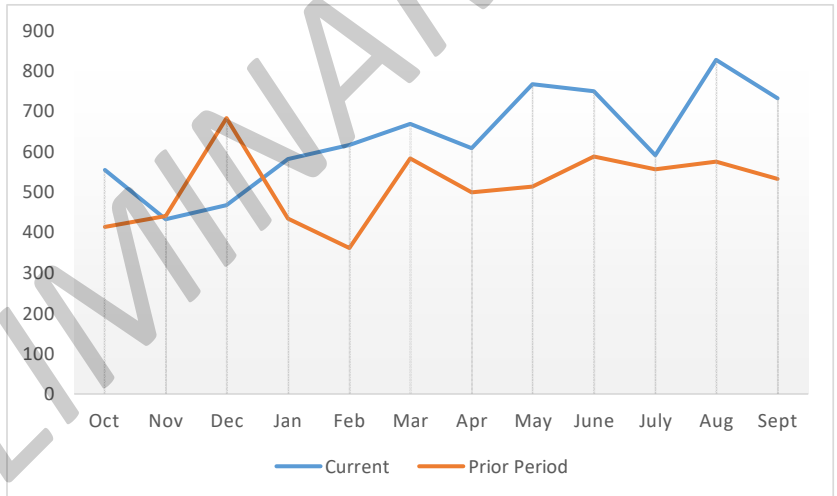
Medical Visits

	<u>Current</u>	<u>Prior Period</u>
Oct	1,198	1,251
Nov	1,227	1,150
Dec	1,124	1,745
Jan	1,311	1,288
Feb	1,294	1,058
Mar	1,119	1,488
Apr	1,178	1,345
May	1,345	1,299
June	1,337	1,689
July	1,309	1,727
Aug	1,684	1,980
Sept	1,445	1,450
	<u>15,571</u>	<u>17,470</u>



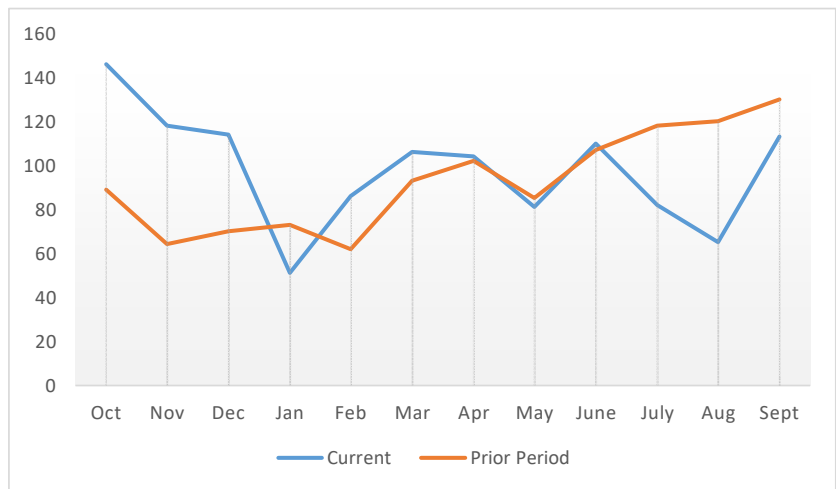
Dental Visits

	<u>Current</u>	<u>Prior Period</u>
Oct	554	412
Nov	433	440
Dec	466	682
Jan	580	433
Feb	616	361
Mar	668	582
Apr	607	499
May	766	512
June	748	587
July	591	555
Aug	827	574
Sept	732	532
	<u>7,588</u>	<u>6,169</u>



Counseling Visits

	<u>Current</u>	<u>Prior Period</u>
Oct	146	89
Nov	118	64
Dec	114	70
Jan	51	73
Feb	86	62
Mar	106	93
Apr	104	102
May	81	85
June	110	107
July	82	118
Aug	65	120
Sept	113	130
	<u>1,176</u>	<u>1,113</u>



Vists by Financial Class - Actual vs. Budget
As of September 30, 2022 (Grant YTD 04/01/22 - 09/30/22)

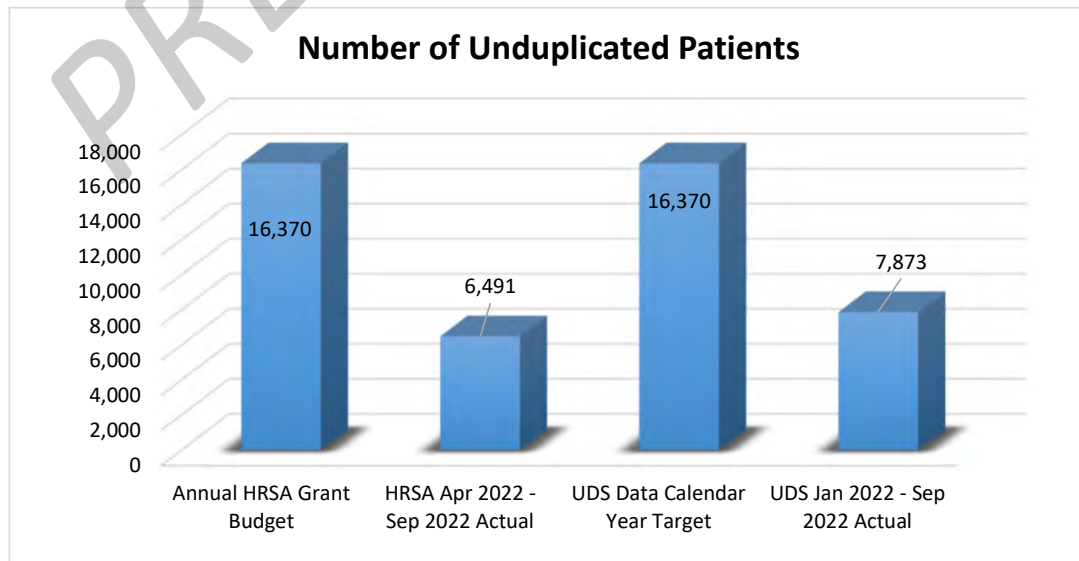
	Annual HRSA Grant Budget	MTD Actual	MTD Budget	Over/(Under) MTD Budget	YTD Actual	YTD Budget	Over/(Under) YTD Budget	% Over/(Under) YTD Budget
Medicaid	3,400	190	283	(93)	1,338	1,700	(362)	-21%
Medicare	2,425	117	202	(85)	715	1,213	(498)	-41%
Other Public (Title V, Contract, Ryan White)	993	94	83	11	597	497	101	20%
Private Insurance	4,435	318	370	(52)	1,641	2,218	(577)	-26%
Self Pay	24,404	1,571	2,034	(463)	8,942	12,202	(3,260)	-27%
	35,657	2,290	2,971	(681)	13,233	17,829	(4,596)	-26%

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

	Current Year Annual Target	Jan 2021 - Sep 2021 Actual	Jan 2022 - Sep 2022 Actual	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	16,370	7,209	7,873	664	48%

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

	Annual HRSA Grant Budget	Apr 2021 - Sep 2021 Actual	Apr 2022 - Sep 2022 Actual	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	16,370	6,156	6,491	335	40%





GALVESTON COUNTY HEALTH DISTRICT

UNITED BOARD OF HEALTH

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

United Board of Health

November 2022

Item #6

**Consider for Approval FY2023 Audit Engagement
with Bankole, Okoye & Associates, PC**

November 7, 2022

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

We are pleased to confirm our understanding of the services we are to provide Galveston County Health District (the “District”) for the fiscal year ended September 30, 2022.

Audit Scope and Objectives

We will audit the financial statements of the District, which comprise the following that collectively comprise the basic financial statements:

- 1) Statement of net position as of September 30, 2022.
- 2) Statement of activities for the fiscal year ended September 30, 2022.
- 3) Balance Sheet – Governmental Funds as of September 30, 2022.
- 4) Reconciliation of the Balance Sheet of Governmental Funds to the Statement of Net Position.
- 5) Statement of Revenues, Expenditures and Changes in Fund Balances – Governmental Funds for the fiscal year ended September 30, 2022.
- 6) Reconciliation of the Statement of Revenues, Expenditures and Changes in Fund Balances – Governmental Funds to the Statement of Activities for the fiscal year ended September 30, 2022.
- 7) The related Notes and Disclosures accompanying the financial statements.

U.S. generally accepted accounting principles (“GAAP”) provide for certain required supplementary information (“RSI”), such as Management’s Discussion and Analysis (“MD&A”), to supplement the District’s basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board (“GASB”) who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of our engagement, we will apply certain limited procedures to the District’s RSI in accordance with U.S. generally accepted auditing standards (“GAAS”). These limited procedures will consist of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management’s responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We will not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance. The following RSI are required by GAAP and will be subjected to certain limited procedures, but will not be audited:

- 1) Management’s Discussion and Analysis.
- 2) Schedule of Revenues, Expenditures and Changes in Fund Balance – Budget and Actual, General Fund.

- 3) Schedule of Revenues, Expenditures and Changes in Fund Balance – Budget and Actual, Coastal Health & Wellness Fund.
- 4) Schedule of Revenues, Expenditures and Changes in Fund Balance – Budget and Actual, Galveston Area Ambulance Authority Fund.
- 5) Notes to Required Supplementary Information.
- 6) Texas County and District Retirement System – Schedule of Changes in Net Pension Liability (Assets) and Related Ratios.
- 7) Texas County and District Retirement System – Schedule of Employer Contributions.
- 8) Notes and Disclosures to the Schedule of Contributions.

We have also been engaged to report on supplementary information other than RSI that accompanies the District’s financial statements. We will subject the following supplementary information to the auditing procedures applied in our audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS, and we will provide an opinion on it in relation to the financial statements as a whole, in a report combined with our auditor’s report on the financial statements:

- 1) Schedule of Revenues – Budget and Actual, General Fund.
- 2) Schedule of Expenditures – Budget and Actual, General Fund.
- 3) Schedule of Revenues – Budget and Actual, GAAP Basis to Financial Status Report Basis Comparison – Coastal Health & Wellness Fund.

Our opinion on the District’s following supplementary information, in relation to the financial statements as a whole, will be in a separate written report accompanying our report on the financial statements:

- 1) Schedule of Expenditures of Federal Awards.

The objectives of our audit are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and issue an auditor’s report that includes our opinions about whether your financial statements are fairly presented, in all material respects, in conformity with GAAP, and report on the fairness of the supplementary information referred to in the fourth paragraph when considered in relation to the financial statements as a whole. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. Misstatements, including omissions, can arise from fraud or error and are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment of a reasonable user made based on the financial statements. The objectives also include reporting on:

- 1) Internal control over financial reporting and compliance with provisions of laws, regulations, contracts, and award agreements, noncompliance with which could have a material effect on the financial statements in accordance with *Government Auditing Standards*.
- 2) Internal control over compliance related to major programs and an opinion (or disclaimer of opinion) on compliance with federal statutes, regulations, and the terms and conditions of federal awards that could have a direct and material effect on each major program in accordance with the Single Audit Act Amendments of 1996 and Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform*

Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (the “Uniform Guidance”), as well as the State of Texas Single Audit Circular.

Auditor’s Responsibilities for the Audit of the Financial Statements and Single Audit

We will conduct our audit in accordance with GAAS; the standards for financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; the Single Audit Act Amendments of 1996; and the provisions of the Uniform Guidance, and will include tests of accounting records, a determination of major program(s) in accordance with Uniform Guidance, and other procedures we consider necessary to enable us to express such opinions. As part of an audit in accordance with GAAS and *Government Auditing Standards*, we exercise professional judgment and maintain professional skepticism throughout the audit.

We will evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management. We will also evaluate the overall presentation of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation. We will plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the District or to acts by management or employees acting on behalf of the District. Because the determination of waste and abuse is subjective, *Government Auditing Standards* do not expect auditors to perform specific procedures to detect waste or abuse in financial audits nor do they expect auditors to provide reasonable assurance of detecting waste or abuse.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is an unavoidable risk that some material misstatements or noncompliance may not be detected by us, even though the audit is properly planned and performed in accordance with GAAS and *Government Auditing Standards*. In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements or on major programs. However, we will inform the appropriate level of management of any material errors, any fraudulent financial reporting, or misappropriation of assets that come to our attention. We will also inform the appropriate level of management of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential. We will include such matters in the reports required for a Single Audit. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

In connection with this engagement, we may communicate with you or others via email transmission. As emails can be intercepted and read, disclosed, or otherwise used or communicated by an unintended third party, or may not be delivered to each of the parties to whom they are directed and only to such parties, we cannot guarantee or warrant that emails from us will be properly delivered and read only by the addressee. Therefore, we specifically disclaim and waive any liability or responsibility whatsoever for interception or unintentional disclosure of emails transmitted by us in connection with the performance of this engagement. In that regard, you agree that we shall have no liability for any loss or damage to any person or entity resulting from the use of email transmissions, including any consequential, incidental, direct, indirect, or special damages, such as loss of revenues or anticipated profits, or disclosure or communication of confidential or proprietary information.

We will also conclude, based on the audit evidence obtained, whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the government’s ability to continue as a going concern for a reasonable period of time.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, and direct confirmation of receivables and certain assets and liabilities by correspondence with selected individuals, funding sources, creditors, and financial institutions. We may, if considered necessary, also request written representations from your attorneys as part of the engagement and they may bill you for responding to this inquiry.

We have identified the following significant risks of material misstatement of financial statements or material noncompliance with contract agreements, as part of our audit planning:

1. Risk of incorrect classifications of Federal programs' expenditures by the appropriate grant contracts, potentially resulting in questioned program costs.
2. Risk of omission of Federally funded grants on the Schedule of Expenditures of Federal Awards.
3. Risk of noncompliance with direct and material compliance requirements of major Federally funded and State funded programs.
4. Risk of incorrect inventory of property and equipment.

Our audit of financial statements does not relieve you of your responsibilities.

Audit Procedures—Internal Control

We will update our understanding of the District and its environment, including internal control relevant to the audit, sufficient to identify and assess the risks of material misstatement of the financial statements, whether due to error or fraud, and to design and perform audit procedures responsive to those risks and obtain evidence that is sufficient and appropriate to provide a basis for our opinions. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentation, or the override of internal control. Tests of controls may be performed to test the effectiveness of certain controls that we consider relevant to preventing and detecting errors and fraud that are material to the financial statements and to preventing and detecting misstatements resulting from illegal acts and other noncompliance matters that have a direct and material effect on the financial statements. Our tests, if performed, will be less in scope than would be necessary to render an opinion on internal control and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to *Government Auditing Standards*.

As required by the Uniform Guidance and the State of Texas Single Circular, we will perform tests of controls over compliance to evaluate the effectiveness of the design and operation of controls that we consider relevant to preventing or detecting material noncompliance with compliance requirements applicable to each major federal award program. However, our tests will be less in scope than would be necessary to render an opinion on those controls and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to the Uniform Guidance.

An audit is not designed to provide assurance on internal control or to identify significant deficiencies or material weaknesses. Accordingly, we will express no such opinion. However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards, *Government Auditing Standards*, and the Uniform Guidance.

Audit Procedures—Compliance

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of the District's compliance with provisions of applicable laws, regulations, contracts, and agreements, including grant agreements. However, the objective of those procedures will not be to provide an opinion on overall compliance, and we will not express such an opinion in our report on compliance issued pursuant to *Government Auditing Standards*.

The Uniform Guidance requires that we also plan and perform the audit to obtain reasonable assurance about whether the auditee has complied with federal statutes, regulations, and the terms and conditions of federal awards applicable to major programs. Our procedures will consist of tests of transactions and other applicable procedures described in the *OMB Compliance Supplement* for the types of compliance requirements that could have a direct and material effect on each of the District's major programs. For federal programs that are included in the Compliance Supplement, our compliance and internal control procedures will relate to the compliance requirements that the Compliance Supplement identifies as being subject to audit. The purpose of these procedures will be to express an opinion on the District's compliance with requirements applicable to each of its major programs in our report on compliance issued pursuant to the Uniform Guidance.

Other Services

We will also assist in preparing the financial statements, schedule of expenditures of federal awards, and related notes of the District in conformity with accounting principles generally accepted in the United States of America and the Uniform Guidance based on information provided by you. These nonaudit services do not constitute an audit under *Government Auditing Standards* and such services will not be conducted in accordance with *Government Auditing Standards*. We will perform the services in accordance with applicable professional standards. The other services are limited to the financial statements, schedule of expenditures of federal awards, and related notes services previously defined. We, in our sole professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities.

You agree to assume all management responsibilities for the financial statements, schedule of expenditures of federal awards, and related notes, and any other nonaudit services we provide. You will be required to acknowledge in the management representation letter our assistance with preparation of the financial statements, the schedule of expenditures of federal awards, and related notes and that you have reviewed and approved the financial statements, the schedule of expenditures of federal awards, and related notes prior to their issuance and have accepted responsibility for them. Further, you agree to oversee the nonaudit services by designating an individual, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of the nonaudit services; and accept responsibility for them.

Responsibilities of Management for the Financial Statements and Single Audit

Our audit will be conducted on the basis that you acknowledge and understand your responsibility for (1) designing, implementing, establishing, and maintaining effective internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error, including internal controls over federal awards, and for evaluating and monitoring ongoing activities to help ensure that appropriate goals and objectives are met; (2) following laws and regulations; (3) ensuring that there is reasonable assurance that government programs are administered in compliance with compliance requirements; and (4) ensuring that management and financial information is reliable and properly reported. Management is also responsible for implementing systems designed to achieve compliance with applicable laws, regulations, contracts, and grant agreements. You are also responsible for the selection and application of accounting principles; for the preparation and fair presentation of the financial statements, schedule of expenditures of federal awards, and all accompanying information in conformity with accounting principles generally accepted in the United States of America; and for compliance with applicable laws and regulations (including federal statutes), rules, and the provisions of contracts and grant agreements (including award agreements). Your responsibilities also include identifying significant contractor relationships in which the contractor has responsibility for program compliance and for the accuracy and completeness of that information.

You are also responsible for making drafts of financial statements, schedule of expenditures of federal awards, all financial records, and related information available to us and for the accuracy and completeness of that

information (including information from outside of the general and subsidiary ledgers). You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, identification of all related parties and all related-party relationships and transactions, and other matters; (2) access to personnel, accounts, books, records, supporting documentation, and other information as needed to perform an audit under the Uniform Guidance; (3) additional information that we may request for the purpose of the audit; and (4) unrestricted access to persons within the government from whom we determine it necessary to obtain audit evidence. At the conclusion of our audit, we will require certain written representations from you about the financial statements; schedule of expenditures of federal awards; federal award programs; compliance with laws, regulations, contracts, and grant agreements; and related matters.

Your responsibilities include adjusting the financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements of each opinion unit taken as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the government involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the government received in communications from employees, former employees, grantors, regulators, or others. In addition, you are responsible for identifying and ensuring that the government complies with applicable laws, regulations, contracts, agreements, and grants. You are also responsible for taking timely and appropriate steps to remedy fraud and noncompliance with provisions of laws, regulations, contracts, and grant agreements that we report. Additionally, as required by the Uniform Guidance, it is management's responsibility to evaluate and monitor noncompliance with federal statutes, regulations, and the terms and conditions of Federal awards; take prompt action when instances of noncompliance are identified including noncompliance identified in audit findings; promptly follow up and take corrective action on reported audit findings; and prepare a summary schedule of prior audit findings and a separate corrective action plan. The summary schedule of prior audit findings should be available for our review by December 15, 2022.

You are responsible for identifying all Federal and State awards received and understanding and complying with the compliance requirements and for the preparation of the schedules of expenditures of Federal and State awards (including notes and noncash assistance received, and COVID-19-related concepts, such as lost revenues, if applicable) in conformity with the Uniform Guidance and the State of Texas Single Audit Circular. You agree to include our reports on the schedules of expenditures of Federal and State awards in any document that contains, and indicates that we have reported on, the schedules of expenditures of Federal and State awards. You also agree to include the audited financial statements with any presentation of the schedules of expenditures of Federal and State awards that includes our report thereon or to make the audited financial statements readily available to intended users of the schedules of expenditures of Federal and State awards no later than the date the schedules of expenditures of Federal and State awards are issued with our reports thereon. Your responsibilities include acknowledging to us in the written representation letter that (1) you are responsible for presentation of the schedules of expenditures of Federal and State awards in accordance with the Uniform Guidance and the State of Texas Single Audit Circular; (2) you believe the schedules of expenditures of Federal and State awards, including their forms and contents, are stated fairly in accordance with the Uniform Guidance and the State of Texas Single Audit Circular; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the schedules of expenditures of Federal and State awards.

You are also responsible for the preparation of the other supplementary information, which we have been engaged to report on, in conformity with U.S. generally accepted accounting principles (GAAP). You agree to include our report on the supplementary information in any document that contains, and indicates that we have reported on, the supplementary information. You also agree to include the audited financial statements with any presentation of the supplementary information that includes our report thereon or to make the audited financial statements readily available to users of the supplementary information no later than the date the supplementary information is issued with our report thereon. Your responsibilities include acknowledging to us in the written representation letter that (1) you are responsible for presentation of the supplementary information in accordance with GAAP; (2) you believe the supplementary information, including its form and content, is fairly presented in accordance with GAAP; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the supplementary information.

Management is responsible for establishing and maintaining a process for tracking the status of audit findings and recommendations. Management is also responsible for identifying and providing report copies of previous financial audits, attestation engagements, performance audits, or other studies related to the objectives discussed in the Audit Scope and Objectives section of this letter. This responsibility includes relaying to us corrective actions taken to address significant findings and recommendations resulting from those audits, attestation engagements, performance audits, or studies. You are also responsible for providing management's views on our current findings, conclusions, and recommendations, as well as your planned corrective actions for the report, and for the timing and format for providing that information.

With regard to publishing the financial statements on your website, you understand that websites are a means of distributing information and, therefore, we are not required to read the information contained in those sites or to consider the consistency of other information on the website with the original document.

HIPAA Business Associate Agreement

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

With respect to your PHI, we will report to you any breach (as defined in 45 CFR 164.402), material security incident or use or disclosure not authorized by this agreement and, to the extent practical, assist you in mitigating any harmful effects caused by breaches, material security incidents or unauthorized uses or disclosures of which we become aware. To assist you in fulfilling your responsibility to notify impacted individuals and others of a breach involving unsecured PHI (as required under 45 CFR 164.400 et seq.), in this report we will identify to you, to the extent reasonably possible:

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

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

Bankole, Okoye & Associates PC agrees to:

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

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

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

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

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

Engagement Administration, Fees, and Other

We understand that your employees will prepare all cash, accounts receivable, or other confirmations we request and will locate any documents selected by us for testing.

At the conclusion of the engagement, we will complete the appropriate sections of the Data Collection Form that summarizes our audit findings. It is management’s responsibility to electronically submit the reporting package (including financial statements, schedule of expenditures of federal awards, summary schedule of prior audit findings, auditor’s reports, and corrective action plan) along with the Data Collection Form to the federal audit clearinghouse. We will coordinate with you the electronic submission and certification. The Data Collection Form and the reporting package must be submitted within the earlier of 30 calendar days after receipt of the auditor’s reports or nine months after the end of the audit period.

We will provide copies of our reports to the District; however, management is responsible for distribution of the reports and the financial statements. Unless restricted by law or regulation, or containing privileged and confidential information, copies of our reports are to be made available for public inspection.

The audit documentation for this engagement is the property of Bankole, Okoye & Associates PC and constitutes confidential information. However, subject to applicable laws and regulations, audit documentation and appropriate individuals will be made available upon request and in a timely manner to the Texas Health and Human Services Commission or its designee, a federal agency providing direct or indirect funding, or the U.S. Government Accountability Office for purposes of a quality review of the audit, to resolve audit findings, or to carry out oversight responsibilities. We will notify you of any such request. If requested, access to such audit documentation will be provided under the supervision of Bankole, Okoye & Associates PC personnel. Furthermore, upon request, we may provide copies of selected audit documentation to the aforementioned parties. These parties may intend, or decide, to distribute the copies or information contained therein to others, including other governmental agencies.

The audit documentation for this engagement will be retained for a minimum of five years after the report release date or for any additional period requested by the Texas Health and Human Services Commission or the U.S. Department of Health and Human Services. If we are aware that a federal awarding agency, pass-through entity, or auditee is contesting an audit finding, we will contact the party(ies) contesting the audit finding for guidance prior to destroying the audit documentation.

Godwin Okoye, CPA, is the engagement partner and is responsible for supervising the engagement and signing the reports or authorizing another individual to sign them. Our audit engagement ends on delivery of our audit report. Any follow-up services that might be required will be a separate, new engagement. The terms and conditions of that new engagement will be governed by a new, specific engagement letter for that service. We expect to begin our audit on approximately January 3, 2023. We can begin the audit sooner if the District so desires.

