

**AGENDA**  
**Board of Health Meeting**

**When: 7:00 a.m., Wednesday, December 17, 2025**

**Where: Classroom/205 Shands Building**

**FILED**  
**AT 8:49 O'CLOCK A.M.**  
**DEC 11 2025**

AMY FINCHER  
County Clerk, County Court at Law  
Angelina County, Texas

<https://teams.microsoft.com/join/19%3ameeting-YjRiNmYvMmUtNDRhZS00YTJkLWJkMGMtOTcvODE5ZmEzZTA0%40thread.v2%3fcontext=%7b%22tid%22%3a%22b47be331-a44c-4dfb-88cb-12b914a1b9a7%22%2c%22oid%22%3a%22fd1025b0-ec6b-49c59d11-6576ca1672c1%22%7d>

**Meeting ID: 217 114 919 560 1**

**Passcode: 356Nr6iz**

Page No.

- A. Welcome
- B. Prayer
- C. Public Forum
- D. Discuss and Consider the Approval of Minutes from 11/19/2025 2-6
- E. Discuss and Consider Approval of September and October Financial Statements FY 2026 7-12
- F. Discuss and Consider identifying potential Trustee members for Endowment Trust. The board of trustees will be composed of eleven (11) members who shall be elected by the Board of Grantor. Three (3) members of the board of trustees will be members of Grantor's Board and include at least one officer of Grantor's Board and eight (8) members shall be residents of Angelina County.
- G. Discuss and consider approval to increase employee's salary for retention purposes from \$32,659.92 to \$37,440.00.
- H. Discuss and consider approval for changes in the Retirement Plan Document: 1.) Allows eligible employees to enroll or change Retirement elections once per 3 month period and 2.) Allows fund to distribute funds to terminated employees after 30 days of separation.
- I. Discuss and Consider approving current NP's salaries increases due to increase responsibilities that resulted in elimination of lead PA position (maximum \$10,000 salary each).
- J. Discuss and Consider approval termination of Hillard and Son Landscaping contract costing \$18,000/year to Affordable Lanscaping 13-16  
costing \$15,000/year.
- K. Discuss and Consider Approving Policies # 309 Relocation Incentive Policy, #718 Denial Vs. Termination of Client Services Policy and 17-43  
Procedure for Disruptive Patient Policy, # 728 Adolescent Counseling for Title X and Family Planning Services, #727 Use of Artificial Intelligence for Provider and Clinical Documentation, #1013 WIC Referral to Health Services, #1014 WIC Outreach Plan, #1015 WIC Disposal of Records, #1205 ACCHD and WIC Comprehensive Quality Management Plan, #1500 Marketing Student Policy
- L. Attorney Riley Update on Purchasing ACCHD Building.
- M. Financial Update: Anthony Carter
- N. Administrative Update: Yesenia Cabral-Fletcher
- O. Adjourn

**MINUTES OF THE REGULAR MEETING OF  
THE BOARD OF HEALTH  
OF  
ANGELINA COUNTY & CITIES HEALTH DISTRICT  
HELD ON THE 19<sup>TH</sup> DAY OF NOVEMBER 2025.**

On the 19<sup>th</sup> day of November 2025, the Board of Health of Angelina County & Cities Health District, Lufkin, Texas convened in a Regular Meeting in the Classroom/205 Shands St, Lufkin TX, 75904, WIC building with the following members, thereof to wit:

**BOH MEMBERS PRESENT**

Dr. Kyle King  
Judge Pete Johnson  
Dr. Brittany Hanes  
Mayor Trey Wilkerson  
Dr. Christina Graves  
Commissioner Kenneth Jeffrey  
Dr. Karina Urquia  
Mayor Todd Ricks

**STAFF PRESENT**

Yesenia Cabral-Fletcher, Administrator  
Anthony Carter, Finance Director  
Martha Hernandez, Executive Assistant  
Carlos Fernandez, Systems & Facilities Supervisor  
Kaleb Ricks, Finance Assistant Manager  
Omar Estrada, Director of Environmental Services  
Veronica Bryd, Food Inspector  
Rebecca Martin, CPW Outreach  
Hollin Thompson, WIC Director  
Talisha Goolsby, CPW Case Manager

**GUESTS PRESENT**

Krystal Garcia Riley- Attorney  
Dr. Joshua Allen-Medical Director left early

**BOH MEMBERS NOT PRESENT**

Chief Jesse Moody-Chair  
Pam Hooks  
Dr. Jerry Johnson  
Dr. Emily Todd-Parker  
Being absent when the following business was transacted.

- A. **WELCOME**- The meeting was called to order by Board Member Mayor Trey Wilkerson 7:13a.m., with a quorum present. Board Member Mayor Trey Wilkerson welcomed the Board and thanked everyone for their attendance.
  
- B. **PUBLIC FORUM**- Board Member Mayor Trey Wilkerson opened the public comment period at 7:14a.m., and one public comment was made. Veroncia Byrd, an ACCHD employee, read a statement regarding her resignation from the organization. There being no more who wished to speak, Mayor Wilkerson closed the Public Forum at 7:17am.
  
- C. **DISCUSS AND CONSIDER STARTING ALL BOARD OF HEALTH MEETINGS WITH A PRAYER AS FIRST AMENDMENT RIGHT CLAUSE “THE FREE EXERCISE CLAUSE”.-APPROVED.**

ACCHD Administrator, Yesenia Cabral-Fletcher presented the request for adding prayer to the beginning of the BOH meetings.

Board Member Commissioner Kenneth Jeffrey moved to approve the prayer request as presented. Board Member Dr. Christina Graves seconded the motion and a unanimous vote to approve was recorded. Board Member Commissioner Kenneth Jeffrey offered the first prayer to start meeting.

## **CONSENT AGENDA**

### **D. MINUTES OF THE BOH MEETING OF OCTOBER 15<sup>TH</sup>, 2025 -APPROVED.**

Board Member Dr. Karina Urquia moved to approve October 15, 2025, BOH meeting minutes as presented. Board Member Dr. Kyle King seconded the motion and a unanimous vote to approve was recorded.

### **E. DISCUSS AND CONSIDER APPROVAL OF FY2025 AUGUST (END OF FISCAL YEAR 2025) FINANCIAL REPORT-APPROVED.**

Anthony Carter, Finance Director, presented the August Financial Report. Expenses are being reviewed and monitored for better control of these expenses. Quite a few shortfalls have been from cuts in grants this past fiscal year. CYSHCN program is very well funded and looking to make sure all expenses are accounted for. He also reported that he adjusted the budget for next year for employee benefits in Medical Insurance since there were increases in expenses.

Board Member Dr. Kyle King moved to approve the August 2025 Financial Report as presented. Board Member Mayor Todd Ricks seconded the motion and a unanimous vote to approve was recorded.

### **F. CONSIDER APPROVING THE ETHICS COMMITTEE DECISION RUBRIC, CHARTER AND SUBCOMMITTEE.-APPROVED.**

Yesenia Cabral-Fletcher, ACCHD Administrator, presented the Ethics Committee Decision Rubric Charter and the formation of the Subcommittee. Yesenia explained the decision for the formation of this Subcommittee and the members that would be part of this Subcommittee. This is for equal and fair decision making on medical needs of patients. The starting budget for these requests is \$30,000.

Board member Dr. Kyle King moved to approve the formation of the Ethics Committee Decision Rubric Charter and the formation of the Subcommittee. Board Member Dr. Karina seconded the motion and a unanimous vote to approve was recorded.

**G. DISCUSS AND CONSIDER YEAR 1-5 ACCHD GOALS – APPROVED WITH CONDITIONS.**

Yesenia Cabral-Fletcher, ACCHD Administrator, presented the plans for future goals.

Board Member Commissioner Kenneth Jeffrey moved to approve the consideration of the 1-to-5-year goals for ACCHD with the suggested item , 340B Pharmacy Program be deleted from the list of items. Board Member Commissioner Dr. Karina Urquia seconded the motion and a unanimous vote to approve was recorded.

**H. DISCUSS AND CONSIDER NEXT STEPS FOR ENDOWMENT TRUST.-NO ACTION TAKEN**

Yesenia Cabral-Fletcher, ACCHD Administrator, recommended the BOH nominate new trustees to be part of the Endowment Board that was established in 2008. Yesenia reported that the Endowment Fund currently has a balance of \$92,000. In 2010, there were three (3) BOH members and eight (8) Community Members as part of the Board of Trustees.

This proposal was tabled for further discussion in the future; it was recommended that members of the BOH form a nominating committee and reach out to city managers to seek recommendations for candidates. The board of health decided to table this request to gather more information and time to nominate new members.

**I. DISCUSS AND CONSIDER APPROVAL OF YOUTH SUPPORT PROGRAM COMMITTEE, FORMULATED BY ACCHD AND COMMUNITY LEADERS-.**

Yesenia Cabral-Fletcher, ACCHD Administrator, presented the committee charter and creation of the Youth Support Program Committee.

Board Member Judge Pete Johnson moved to approve the charter and the formation of the Youth Support Program Committee. Board Member Dr. Brittany Hanes seconded the motion and a unanimous vote to approve was recorded.

**J. DISCUSS AND CONSIDER APPROVING POLICIES TITLED: 421 Salary Increase Based on Merit, 515 Volunteer Staff Policy, 1000 WIC P Plan for Coordination of Program Operations, 1001 WIC Inventory Property Management, 1002 WIC Provision of Services to Individuals with Disabilities, 1003 WIC High Risk Referrals, 1004 WIC Child Abuse Reporting, 1005 WIC Civil Rights Complaints, 1006 WIC Infection Disease Control, 1007 WIC Satellite Clinics, 1008 WIC Contingency Plan for CA, 1009 WIC Extension of Timeframes, 1010 WIC Procedures for Issuing and Cleaning Multiuse Pumps, 1011 WIC Procedure for Proof of Identify, 1012 WIC Transfer of Records Procedure, 1300 Pharmacy Class D Compliance, 1301 Normal Pharmacy Operations and Emer. Ops, 1302, Licensing and Regulations, 1303 Pharmacy Inventory, 1304 Drug Recall, 1305 Drug Storage, 1306 Contaminated Drugs, 1307**

**Correct Labeling of Medications, 1308 Auxiliary Labels, 1309 Drug Destruction Policy, 1310 Drug Donation and Drug Proc, 1311 Drug Proc Purchasing, Ordering and Receiving, 1312 Drug Theft and Drug Diversion, 1313 Drug Error Reporting, 1314 Drug Packaging, repackaging and Labeling, 1315 Drug Requiring Special monitoring, 1316 Pharmacy Record Keeping, 1317 Pharmacy Security, 1318 Pharmacy Sanitation and Organization, 1319 Drug Expiration and Procedure, 1320 Pharmacy Quality Assurance and Retrospective Pharmacy Review, 1321 Pharmacy Staff training, 1322 Drug Information and Patient Edu, 1323 Medication Error, 1324 Pharmacy Formulary, 1325 Pharmacy library, 1326 Drug Samples, 1403 Downtime Procedures, 1404 Facility Safety Inspection .-APPROVED.**