Our fee for these services is estimated at \$49,060. This fee estimate is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the audit. If significant additional time is necessary due to circumstances beyond our control, we will discuss it with you and arrive at a new fee estimate. Based on the projected timeline for the audit, we anticipate that our invoices for the audit services fees will be rendered as follows and are payable on presentation:

<u>Amount</u>	<u>Approximate Billing Date</u>
\$15,000	February 15, 2023
\$20,000	March 30, 2023
\$14,060	April 30, 2023

In accordance with our firm policies, work may be suspended if your account becomes 30 days or more overdue and will not be resumed until your account is paid in full. If we elect to terminate our services for nonpayment, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our report. You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket expenditures through the date of termination.

Our audit engagement ends on delivery of our audit report. Any follow-up services that might be required will be a separate, new engagement. The terms and conditions of that new engagement will be governed by a new, specific engagement letter for that service.

Reporting

We will issue written reports upon completion of our Single Audit. Our reports will be addressed to the United Board of Health and the Coastal Health & Wellness Governing Board of the District. Circumstances may arise in which our report may differ from its expected form and content based on the results of our audit. Depending on the nature of these circumstances, it may be necessary for us to modify our opinions, add a separate section, or add an emphasis-of-matter or other-matter paragraph to our auditor’s report, or if necessary, withdraw from this engagement. If our opinions are other than unmodified, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form or have not formed opinions, we may decline to express opinions or issue reports, or we may withdraw from this engagement.

The *Government Auditing Standards* report on internal control over financial reporting and on compliance and other matters will state that (1) the purpose of the report is solely to describe the scope of testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity’s internal control or on compliance, and (2) the report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity’s internal control and compliance. The Uniform Guidance report on internal control over compliance will state that the purpose of the report on internal control over compliance is solely to describe the scope of testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance and the State of Texas Single Audit Circular. Both reports will state that the report is not suitable for any other purpose.

We appreciate the opportunity to be of service to the District and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign and return a copy of this letter to us.

Very truly yours,

Bankole, Okoye & Associates PC

Bankole, Okoye & Associates PC
Certified Public Accountants & Business Advisors

RESPONSE:

Acknowledged and agreed to on behalf of:

GALVESTON COUNTY HEALTH DISTRICT

Authorized Signature: _____

Title: _____

Date: _____

GALVESTON COUNTY UNITED BOARD OF HEALTH

Authorized Signature: _____

Title: _____

Date: _____

*Galveston County Health District
FY2022 Financial and Compliance Audit Engagement Letter
Continuation*

COASTAL HEALTH & WELLNESS

Authorized Signature: _____

Title: _____

Date: _____

COASTAL HEALTH & WELLNESS GOVERNING BOARD

Authorized Signature: _____

Title: _____

Date: _____



GALVESTON COUNTY HEALTH DISTRICT

UNITED BOARD OF HEALTH

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

United Board of Health

November 2022

Item #7

Consider for Approval Appointments and Re-Appointments to the Animal Services Advisory Committee

CITY OF KEMAH

Beverly Helms

Phone: 281.380.6439

Email: beverly_helms_1@hotmail.com

Term Expires: 9-30-24

Alternate- Terri Gale

Phone: 281.334.1611

Email: tlgale@gmail.com

CITY OF TEXAS CITY

Abel Garza

Phone: 409.771.7103

Email: agarza50@gmail.com

Term Expires: 9-30-24

Alternate - Jennifer Price

Phone: 409.643.5930

Email: jprice@texascitytx.gov

VILLAGE OF TIKI ISLAND

Hunter Neblett

Term Expires: 9-30-24

NON-PROFIT ANIMAL WELFARE GROUP

POSITION 2 Jerry Finch

Represents: Habitat for Horses

Phone 409.935.0277

Email: admin@habitatforhorses.org

Term Expires 9-30-24

Alternate - Lark Tedesco

Represents: Habitat for Horses

Phone: 409.935.0277

Email: spayyomama@yahoo.com

GALVESTON COUNTY UNITED BOARD OF HEALTH

Terri Byrd

Phone: 409.392.1844

Email: tbyrd@gchd.org

Term Expires 9-30-24

Alternate -Annette Jenkins, PharmD Phone:

409.938.2273

Email: mjenkins2443@comcast.net

DAILY OPERATOR OF AN ANIMAL SHELTER

Shivonne "Monquie" Ryans

Phone: 409.948.2485

Email: smryans@gchd.org

Term Expires 9-30-24

VETERINARIAN

Jonathon Given, DVM

Phone: 409.925.4600

Email: jcgivedvm@gmail.com

13333 Tx Highway 6, Santa Fe, TX 77510

Term Expires 9-30-22

Alternate - Vacant

CITY OF LA MARQUE

James Osteen

Phone: 409.938.9203

Email: jlsteen@sbcglobal.net

Term Expires: 9-30-22

Alternate - Randall Aragon

Phone: 575.740.2559

Email: r.aragon@cityoflamarque.org



GALVESTON COUNTY HEALTH DISTRICT

UNITED BOARD OF HEALTH

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

United Board of Health

November 2022

Item #8

Executive Report, COVID-19, and Monkey Pox Updates

Submitted by the Chief Executive Officer

<https://content.govdelivery.com/accounts/TXGCHD/bulletins/33676b3>

PUBLIC HEALTH PROGRAMS

ANIMAL SERVICES

	August 2021	August 2022	2022 YTD
Dog and cat intake	157	259	1,781
Adoptions	50	55	377
Returns to owner	23	33	311
Transfers to rescue	60	69	432
Owner surrenders	6	7	57
Quarantined animals	10	15	111
Field calls	115	139	846
ARC clinic revenue	\$3,910.52	\$2,188.46	\$21,505.37
Euthanasia	33	80	472
Private cremations	0	4	33
	September 2021	September 2022	2022 YTD
Dog and cat intake	242	219	2,000
Adoptions	60	44	421
Returns to owner	37	29	340
Transfers to rescue	29	116	542
Owner surrenders	9	10	67
Quarantined animals	19	9	120
Field calls	121	152	998
ARC clinic revenue	\$4,214.88	\$1,686.76	\$23,192.13
Euthanasia	73	49	521
Private cremations	0	1	34

BIRTH AND DEATH RECORDS (VITALS)

	August 2021	August 2022	2022 YTD
Registered records	Birth: 471	Birth: 507	Birth: 3,228
	Death: 326	Death: 287	Death: 2,094
Issued records	Birth: 1,647	Birth: 1,685	Birth: 9,337
	Death: 258	Death: 411	Death: 2,207
Revised records			
Amendments birth/ death	39	38	265
Paternities/ adoptions	13	27	172
Voter death notifications	229	240	2,417
Birth/ death match	301	280	1,469
Transit permits/ removal or cremation	52	44	486
Environmental & consumer health			
Renewal health permits	0	0	90
Customers serviced	2,328	2,517	16,737
	September 2021	August 2022	2022 YTD

Registered records	Birth: 489	Birth: 461	Birth: 3,689
	Death: 345	Death: 266	Death: 2,360
Issued records	Birth: 1,054	Birth: 1,321	Birth: 10,658
	Death: 343	Death: 169	Death: 2,376
Revised records			
Amendments birth/ death	43	19	284
Paternities/ adoptions	17	28	200
Voter death notifications	261	260	2,677
Birth/ death match	175	261	1,730
Transit permits/ removal or cremation	48	55	541
Environmental & consumer health			
Renewal health permits	16	0	90
Customers serviced	1,782	1,977	18,714

COMMUNITY HEALTH SERVICES

Public Health Nursing	August 2021	August 2022	2022 YTD
COVID-19 vaccine clinics	25	1	68
COVID-19 vaccines administered	5,397	9	1,565
Homebound visits	108	43	431
COVID-19 testing clinics	0	0	29
COVID-19 tests administered at testing clinics	0	0	898
Test to treat tests administered	0	132	296
Test to treat medications given	0	64	142
Employee tests given	0	13	124
EBLL visits	1	1	6
Monkeypox tests administered	0	3	6
Monkeypox vaccine administered	0	89	91
Diabetes classes	0	2	6
Health fairs and outreaches	1	10	53
Blood pressures taken	22	76	403
Blood sugars taken	22	70	358
Immunizations Department coverage (days)	0	23	134
Public Health Nursing	September 2021	September 2022	2022 YTD

COVID-19 vaccine clinics	29	0	68
COVID-19 vaccines administered	5,879	0	1,565
Homebound visits	78	34	465
COVID-19 testing clinics	0	0	29
COVID-19 tests administered at testing clinics	0	0	898
Test to treat tests administered	0	41	337
Test to treat medications given	0	7	419
Employee tests given	0	5	129
EBLL visits	0	3	9
Monkeypox tests administered	0	0	6
Monkeypox vaccine administered	0	559	650
Diabetes classes	0	3	9
Health fairs and outreaches	1	6	59
Blood pressures taken	48	45	448
Blood sugars taken	44	38	396
Immunizations Department coverage (days)	0	24	158

Healthy Concepts STI Clinic	August 2021	August 2022	2022 YTD
Total patients seen in clinic	43	45	349
Total treated for Chlamydia	19	14	132
Total treated for Gonorrhea	17	9	77
Total treated for Syphilis	16	22	129
Healthy Concepts STI Clinic	September 2021	September 2022	2022 YTD
Total patients seen in clinic	50	31	380
Total treated for Chlamydia	22	17	149
Total treated for Gonorrhea	14	10	87
Total treated for Syphilis	9	4	133

Immunizations	August 2021	August 2022	2022 YTD
Total perinatal Hep B cases managed	1	10	14
Total participating providers in TVFC	32	29	29
Total vaccines administered	1,350	1,305	3,791
Total patients immunized	559	568	1,969
Total TB skin tests administered	48	59	349
Total COVID-19 vaccines administered	0	171	2,523
Total new adults added to ImmTrac2	-	189	1,048
Total new adult vaccines added to ImmTrac2	-	1,749	6,359
Total community outreaches attended	-	2	10
Immunizations	September 2021	September 2022	2022 YTD
Total perinatal Hep B cases managed	1	10	14
Total participating providers in TVFC	32	27	27
Total vaccines administered	313	694	4,485
Total patients immunized	162	297	2,266
Total TB skin tests administered	37	36	385
Total COVID-19 vaccines administered	90	620	3,143
Total new adults added to ImmTrac2	-	207	1,258
Total new adult vaccines added to ImmTrac2	-	1,599	7,958
Total community outreaches attended	-	1	11

TB Program	August 2021	August 2022	2022 YTD
TB patients receiving treatment	7	8	16
TB suspect cases	0	0	2
Directly Observed Therapy (DOT)/ Directly Observed Preventive	212	251	2,800

Therapy (DOPT) delivered to patient			
TB clinic visits	12	20	115
Field visits to deliver TB medications	14	47	305
TB outreach events	0	32	46
TB Program	September 2021	September 2022	2022 YTD
TB patients receiving treatment	6	8	16
TB suspect cases	0	0	2
Directly Observed Therapy (DOT)/ Directly Observed Preventive Therapy (DOPT) delivered to patient	179	214	3,014
TB clinic visits	10	15	130
Field visits to deliver TB medications	11	23	328
TB outreach events	0	1	47

HEAL

- HEAL activities have resumed amid the current state of the ongoing COVID-19 pandemic. The HEAL website is being updated with current Healthy Eating and Active Living information and encouragement. On March 1, the health district was awarded the Collaborative Innovations in Community Health (CICH) sub-grant from Its Time Texas (ITT) and Blue Cross Blue Shield of Texas. This funding will allow for further HEAL outreach in the community and the return of the HEAL Fun Run. The HEAL Tukey Trot 5K & Fun Run will take place at Texas City High School on Saturday, Nov. 12.

Community Engagement

- In August, the community engagement team (CET) attended several back-to-school health fairs and distributed resources for students and families. CET partnered with Greater Coastal Community Action Council for a community event and offered COVID-19 vaccines, information and resources. CET met with three surrounding local health departments for sharing sessions regarding health disparities and engaging the community. Community Engagement Manager Brittany Rivers met with the City of Texas City for an interview about the health district and updates on programs and services. CET participated in and/or conducted 15 outreaches in August and distributed more than 300 bags full of resources and information. CET also held a back-to-school drive-thru supply giveaway in Galveston and distributed more than 200 bags of school supplies.
- In September, CET coordinated and/or participated in 14 outreaches with more than 300 goodie bags given out at various outreaches/health fairs. CET also conducted its first HEAL health education class at Randall's Ministries Pre-School and has partnered with the school to come out twice a month through May 2023 and provide lessons and activities to their pre-school students about healthy eating, active living topics. CET spent a total of 77.75 hours in the targeted communities of Hispanic, African American and rural areas of the county identifying

health disparities and linking individuals to resources. CET created and conducted a new Food Insecurity Survey to be completed at various food distribution sites throughout the county. 150 surveys were submitted by the community. CET participated in the Pride Galveston weekend outreach and assisted the public health nurses with client registration of monkeypox vaccines. CET spoke at two health district townhall meetings to inform staff about CET's purpose, the work they are doing and about the two surveys CET is conducting. CET hosted a community partner networking breakfast and invited current and future partners of the health district. More than 60 individuals attended the networking event with more than 26 agencies represented. CET also formed its first advisory committee and had 21 individuals sign up for a total of 12 agencies being represented on the committee. The goal of the advisory committee is to address health disparities and create a needs assessment to be used across the board by all participating agencies. Rivers met with the UTMB School of Population and Public Health Director to discuss a partnership by having the UTMB students analyze the data from both surveys and make recommendations.

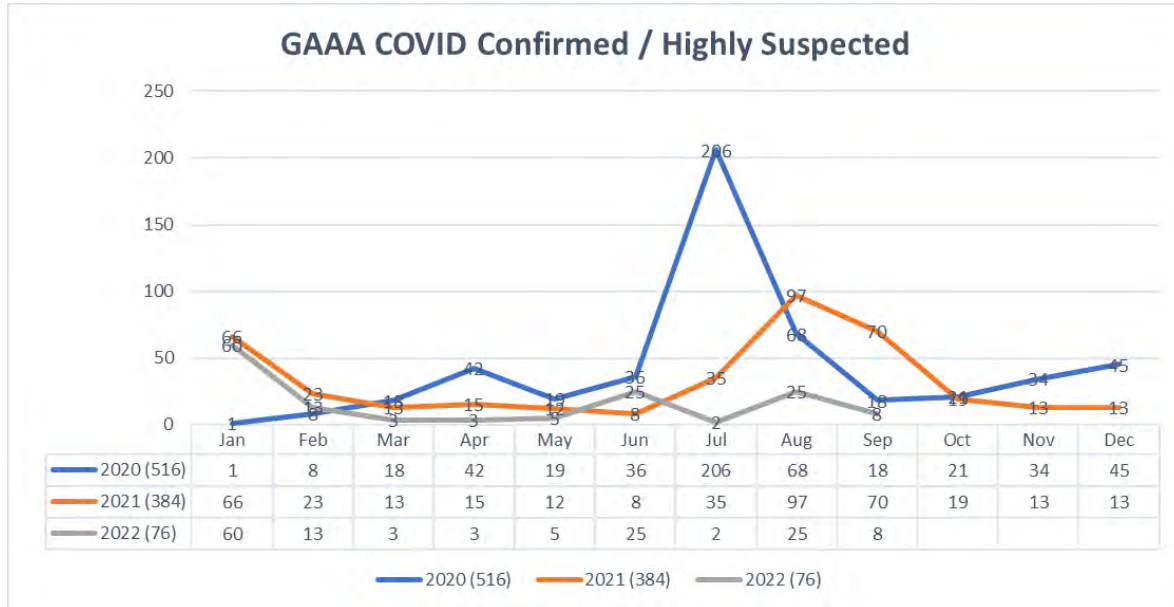
WOMEN, INFANTS AND CHILDREN (WIC)

	August 2021	August 2022	2022 YTD
Total participants served	4,125	4,354	45,932
	September 2021	September 2022	2022 YTD
Total participants served	4,285	4,465	50,397

- WIC was excited to roll out the new participant-facing myWIC portal on Nov. 1 to all WIC agencies in Texas. A few of the features in myWIC are that participants are able to receive notifications to their mobile device such as appointment reminders, ability to scan store items to determine if they are WIC approved, make their own WIC appointment and more. Health and Human Services conducted a pilot in September, all agencies were trained in October and all agencies launched Nov. 1.
- WIC waivers extended with renewed Public Health Emergency Declaration: The Secretary of Health and Human Services extended the Public Health Emergency (PHE) Declaration tied to the COVID-19 pandemic for an additional 90 days. COVID-related WIC waivers, including physical presence flexibilities and food substitutions, are set to expire 90 days after the PHE lapses. With the extension of the PHE through January 2023, WIC waivers will remain in place through at least mid-April 2023. National WIC Association continues to urge extensions of the PHE until longer-term reforms can be implemented and is committed to working with leaders in Congress to advance a Child Nutrition Reauthorization before the end of the calendar year.
- Non-contract brand flexibility for infant formula extended through December 2022: Recently, a pair of announcements secured state agency flexibility to continue to offer non-contract alternative formulas through the end of December as families continue to navigate infant formula supply shortages. Abbott Nutrition indicated that it will continue to permit alternative brand options and cover the cost of non-contract formulas in State agencies where it holds the contract, and USDA similarly announced that it would cover the cost of such formulas for state agencies that contract with a different manufacturer. National WIC Association continues to advocate for a longer-term phase-down of formula flexibilities once supply is replenished to ensure limited disruption to families who have navigated this crisis.
- Continuing resolution signed into law, extending WIC bump into December: On Friday, Sept. 30, President Biden signed the continuing resolution into law, extending federal funding through

Dec. 16. USDA has confirmed that the continuing resolution will allow for state agencies to issue fruit and vegetable benefits at elevated levels adjusted for inflation, resulting in \$25/month for children, \$44/month for pregnant and postpartum participants, and \$49/month for breastfeeding participants.

GAAA



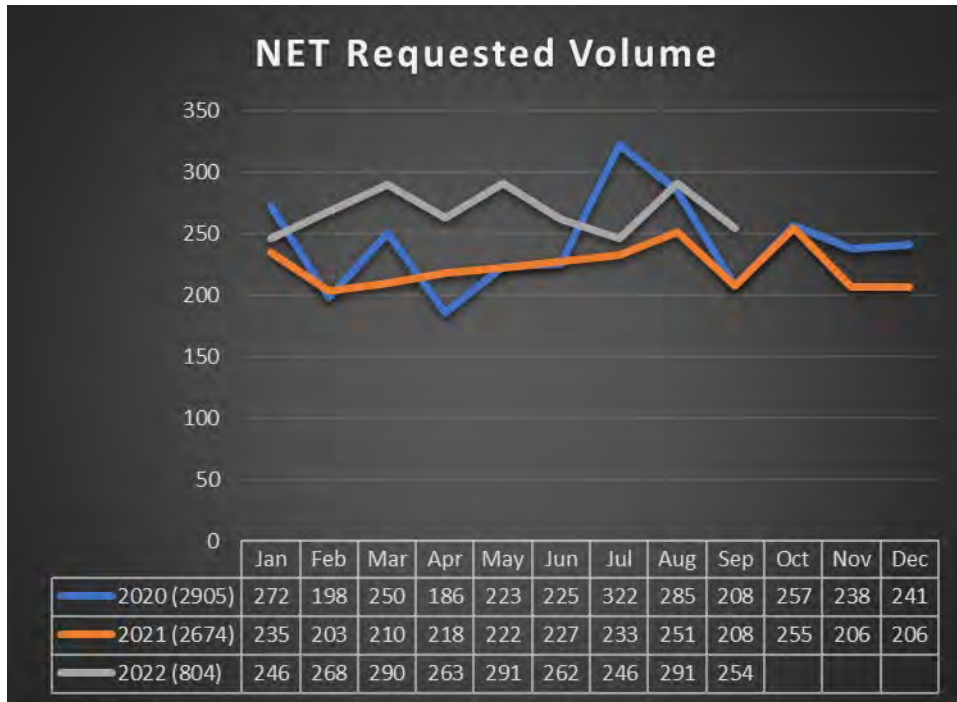
GAAA Pediatric RESP Tracking tool*

	2020												TOTAL	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
A: 0-27d	0	0	1	0	4	2	2	0	1	1	1	1	13	
B: 28d- 1 yr	1	1	2	3	1	1	0	0	0	0	2	0	12	
C: 1yr-2yr	0	1	1	0	0	0	0	0	0	0	0	0	3	
D: 3yr-6yr	2	3	0	0	0	1	2	1	1	0	2	1	13	
E: 7yrs-12yrs	3	1	2	2	1	1	2	5	0	3	1	1	22	
F: 13yrs-19yrs	2	4	1	0	1	1	5	0	0	1	2	1	18	
													TOTAL	51
	2021												TOTAL	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
A: 0-27d	1	2	2	0	0	1	1	2	2	2	2	1	16	
B: 28d- 1 yr	1	1	1	4	4	7	4	1	1	1	2	2	29	
C: 1yr-2yr	0	0	1	0	0	3	4	2	0	0	1	0	11	
D: 3yr-6yr	0	0	0	3	1	6	5	0	3	0	1	1	20	
E: 7yrs-12yrs	2	1	0	3	1	0	2	1	4	3	2	2	21	
F: 13yrs-19yrs	2	0	2	2	3	2	3	3	1	3	0	2	23	
													TOTAL	120
	2021												TOTAL	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
A: 0-27d	1	1	1	0	0	1	0	1	0				5	
B: 28d- 1 yr	1	1	0	0	3	4	1	6	1				17	
C: 1yr-2yr	0	1	1	2	0	1	0	2	1				8	
D: 3yr-6yr	0	0	1	3	3	1	4	3	2				17	
E: 7yrs-12yrs	3	4	0	3	1	2	0	3	3				19	
F: 13yrs-19yrs	0	1	0	2	1	4	4	1	2				15	
													TOTAL	81

* Includes EMS Provider impressions of :Acute Bronchitis, Acute Respiratory Distress (Dyspnea), Common cold, COVID-19 Confirmed by testing, COVID-19 Exposure to confirmed patient, COVID-19 suspected- no known exposure, influenza, pneumonia, respiratory arrest, respiratory distress, respiratory failure, Respiratory Syncytial (RSV), Severe Acute Respiratory Syndrome (SARS), shortness of breath

GAAA CALL VOLUME BY CITY													
Call Volume by City	2020												TOTAL
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Galveston	1159	1136	1088	897	1135	1265	1388	1245	1089	1176	986	1000	13564
Hitchcock	95	99	88	87	100	112	101	85	96	114	95	94	1166
Bacliff/San Leon	140	147	150	144	178	168	185	206	176	191	185	188	2058
Kemah/CLS	38	53	56	60	41	57	60	68	69	78	71	52	703
													TOTAL 17491
Call Volume by City	2021												TOTAL
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Galveston	1013	1081	1082	1212	1275	1390	1198	1366	1262	1155	1015	813	13862
Hitchcock	108	105	118	114	138	131	147	143	147	122	107	114	1494
Bacliff/San Leon	196	195	185	188	231	157	201	221	196	197	150	179	2296
Kemah/CLS	63	57	93	62	78	86	86	55	75	70	46	59	830
													Total 18482
Call Volume by City	2021												TOTAL
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Galveston	1031	1024	1214	903	1356	1334	1128	1039	1229				10258
Hitchcock	104	85	100	118	110	121	119	121	98				976
Bacliff/San Leon	194	159	192	185	153	195	212	232	191				1713
Kemah/CLS	72	45	68	67	80	68	95	70	68				633
													Total 13580

GAAA MUTUAL AID													
	2020												TOTAL
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Dickinson	1	7	4	5	6	4	7	3	2	4	6	11	60
Santa Fe	2	2	2	1	2	1	4	1	1	1	3	4	24
Texas City	0	3	0	0	1	1	3	0	0	0	0	1	9
LaMarque	8	5	6	6	8	8	5	6	6	8	9	4	79
													TOTAL 120
	2021												TOTAL
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Dickinson	9	13	13	13	14	3	24	23	23	24	14	15	188
Santa Fe	6	4	1	4	3	4	10	11	13	9	2	2	69
Texas City	2	5	1	0	2	1	3	6	6	1	3	2	32
LaMarque	3	12	4	0	4	7	2	3	7	2	1	2	47
													TOTAL 336
	2022												TOTAL
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Dickinson	19	10	10	12	23	22	18	21	24				159
Santa Fe	5	3	3	3	2	2	6	4	3				31
Texas City	7	11	4	2	13	12	7	12	1				69
LaMarque	14	9	4	3	5	2	2	4	0				43
													TOTAL 302



2020		2021		2022 to 10/1/22	
Total completed	2609	Total completed	2243	Total completed	2145
Total Rolled	296	Total Rolled	431	Total Rolled	269
Total	2905	Total	2674	Total	2414
% rolled	11.35%	% rolled	19.22%	% rolled	12.54%

- On Aug. 4, GAAA met with Texas Department of Emergency Management to discuss hurricane season.
- On Aug. 4, GAAA met with PAM rehab on outcomes for partnerships. Three patients were placed and are improving well.
- On Aug. 6, GAAA provided special event coverage for the Mixed Martial Arts match in Texas City.
- On Aug. 8, GAAA’s license with the U.S. Drug Enforcement Administration was renewed.
- On Aug. 11, GAAA attended Web EOC training.
- On Aug. 11, GAAA participated in a “Is it Worth it?” teen drinking and driving video shoot with UTMB Health staff.
- On Aug. 12, GAAA provided standby assistance for the Hitchcock High School football game.
- On Aug. 12 and 13, GAAA provided special event coverage for an airshow in Galveston.
- On Aug. 16-19, GAAA attended GETAC council meetings.
- On Aug. 18, GAAA provided standby assistance for the Hitchcock High School football game.