Yesenia Cabral-Fletcher, ACCHD Administrator, presented to the Board of Health the policies to be considered as follows: #421 Salary Increase Based on Merit, #515 Volunteer Staff Policy, #1000 WIC P Plan for Coordination of Program Operations, #1001 WIC Inventory Property Management, #1002 WIC Provision of Services to Individuals with Disabilities, #1003 WIC High Risk Referrals, #1004 WIC Child Abuse Reporting, #1005 WIC Civil Rights Complaints, #1006 WIC Infection Disease Control, #1007 WIC Satellite Clinics, #1008 WIC Contingency Plan for CA, #1009 WIC Extension of Timeframes, #1010 WIC Procedures for Issuing and Cleaning Multiuse Pumps, #1011 WIC Procedure for Proof of Identify, #1012 WIC Transfer of Records Procedure, #1300 Pharmacy Class D Compliance, #1301 Normal Pharmacy Operations and Emer. Ops, #1302, Licensing and Regulations, #1303 Pharmacy Inventory, #1304 Drug Recall, #1305 Drug Storage, #1306 Contaminated Drugs, #1307 Correct Labeling of Medications, #1308 Auxiliary Labels, #1309 Drug Destruction Policy, #1310 Drug Donation and Drug Proc, #1311 Drug Proc Purchasing, Ordering and Receiving, 1312 Drug Theft and Drug Diversion, 1313 Drug Error Reporting, #1314 Drug Packaging, repackaging and Labeling, #1315 Drug Requiring Special monitoring, #1316 Pharmacy Record Keeping, #1317 Pharmacy Security, #1318 Pharmacy Sanitation and Organization, #1319 Drug Expiration and Procedure, #1320 Pharmacy Quality Assurance and Retrospective Pharmacy Review, #1321 Pharmacy Staff training, #1322 Drug Information and Patient Edu, #1323 Medication Error, #1324 Pharmacy Formulary, #1325 Pharmacy library, #1326 Drug Samples, #1403 Downtime Procedures, #1404 Facility Safety Inspection.

Board Member Commissioner Kenneth Jeffrey moved to approve the policies as recommended. Board Member Dr. Kyle King second the motion, and a unanimous vote was recorded.

**K. ATTORNEY RILEY UPDATE ON PURCHASING ACCHD BUILDING**

Attorney Krystal Garcia Riley reported no new update. She has not been able to connect with St. Luke's Hospital administrator, Eric Robinson.

**L. FINANCE UPDATE: ANTHONY CARTER**

Anthony Carter, Finance Director, reported that ACCHD is in good financial standing. He also reported that a new personnel member has been hired to help with credentialing for providers in Medicaid.

**M. ADMINISTRATIVE UPDATE: YESENIA CABRAL-FLETCHER.**

Yesenia Cabral-Fletcher, ACCHD Administrator, reported that a previous ex-employee has been actively recruiting team members for a new clinic that will be opening in Lufkin next year. Many rumors on whether ACCHD is financially sound have been addressed and debunked. ACCHD also applied for a \$50,000 grant from the Alzheimer's' Association for Healthy Brain Initiative was submitted.

She also reported that ACCHD has a Memo of Understanding with Angelina County Jail to continue to provide STD services.

She also reported that an emphasis is being put on bringing some major improvements to the aesthetics of the building.

Ms. Cabral-Fletcher reported that the WIC satellite site in Diboll is closed due to improvements that need to be made to the building. Landlords have been contacted and should have all major repairs finished by January 2026.

The Youth Support Program is in full planning momentum and going strong. The customer satisfaction surveys for ACCHD Quality Assurance are underway and has shown some favorable results. Credentialing is going well and moving forward. The next point of focus is on employee morale. An anonymous suggestion box for employees has been placed in the breakroom for concerns.

**N. ADJOURN.**

There being no further business, Board Member Mayor Trey Wilkerson adjourned the meeting at 8:06a.m.