- On Aug. 20, GAAA provided standby assistance for a sandcastle building on East Beach.
- In September, GAAA provided standby assistance for multiple Hitchcock High School football games.
- On Sept. 11, GAAA provided an ambulance for the Captain Kids Triathlon.
- On Sept. 13, GAAA attended the local RAC R meeting.
- On Sept. 24, GAAA provided an ambulance for the South Side Skate.
- On Sept. 26, GAAA attended a planning meeting with Pediatric Emergency Clinic Compliance. GAAA will present at the EMS conference in Austin this year.

ENVIRONMENTAL and CONSUMER HEALTH SERVICES

	August 2021	August 2022	2022 YTD
Food establishment inspections	161	322	2,695
Food service plan review sessions	20	11	113
Food establishment complaints	7	8	94
Temporary food service permits	67	77	991
Septic system inspections	37	37	233
Septic system complaints	8	4	52
Swimming pool inspections	215	7	135
Swimming pool complaints	1	2	63
Public health nuisance complaints	5	3	14
Air complaints	0	3	22
Air compliance investigations	12	5	63
Air samples collected	98	98	769
Surface water samples collected	219	260	1,569
Wastewater treatment plant inspections	0	2	23
Water pollution complaints	3	6	38
Grease trap inspections	26	29	278
Beach water samples collected	264	228	1,612
Open records requests completed – pollution	9	5	39
Open records requests completed – consumer	63	54	468
	September 2021	September 2022	2022 YTD

Food establishment inspections	265	428	3,123
Food service plan review sessions	20	7	120
Food establishment complaints	15	18	112
Temporary food service permits	75	148	1,139
Septic system inspections	30	51	284
Septic system complaints	6	7	59
Swimming pool inspections	25	115	250
Swimming pool complaints	1	1	64
Public health nuisance complaints	1	2	16
Air complaints	1	5	27
Air compliance investigations	3	10	73
Air samples collected	95	95	864
Surface water samples collected	175	179	1,748
Wastewater treatment plant inspections	10	9	32
Water pollution complaints	3	6	44
Grease trap inspections	44	62	340
Beach water samples collected	214	236	1,848
Open records requests completed – pollution	8	9	48
Open records requests completed – consumer	48	66	534

- The water pollution program has an agreement with Galveston County to manage its federally mandated Phase II Municipal Separate Storm Sewer System (MS4) program. Any governmental agency that operates or maintains a storm water collection system shall obtain a storm water permit. Katie Wilson, water pollution control manager, has submitted the county's permit application and storm water management plan for the next five years. Part of the permitting process requires the public notice of this permit application in a newspaper of general circulation. On Sept. 29, The Galveston County Daily News ran the public notice required for the permit. Once approved, the water pollution program will implement the minimum control measures outlined in the storm water management plan.
- Wilson participated in the Texas Commission on Environmental Quality (TCEQ) public stakeholder meeting on Sept. 27, to discuss the upcoming 2024 renewal of the TPDES Phase II Municipal Separate Storm Sewer System (MS4) General Permit, TXR040000. TCEQ presented

preliminary proposed changes to the general permit and welcomed input from stakeholders until Oct. 12. The water pollution program will review and submit comments as appropriate.

- Environmental Services Director Ronnie Schultz presented at UTMB's Aerospace and Environmental Medicine class on Oct. 20. The presentation entitled "The Role of Environmental Agencies in the Protection of Public Health" explained the health district's environmental health program's role it plays in environmental health for Galveston County.
- In October, TCEQ visited the consumer health services program to audit the local On-Site Sewage Facility (OSSF) program. These audits are performed to determine the level of compliance with state on-site sewage facility regulations. The local OSSF program must be authorized by TCEQ. In the absence of a local program, TCEQ would be responsible for the permitting and inspection of OSSF installations in the county. The audit looked at the health district's OSSF program processes and procedures and reviewed the inspection skills of inspection staff. Consumer health services is awaiting the official report of the audit findings. The last audit of the OSSF program was conducted by TCEQ in 2016.

EPIDEMIOLOGY/ PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP)

	August 2021	August 2022	2022 YTD
COVID-19 variant cases	466	178	2,520
COVID-19 breakthrough cases	792	256	3,275
COVID-19 breakthrough deaths	13	1	36
COVID-19 hospitalized breakthrough cases	27	25	101
COVID-19 reinfection cases	142	734	5,242
COVID-19 cases	8,642	2,690	35,545
COVID-19 hospitalizations	469	114	955
COVID-19 deaths	83	4	101
Total diseases excluding HIV/STD	26	35	206
PHEP drills/ exercises	1	6	27
PHEP trainings	7	6	46
MRC trainings	0	2	20
New MRC members recruited	8	1	33

	September 2021	September 2022	2022 YTD
COVID-19 variant cases	256	220	3,233
COVID-19 breakthrough cases	410	90	3,365
COVID-19 breakthrough deaths	18	2	37
COVID-19 hospitalized breakthrough cases	24	6	107

COVID-19 reinfection cases	49	349	5,574
COVID-19 cases	5,845	1,321	36,865
COVID-19 hospitalizations	267	61	1,025
COVID-19 deaths	75	4	106
Total diseases excluding HIV/STD	29	30	236
PHEP drills/ exercises	1	2	29
PHEP trainings	7	8	54
MRC trainings	0	2	9
New MRC members recruited	29	0	34

HIV/STD SERVICES

	August 2021	August 2022	2022 YTD
HIV infections	2	0	5
AIDS infections	3	0	4
Syphilis infections	4	3	39
Chlamydia infections	125	118	854
Gonorrhea infections	39	38	316
Referrals for HIV/STD services	7	6	98
Brought to treatment	8	7	131
	September 2021	September 2022	2022 YTD
HIV infections	1	0	5
AIDS infections	1	0	4
Syphilis infections	4	5	36
Chlamydia infections	123	83	736
Gonorrhea infections	43	36	278
Referrals for HIV/STD services	11	9	92
Brought to treatment	14	8	124

INFORMATION TECHNOLOGY (IT)

- IT office in Galveston: IT has been operating in Galveston for just over a month. Ticket resolution times are down in Galveston as well as ticket count with a proactive approach.
- IT refreshes: IT is in the process of demoing new equipment from Dell to increase reliability and reduce costs.
- IT policy review: IT is currently reviewing, updating and creating new policies to bring to the board.

COMMUNICATIONS

	August 2021	August 2022	2022 YTD

Website users	43,844	18,736	144,789
Pageviews	192,528	67,225	617,014
Average time spent	1:51 minutes	1:48 minutes	1:41 minutes

	September 2021	September 2022	2022 YTD
Website users	34,756	15,684	158,616
Pageviews	142,615	57,652	674,666
Average time spent	1:45 minutes	1:54 minutes	1:42 minutes

- The health district continues to publish its COVID-19 dashboard at noon Monday-Friday.
- COVID-19 related communication focuses on vaccine availability and education and when to test, as well as the county’s ranking on the COVID-19 Community Level tracker. Messages are shared on the health district’s website, through social media and with community stakeholders.
- Non-COVID-19 case update related social media posts include – July
 - National Health Center Week
 - National Breastfeeding Month
 - National Immunization Awareness Month
 - Back-to-school immunizations
 - Back-to-school birth certificates
 - Back-to-school physicals
 - Clear the Shelters
 - World Suicide Prevention Day
 - World Sepsis Day
 - National HIV/ AIDS and Aging Awareness Day
 - Family and Healthy Fitness Day
 - National Gay Men’s HIV/ AIDS Awareness Day
 - World Rabies Day
 - Healthy Aging Month
 - National Suicide Prevention Month
 - National Childhood Obesity Awareness Month
 - National Preparedness Month
 - Dental Infection Control Awareness Month
 - Things you should know about monkeypox
 - GCHD/CHW community outreach events
 - GCHD COVID-19 vaccine outreach events
 - Type 2 diabetes education classes
 - COVID-19 vaccine education
 - Healthy Concepts Clinic services
 - Healthy Concepts Clinic outreach events
 - ARC’s low-cost vaccine clinic
 - We’re Hiring
 - Holiday closure: Labor Day

HUMAN RESOURCES

	August 2022	2022 YTD
Employees hired	9	77

Employees terminated	14	77
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Fund	Active EE count August 2022	Active EE count August 2021
General fund	133	119
GAAA	89	88
ARC	13	14
CHW	99	82
Total employee count	334	303
Fund	Hired EE count August 2022	Hired EE count August 2021
General fund	2	3
GAAA	3	2
ARC	0	0
CHW	4	0
Total employee count	9	5
Fund	Termed EE count August 2022	Termed EE count August 2021
General fund	9	3
GAAA	3	2
ARC	1	0
CHW	1	2
Total employee count	14	7

Open positions	August 2022
Grant funded (COVID response)	7
General fund	6
GAAA	18
ARC	10
CHW	18
Total open positions	59

	September 2022	2022 YTD
Employees hired	14	91
Employees terminated	7	84
Fund	Active EE count September 2022	Active EE count September 2021
General fund	137	96
GAAA	88	89
ARC	13	13
CHW	103	82
Total employee count	341	280

Fund	Hired EE count September 2022	Hired EE count September 2021
General fund	4	0
GAAA	4	2
ARC	0	0
CHW	6	2
Total employee count	14	4
Fund	Termed EE count September 2022	Termed EE count September 2021
General fund	0	23 (20 COVID/temp emp)
GAAA	5	1
ARC	0	1
CHW	2	2
Total employee count	7	27

Open positions	September 2022
Grant funded (COVID response)	7
General fund	6
GAAA	18
ARC	10
CHW	18
Total open positions	59

CONTRACTS

Aug. 18-Sept. 30

New/Renewed/Amended Contracts

1. Coastal Health & Wellness and the UTMB School of Nursing entered into an Affiliation Agreement and a Program Agreement to establish and implement educational experiences involving the respective personnel and facilities of the parties.
2. Texas General Land Office contracted with the Galveston County Health District to collect and analyze water samples, notify the public of beach water quality, and to recommend and/or issue water quality advisories when warranted.
3. Galveston County Health District contracted with Yes& to provide GCHD with the following services: Maintaining Covid-19 database; Revising database developments when applicable; assisting with database technical support.
4. Coastal Health & Wellness and the University of Houston (Clear Lake) entered into an Affiliation Agreement for the purpose of providing a Graduate Internship experience and/or Field-Based experience for students seeking education degrees and/or teaching certifications.
5. Galveston County Health District and INEOS US Chemicals Company updated their Memorandum of Agreement to reflect a new Site Manager. The purpose of this MOA is to establish a relationship of cooperation for the provision of medications to INEOS employees, family members, etc.

6. Coastal Health & Wellness and Gulf Coast Center renewed a Memorandum of Understanding for the purpose of providing substance use disorder, behavioral and mental health counseling services for patients referred by Coastal Health & Wellness to Gulf Coast Center.
7. Galveston County Health District and Gulf Coast Center renewed a Memorandum of Understanding for the purpose of coordinating resources, training, technical assistance, and prevention education for STD/HIV.
8. Coastal Health & Wellness and Access Care of Coastal Texas entered into a Memorandum of Agreement with the intent of solidifying a co-payment voucher process for Ryan White eligible clients with the goal of removing barriers and/or disruptions in care.
9. Coastal Health & Wellness contracted with Central Communications to provide CHW an answering service.
10. Galveston County Health District entered into an Ambulance Services Agreement with Autumncare Health Services to provide non-emergency ambulance transportation to patients.
11. Coastal Health & Wellness and the UTMB Department of Internal Medicine entered into a Program Agreement for the purpose of providing UTMB Residents with the opportunity to utilize Coastal Health & Wellness for educational and patient care purposes.
12. Galveston County Health District and Hi-Touch Business Services extended their Office Supplies contract for 12 months.
13. Coastal Health & Wellness and Galveston College entered into a Program Agreement and an Affiliation Agreement to establish and implement educational experiences involving the respective personnel and facilities of the parties.
14. Coastal Health & Wellness contracted with Assent Consulting Services for the assessment of 340B Program integrity, maintenance of accurate records documenting compliance with all 340B Program requirements, and to ensure preparation for a HRSA OPA 340B Program audit.
15. Galveston County Health District contracted with Tony P. To to consult, manage, and troubleshoot all matters related to the Galveston County Health District's Department of Information Technology at the discretion of the IT Manager.
16. Galveston EMS and Axon Education entered into a Memorandum of Agreement for the purpose of providing field/clinical Internship training for EMS students enrolled in the Axon EMS Training Program.
17. Galveston County Health District and Goodwill Industries of Houston entered into a Memorandum of Agreement to promote the health services offered at GCHD and Coastal Health & Wellness.

Pending Contracts

1. Galveston County Health District and the County of Galveston are working on an Interlocal Agreement with the purpose of using ARPA funds to develop, implement, and manage a "COVID-19 Response" program.
2. Galveston County Health District and the County of Galveston are working on an Interlocal Agreement with the purpose of using DSHS grant funds to develop, implement, and manage a "COVID-19 Testing & Mitigation Support for Confinement Facilities" program.
3. Coastal Health & Wellness and the City of League City are working on a Memorandum of Understanding with the purpose of providing rabies titers for City employees.

Expired/Terminated Contracts

1. Coastal Health & Wellness terminated its Billing and Collection Service Agreement with United Solutions.
2. Galveston County Health District terminated its Communication Services Agreement with NotifyMD.



GALVESTON COUNTY HEALTH DISTRICT

UNITED BOARD OF HEALTH

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

United Board of Health

November 2022

Item #9

**Consider for Approval September 2022 Financial Report
Submitted by CFO**

GALVESTON COUNTY HEALTH DISTRICT

United Board of Health



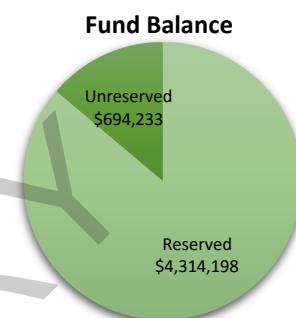
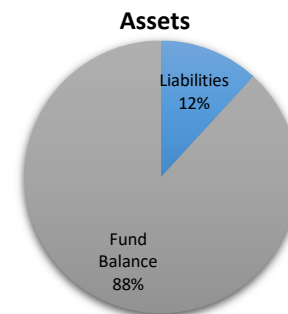
For the Period Ending September 30, 2022

November 9, 2022

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

GF - BALANCE SHEET as of September 30, 2022

	Current Month Sep-22	Prior Month Aug-22	Increase (Decrease)
ASSETS			
Cash & Cash Equivalents	3,179,178	2,926,902	252,275
Accounts Receivable	1,972,390	3,166,482	(1,194,092)
Pre-Paid Expenses	160,507	268,523	(108,016)
Other	71,431	78,792	(7,361)
Due To / From	295,504	(241,898)	537,401
Total Assets	\$5,679,010	\$6,198,802	(\$519,792)
LIABILITIES			
Accounts Payable	108,563	191,391	(82,828)
Personnel	470,377	368,133	102,244
Deferred Revenues	85,826	732,123	(646,296)
Other	5,813	4,788	1,025
Due to Galveston County	-	-	-
Total Liabilities	\$670,579	\$1,296,434	(\$625,855)
FUND BALANCE			
Prior Year Fund Balance	5,169,568	5,169,568	-
Current Change	(161,137)	(267,200)	106,063
Total Fund Balance	\$5,008,431	\$4,902,368	\$106,063
TOTAL LIABILITIES & FUND BALANCE	\$5,679,010	\$6,198,802	(\$519,792)



GF - REVENUE & EXPENSES as of September 30, 2022

	Actual Sep-22	Budgeted Sep-22	MTD Budget Variance	YTD Actual thru Sep-22	YTD Budget thru Sep-22	YTD Budget Variance
REVENUE						
County Revenue	559,357	597,292	(37,935)	7,167,538	7,167,538	-
Grant Revenue	440,597	544,707	(104,110)	5,399,291	6,723,981	(1,324,690)
Contract Revenue	46,858	46,583	275	559,320	558,994	326
Program Revenue	111,188	100,370	10,818	1,582,473	1,395,950	186,523
Interest Revenue	1,706	1,120	586	15,699	13,440	2,259
Other Revenue	526,477	56,619	469,858	1,232,525	679,420	553,105
Total Revenue	\$1,686,182	\$1,346,691	\$339,491	\$15,956,846	\$16,539,323	(\$582,477)
EXPENSES						
Personnel	715,249	799,505	84,256	8,682,430	9,784,451	1,102,021
Contractual	693,302	335,065	(358,237)	4,541,283	4,020,780	(520,503)
Supplies	20,450	40,160	19,710	725,681	658,542	(67,139)
Travel	6,888	11,367	4,479	98,990	138,117	39,127
Capital/Equipment	-	903	903	111,134	60,838	(50,296)
Other	144,230	197,729	53,499	1,958,464	2,385,656	427,192
Total Expenses	\$1,580,119	\$1,384,729	(\$195,390)	\$16,117,983	\$17,048,384	\$930,401
CHANGE IN NET ASSETS	\$106,063	(\$38,038)	\$144,101	(\$161,137)	(\$509,061)	\$347,924

HIGHLIGHTS

Total fund balance of \$5,008,431 as of 9/30/22.

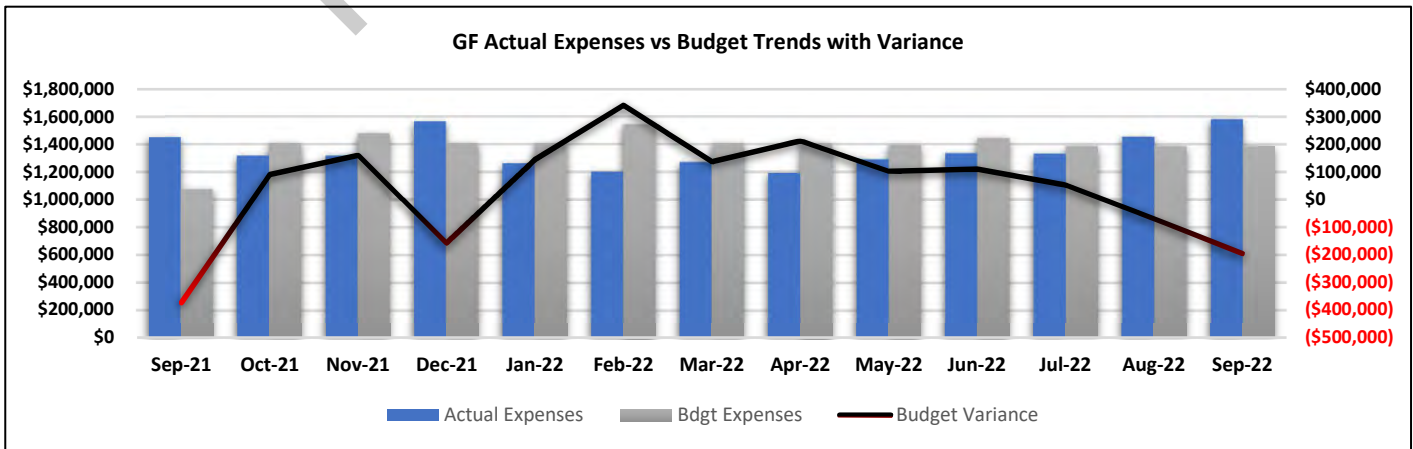
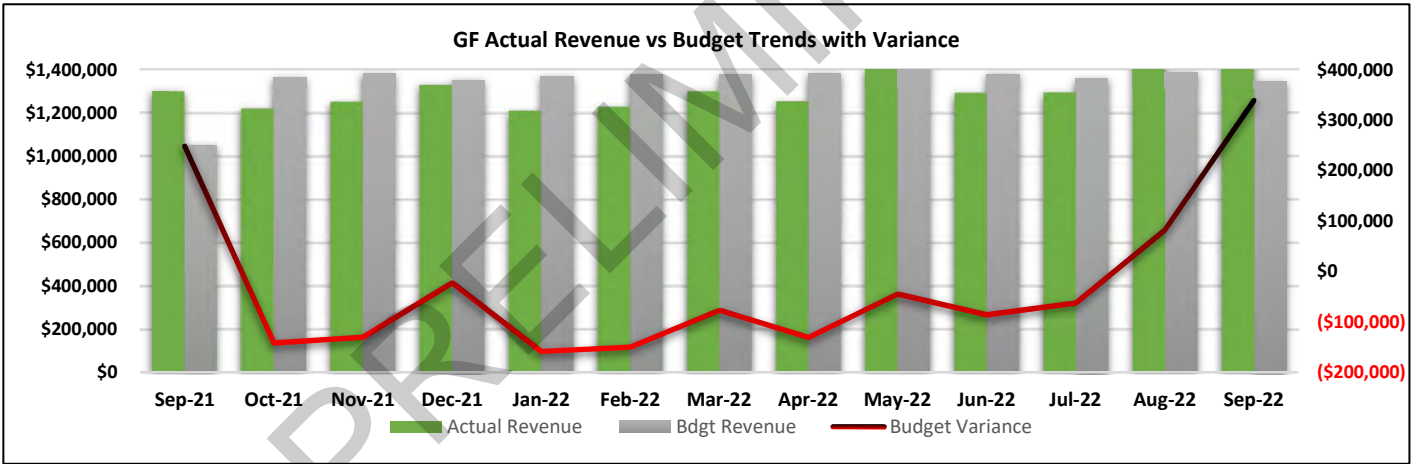
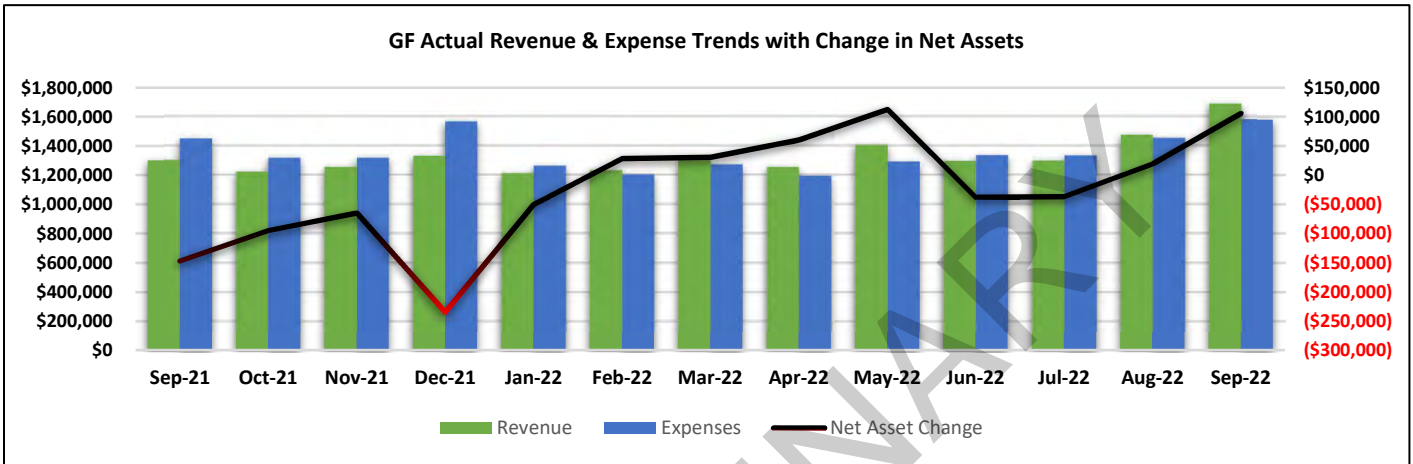
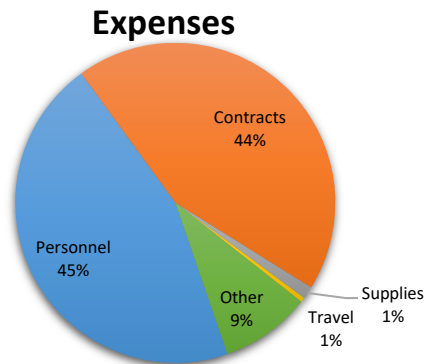
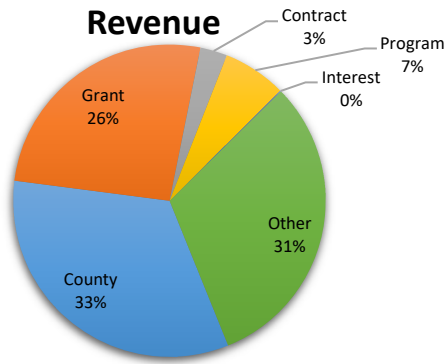
- MTD increase of \$106,063.
- YTD decrease of \$161,137.

MTD revenues of \$1,686,182 are higher than budgeted by \$339,491 (25%).

YTD revenues of \$15,956,846 are lower than budgeted by \$582,477 (4%).

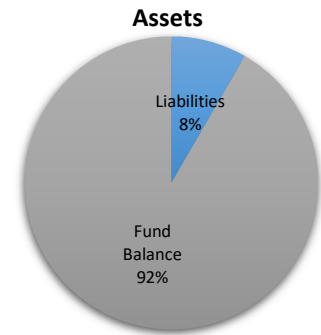
MTD expenses of \$1,580,119 are higher than budgeted by \$195,390 (14%).

YTD expenses of \$16,117,983 are lower than budgeted by \$930,401 (6%).



GAAA - BALANCE SHEET as of September 30, 2022

	Current Month Sep-22	Prior Month Aug-22	Increase (Decrease)
ASSETS			
Cash & Cash Equivalents	5,090,264	5,344,518	(254,254)
Accounts Receivable	372,209	350,068	22,141
Pre-Paid Expenses	89,704	19,599	70,105
Other	5,223	5,223	-
Due To / From	(6,245)	(21,891)	15,646
Total Assets	\$5,551,156	\$5,697,517	(\$146,362)
LIABILITIES			
Accounts Payable	125,074	54,794	70,280
Personnel	326,726	262,772	63,954
Deferred Revenues	11,730	236,331	(224,600)
Total Liabilities	\$463,531	\$553,897	(\$90,366)
FUND BALANCE			
Prior Year Fund Balance	5,013,359	5,013,359	-
Current Change	74,266	130,261	(55,996)
Total Fund Balance	\$5,087,625	\$5,143,621	(\$55,996)
TOTAL LIABILITIES & FUND BALANCE	\$5,551,156	\$5,697,517	(\$146,362)



GAAA - REVENUE & EXPENSES as of September 30, 2022

	Actual Sep-22	Budgeted Sep-22	MTD Budget Variance	YTD Actual thru Sep-22	YTD Budget thru Sep-22	YTD Budget Variance
REVENUE						
County Revenue	100,944	100,943	1	1,211,325	1,211,325	-
Contract Revenue	134,253	144,084	(9,831)	1,806,851	1,729,026	77,825
Program Revenue	358,249	360,539	(2,290)	4,317,786	4,326,472	(8,686)
Interest Income	2,543	1,625	918	21,657	19,500	2,157
Other Revenue	90,642	25,768	64,874	538,623	309,200	229,423
Total Revenue	\$686,630	\$632,959	\$53,671	\$7,896,242	\$7,595,523	\$300,719
EXPENSES						
Personnel	479,672	505,321	25,649	5,844,499	6,105,272	260,773
Contractual	26,496	24,105	(2,391)	287,137	289,282	2,145
Supplies	53,571	28,608	(24,963)	418,251	375,361	(42,890)
Travel	-	966	966	1,490	11,582	10,092
Equipment/Capital	114,405	645,000	530,596	290,154	829,400	539,246
Other	68,482	73,739	5,257	980,445	884,850	(95,595)
Total Expenses	\$742,626	\$1,277,739	\$535,113	\$7,821,976	\$8,495,747	\$673,771
CHANGE IN NET ASSETS	(\$55,996)	(\$644,780)	\$588,784	\$74,266	(\$900,224)	\$974,490



HIGHLIGHTS

Total fund balance of \$5,087,625 as of 9/30/22.

- MTD decrease of \$55,996.
- YTD increase of \$74,266.

MTD revenues of \$686,630 are higher than budgeted by \$53,671 (9%).

MTD expenses of \$742,626 are lower than budgeted by \$535,113 (42%).

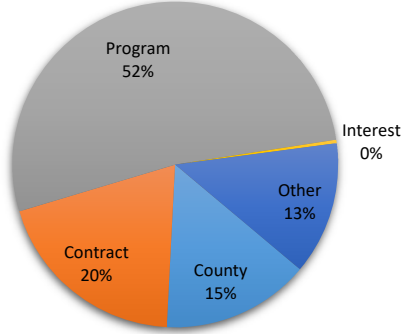
Total call volume of 14,477 as of 9/30/22.

- MTD calls of 1,252 are lower than prior month by 80 calls.
- YTD call volume is lower than budgeted by 448 calls (3%).

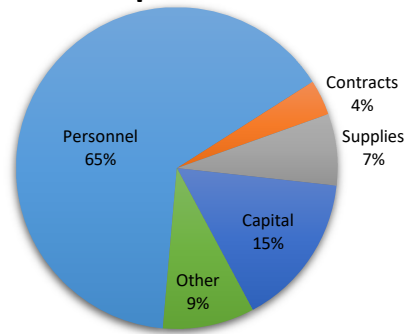
YTD revenues of \$7,896,242 are higher than budgeted by \$300,719 (4%).

YTD expenses of \$7,821,976 are lower than budgeted by \$673,771 (8%).

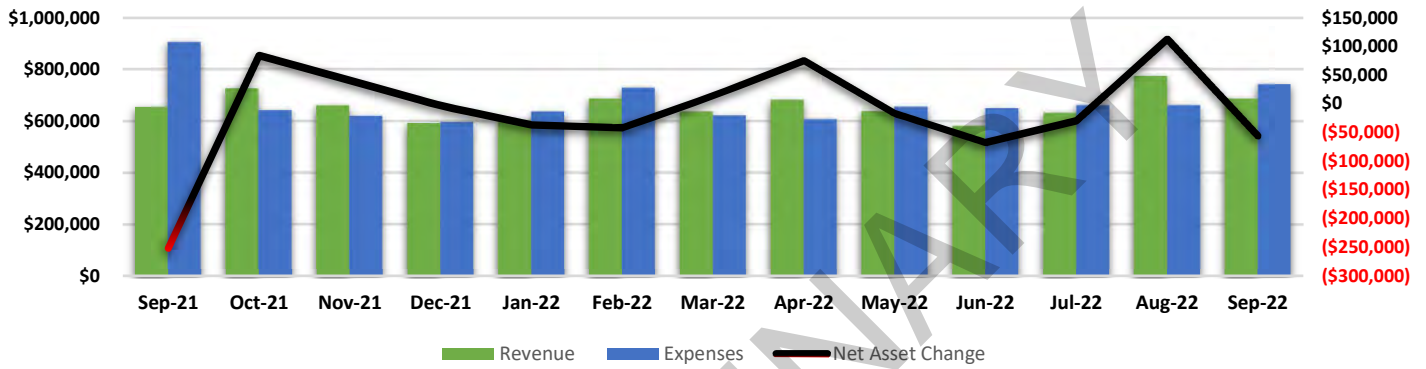
Revenue



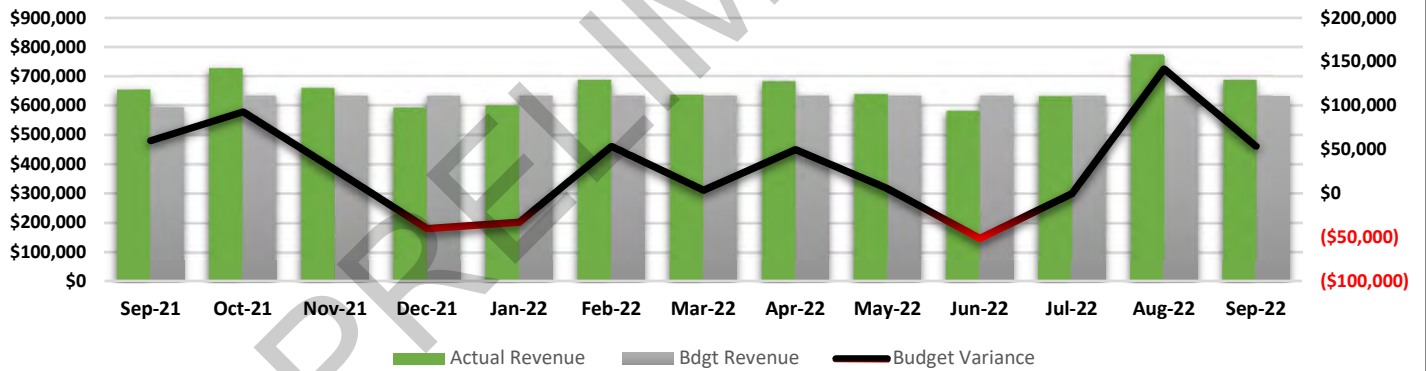
Expenses



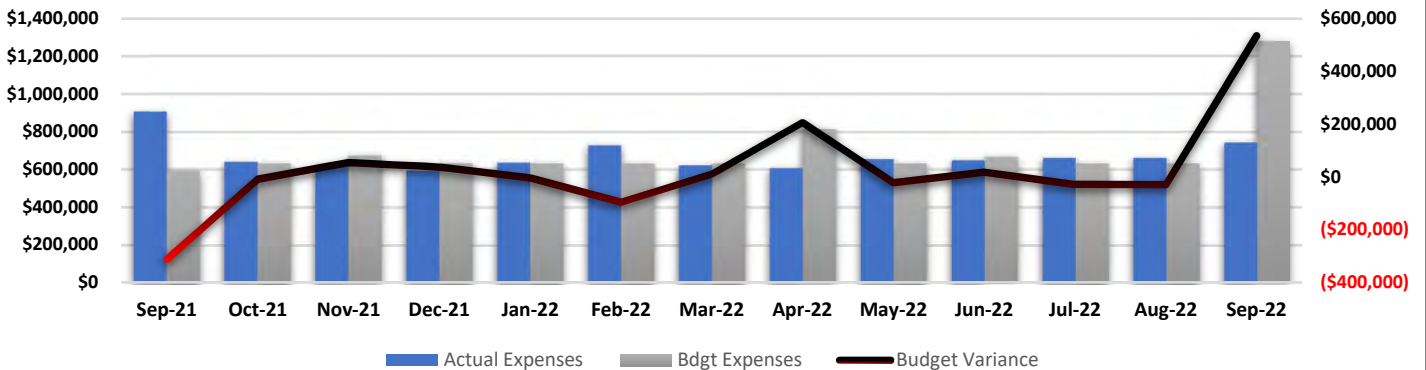
GAAA Actual Revenue & Expense Trends with Change in Net Assets



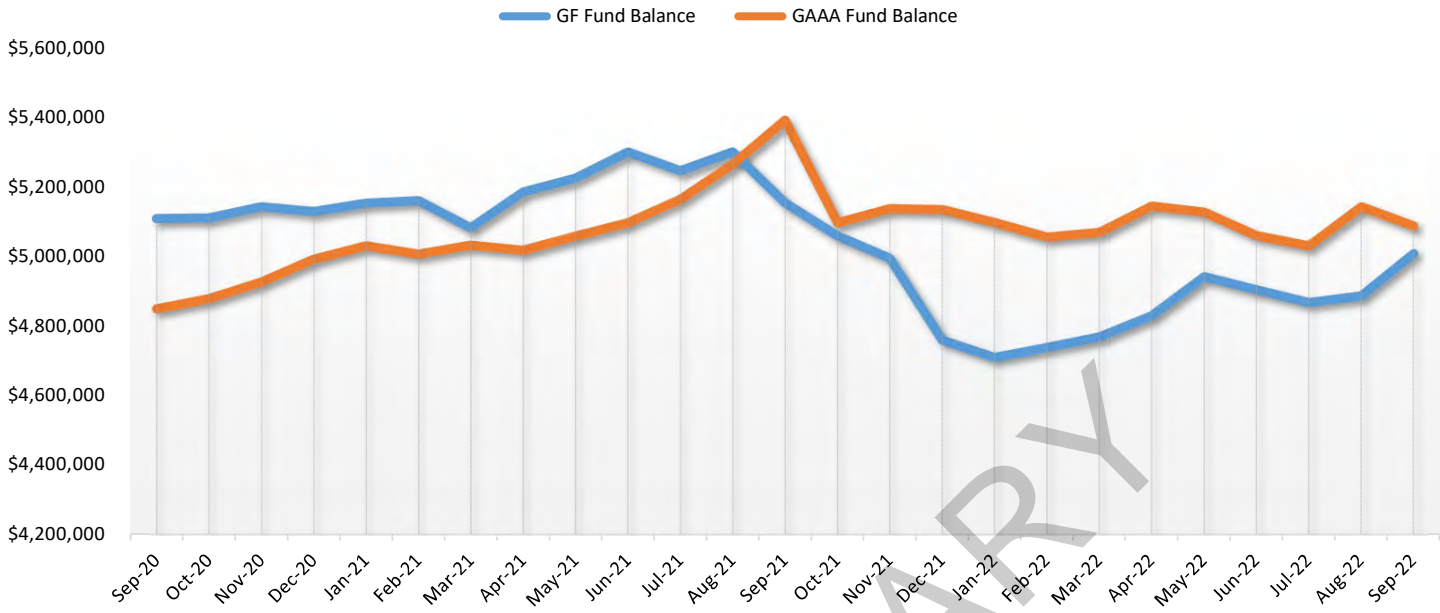
GAAA Actual Revenue vs Budget Trends with Variance



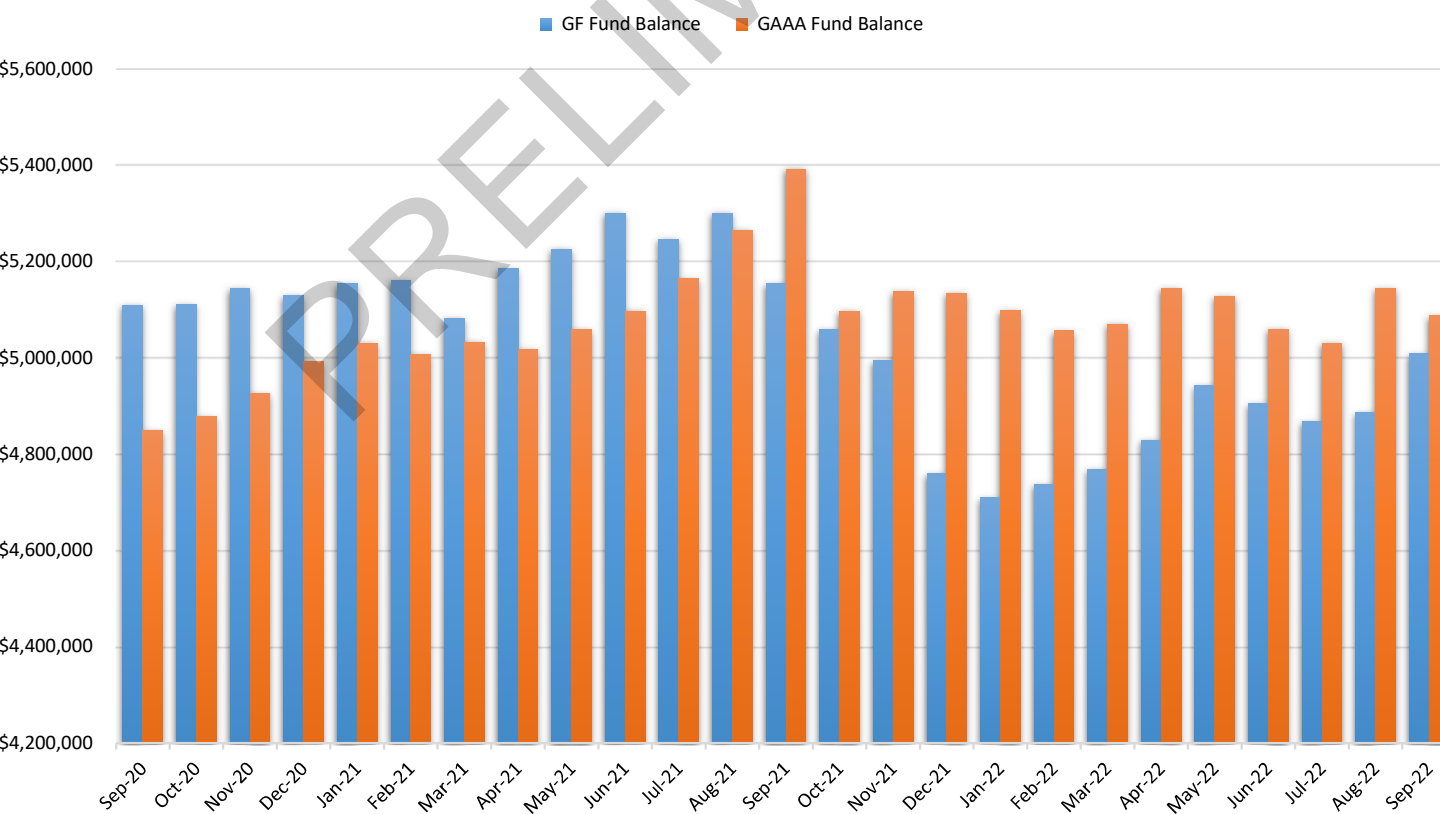
GAAA Actual Expenses vs Budget Trends with Variance



Fund Balance Trends Sep 2020 to Sep 2022



Fund Balance Change by Period Sep 2020 to Sep 2022



**Galveston County Health District
Investment Report
For the period ending September 30, 2022**

General Fund	Money Market Account		
	Jul	Aug	Sep
Beginning Balance	3,042,742	3,013,966	2,655,178
Deposits	270,000	275,000	1,325,000
Withdrawals	(300,000)	(635,000)	(940,000)
Interest Earned	1,224	1,212	1,391
Ending Balance	\$ 3,013,966	\$ 2,655,178	\$ 3,041,568
Current Yields	0.50%	0.50%	0.62%
Previous Quarter Yield (04/2022 to 06/2022)	0.40%	0.40%	0.41%

Tex Pool Investments		
Jul	Aug	Sep
17,334	17,357	17,389
-	-	-
-	-	-
22.35	31.93	34.48
\$ 17,357	\$ 17,389	\$ 17,423
1.521%	2.163%	2.413%
0.304%	0.623%	1.001%

Galveston Area Ambulance Authority	Money Market Account		
	Jul	Aug	Sep
Beginning Balance	4,583,520	4,330,431	4,957,280
Deposits	-	840,000	270,000
Withdrawals	(255,000)	(215,000)	(330,000)
Interest Earned	1,911	1,849	2,346
Ending Balance	\$ 4,330,431	\$ 4,957,280	\$ 4,899,626
Current Yields	0.50%	0.50%	0.60%
Previous Quarter Yield (04/2022 to 06/2022)	0.40%	0.40%	0.41%

Tex Pool Investments		
Jul	Aug	Sep
21,650	21,678	21,718
-	-	-
-	-	-
27.98	39.83	43.06
\$ 21,678	\$ 21,718	\$ 21,761
1.521%	2.163%	2.413%
0.304%	0.623%	1.001%

FY22 Summary	General Fund		
	Interest Earned	Avg Balance	Yield
October 1, 2021 to December 31, 2021	3,018	3,009,938	0.06%
January 1, 2022 to March 31, 2022	2,896	2,941,288	0.06%
April 1, 2022 to June 30, 2022	3,013	2,997,043	0.13%
July 1, 2022 to September 30, 2022	3,915	2,847,223	0.32%
YTD Totals	\$ 12,842	\$ 2,948,873	0.57%

GAAA		
Interest Earned	Avg Balance	Yield
4,727	4,706,725	0.05%
4,497	4,570,624	0.06%
4,681	4,656,180	0.13%
6,217	4,558,431	0.32%
\$ 20,121	\$ 4,622,990	0.57%

General Fund	Q1	Q2	Q3	Q4	YTD Comparison
	Oct 1-Dec 31	Jan 1-Mar 31	Apr 1-Jun 30	Jul 1-Sep 30	Total as of 9/30
Interest Yield Year to Year Comparison					
FY2019	0.43%	0.47%	0.47%	0.46%	1.83%
FY2020	0.40%	0.36%	0.21%	0.20%	1.17%
FY2021	0.19%	0.14%	0.05%	0.05%	0.43%
FY2022 (Current year)	0.06%	0.06%	0.13%	0.32%	0.57%

Galveston Area Ambulance Authority	Q1	Q2	Q3	Q4	YTD Comparison
	Oct 1-Dec 31	Jan 1-Mar 31	Apr 1-Jun 30	Jul 1-Sep 30	Total as of 9/30
Interest Yield Year to Year Comparison					
FY2019	0.43%	0.47%	0.47%	0.46%	1.83%
FY2020	0.40%	0.36%	0.21%	0.20%	1.17%
FY2021	0.19%	0.14%	0.05%	0.05%	0.43%
FY2022 (Current year)	0.05%	0.06%	0.13%	0.32%	0.57%



GALVESTON COUNTY HEALTH DISTRICT

UNITED BOARD OF HEALTH

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

United Board of Health

November 2022

Item #10

**Consider for Approval Proposed Annual Fees for Environmental
Services Effective November 1, 2022 Submitted by Chief
Financial Officer**

Environmental Health Services Fees

Effective ~~December 1, 2021~~ November 1, 2022

Consumer Health - Food Service Establishments - Permitting and Inspections

Service/Item	Current Fee	Description	Fee Basis
High Risk Food Permit	\$375.00	Permit Fee for high risk food establishments.	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.
Medium Risk Food Permit	\$300.00	Permit Fee for medium risk food establishments.	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.
Low Risk Food Permit	\$275.00	Permit Fee for low risk food establishments.	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.
Timely- Temporary Food Permit	\$80.00	Permit fee for temporary food establishments submitted at least two business days before event (fee waived for non-profits).	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.
Untimely- Temporary Food Permit	\$80.00 + \$25.00 administrative processing fee	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).	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.
Expediated- Temporary Food Permit	\$80.00 + \$175.00 administrative fee to expediate the permit	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 expediate).	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.

Environmental Health Services Fees

Effective ~~December 1, 2021~~ November 1, 2022

Consumer Health - Food Service Establishments - Permitting and Inspections (continued)

Service/Item	Current Fee	Description	Fee Basis
Food Service Establishment Plan Review and Construction Fee	Large* \$225.00 Medium* \$200.00 Small* \$175.00 \$250.00	Fee to review acceptability of proposed food establishment plans and conduct the pre- opening inspection.	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.
	*Large (> 1,500 sq ft)		
Potentially Hazardous Farmer/Producer Food Vendors at a Farmer’s Market (Annual Food Permit valid at all Farmer’s Market in Galveston County)	\$100.00	Fee assessed that allows vendors of farm products to operate at a Farmer’s Market.	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.
Group Day Home Inspection	\$75.00	Inspection provided to assist group day home operators in their compliance with group day home regulations.	General sanitation inspection provided as a service to group day homeowners. We are not required by any regulation to provide this service.
Chlorine Test Strip	\$6.00	Test strips used to check chlorine sanitizer levels in ware-washing operations.	Provided for public and staff to help measure chlorine sanitizer levels.
Quaternary Test Strip	\$8.00	Test strips used to check quaternary ammonium compounds in ware-washing operations.	Provided for public and staff to help measure quaternary ammonium compound levels.
Food Service Late Fee	\$50.00 if not paid by due date	Administrative late fee assessed for all food permits not paid by the due date.	Fee approved by Board of Health.
Food Service Late Fee	\$100.00 if not paid 30 days after due date	Administrative late fee assessed for all food permits not paid by the due date.	Fee approved by Board of Health.