		Month 1	Month 2		
<b>ANGELINA COUNTY &amp; CITIES HEALTH DISTRICT</b>					
<b>REVENUES &amp; EXPENDITURES - FY2026</b>					
	Operating Budget 2026	Sept	Oct	YTD	
<b>REVENUES</b>				<b>16.67%</b>	
<b>COUNTY &amp; CITIES FUNDS</b>					
Angelina County	\$ 130,586	\$ 3,265	\$ 3,265	\$ 6,529	5.00%
City Lufkin	\$ 56,905	\$ 2,845	\$ 2,845	\$ 5,691	10.00%
City Diboll	\$ 8,637	\$ 432	\$ 432	\$ 864	10.00%
City Huntington	\$ 3,512	\$ 176	\$ 176	\$ 351	10.00%
City Hudson	\$ 8,462	\$ 423	\$ 423	\$ 846	10.00%
City Zavalla	\$ 1,183	\$ 59	\$ 59	\$ 118	10.00%
<b>CNTY &amp; CITIES SUBTOTAL</b>	<b>\$ 209,285</b>	<b>\$ 7,200</b>	<b>\$ 7,200</b>	<b>\$ 14,399</b>	<b>6.88%</b>
<b>STATE OF TEXAS CONTRACTS</b>					
Imm. Field Nurse	\$ 148,670	\$ 15,397	\$ 14,046	\$ 29,443	19.80%
WIC	\$ 710,156	\$ 75,334	\$ 54,467	\$ 129,801	18.28%
State PHC	\$ 330,098	\$ 49,835	\$ 53,318	\$ 103,153	31.25%
State Family Planning	\$ 80,924	\$ 1,963	\$ -	\$ 1,963	2.43%
Title V	\$ 43,458	\$ 2,185	\$ 1,878	\$ 4,063	9.35%
BCCS	\$ 72,974	\$ 1,315	\$ 13,929	\$ 15,244	20.89%
BRLHO	\$ 19,118	\$ -	\$ 3,333	\$ 3,333	17.44%
Tuberculosis	\$ 36,786	\$ 3,381	\$ 3,392	\$ 6,773	18.41%
Bioterrorism	\$ 114,874	\$ 7,062	\$ 4,584	\$ 11,647	10.14%
Epidemiology	\$ 59,400	\$ 9,318	\$ 5,110	\$ 14,428	24.29%
Community Health Bridge	\$ 60,000	\$ 7,453	\$ 6,834	\$ 14,288	23.81%
CPW	\$ 220,147	\$ -	\$ -	\$ -	0.00%
CYSHCN FSCR	\$ 110,440	\$ 5,422	\$ 2,769	\$ 8,191	7.42%
CYSHCN CASE	\$ 67,000	\$ 4,278	\$ 4,359	\$ 8,638	12.89%
Public Health Infrastructure	\$ 202,492	\$ 13,735	\$ 13,947	\$ 27,681	13.67%
Rural Mental Health Initiative	\$ 113,690	\$ -	\$ 17,501	\$ 17,501	15.39%
Other State/Fed Grants	\$ -	\$ -	\$ -	\$ -	0.00%
<b>STATE OF TX SUBTOTAL</b>	<b>\$ 2,390,227</b>	<b>\$ 196,679</b>	<b>\$ 199,468</b>	<b>\$ 396,147</b>	<b>16.57%</b>
<b>ENVIRONMENTAL SERVICES</b>					
Food Service Inspections	\$ 206,711	\$ 122,106	\$ 74,052	\$ 196,158	94.89%
Lodging Inspections	\$ 900	\$ 1,900	\$ 2,998	\$ 4,898	544.18%
Schools/ Day Care Inspections	\$ 11,701	\$ 7,592	\$ 850	\$ 8,442	72.15%
Food Citations	\$ 4,000	\$ 6,250	\$ 50	\$ 6,300	157.50%
Environmental Inspections/Other	\$ 4,000	\$ 150	\$ 225	\$ 375	9.38%
Pool/Spa Inspection/Citation	\$ 4,400	\$ 1,600	\$ 500	\$ 2,100	47.73%

**ANGELINA COUNTY & CITIES HEALTH DISTRICT  
REVENUES & EXPENDITURES - FY2026**

	Operating Budget 2026	Sept	Oct	YTD	16.67%
Tanning Salons/Tattoo	\$ 5,300	\$ -	\$ -	\$ -	0.00%
<b>ENVIRON SUBTOTAL</b>	<b>\$ 237,012</b>	<b>\$ 139,598</b>	<b>\$ 78,675</b>	<b>\$ 218,273</b>	<b>92.09%</b>
<b>PREVENTION &amp; OTHER</b>					
Immunization	\$ 25,000	\$ 1,130	\$ 990	\$ 2,120	8.48%
TB Testing	\$ 10,000	\$ 680	\$ 480	\$ 1,160	11.60%
Influenza	\$ 5,250	\$ -	\$ 270	\$ 270	5.14%
Pneumonia	\$ 550	\$ -	\$ -	\$ -	0.00%
Meningitis	\$ 10,000	\$ 150	\$ -	\$ 150	1.50%
Hep B, Hep A	\$ 3,250	\$ -	\$ -	\$ -	0.00%
MMR, Polio, IPV, HPV, Varicella	\$ 15,200	\$ -	\$ 1,080	\$ 1,080	7.11%
Checking/Money Market Account Interest	\$ 40,000	\$ 1,931	\$ 3,078	\$ 5,009	12.52%
Local Grants	\$ 5,000	\$ -	\$ -	\$ -	0.00%
<b>PREVENTION SUBTOTAL</b>	<b>\$ 114,250</b>	<b>\$ 3,891</b>	<b>\$ 5,898</b>	<b>\$ 9,789</b>	<b>8.57%</b>
<b>PRIMARY CARE</b>					
Angelina Cnty Tax	\$ 1,421,000	\$ 100,000	\$ 100,000	\$ 200,000	14.07%
Medicaid	\$ 280,000	\$ 27,017	\$ 10,374	\$ 37,391	13.35%
CHIPS	\$ 4,500	\$ 1,666	\$ 235	\$ 1,901	42.24%
Provider Fees	\$ 10,000	\$ 500	\$ 350	\$ 850	8.50%
Pharmacy Fees	\$ 30,000	\$ 2,871	\$ 3,413	\$ 6,284	20.95%
County Gold Card	\$ 30,000	\$ 6,057	\$ 5,127	\$ 11,184	37.28%
Incentive Payments	\$ 10,000	\$ -	\$ -	\$ -	0.00%
STD Program	\$ 7,500	\$ -	\$ -	\$ -	0.00%
Laboratory	\$ 1,750	\$ -	\$ -	\$ -	0.00%
Medicaid Administration Claiming	\$ 90,000	\$ 4,500	\$ 4,500	\$ 9,000	10.00%
Temple Foundation	\$ 100,000	\$ 158,333	\$ 8,333	\$ 166,667	166.67%
Episcopal - Women's Health	\$ 127,500	\$ 11,996	\$ 11,934	\$ 23,930	18.77%
Baylor	\$ 5,000	\$ -	\$ -	\$ -	0.00%
Allow. for Uncoll.	\$ (35,000)	\$ (4,022)	\$ (3,147)	\$ (7,169)	20.48%
<b>PRIMARY SUBTOTAL</b>	<b>\$ 2,082,250</b>	<b>\$ 308,918</b>	<b>\$ 141,119</b>	<b>\$ 450,038</b>	<b>21.61%</b>
<b>TOTAL REVENUE Before Adjustments</b>	<b>\$ 5,033,024</b>	<b>\$ 656,287</b>	<b>\$ 432,359</b>	<b>\$ 1,088,646</b>	<b>21.63%</b>
<b>ADJUSTMENTS TO REVENUES</b>					
Donated Pharmaceutical	\$ 1,750,000	\$ 129,969	\$ 193,967	\$ 323,935	18.51%