Environmental Health Services Fees

Effective ~~December 1, 2021~~ November 1, 2022

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

Service/Item	Current Fee	Description	Fee Basis
Residential Septic	\$250.00 \$310.00	Permit fee for residential OSSF. Includes the state septic system charge of \$10.00.	Fee allowed under Ch. 366 Health and Safety Code.
Commercial Septic	\$450.00 \$510.00	Permit fee for residential OSSF. Includes the state septic system charge of \$10.00.	Fee allowed under Ch. 366 Health and Safety Code.
Maintenance Agreement fee for aerobic On-Site Sewage Facilities (OSSF) (One Time Fee)	\$100.00 \$125.00	Additional fee to follow perpetual maintenance contracts for aerobic OSSFs.	Fee allowed under Ch. 366 Health and Safety Code.
Septic Re-inspection - Residential	\$125.00 \$150.00	Re-inspection fee for OSSF due to failed construction inspection. Charge is ½ of original permit fee.	Fee allowed under Ch. 366 Health and Safety Code.
Septic Re-inspection - Commercial	\$225.00 \$250.00	Re-inspection fee for OSSF due to failed construction inspection. Charge is ½ of original permit fee.	Fee allowed under Ch. 366 Health and Safety Code.
Septic Subdivision Review (5 lots/tracts or less)	\$100.00 \$20.00 per lot/tract	Fee to review subdivision plans as required by regulations.	Fee allowed under Ch. 366 Health and Safety Code.
Septic Subdivision Review (6 lots/tracts or more)	\$100.00 + \$5.00 per lot/tract	Fee to review subdivision plans as required by regulations.	Fee allowed under Ch. 366 Health and Safety Code.
Ground Water Review	\$100.00	Charge to review presence of groundwater in Bolivar/Galveston Area.	Fee allowed under Ch. 366 Health and Safety Code.
Variance Request	\$150.00	Fee to review variance requests as required by regulations.	Fee allowed under Ch. 366 Health and Safety Code.

Environmental Health Services Fees

Effective ~~December 1, 2021~~ November 1, 2022

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

Service/Item	Current Fee	Description	Fee Basis
Pool Permit, Spa and Interactive Water Features	\$135.00	Swimmingpool permit fee.	Cost of a swimming pool permit under the Galveston County Rules on Swimming Pool Sanitation. Allowed under Ch.341.064 Health and Safety Code.
Pool Permit Late Fee	\$50.00 if not paid by due date	Administrative late fee assessed for all pool permits not paid by the due date.	Fee approved by Board of Health.
Pool Permit Late Fee	\$100.00 if not paid 30 days after due date	Administrative late fee assessed for all pool permits not paid by the due date.	Fee approved by Board of Health.

Consumer Health - Miscellaneous Fees

Service/Item	Current Fee	Description	Fee Basis
Sexually Oriented Business (SOB) Permit	\$1,000.00	Sexually oriented business permit fee.	Fee set by Commissioners Court for Sexually Oriented Businesses in unincorporated areas of the county under regulation passed by Commissioners Court.
AIDS Poster	\$5.00	AIDS information poster.	Small poster required to be available at the health district for use in SOB's under SOB regulation.
Rat Bait	\$15.00	Rat bait to assist with community rodent control.	Four (4) pound packages of rat bait to assist consumers with rodent control issues on their property.
Duplicate Permit Fee	\$20.00	Charge for copy of any permit issued under health district regulations.	Administrative fee.

Air and Water Pollution - Storm Water Permit

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



GALVESTON COUNTY HEALTH DISTRICT

UNITED BOARD OF HEALTH

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

United Board of Health

November 2022

Item #11

**Update on FEMA Items Sent for Reimbursement Submitted by
Chief Financial Officer**



GALVESTON COUNTY HEALTH DISTRICT

UNITED BOARD OF HEALTH

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

United Board of Health

November 2022

Item #12

Update on the GCHD Strategic Health Plan Development

Submitted by Public Health Policy Specialist

Strategic Health Plan Updates

Presented by Ami Cotharn and Shelby Evans
10/9/22



Public Health Services · Emergency Medical Services · Animal Resource Center · Coastal Health & Wellness
Protecting and promoting the optimal health and well-being of Galveston County.



Overview

CHW SHP Progress Timeline

Notable accomplishments

GCHD SHP Progress

UBOH Survey

CHW SHP Progress Timeline

- The CHW SHP was approved by the Governing Board at the end of May 2022



CHW SHP Progress Timeline cont.

- Priority 1: Be an Exceptional Health Center and Workplace
- Priority 2: Scale Services
- Priority 3: Strategically Address Health Disparities
- Priority 4: Expand CHW Community Reach through Maximizing Community Stakeholder Relationships
- Priority 5: Upgrade Technology and Processes



Priority 1: Be an Exceptional Health Center and Workplace

Goal

1.1 Recruit and retain top talent.

Action Step

1.1.6 Work toward CHW becoming a teaching facility for community healthcare and clinical site rotations.

Progress

Launched internal medicine residency program in July 2022, Texas Chiropractic College clinical rotation partnership went live in October, and agreement with Galveston College for LVN and medical assistant students to rotate through the clinic was established.

Priority 2: Scale Services

Goal

2.1 Expand access to specialties.

Action Step

2.1.2 Expand mental health resources.

Progress

Established Gulf Coast Center partnership and we are co-locating at the Galveston Clinic with a focus on integrated care.

Priority 3: Strategically Address Health Disparities

Goal

3.1 Deliver care that is patient centered and responsive to community.

Action Step

3.1.1 Monthly review of chronic disease best practice workflows using Population Health software, and provide more opportunities for staff, leader, and provider input.

Progress

Medical Provider, Physician Assistant, Jason Borillo was promoted to Director of Innovation and Quality Assurance and his role ensures quality insurance and performance improvement measures are created, formalized, and implemented into practice.

Priority 4: Expand CHW Community Reach through Maximizing Community Stakeholder Relationships

Goal

4.1 Expand and maintain strategic partnerships with other organizations and community leaders.

Action Step

4.1.1 Expand partnerships with more community leaders through community health worker outreach and outreach activities, leveraging the special relationship between GCHD and CHW to enhance outreach.

Progress

GCHD / CHW hosted a Community Partner Networking Breakfast with 80 attendees. Gulf Coast Center co-locating, working with UTMB on more streamlined referral process for uninsured patients with no medical home. Texas Chiropractic program relationships developed.

Priority 5: Upgrade Technology and Processes

Goal

5.3 Leverage existing technologies.

Action Step

5.3.2 Maximize the current use of NextGen by creating workflows that allow improved patient follow-up.

Progress

NextGen committee formed (Medical Director, Dr. Choi; Physician, Dr. Garcia; Mid-Level Lead, Borillo; COO, Ami; HIM, Luz) and meet once a month to improve processes of workflows, documentation, CPT/ICD10, and provider education.

CHW SHP Progress Timeline cont.

- More updates can be found on the Excel CHW SHP Tracker document under each priority tab

Priority 1	1.2 Expand facility resources.	1.2.1 Develop ideas to create new revenue streams.	Ideas developed and explored (Y/N)	12/31/2025	directly effect revenue by IDing missed insurance claims & denials as well as strict monitoring of CHW accounts recievables. Taking focused marketing initiatives in hopes of including more Medicaid/Medicare
Priority 1		1.2.2 Counsel patients who qualify for coverage in accessing insurance.	Number of patients counseled	Bi-annual	All OEE staff were cross trained and are doing in-reach to current CHW self-pay patients by running EMR weekly reports to check potential Medicaid qualifying patients and reaching out to those individuals (8/22)
Priority 1		1.2.3 Grant exploration in the areas of substance use disorder, mental health counseling, social work, and dental health.	Grants were explored (Y/N)	Bi-annual	OEE working on incubator grants, within the grant she proposed an FTE social worker position for the Case Management Department, Dental Director is actively searching for dental grants, partnership with Gulf Coast Center has been formed and will co-locate with CHW Galveston Clinic (8/22)
Priority 1	1.3 Maintain excellent care that is patient centered.	1.3.1 PCMH certification through TJC was achieved in 2021. Continue to follow workflows and processes.	Maintain PCMH workflows and processes (Y/N)	Ongoing	Jason Borillo was promoted to Director of Innovation and Quality Assurance and will spearhead the PCMH requirements and workflows (8/22)
		1.3.2 Explore applicability of PCMH to the Dental	Applicability explored, if yes, steps		



GCHD SHP Progress

Planning Process Timeline

GATHER INFORMATION & INPUT

- Development of a general framework
- Quantitative data sweep
- Qualitative data sweep



SYNTHESIS AND ANALYSIS

- Data and feedback are compiled for themes
- Gaps in information are identified and addressed



OUTLINING AND EARLY DRAFTING

- Develop SHP Outline
- Begin early drafts



WRITING AND EDITING

- Drafts begin formalization
- Systematic edits and review
- Presentation is drafted



FINALIZATION

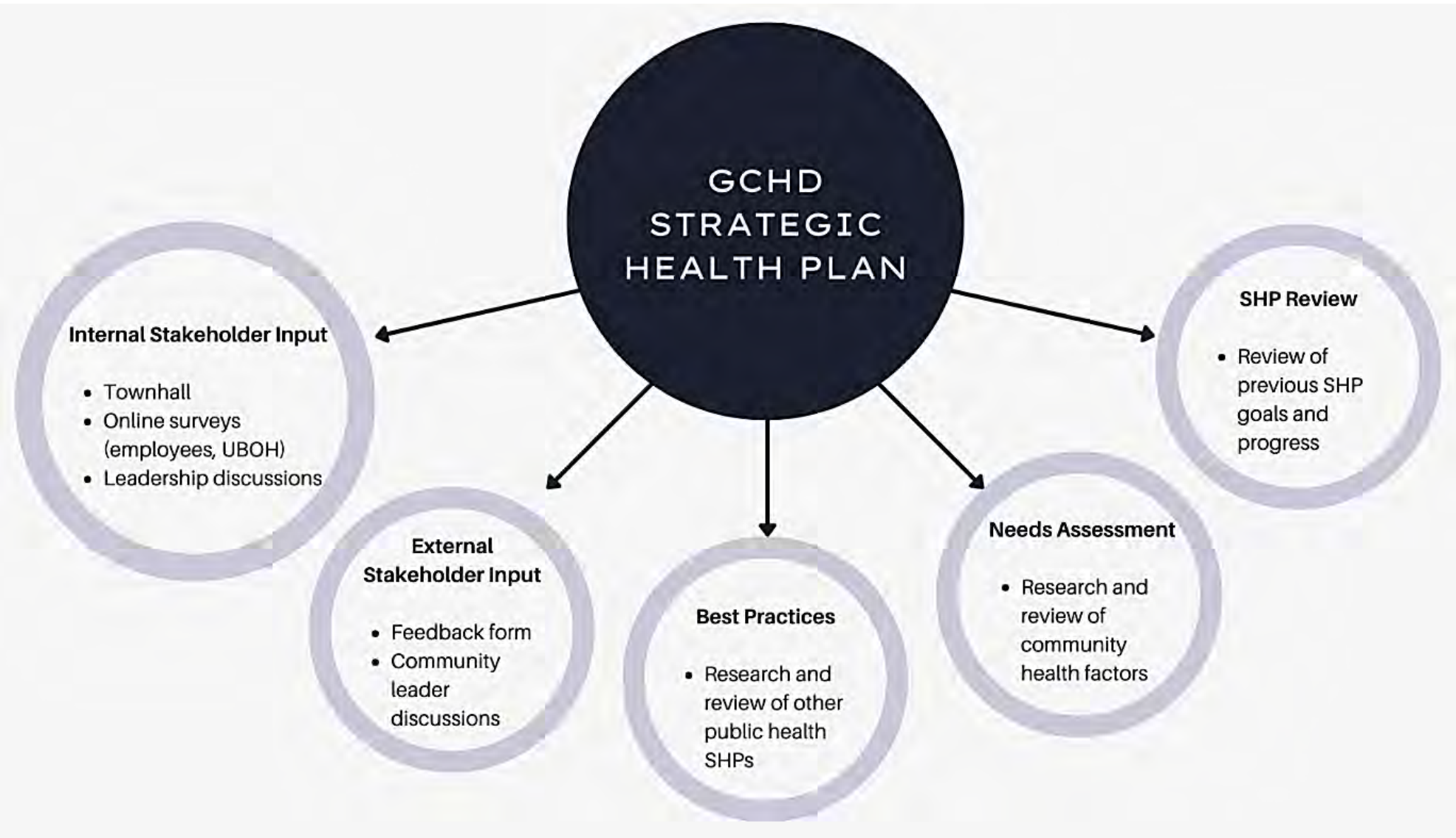
- Update SHP draft and presentation with all edits implemented
- Final peer review completed by COO and CEO



PROPOSAL SUBMISSION

- Present SHP plan to the Governing Board for approval





GCHD SHP Progress: Gather Info and Input

GCHD SHP Progress: Synthesis and Analysis

GALVESTON COUNTY HEALTH DISTRICT

Protecting and Promoting the Optimal Health and Well-Being of Galveston County

Zach Davidson
Chairman, United Board of Health



Philip Keiser, MD
Local Health Authority
Chief Executive Officer

GCHD 9/21 and 9/22 Town Hall

Galveston County Health District (GCHD) staff participated in a Strategic Health Plan (SHP) information and feedback session during a Town Halls held on September 21st and 22nd 2022. A general overview of progress since the last Town Hall, information about the SHP planning process, GCHD's mission, vision, and values, and ideas and feedback related to the priorities and goals for the upcoming SHP, were discussed. 118 employees across all departments participated in the Town Hall.

Employees were given opportunities to share their ideas and ask questions. Employees completed a gallery walk activity where ideas were written anonymously on post-its and collected per each proposed SHP priority. Employees also completed an anonymous online survey with additional questions. An additional survey was sent after the Town Hall for Town Hall specific feedback.

The Priority Gallery Walk activity received 178 unique entries of feedback and the online SHP survey received 52 responses.

These responses were transcribed into SurveyMonkey and coded for themes. A word-count analysis was also conducted for all entries. All responses were read and will be used to inform the SHP. Information about the feedback is summarized below, the visual provided measures coded themes. One response may contain multiple tagged themes if the content reflected multiple themes.

UBOH Survey

Your voice matters!

<https://www.surveymonkey.com/r/UBOHSurvey>



Thank you!

Please contact sevans@gchd.org if you have further inquiries or input.



Public Health Services · Emergency Medical Services · Animal Resource Center · Coastal Health & Wellness
Protecting and promoting the optimal health and well-being of Galveston County.



GALVESTON COUNTY HEALTH DISTRICT

Protecting and Promoting the Optimal Health and Well-Being of Galveston County

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Mission and Vision Ballots

Participants voted on their preferred proposed mission and vision statements, or if they wanted to propose a new alternative, they could write them on the back of their ballots.

The mission statement ballots saw three proposed alternatives, all of which were proposed adjustments in language of the existing proposed statements. The following two statements received 32.6% and 33.3% of the votes, respectively:

1. To improve the health of Galveston County by preventing disease, promoting healthy living, and protecting the environment through service, education, and partnerships.
2. Protect and promote public health and environmental quality for all individuals across Galveston County through health programs, educational activities, partnerships, and sound health policies.

A combined mission statement was drafted and sent to GCHD staff and staff were able to vote between the top two and the new combined statement. At 45% of the votes, the first original option received a majority:

“To improve the health of Galveston County by preventing disease, promoting healthy living, and protecting the environment through service, education, and partnerships.”

The Vision statement that received the most votes was:

“To be a pillar for health promotion, protection, and a provider of superior healthcare services in the Galveston County community” at 34%.

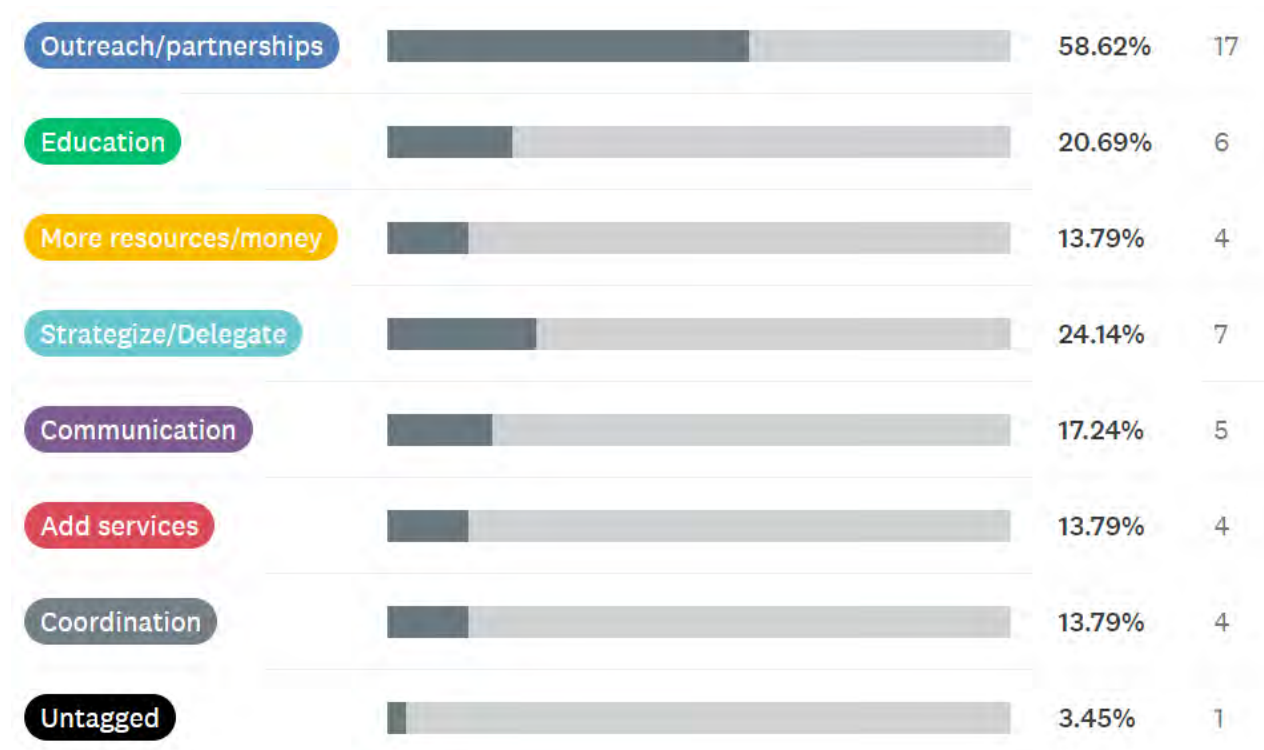
The ballot count was delivered to GCHD leadership who will use the results to inform the final drafting of the mission and vision along with input from the Board members who will ultimately approve the finalized statements.

Gallery Activity: Feedback on Proposed SHP Priorities

Priority 1: Effectively and Equitably Engage and Improve Community Health

This Priority received 29 responses. The majority, at about 55%, indicated outreach and partnerships were the best way to engage and improve community health effectively and equitably. Strategy and delegation, then education, were the next most popular themes. There was no critical feedback of this priority.

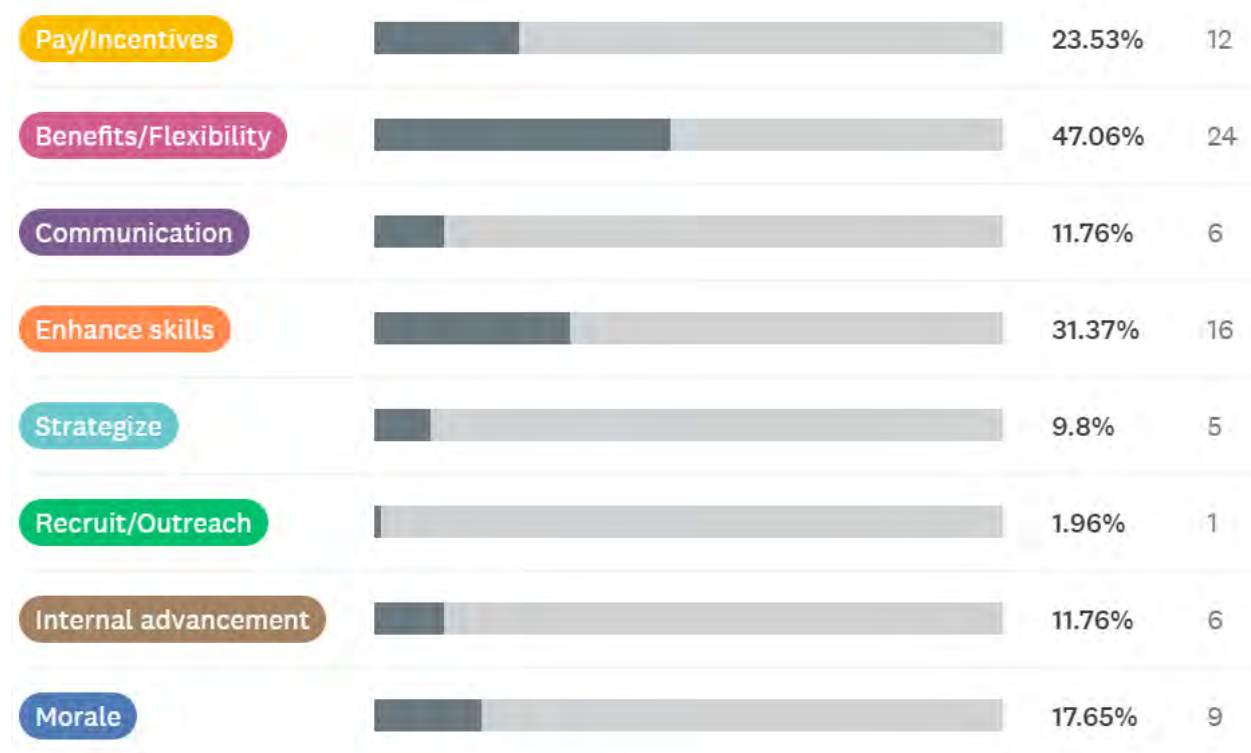
Example response: “Outreach is a very important issue in order to implement growth, confidence, trust to our community, this allows us to understand our community, ask questions, concerns and answers. We need to educate with diversity younger & languages so they can feel important with due efforts.”



Priority 2: Be an Exceptional Workplace and Continuously Encourage Staff Development and Retention

This Priority received the most feedback of any Priority at 51 individual responses. Benefits or flexibility of benefits was the most tagged theme at 47%, followed by skill enhancement at 31% and then pay or incentives at 24%. Many respondents noted a desire to flex time and have hybrid scheduling, to receive merit pay or bonuses, for certification or training funding, and for additional benefits such as discounts for external services or additional internal services such as snacks and an upgraded break room.

Example response: “Promotion within department and more training. Holding staff accountable, fairness in all staff, making sure management qualifies, and incentives.”

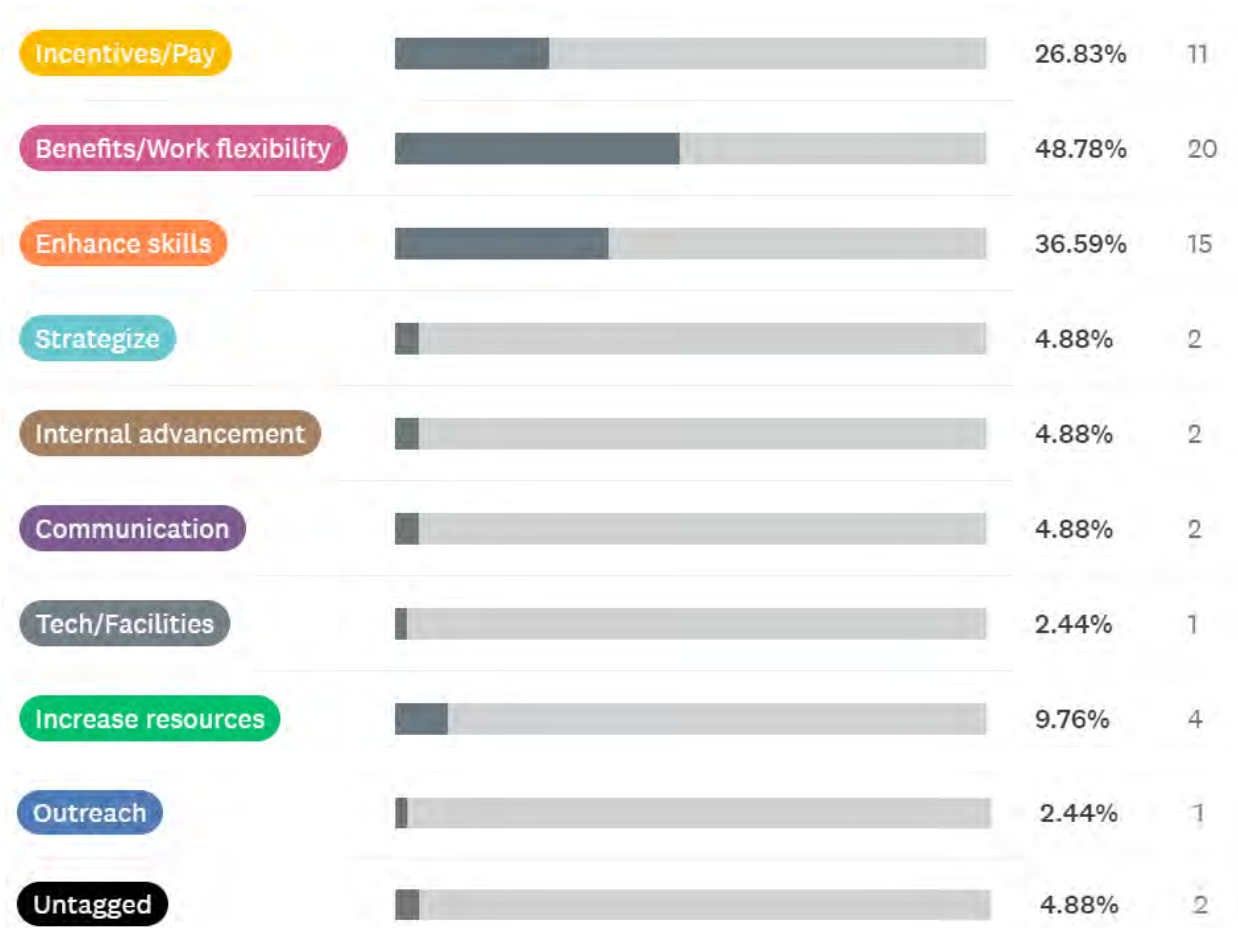


*2 responses or 3.9% were marked as “untagged”

Priority 3: Provide a Financial System and Structure that will Sustain Growth and Development

Priority 3 was the second most responded to Priority at 41 respondents. The majority of respondents, about 49%, identified benefits and work flexibility as an important theme in sustaining growth and development. The second most popular theme was skill enhancement at 37%. Several responses proposed different ways to utilize leave time, such as sick leave pooling or mental health days off.

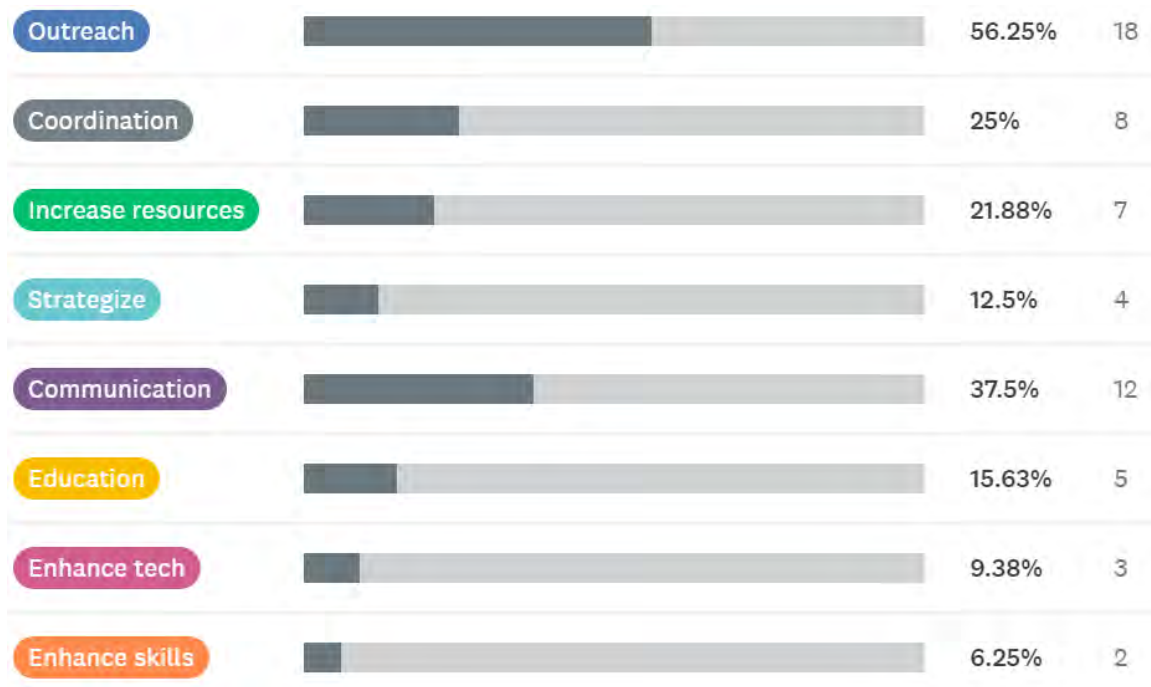
Example response: “Continuous evaluation of job description/demands and the rate of pay across the county, incentive retention (upward mobility) through methods outside of COLA & Merit base pay increase, general public support of growth/programs to increase annual budget from county, create policy for new grants/pay opportunities rather than solely focusing on new employment growth”



Priority 4: Scale and Enhance Public Health Outreach and Communication

This Priority received 32 responses. 56% proposed outreach ideas to scale and enhance public health outreach and communication. 38% of respondents proposed communication strategies and 25% proposed increased coordination among departments or external partners. Many of the responses discussed methods of meeting the community where it was at and combining or pairing GCHD efforts with existing community spaces or events.

Example response: “Coordinate with established community events. Sponsor public health events walks, runs, and 5K’s.”

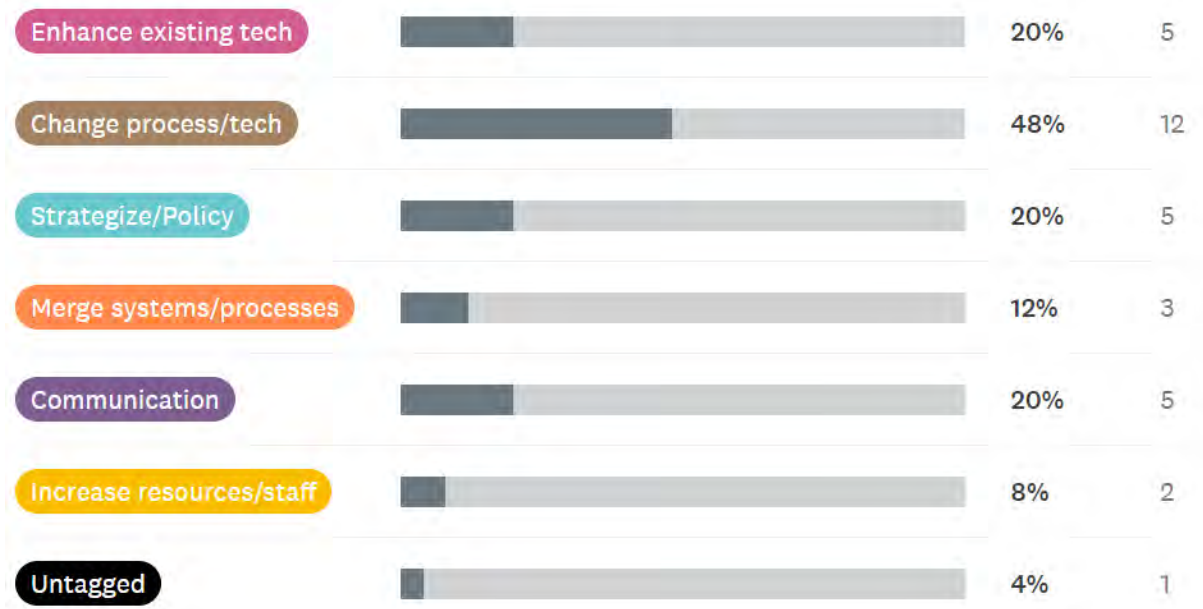


*1 response or 3.1% were marked as “untagged”

Priority 5: Leverage Technology and Operational Procedures to Better Predict and Respond to Health Concerns

25 respondents gave input on Priority 5. Almost half of respondents said changing processes or technology were needed to better predict and respond to health concerns. Many respondents noted a need to update technologies and establish standard operating procedures that were also more up to date to increase efficiency and effectiveness; these suggestions were primarily specific to their own departments. Enhancements of existing technologies, strategy and policy, and communication, were themes represented in 20% of responses each.

Example response: “Use available data and resources throughout the community to begin targeted response to address under privileged citizens or historically bounded communities.”

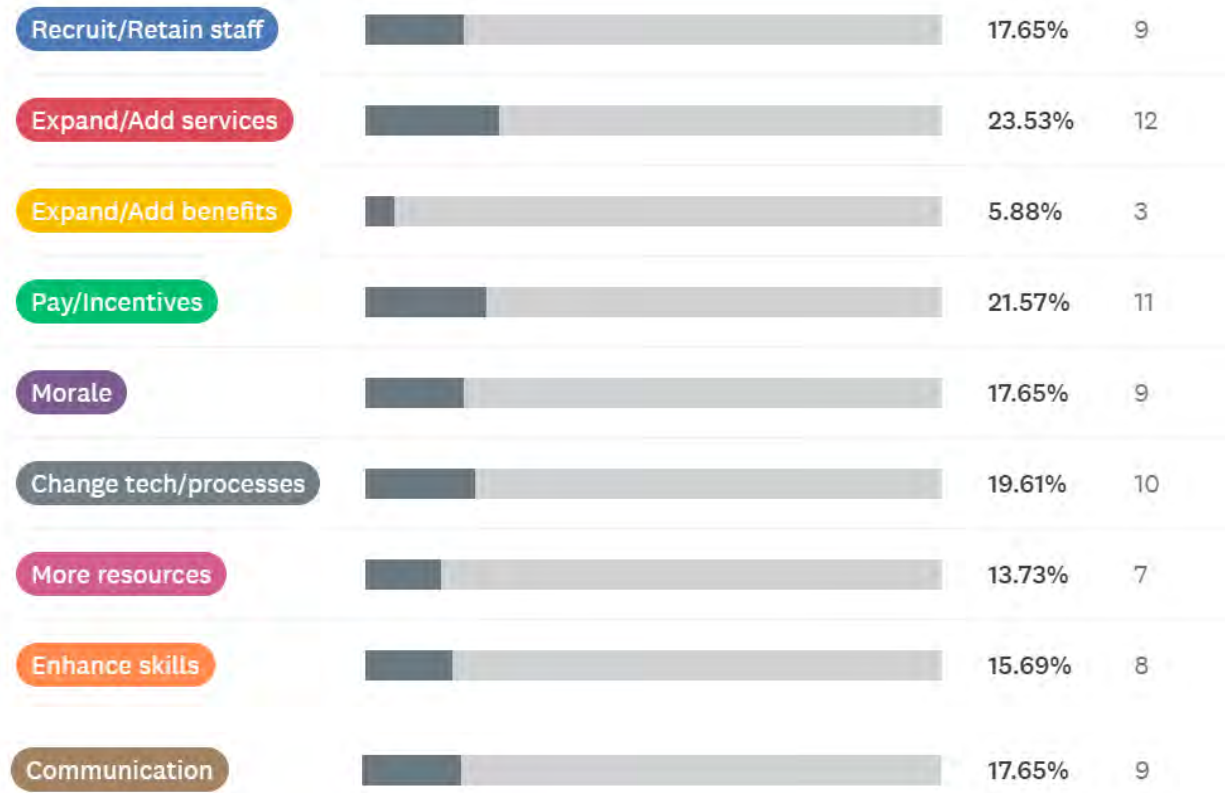


GCHD SHP Staff Feedback Survey

Q1: What would you like to see GCHD, especially your department, accomplish over the next three years?

This question received 52 responses. Expansion or addition of services and pay and incentives were the most popular answer themes at about 24% and 22% of responses respectively, but there was a large variety of response themes to this question. Interestingly, most responses to this question focused on internal operations rather than external operations or outputs.

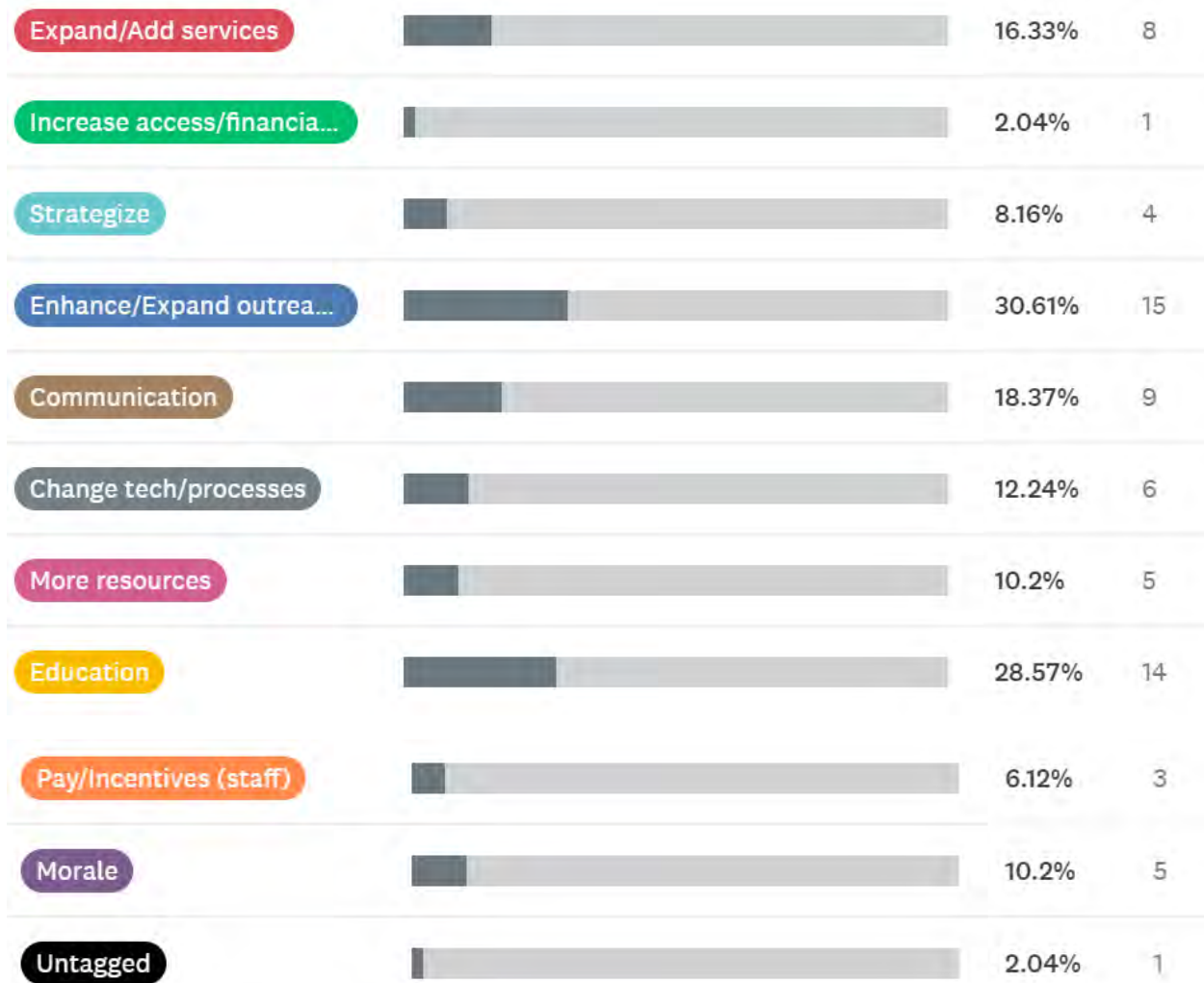
Example response: “1. Better utilize available and affordable technology 2. Go paperless 3. Provide department appropriate technology training 4. Increase the frequency of outreach activities by writing outreach into several of our job descriptions 6. Improve the way that we display our data to the public, we do not display much of any of our data 7. Complete public health accreditation”



Q2: What would you like to see GCHD, especially your department, accomplish over the next three years for community members?

Of the 49 responses to this question, 31% gave input related to enhancing outreach efforts. Education, especially educating the public, was also a popular theme at 25%.

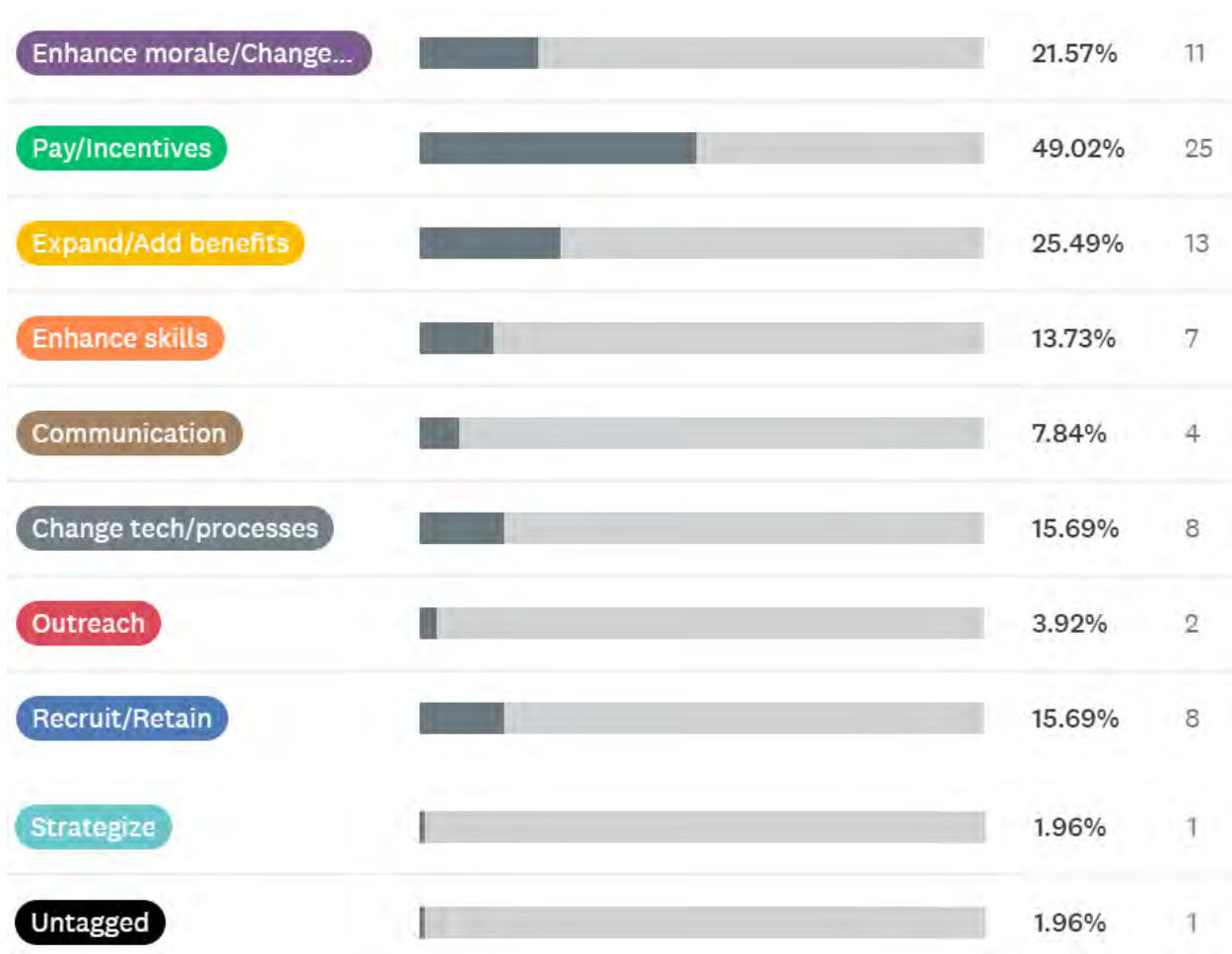
Example response: “I would love to step up our community outreach. I enjoy working with the public @ GCHD in all aspects developing relationships in the community and young adults is important in building long strong relationships and growing with the families.”



Q3: What would you like to see GCHD accomplish over the next three years for employees?

Almost half of the 51 respondents answered that greater pay or incentives is what they'd like for GCHD employees. The next most popular answer theme related to morale and organizational cultural change. Communication and recognition was a common recommended method of accomplishing these goals.

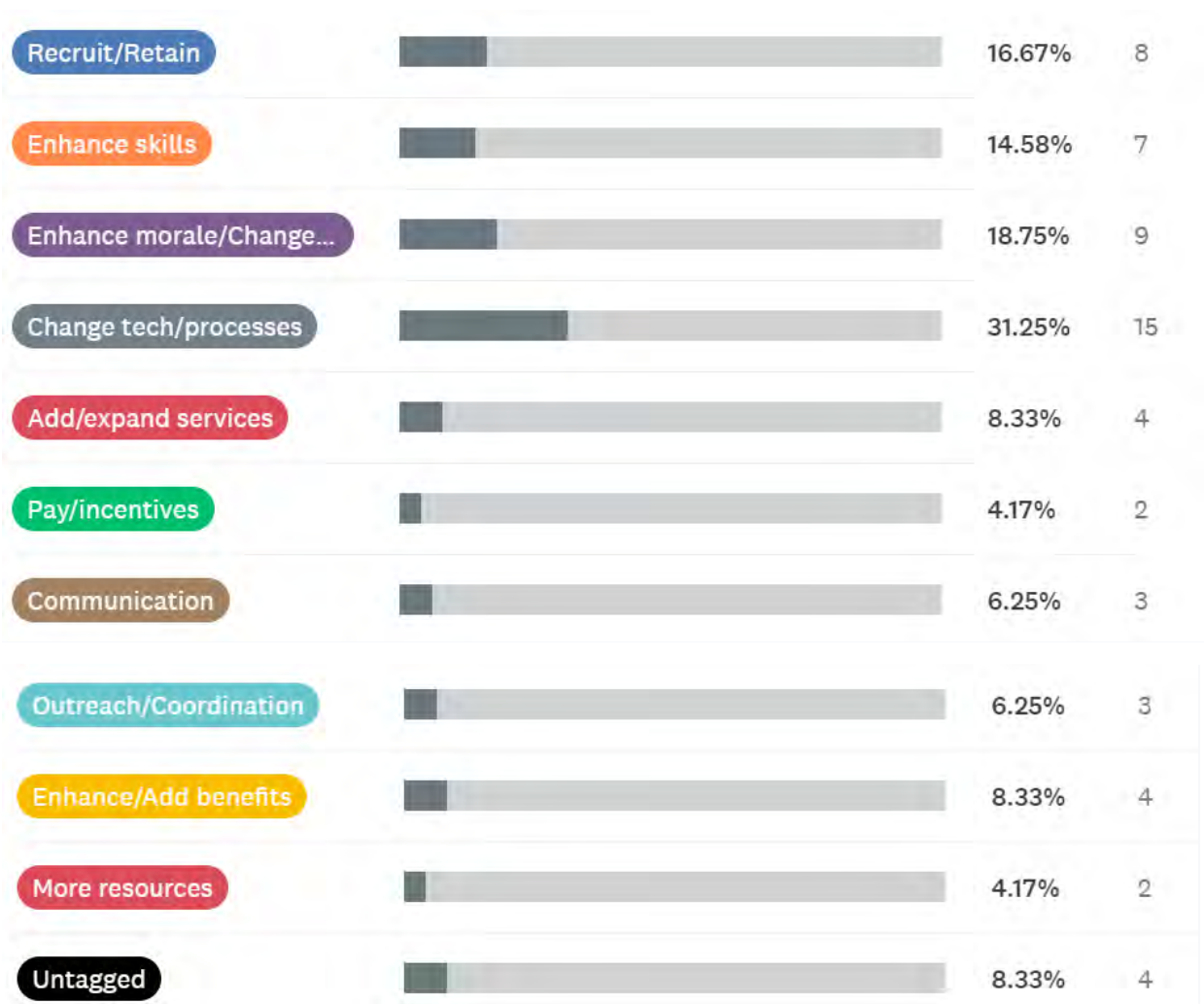
Example response: "Employee recognition, luncheons, interaction between all departments."



Q4: What needs to happen in your department to better the organization?

49 employees responded to this question. Most responses, 31%, indicated a need to change technology or processes. Enhancing morale and organizational culture, recruiting and retaining talent, and skill enhancement, were also popular answers.