**ANGELINA COUNTY & CITIES HEALTH DISTRICT  
REVENUES & EXPENDITURES - FY2026**

	Operating Budget 2026	Sept	Oct	YTD	16.67%
Building Lease	\$ 294,003	\$ 24,500	\$ 24,500	\$ 49,000	16.67%
State Vaccines	\$ 320,000	\$ 31,369	\$ 18,622	\$ 49,991	15.62%
<b>TOTAL REVENUES</b>	<b>\$ 7,397,027</b>	<b>\$ 842,125</b>	<b>\$ 669,448</b>	<b>\$ 1,511,573</b>	<b>20.43%</b>
After Adjustments					
<b>EXPENDITURES</b>					
<b>PERSONNEL</b>					
Salaries	\$ 2,773,086	\$ 205,940	\$ 202,172	\$ 408,113	14.72%
Fringe	\$ 644,818	\$ 18,906	\$ 51,827	\$ 70,733	10.97%
Retirement Exp	\$ 63,561	\$ 43,950	\$ -	\$ 43,950	69.15%
Annual / Sick Pay	\$ -	\$ -	\$ -	\$ -	0.00%
Temporary Personnel	\$ 13,264	\$ 11,959	\$ 4,439	\$ 16,398	123.63%
<b>PERSONNEL SUBTOTAL</b>	<b>\$ 3,494,729</b>	<b>\$ 280,755</b>	<b>\$ 258,438</b>	<b>\$ 941,617</b>	<b>26.94%</b>
<b>CONTRACTUAL/PROFESSIONAL SERVICES</b>					
Radiology	\$ 102,107	\$ 10,441	\$ 3,456	\$ 13,897	13.61%
Pharmaceutical	\$ 42,632	\$ -	\$ -	\$ -	0.00%
Laboratory	\$ 87,212	\$ 18,346	\$ 39	\$ 18,385	21.08%
Pharmacist	\$ 14,400	\$ 1,200	\$ -	\$ 1,200	8.33%
Audit	\$ 35,000	\$ -	\$ -	\$ -	0.00%
Consultants	\$ 104,799	\$ 8,152	\$ 2,617	\$ 10,768	10.28%
Other Professional Services	\$ 99,684	\$ 383	\$ 500	\$ 883	0.89%
IT Network Services	\$ 45,354	\$ 8,700	\$ 65	\$ 8,765	19.33%
Health Messaging/Outreach	\$ 71,109	\$ 4,965	\$ -	\$ 4,965	6.98%
PRN	\$ -	\$ -	\$ -	\$ -	0.00%
Medical Director/Supervising Physician	\$ 48,036	\$ -	\$ 7,500	\$ 7,500	15.61%
<b>CONTRACT SUBTOTAL</b>	<b>\$ 650,333</b>	<b>\$ 52,188</b>	<b>\$ 14,177</b>	<b>\$ 66,365</b>	<b>10.20%</b>