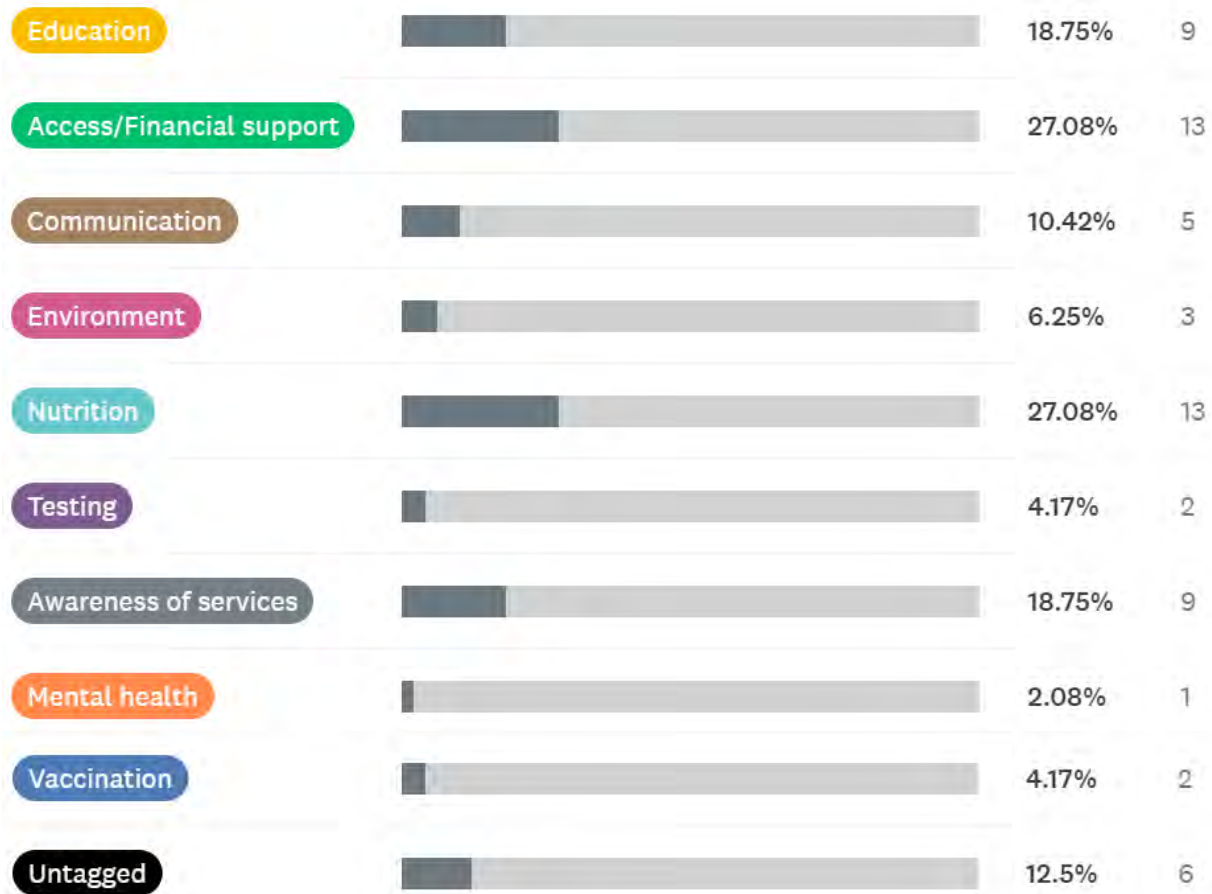
Example response: “Technology wise the EMR needs to be bi-directional to transfer accurate information and coding for the vaccines”



Q5: What do you think the most pressing community health need is?

13 of 48 responses, or 27%, indicated both accessible and/or affordable care, and nutrition, were the most pressing community needs. About 19% of respondents stated community awareness of existing services was also an issue.

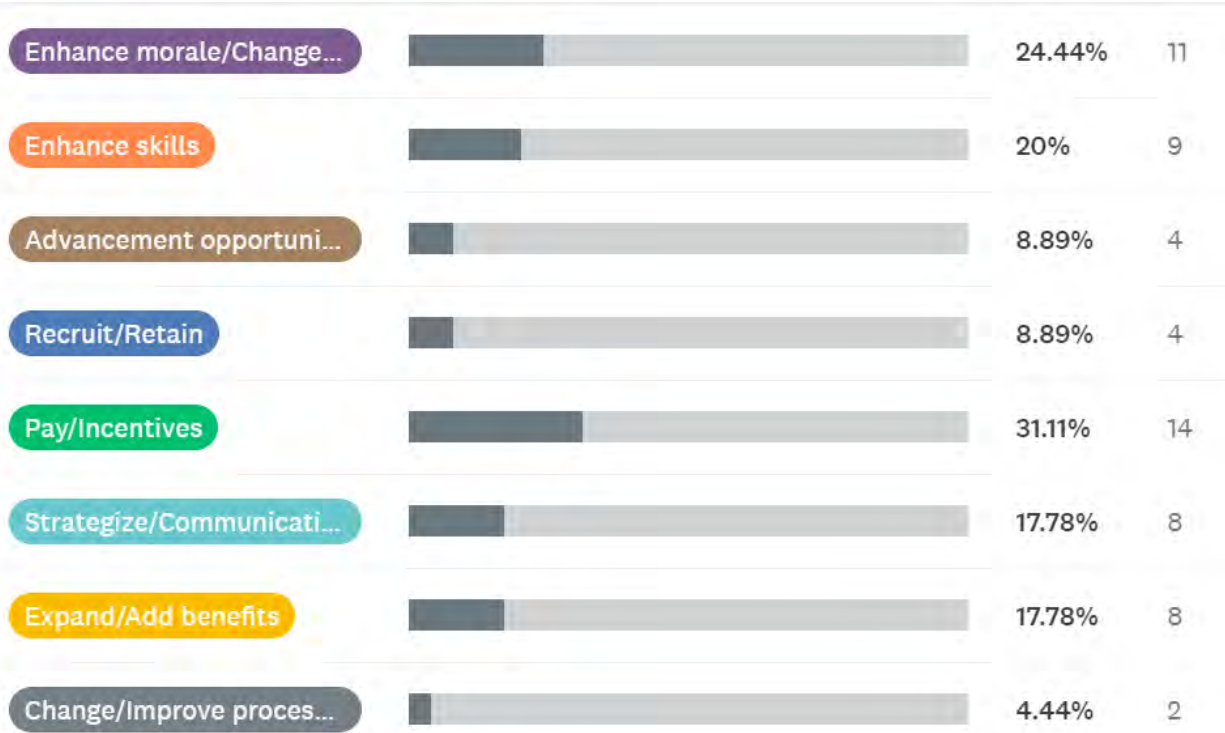
Example response: Testing and education. Biggest problem continues to be that many people in the community do not test regularly and are unaware they are sick until (e.g. diabetes, STDs). A large reason is that many people do not know where to test or may not know there are programs for individuals without insurance.



Q6: Three years from now, what needs to happen to better employee experience?

This question saw 45 responses. Pay and incentives represented 31% of ideas put forward by participants. Enhancing morale and organizational culture was tagged in 24% of responses and opportunities to enhance skills was tagged in 20% of responses.

Example response: “Improving and smoothing out work process. Creating and improving resources (e.g. handbooks or work process) to assure that when others are not in the office anyone can pick up/help out with ease. Standardize some processes, so there is less time focused on correcting items; essentially everyone being on the page on how something should be completed. Improved training and opportunities to learn new skills.”

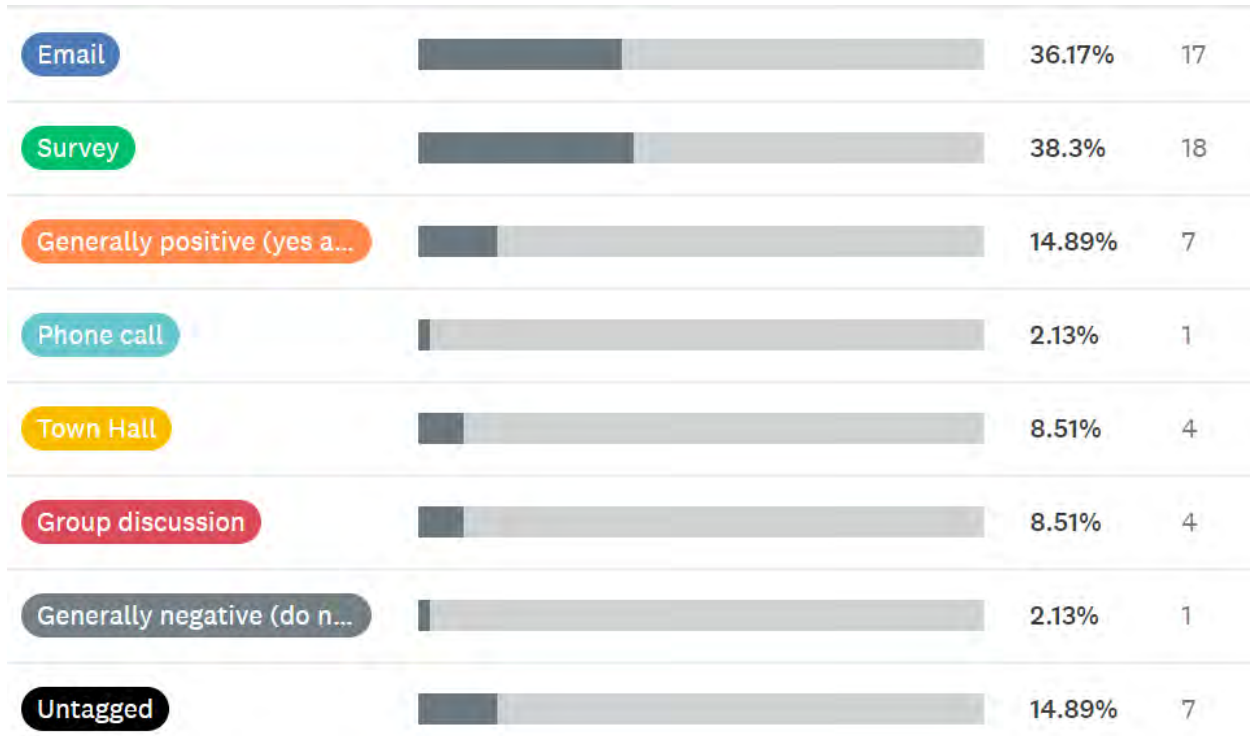


*5 of responses or 11.1% were marked as untagged

Q7: How would you like to be asked for your feedback related to the Strategic Health Plan and its goals going forward?

Most respondents of the 47 responses indicated survey and email were their preference. The majority of all respondents conveyed a positive interest in being involved and asked for their input. About 16% of respondents expressed either a negative interest or uncertainty in being asked for input.

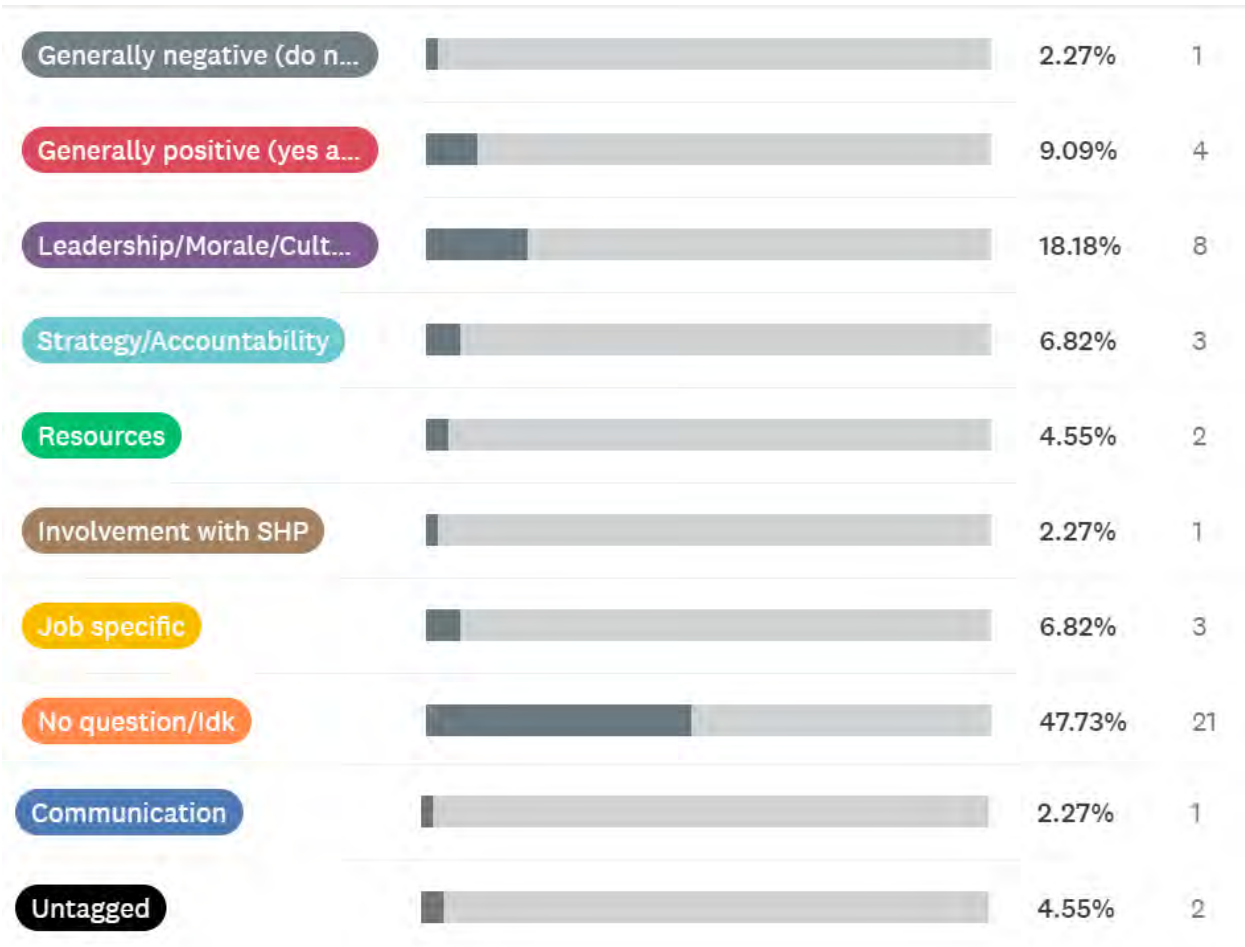
Example response: “Personal survey, Town Hall meetings, team initiatives, etc.”



Q8: What questions do you wish we had asked you today?

Almost half of the 44 responses conveyed uncertainty or no further need for questions. About 18% of responses conveyed a desire to be asked about leadership, morale, or organizational culture.

Example response: "How will leadership be held accountable for the implementation of SHP? What is being done to stop the revolving door, especially at leadership positions?"

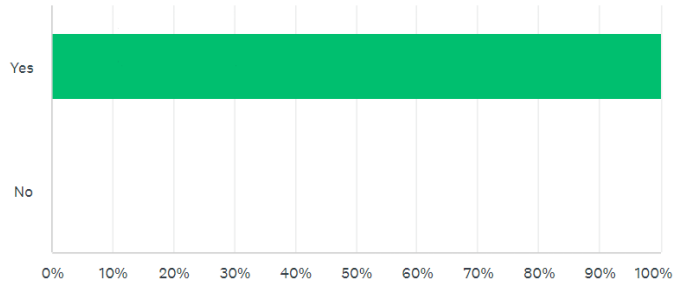


Townhall Feedback

A five-question survey was sent to participants after the Town Hall inquiring what went well and what could be improved for future Town Halls. 24 respondents participated in the survey.

Q1: Did you feel you had an opportunity to share your opinion?

100% of the 24 respondents participated and responded “yes” to this question.

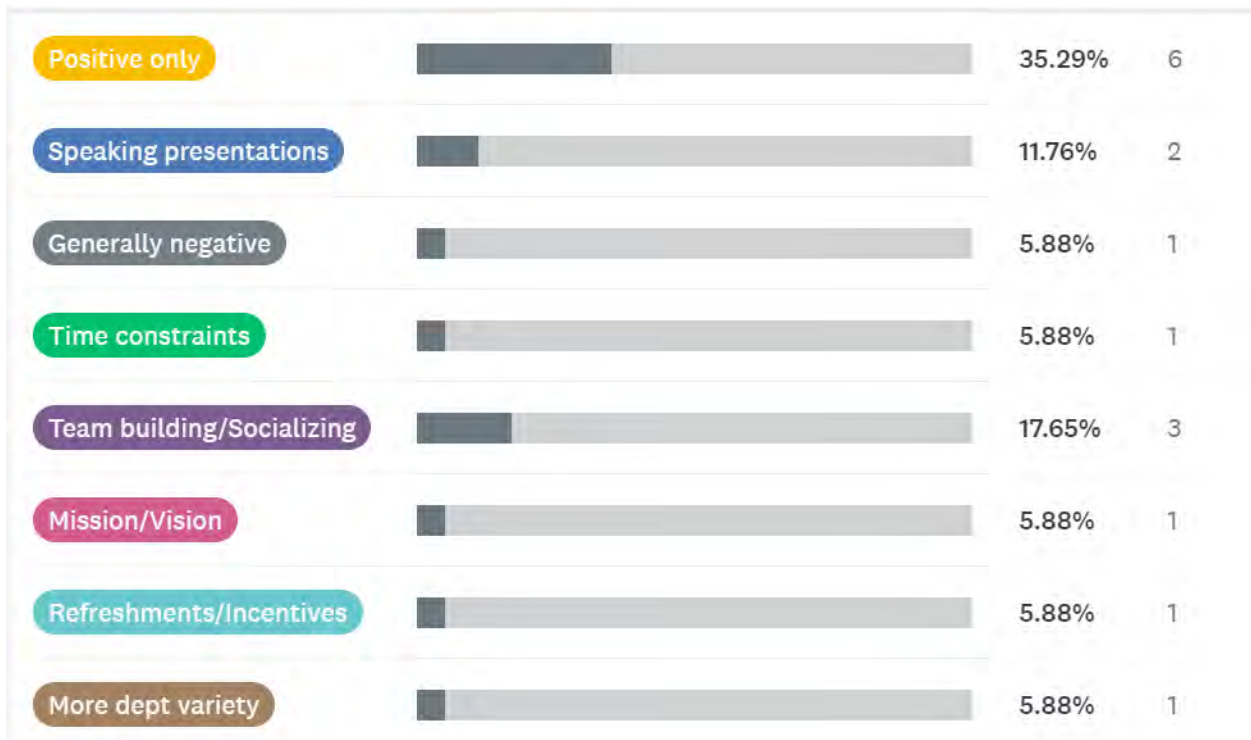


ANSWER CHOICES	RESPONSES	
▼ Yes	100.00%	24
▼ No	0.00%	0
TOTAL		24

Q2: What was your least favorite part of the Townhall and why?

17 participants responded to this question. Most, 35%, did not have a least favorite part of the townhall. 18% indicated the team building could use improvement, noting that not all individuals participated.

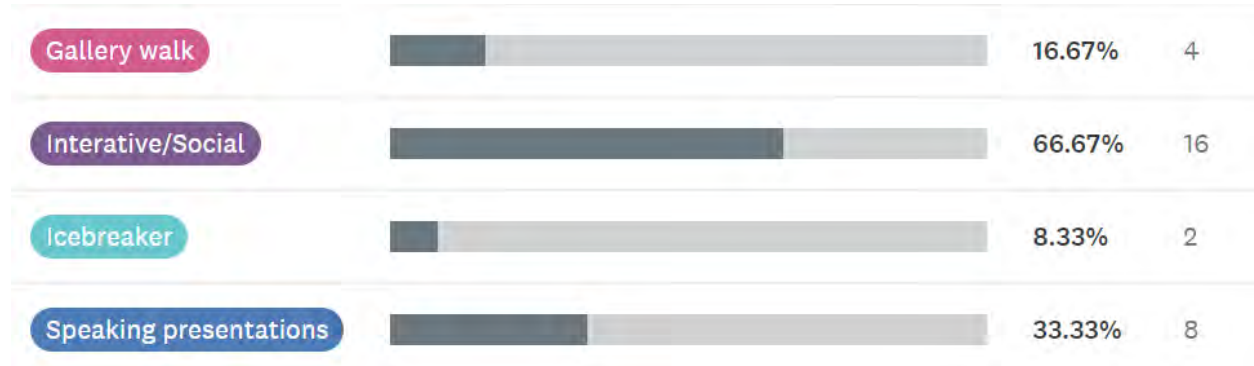
Example response: “I thought the icebreaker portion was a good idea in theory, but the group you got into made it worthwhile or not. Our group was filled with mostly people who did not really participate.”



Q3: What was your most favorite part of the Townhall and why?

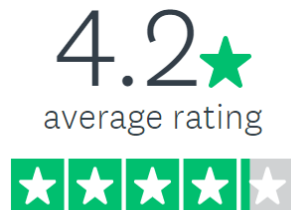
All 24 respondents participated in this question. The majority of respondents, 67%, indicated they liked the overall interactive structure of the Town Hall and appreciated the opportunity to speak with others outside their departments both socially and to share input in a variety of ways.

Example response: “I enjoyed the ice breaker; all of the information shared from the speakers was awesome; the outbreak sessions allowed staff to either discuss or privately place their goals on the pad.”



Q4: How would you rate the Town Hall overall?

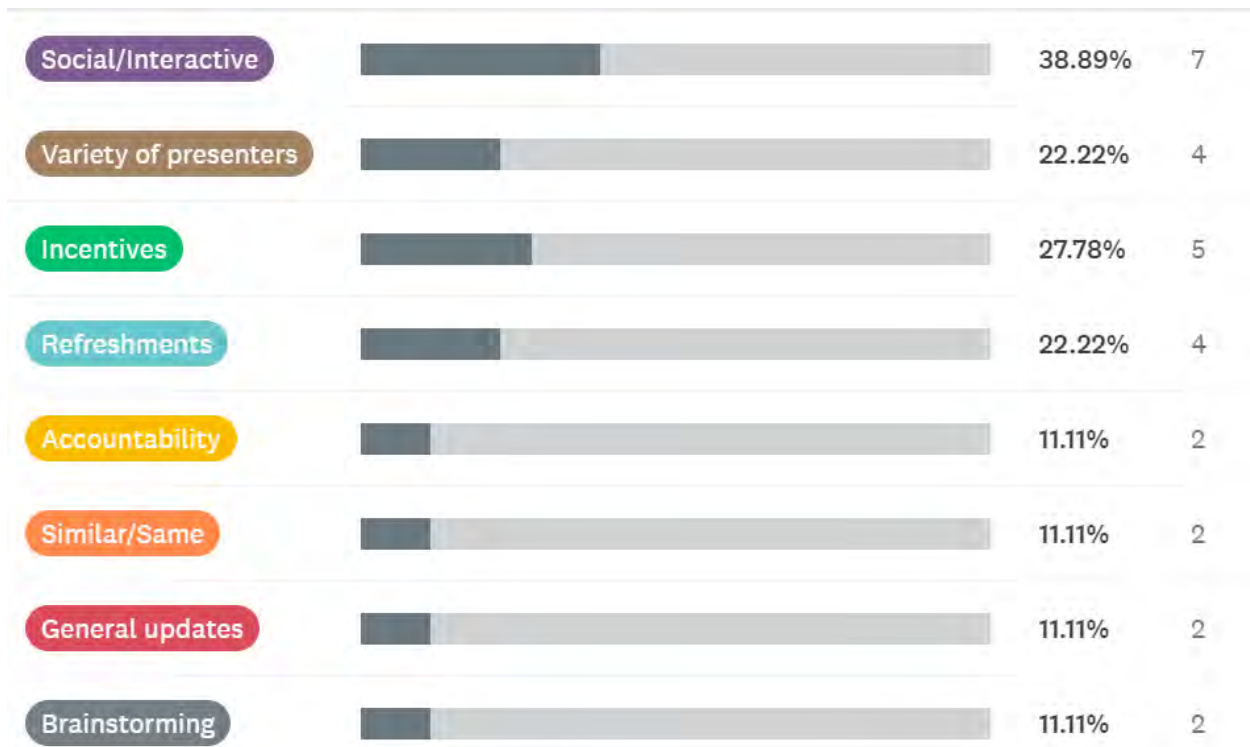
All 24 respondents answered this question. Half of respondents rated the Town Hall a 4 out of 5 stars. 38% rated the Townhall 5 out of 5 stars. The overall rating was a 4.2.



	NEEDS A LOT OF IMPROVEMENT	NEEDS SOME IMPROVEMENT	AVERAGE	ABOVE AVERAGE	FABULOUS	TOTAL	WEIGHTED AVERAGE
☆	4.17% 1	0.00% 0	8.33% 2	50.00% 12	37.50% 9	24	4.17

Q5: What would you like to see at future Townhalls?