**ANGELINA COUNTY & CITIES HEALTH DISTRICT  
REVENUES & EXPENDITURES - FY2026**

	Operating Budget 2026		Sept	Oct	YTD	16.67%
<b>UTILITIES &amp; MAINTENANCE</b>						
Rent	\$ 12,460	\$ 2,000	\$ -	\$ 2,000	\$ 2,000	16.05%
Storage Building Rentals	\$ 3,462	\$ 705	\$ 281	\$ 986	\$ 986	28.48%
Utilities	\$ 79,084	\$ 12,461	\$ 157	\$ 12,618	\$ 12,618	15.95%
Telephone	\$ 57,832	\$ 5,411	\$ 1,658	\$ 7,069	\$ 7,069	12.22%
Custodial	\$ 28,790	\$ 4,342	\$ 30	\$ 4,372	\$ 4,372	15.19%
Lawn Maintenance	\$ 20,419	\$ 2,898	\$ -	\$ 2,898	\$ 2,898	14.19%
Central Monitoring	\$ 5,482	\$ -	\$ -	\$ -	\$ -	0.00%
Satellite TV/First Alert	\$ 300	\$ -	\$ -	\$ -	\$ -	0.00%
Repairs & Maintenance	\$ 142,352	\$ 29,566	\$ 16,313	\$ 45,879	\$ 45,879	32.23%
<b>UTILITIES &amp; M SUBTOTAL</b>	<b>\$ 350,181</b>	<b>\$ 57,383</b>	<b>\$ 18,439</b>	<b>\$ 75,822</b>	<b>\$ 75,822</b>	<b>21.65%</b>
<b>OFFICE EXPENSE</b>						
Supplies	\$ 45,811	\$ 8,404	\$ 2,891	\$ 11,294	\$ 11,294	24.65%
Postage	\$ 9,450	\$ 379	\$ 328	\$ 707	\$ 707	7.48%
Computer Software	\$ 67,950	\$ 206	\$ 2,283	\$ 2,488	\$ 2,488	3.66%
Software Maintenance Fees	\$ 39,500	\$ 883	\$ -	\$ 883	\$ 883	2.23%
Printing	\$ 6,970	\$ -	\$ -	\$ -	\$ -	0.00%
Custodial Supply	\$ 9,137	\$ 729	\$ -	\$ 729	\$ 729	7.98%
Miscellaneous	\$ 6,385	\$ 1,182	\$ 279	\$ 1,461	\$ 1,461	22.89%
<b>OFFICE SUBTOTAL</b>	<b>\$ 185,203</b>	<b>\$ 11,783</b>	<b>\$ 5,780</b>	<b>\$ 17,563</b>	<b>\$ 17,563</b>	<b>9.48%</b>
<b>MEDICAL EXPENSE</b>						
Medical	\$ 115,530	\$ 8,552	\$ 6,157	\$ 14,709	\$ 14,709	12.73%
Laboratory	\$ 31,523	\$ 311	\$ -	\$ 311	\$ 311	0.99%
Pharmaceutical	\$ 48,803	\$ 8,752	\$ 1,737	\$ 10,489	\$ 10,489	21.49%
Breast Feeding	\$ 2,094	\$ 140	\$ -	\$ 140	\$ 140	6.67%
<b>MEDICAL SUBTOTAL</b>	<b>\$ 197,950</b>	<b>\$ 17,754</b>	<b>\$ 7,894</b>	<b>\$ 25,648</b>	<b>\$ 25,648</b>	<b>12.96%</b>
<b>TRAVEL</b>						
Auto Insurance	\$ 1,418	\$ 124	\$ 124	\$ 248	\$ 248	17.49%
Mileage Reimb	\$ 11,784	\$ 316	\$ -	\$ 316	\$ 316	2.68%
Gas & Maint	\$ 6,500	\$ 81	\$ 62	\$ 142	\$ 142	2.19%
Prof Education	\$ 16,253	\$ 424	\$ -	\$ 424	\$ 424	2.61%
<b>TRAVEL SUBTOTAL</b>	<b>\$ 35,955</b>	<b>\$ 945</b>	<b>\$ 185</b>	<b>\$ 1,130</b>	<b>\$ 1,130</b>	<b>3.14%</b>
<b>FURNITURE &amp; EQUIPMENT</b>						

**ANGELINA COUNTY & CITIES HEALTH DISTRICT  
REVENUES & EXPENDITURES - FY2026**

	Operating Budget		Sept	Oct	YTD	16.67%
	2026					
Medical	\$	2,539	\$ -	\$ -	\$ -	0.00%
Office	\$	3,000	\$ -	\$ -	\$ -	0.00%
Computers	\$	1,500	\$ 8,465	\$ -	\$ 8,465	0.00%
Lab	\$	-	\$ -	\$ -	\$ -	0.00%
Vehicle	\$	-	\$ -	\$ -	\$ -	0.00%
Repairs	\$	-	\$ -	\$ -	\$ -	0.00%
<b>F &amp; E SUBTOTAL</b>	<b>\$</b>	<b>7,039</b>	<b>\$ 8,465</b>	<b>\$ -</b>	<b>\$ 8,465</b>	<b>0.00%</b>
<b>RENTAL/LEASE</b>						
Copter	\$	16,960	\$ 170	\$ 1,431	\$ 1,600	9.44%
<b>RENTAL SUBTOTAL</b>	<b>\$</b>	<b>16,960</b>	<b>\$ 170</b>	<b>\$ 1,431</b>	<b>\$ 1,600</b>	<b>9.44%</b>

**ANGELINA COUNTY & CITIES HEALTH DISTRICT  
REVENUES & EXPENDITURES - FY2026**

	Operating Budget 2026		Sept	Oct	YTD	16.67%
<b>OTHER</b>						
Clinician Benefits	\$ 6,000	\$ -	\$ -	\$ -	\$ -	0.00%
Liability	\$ 30,000	\$ 17,341	\$ 17,341	\$ 2,457	\$ 19,798	65.99%
Dues/Subs	\$ 7,596	\$ -	\$ -	\$ 2,500	\$ 2,500	32.91%
Seminar & Prof	\$ 11,362	\$ 640	\$ 640	\$ -	\$ 640	5.63%
Cobra Admin	\$ 4,135	\$ 106	\$ 106	\$ -	\$ 106	2.56%
Educ Material	\$ 8,082	\$ -	\$ -	\$ -	\$ -	0.00%
Retirement fees	\$ 5,000	\$ 5,220	\$ 5,220	\$ -	\$ 5,220	104.40%
Cash Short	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Legal Fees	\$ 17,500	\$ 4,897	\$ 4,897	\$ -	\$ 4,897	27.98%
<b>OTHER SUBTOTAL</b>	\$ 89,675	\$ 28,204	\$ 4,957	\$ 33,161	\$ 33,161	36.98%
<b>TOTAL EXPENDITURES</b>	\$ 5,028,025	\$ 457,647	\$ 311,301	\$ 1,171,371	\$ 1,171,371	23.30%
Before Adjustments						
<b>ADJUSTMENTS TO EXPENDITURES</b>						
Donated Pharmaceutical	\$ 1,750,000	\$ 129,969	\$ 129,969	\$ 193,967	\$ 323,935	18.51%
State Vaccines	\$ 320,000	\$ 31,369	\$ 31,369	\$ 18,622	\$ 49,991	15.62%
Building Lease	\$ 294,003	\$ 24,500	\$ 24,500	\$ 24,500	\$ 49,000	16.67%
<b>TOTAL EXPENDITURES</b>	\$ 7,392,028	\$ 643,485	\$ 548,390	\$ 1,594,298	\$ 1,594,298	21.57%
After Adjustments						
<b>EXCESS OF REVENUE</b>	\$ 4,999	\$ 198,640	\$ 121,058	\$ (82,725)	\$ (82,725)	
<b>OVER (UNDER) EXPENDITURES</b>						
Adjustment for Pharmaceutical Inventory	\$ -	\$ 159,316	\$ 82,889	\$ 242,206	\$ 242,206	
<b>EXCESS OF REVENUE</b>	\$ -	\$ 357,956	\$ 203,947	\$ 159,480	\$ 159,480	
<b>OVER (UNDER) EXPENDITURES</b>						

## Affordable Lawn Care & Landscape

897 Peachtree Rd., Pollok, TX 75969

936-212-3590 davidyarbrough31@gmail.com



December 1, 2025

Subject: Contract - Angelina County & Cities Health District  
503 Hill Street, Lufkin, TX 75904

Affordable Lawn Care & Landscape will provide the following:

All mowing, edging, trimming, maintaining hedges and flower beds on a weekly basis from March through October and bi-weekly November through February. The weekly services from March through October will be for \$1,500 (Fifteen Hundred) a month, payable as a net 30 and the bi-weekly services from November through February will be for \$750 (Seven Hundred & Fifty) a month payable as a net 30. This will total out to a cost of \$15,000 a year starting January 1st, 2026. All mulch and plants/shrubs will be provided at cost as needed (with prior notification).

If either party decides to void the contract, a 30 notice is requested.

We are fully insured and bonded.

We appreciate the contract and welcome the opportunity to be able to provide your lawn care maintenance services .

David Yarbrough (Owner)

936-212-3590

[Davidyarbrough31@gmail.com](mailto:Davidyarbrough31@gmail.com)

*David Yarbrough*

**LAWN SERVICE CONTRACT**

This Contract is entered into effective January 1, 2026, between Angelina County & Cities Health District, 503 Hill Street, Lufkin, TX 75904 (“District”), and David Yarbrough, individually and d/b/a Affordable Lawn Care & Landscape, 897 Peachtree Rd., Pollok, TX 75969 (“Contractor”)

- 1. **SERVICES.** Contractor shall provide lawn care and maintenance services at the District’s facility, including: all mowing, edging, and trimming; maintaining hedges and flower beds; weekly service from March through October; and bi-weekly service from November through February
- 2. **COMPENSATION.** The District shall pay Contractor \$1,100 per month for weekly services during the months of January through December; for a total annual cost of \$13,200. The payment terms are as follows: Net 30 days from receipt of invoice. Mulch and plants/shrubs will be provided at cost with prior District approval.
- 3. **TERM AND TERMINATION.** This Contract begins January 1, 2026, and continues until terminated by either party. Either party may terminate this Contract at any time, with or without cause, by providing 30 days’ written notice to the other party.
- 4. **INSURANCE.** Contractor represents that it is fully insured and bonded. Contractor shall maintain, at its own expense: Commercial general liability insurance with minimum coverage of \$1,000,000 per occurrence and workers' compensation insurance as required by Texas law. Contractor shall provide certificates of insurance to the District upon request.
- 5. **INDEPENDENT CONTRACTOR.** Contractor is an independent contractor, not an employee of the District. Contractor is responsible for all taxes, insurance, and benefits for Contractor and its employees.
- 6. **INDEMNIFICATION.** Contractor agrees to indemnify, defend, and hold harmless the District, its officers, employees, and agents from any claims, damages, losses, or expenses (including reasonable attorney's fees) arising from Contractor's negligent performance of services under this Contract or Contractor's breach of this Contract.
- 7. **PERFORMANCE STANDARDS.** Contractor shall: perform all services in a professional and workmanlike manner and use its own equipment and supplies.
- 8. **NOTICES.** All notices under this Contract shall be in writing and delivered to the parties at the addresses listed above.
- 9. **GOVERNING LAW/ENTIRE AGREEMENT.** This Contract shall be governed by the laws of the State of Texas. This Contract constitutes the entire agreement between the parties and supersedes all prior negotiations, representations, or agreements. This Contract may only be modified in writing signed by both parties.