18 respondents answered this question. The majority, 39%, wanted to see interactive and social elements at future Town Halls, especially in breakout groups or group facilitated discussions. 28% of respondents requested incentives, 22% requested a variety of presenters from different departments and 22% requested refreshments.



Priority	Goal	Tasks	Measurement	Measurement Cadence	Additional Notes	Points of Contact
Priority 1	1.1 Recruit and retain top talent.	1.1.1 Complete market analysis and applicable wage adjustments by 2025.	Market analysis and wage adjustment completion (Y/N)	12/31/2025		HR
Priority 1		1.1.2 Explore options for performance-based incentives by 2025.	Research and exploration completed (Y/N)	12/31/2025		HR
Priority 1		1.1.3 Provide staff shout outs, icebreakers, and team building on an ongoing basis.	Monthly shout outs and team-building activities documented	Monthly		Management, Leadership
Priority 1		1.1.4 Provide opportunities to laterally transfer and be promoted.	Documentation of lateral transfer opportunities and promotions	Bi-annual		HR
Priority 1		1.1.5 Increase the number of educational opportunities for all CHW staff.	Documentation of training and educational opportunities measured against current baseline of opportunities.	Bi-annual	Baseline needs to be measured. For some staff, it's possible there are not currently opportunities	HR, Management, Funding for training to be explored by Finance
Priority 1		1.1.6 Work toward CHW becoming a teaching facility for community healthcare and clinical site rotations.	Outreach to students and logistical steps taken toward becoming a teaching facility (Y/N)	Bi-annual		COO, Dental Director, Medical Director
Priority 1	1.2 Expand facility resources.	1.2.1 Develop ideas to create new revenue streams.	Ideas developed and explored (Y/N)	12/31/2025		Finance, Dental Director, Medical Director
Priority 1		1.2.2 Counsel patients who qualify for coverage in accessing insurance.	Number of patients counseled	Bi-annual		Community Outreach Program Manager, Patient Services Manager
Priority 1		1.2.3 Grant exploration in the areas of substance use disorder, mental health counseling, social work, and dental health.	Grants were explored (Y/N)	Bi-annual		CEO, COO, All staff
Priority 1	1.3 Maintain excellent care that is patient centered.	1.3.1 PCMH certification through TJC was achieved in 2021. Continue to follow workflows and processes.	Maintain PCMH workflows and processes (Y/N)	Ongoing		PCMH Committee, All staff
Priority 1		1.3.2 Explore applicability of PCMH to the Dental Clinic.	Applicability explored, if yes, steps taken to apply (Y/N)	Bi-annual		Dental Director
Priority 1		1.3.3 Use PCMH Patient Guide for new patient introduction to CHW.	PCMH Patient Guide used for new patients (Y/N)	Ongoing	Baseline: Currently no. We are in the process of updating the guide and will provide to all new patients and established patients when they update	Patient Services Manager
Priority 1		1.3.4 Increase screening and prevention of the following chronic conditions: HTN, A1C or diabetes care, Mammograms, Colorectal Screening, and HIV care.	Number of tests for HTN, A1C or diabetes care, mammograms, colorectal screening, and HIV screening compared to baseline	Bi-annual	Baseline needed	Medical Director, Health Information Manager
Priority 2	2.1 Expand access to specialties.	2.1.1 Integrate specialists for Physical Therapy, Gastroenterology, and Cardiology.	Recruitment of PT, Gastroenterologist, and Cardiologist (Y/N)	12/31/2025		Medical Director
Priority 2		2.1.2 Expand mental health resources.	Quantify resources against baseline	Annual	Baseline needed; relates to budget	Finance, Medical Director, Potentially partners like Gulf Coast
Priority 2		2.1.3 Expand general dentistry resources.	Quantify resources against baseline	Annual	Baseline needed; relates to budget	Finance, Dental Director
Priority 2	2.2 Grow child health.	2.2.1 Partner with school health advisory councils and school nurses to expand CHW's reach to the pediatric population.	Number of partnerships and outreach efforts measured against baseline	Bi-annual	Baseline needed	Medical Director, Nursing Director
Priority 2		2.2.2 Operate with an increased number of providers and ancillary staff in comparison to the close of 2016-2021 SHP date.	Number of providers and ancillary staff measured against baseline	12/31/2025	Baseline needed	COO, HR
Priority 2	2.3 Grow patient population.	2.3.1 Increase number of total unduplicated patients by 3,500 patients by December 2025.	Number of patients measured against baseline	12/31/2025	Baseline needed	Outreach Program Manager, Health Information Manager
Priority 2		2.3.2 Leadership ensures marketing and promotion of CHW across all platforms.	Marketing and promotion occurs across all platforms (Y/N)	Bi-annual		Director of Marketing, CHW Leadership
Priority 3	3.1 Deliver care that is patient centered and responsive to community.	3.1.1 Monthly review of chronic disease best practice workflows using Population Health software, and provide more opportunities for staff, leader, and provider input."	Review of workflows occur (Y/N)	Monthly		COO, Medical Director, Nursing Director
Priority 3		3.1.2 Continue to grow bilingual staff and providers.	Number of bilingual staff and providers measured against baseline	Annual	Baseline needed	Management, HR
Priority 3	3.2 Identify and address disparities.	3.2.1 Implement the TACHC Pilot program, the Social Determinants of Health (SDoH) Initiative in 2022. The SDoH Initiative will allow CHW to identify and address disparities and in turn focus on providing greater	TACHC SDoH program is implemented (Y/N)	12/31/2025		COO
Priority 3		3.2.2 Implementation of value-based care into practice.	Value-based care is implemented (Y/N)	Ongoing	May involve trainings and community feedback to measure	COO, Medical Director, Nursing Director, Dental Director, Management
Priority 3	3.3 Utilize Electronic Medical Record (EMR) data from NextGen to drive SDoH efforts.	3.3.3 Utilize Electronic Medical Record (EMR) data from NextGen to drive SDoH efforts.	EMR data used for SDoH (Y/N)	12/31/2025		All staff, Health Information Manager
Priority 3		3.3.4 Continue in-service discussions educating staff about the collection of SDoH data, identify patient needs, and connect patients to resources.	In-service discussions occur (Y/N)	Monthly		COO, Medical Director, Nursing Director, Dental Director
Priority 4	4.1 Expand and maintain strategic partnerships with other organizations and community leaders.	4.1.1 Expand partnerships with more community leaders through community health worker outreach and outreach activities, leveraging the special relationship between GCHD and CHW to enhance outreach.	Number of partnerships and outreach efforts measured against baseline	Bi-annual	Baseline needed	CEO, COO, Medical Director, Dental Director

Priority 4		4.1.2 Maintain communications with partners through in-person meetings, phone calls, emails, and events. Ensure communications occur at least every six months.	Documentation or record of communications	Bi-annual		All staff, Management
Priority 4		4.1.3 Provide opportunities for partners to deliver feedback to CHW through surveys, interviews, and focus groups.	Feedback occurs (Y/N)	Bi-annual		Management
Priority 4		4.1.4 Co-host collaborative events with partners' involvement quarterly.	Events occur (Y/N)	Quarterly		Management
Priority 4	4.2 Execute activities with attention to maximizing impact.	4.2.1 Utilize the most up to date data, including heat maps, regarding health concerns in Galveston County and create activities to address those concerns.	Up to date data is used (Y/N)	Bi-annual		Health Information Manager, Outreach Program Manager, COO as bridge to GCHD
Priority 4		4.2.2 Conduct educational and health promoting activities in geographic locations that respond to needs relevant to that area.	Relevant activities and promotion of those activities occur (Y/N)	Bi-annual		Outreach Program Manager, Management
Priority 4		4.2.3 Increase social media outreach partnerships, sharing information from partners to CHW's network and ask partners to share CHW posts to their networks.	Quantify social media partnerships and measure against baseline	Bi-annual	December 2021 • 92 social media posts * In December, we were sharing our COVID-19 report	Marketing Director
Priority 5	5.1 Upgrade CHW technology for care improvements and efficiency.	5.1.1 Upgrade HR, payroll, and accounting and finance software.	Software updated (Y/N)	12/31/2025		HR, Accounting
Priority 5		5.1.2 Expand and optimize virtual care.	Virtual care expanded (Y/N)	12/31/2025		Medical Director, Dental Director
Priority 5		5.1.3 Population Health implementation beginning in April 2022.	Population Health is implemented (Y/N)	12/31/2025		Health Information Manager, COO, Medical Director
Priority 5		5.1.4 Monitor patient experience based on patient satisfaction surveys and develop interventions as needed.	Patient satisfaction surveys are collected and reviewed (Y/N) interventions implemented as needed (Y/N)	Bi-annual	December 2021 = 44 TACHC monitors and compiles results of the survey as	Patient Services Manager
Priority 5		5.1.5 Routine audits of newly implemented technology for functionality and potential gaps.	Audits occur (Y/N)	Bi-annual		Management
Priority 5	5.2 Develop or update processes enhancing communication and work performance.	5.2.1 Develop more robust standard operating procedures for all aspects of care.	SOPs are created or revised (Y/N)	Bi-annual		Public Health Policy Specialist, Management, COO
Priority 5		5.2.2 Regularly solicit and act upon meaningful staff and patient feedback.	Feedback is solicited (Y/N), Action is taken in response to feedback (Y/N) and documentation of the response	Bi-annual		Patient Services Manager, HR
Priority 5		5.2.3 Conduct annual performance reviews and improvement plans.	Performance reviews and improvement plans conducted (Y/N)	Annual		HR, Management
Priority 5		5.2.4 Development of SHP dashboard that is updated bi-annually.	Dashboard created and updated (Y/N)	Bi-annual		Public Health Policy Specialist
Priority 5	5.3 Leverage existing technologies.	5.3.1 Maximize the current use of NextGen through tracking patient referrals and emergency room discharges.	Patient referrals and emergency discharges tracked (Y/N)	Ongoing		Referral Manager
Priority 5		5.3.2 Maximize the current use of NextGen by creating workflows that allow improved patient follow-up.	Workflows created (Y/N)	Bi-annual	May use no-shows and number of follow up appointments booked as a measure	Medical Director, Health Information Manager

Priority	Goal	Tasks	Measurement	Measurement Cadence	Actions/Progress - Note the date (MM/YY)
Priority 1	1.1 Recruit and retain top talent.	1.1.1 Complete market analysis and applicable wage adjustments by 2025.	Market analysis and wage adjustment completion (Y/N)	12/31/2025	Completed for Patient Access Services, Nursing and Medical Assistants, Outreach Eligibility and Enrollment, Case Management Team, and Lab and X-ray. Ami shared doc 8/31 that addresses how pay equity was achieved (8/22)
Priority 1		1.1.2 Explore options for performance-based incentives by 2025.	Research and exploration completed (Y/N)	12/31/2025	Discussions ongoing with HR and Accounting (8/22)
Priority 1		1.1.3 Provide staff shout outs, icebreakers, and team building on an ongoing basis.	Monthly shout outs and team-building activities documented	Monthly	Every in-service icebreakers, monthly or weekly shout outs (8/22)
Priority 1		1.1.4 Provide opportunities to laterally transfer and be promoted.	Documentation of lateral transfer opportunities and promotions	Bi-annual	Promoted Wendy Jones to Compliance Officer (promotion), Donna Salcido moved to Credentialing Coordinator (transfer and promotion) (8/22)
Priority 1		1.1.5 Increase the number of educational opportunities for all CHW staff.	Documentation of training and educational opportunities measured against current baseline of opportunities.	Bi-annual	Officer, invited TACHC for Outreach Eligibility Enrollment training with all OEE staff, COO is proposing funding for Patient Access Specialist customer service, soft skill, and patient access trainings (grant not acquired yet) (8/22)
Priority 1		1.1.6 Work toward CHW becoming a teaching facility for community healthcare and clinical site rotations.	Outreach to students and logistical steps taken toward becoming a teaching facility (Y/N)	Bi-annual	Launched internal medicine residency program in July 2022, Texas Chiropractic College clinical rotation partnership goes live in September or October, agreement with Remington College for LVN and medical assistant students to rotate through the clinic (8/22)
Priority 1	1.2 Expand facility resources.	1.2.1 Develop ideas to create new revenue streams.	Ideas developed and explored (Y/N)	12/31/2025	ID inefficiencies in our RCM process, through this process we will directly effect revenue by IDing missed insurance claims & denials as well as strict monitoring of CHW accounts receivables. Taking focused marketing initiatives in hopes of including more Medicaid/Medicare
Priority 1		1.2.2 Counsel patients who qualify for coverage in accessing insurance.	Number of patients counseled	Bi-annual	All OEE staff were cross trained and are doing in-reach to current CHW self-pay patients by running EMR weekly reports to check potential Medicaid qualifying patients and reaching out to those individuals (8/22)
Priority 1		1.2.3 Grant exploration in the areas of substance use disorder, mental health counseling, social work, and dental health.	Grants were explored (Y/N)	Bi-annual	social worker position for the Case Management Department, Dental Director is actively searching for dental grants, partnership with Gulf Coast Center has been formed and will co-locate with CHW Galveston Clinic (8/22)
Priority 1	1.3 Maintain excellent care that is patient centered.	1.3.1 PCMH certification through TJC was achieved in 2021. Continue to follow workflows and processes.	Maintain PCMH workflows and processes (Y/N)	Ongoing	Jason Borillo was promoted to Director of Innovation and Quality Assurance and will spearhead the PCMH requirements and workflows (8/22)
Priority 1		1.3.2 Explore applicability of PCMH to the Dental Clinic.	Applicability explored, if yes, steps taken to apply (Y/N)	Bi-annual	In development (8/22)
Priority 1		1.3.3 Use PCMH Patient Guide for new patient introduction to CHW.	PCMH Patient Guide used for new patients (Y/N)	Ongoing	Monthly progress on Patient Guide, ideally with Borillo's promotion the work will be expedited (8/22)
Priority 1		1.3.4 Increase screening and prevention of the following chronic conditions: HTN, A1C or diabetes care, Mammograms, Colorectal Screening, and HIV care.	Number of tests for HTN, A1C or diabetes care, mammograms, colorectal screening, and HIV screening compared to baseline	Bi-annual	available to be provided), quality access program started with A1C and Diabetes Care focus through TACHC, COO and Borillo working on HIV care model and COO proposed patient navigator nurse for this program in the Incubator Grant (8/22)

Priority	Goal	Tasks	Measurement	Measurement Cadence	Actions/Progress - Note the date (MM/YY)
Priority 2	2.1 Expand access to specialties.	2.1.1 Integrate specialists for Physical Therapy, Gastroenterology, and Cardiology.	Recruitment of PT, Gastroenterologist, and Cardiologist (Y/N)	12/31/2025	Texas Chiropractic College will partner with CHW and be on-site twice a week for PT on a sliding scale basis (8/22)
Priority 2		2.1.2 Expand mental health resources.	Quantify resources against baseline	Annual	Gulf Coast Center partnership and co-locating at Galveston Clinic (8/22)
Priority 2		2.1.3 Expand general dentistry resources.	Quantify resources against baseline	Annual	In development (8/22)
Priority 2	2.2 Grow child health.	2.2.1 Partner with school health advisory councils and school nurses to expand CHW's reach to the pediatric population.	Number of partnerships and outreach efforts measured against baseline	Bi-annual	In development (8/22)
Priority 2		2.2.2 Operate with an increased number of providers and ancillary staff in comparison to the close of 2016-2021 SHP date.	Number of providers and ancillary staff measured against baseline	12/31/2025	Additional providers, nurses, and support staff have been hired -- Exact numbers HR? Extending reach by bringing in residents (8/22)
Priority 2	2.3 Grow patient population.	2.3.1 Increase number of total unduplicated patients by 3,500 patients by December 2025.	Number of patients measured against baseline	12/31/2025	Patient Access Services is processing, on average, 800 applications a month (8/22)
Priority 2		2.3.2 Leadership ensures marketing and promotion of CHW across all platforms.	Marketing and promotion occurs across all platforms (Y/N)	Bi-annual	Partnership shared on site with media partner, currently running a weekly ad with The Daily News (runs once a week in print TV guide section, in traditional print paper, in the e-Edition and online. Working on commercials running in local movie theaters as well as digital, social media and print advertising. (6/22)

Priority	Goal	Tasks	Measurement	Measurement Cadence	Actions/Progress - Note the date (MM/YY)
Priority 3	3.1 Deliver care that is patient centered and responsive to community.	3.1.1 Monthly review of chronic disease best practice workflows using Population Health software, and provide more opportunities for staff, leader, and provider input.	Review of workflows occur (Y/N)	Monthly	Part of Borillo's promotion involves running reports from Pop Health Software to provide missed screening opportunities to providers and he will work on a plan standardizing provider plan of care and screening workflows
Priority 3		3.1.2 Continue to grow bilingual staff and providers.	Number of bilingual staff and providers measured against baseline	Annual	the EMR was awarded 40,000 in supplemental funding from a grant that was applied for in June 2022. This funding will support the purchase of four additional iPads and equipment and 1 year of LL F2F Video Interpretation services. (8/8/22), while addresssing pay equity there is standardized pay increase for people who are bilingual and have
Priority 3	3.2 Identify and address disparities.	3.2.1 Implement the TACHC Pilot program, the Social Determinants of Health (SDoH) Initiative in 2022. The SDoH Initiative will allow CHW to identify and address disparities and in turn focus on providing greater resources were needed to patients.	TACHC SDoH program is implemented (Y/N)	12/31/2025	TACHC Quality Access Team established with Ami, Luz, Virginia, Tiffany, Pisa, Martha, and Kristina. Monthly coaching sessions second Tuesdays starting in (8/22)
Priority 3		3.2.2 Implementation of value-based care into practice.	Value-based care is implemented (Y/N)	Ongoing	Core team built coaching monthly sessions established - 2nd Tuesdays starting in (8/22) (from Luz) *Ask Ami
Priority 3		3.2.3 Utilize Electronic Medical Record (EMR) data from NextGen to drive SDoH efforts.	EMR data used for SDoH (Y/N)	12/31/2025	Luz uploaded SDoH screening form to NextGen, EMR (8/22)
Priority 3		3.2.4 Continue in-service discussions educating staff about the collection of SDoH data, identify patient needs, and connect patients to resources.	In-service discussions occur (Y/N)	Monthly	Daily and during in-service these discussions are ongoing and information is shared (8/22)

Priority	Goal	Tasks	Measurement	Measurement Cadence	Actions/Progress - Note the date (MM/YY)
Priority 4	4.1 Expand and maintain strategic partnerships with other organizations and community leaders.	4.1.1 Expand partnerships with more community leaders through community health worker outreach and outreach activities, leveraging the special relationship between GCHD and CHW to enhance outreach.	Number of partnerships and outreach efforts measured against baseline	Bi-annual	Gulf Coast Center co-locating with Galveston Clinic, working with UTMB on more effective and streamlined referral process for uninsured patients with no medical home, working on more streamlined referral system with St. Vincent's, UTMB Internal medicine and Texas Chiropractic program relationships developed (8/22)
Priority 4		4.1.2 Maintain communications with partners through in-person meetings, phone calls, emails, and events. Ensure communications occur at least every six months.	Documentation or record of communications	Bi-annual	Face to face meetings and facility tours with Gulf Coast Center, regular team calls with UTMB IM leaders, took part in on-site meetings with AETC CHECKS (The Collaborative for HIV Education, Clinicians, and Key Stakeholders Linkage to Care Workgroup) program (8/22)
Priority 4		4.1.3 Provide opportunities for partners to deliver feedback to CHW through surveys, interviews, and focus groups.	Feedback occurs (Y/N)	Bi-annual	In development (8/22)
Priority 4		4.1.4 Co-host collaborative events with partners' involvement quarterly.	Events occur (Y/N)	Quarterly	The Collaborative for HIV Education, Clinicians, and Key Stakeholders (CHECKS) Linkage to Care Workgroup held quarterly onsite CHW to the focus group meeting with lunch provided.
Priority 4	4.2 Execute activities with attention to maximizing impact.	4.2.1 Utilize the most up to date data, including heat maps, regarding health concerns in Galveston County and create activities to address those concerns.	Up to date data is used (Y/N)	Bi-annual	Working to upgrade EMR to support SDOH assessments and data collection (8/22)
Priority 4		4.2.2 Conduct educational and health promoting activities in geographic locations that respond to needs relevant to that area.	Relevant activities and promotion of those activities occur (Y/N)	Bi-annual	July 23 - Hitchcock Resource Round-Up - Hitchcock Primary School, July 30 - 10-12 - Back to School Outreach - CHW, August 3 - 9-12 - Back to School Event - Ball High School, August 13 - 10-12 - Community Outreach - Mt Carmel Baptist Church (8/22)
Priority 4		4.2.3 Increase social media outreach partnerships, sharing information from partners to CHW's network and ask partners to share CHW posts to their networks.	Quantify social media partnerships and measure against baseline	Bi-annual	running a weekly ad with The Daily News (runs once a week in print TV guide section, in traditional print paper, in the e-Edition and online. Working on commercials running in local movie theaters as well as digital, social media and print advertising. (6/22)

Next update placeholder

GCHD / CHW hosted a Community Partner Networking Breakfast this Wednesday, September 28, 2022 from 8:30a-10a. Over 80 people in attendance.

League City Outreach, September 14 - Gulf Coast Water Authority Health Fair, October 15 - 10-12 - GCHD Health Fair - Tx City Moore Memorial Library, October 29 - 10-1 - Fall Family Festival - Galveston, November 10 - 4-7pm - League City Health and Wellness Expo, Ongoing - 3rd Wednesday of each

Priority	Goal	Tasks	Measurement	Measurement Cadence	Actions/Progress - Note the date (MM/YY)
Priority 5	5.1 Upgrade CHW technology for care improvements and efficiency.	5.1.1 Upgrade HR, payroll, and accounting and finance software.	Software updated (Y/N)	12/31/2025	UGK is being implemented for payroll and HR and parent company SAGE is being implemented for Accounting TBD Oct. 1 (8/22)
Priority 5		5.1.2 Expand and optimize virtual care.	Virtual care expanded (Y/N)	12/31/2025	Reevaluating and rewriting telehealth processes, when patients call for an appointment telehealth is offered in lieu of face to face if applicable (8/22)
Priority 5		5.1.3 Population Health implementation beginning in April 2022.	Population Health is implemented (Y/N)	12/31/2025	Population health has been completely onboarded and implemented into practice as of (8/30). Standardized workflows are being evaluated and set to be implemented later this fall (8/30)
Priority 5		5.1.4 Monitor patient experience based on patient satisfaction surveys and develop interventions as needed.	Patient satisfaction surveys are collected and reviewed (Y/N) interventions implemented as needed (Y/N)	Bi-annual	Ongoing (8/22)
Priority 5		5.1.5 Routine audits of newly implemented technology for functionality and potential gaps.	Audits occur (Y/N)	Bi-annual	Audit conducted by Luz, Dr. Choi, and COO. Redundancies found in softwares and service was discontinued with one company. (7/22)
Priority 5	5.2 Develop or update processes enhancing communication and work performance.	5.2.1 Develop more robust standard operating procedures for all aspects of care.	SOPs are created or revised (Y/N)	Bi-annual	Credentialing Program created SOPs and are implemented, OEE Program SOPs were created and are implemented (8/22)
Priority 5		5.2.2 Regularly solicit and act upon meaningful staff and patient feedback.	Feedback is solicited (Y/N), Action is taken in response to feedback (Y/N) and documentation of the response	Bi-annual	Ongoing (8/22)
Priority 5		5.2.3 Conduct annual performance reviews and improvement plans.	Performance reviews and improvement plans conducted (Y/N)	Annual	Leadership has identified a go-live date of November for roll out of Performance Reviews with incentives / merit based raises being offered in January 2023.
Priority 5		5.2.4 Development of SHP dashboard that is updated bi-annually.	Dashboard created and updated (Y/N)	Bi-annual	SHP Dashboard updated (8/22)
Priority 5	5.3 Leverage existing technologies.	5.3.1 Maximize the current use of NextGen through tracking patient referrals and emergency room discharges.	Patient referrals and emergency discharges tracked (Y/N)	Ongoing	Ongoing (8/22)
Priority 5		5.3.2 Maximize the current use of NextGen by creating workflows that allow improved patient follow-up.	Workflows created (Y/N)	Bi-annual	NextGen committee formed (Medical Director, Dr. Choi; Physician, Dr. Garcia; Mid-Level Lead, Borillo; COO, Ami; HIM, Luz) Will meet once a month to improve processes of workflows, documentation, CPT/ICD10, and provider education (8/5/22)



GALVESTON COUNTY HEALTH DISTRICT

UNITED BOARD OF HEALTH

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

**United Board of Health
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Comments from Board Members**