ANGELINA COUNTY & CITIES HEALTH DISTRICT

Administrator Signature \_\_\_\_\_

Name: Yesenia Cabral-Fletcher



\_\_\_\_\_  
David Yarbrough, individually and d/b/a

Date:  
1.1.2026

AFFORDABLE LAWN CARE &  
LANDSCAPE



# Patriot Lawn Service

405 Ben Dunn Road | Lufkin, Texas 75904  
 2818537085 | patriotlawn@yahoo.com | patriotlawnservice.net

**RECIPIENT:**

**Angelina County & Cities Health District**  
 503 Hill Street  
 Lufkin, Texas 75904

Quote #393	
Sent on	Dec 15, 2025
<b>Total</b>	<b>\$568.31</b>

Product/Service	Description	Qty.	Unit Price	Total
Lawn Service- per service	<p>At the request of Mr. Jeffery Burns I was asked to put a quote together for these 2 properties. This quote will be for both properties at 503 Hill St (Health District) &amp; 205 Shands Dr (WIC Office). Invoices are sent out on completion of each visit/service, both properties will be combined on 1 invoice.</p> <p>This will be for a biweekly service throughout the year and will consist of the following:</p> <ul style="list-style-type: none"> <li>-Mowing, edging, weed eating of all grass areas and blowing off all hard services of debris.</li> <li>-Flower beds will be checked each visit for weeds and vegetation and kept clean and free of.</li> </ul> <p>(At any time at the request of Management that any flower beds need to be redone, it will be discussed on what the facility is wanting and once approved a separate invoice will be written up for plants and work and will be emailed over).</p> <ul style="list-style-type: none"> <li>- All shrubs and bushes will be kept maintained throughout year.</li> <li>- Grounds will be maintained and kept free of fallen limbs, trees from storms that are small to medium trees that doesn't require additional equipment will be picked up and hauled off.</li> <li>- Any large trees that require additional equipment will be discussed with Management and once/if approved a new invoice will be generated and emailed.</li> <li>- Irrigation system was discussed and Mr. Burns said they have a property manager that maintains the system.</li> <li>- Also discussed Patriot Lawn Service will not perform service if grounds are really wet or during rain, that is to prevent damage, ruts to grass areas. Whatever day we have it scheduled if it rains on that day, we will come the day before or 2 -3 days afterwards depending on rain fall.</li> <li>- Also, Patriot Lawn Service holds a 1-million-dollar liability insurance policy and will be available upon request.</li> <li>- Referrals will be giving upon request.</li> </ul> <p>If you have any questions about service or pricing, please feel free to reach out to me.          Appreciate your time,          Michael Thomason          281-853-7085          Patriotlawn@yahoo.com</p>	1	\$525.00	\$525.00



# Patriot Lawn Service

405 Ben Dunn Road | Lufkin, Texas 75904  
2818537085 | patriotlawn@yahoo.com | patriotlawnservice.net

<b>Subtotal</b>	\$525.00
<b>Texas (8.25%)</b>	\$43.31
<b>Total</b>	<b>\$568.31</b>

This quote is valid for the next 7 days, after which values may be subject to change.

Minimum pricing for yard work - \$50.00

All invoices are due upon receipt or due date.

Late fees will apply after due date at a rate of 10%, interest will be added to invoices past due over 60 days but not to exceed 19% yearly, and \$35.00 fee will be applied for returned checks.

If contract/agreement is terminated a 30-day notice and reason will be given, and all outstanding invoices will be paid in full.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Administrator**

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**Chairman of the Board**

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**Subject: Relocation Incentive Policy**

**Effective Date: December 17, 2025**

**Supersedes: New Policy**

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**Policy:** Angelina County & Cities Health District (ACCHD) establishes guidelines for incentive relocation compensation, justification and disbursement procedures. This Policy establishes the means through which ACCHD may compensate an Employee for expenses attributed to relocation for the purpose of employment with ACCHD. This incentive assists ACCHD in attracting a pool of talent to meet its needs. When traditional recruitment efforts have been unproductive, relocation incentives should be offered. The Administrator and Finance Director, with the approval of the Board of Health, may identify the need for an employee to receive relocation incentive compensation. The amount must be specified in the formal offer letter provided by the Administrator. The amount of the relocation incentive should be discussed in the onboarding process.

Factors that influence the decision to offer relocation compensation incentive include the following:

1. Ongoing Shortages making it challenging to fill positions quickly.
2. High Turnover Rates which can further complicated recruitment efforts.
3. Competitive Compensation to attract top talent, which can be a financial burden.
4. Geographic Challenges in rural areas due to limited access to resources and lower compensation compared to urban areas.

Qualifying Factors:

1. Full-time staff, or administrator of ACCHD.
2. The movement of a prospective employee residing more than 100 miles of their primary assigned work location to a location within 100 miles of their primary assigned work location for employment at ACCHD.
3. The employee must sign and submit the Relocation Incentive Agreement to receive a Relocation Incentive payment.
4. The Agreement shall be in effect for two (2) years or until the end of the employment appointment, whichever comes first.
5. The Agreement shall include the Employee's consent to allow ACCHD to deduct amounts to be repaid under the Agreement by the Employee to ACCHD from their earnings or unpaid leave.
6. The Employee shall review and execute the Agreement upon submitting his or her acceptance letter ACCHD.

## Definition

Relocation Incentive: a one-time lump sum payment to an Employee when it is in ACCHD's interest in incentivizing a prospective employee to move from one geographic location to another.

## Relocation Incentive Amount Determination:

1. The relocation incentive provided shall not exceed \$ 10,000.00.
2. Funds must be available.
3. The Board of Health Must approve the relocation incentive compensation.

## Exceptions for Relocation Incentive Amounts:

1. Relocation incentive shall not be offered to employees that have already been employed at ACCHD and choose to move farther away while they are employed.
2. The Relocation Incentive is not available to remote Employees whose primary work location is not
3. geographically dependent.

## Procedure for Payment of Relocation Incentive:

1. Payments will be divided into disbursements which include in first pay period and second payment after 1<sup>st</sup> year of service.
2. The hiring supervisor must submit all required paperwork, including the Personnel Action Form, Offer Letter, and signed Relocation Incentive Agreement.
3. All applicable taxes will be withheld from the payment of the Relocation Incentive.
4. The payments will be reported as taxable wages on the annual "Form W-2."
5. The Employee is responsible for retaining documentation of expenses for tax purposes, if applicable. The Employee is encouraged to consult a tax professional for further advice.
6. No other methods of payment outside of the payroll process are allowed.

## Repayment/Return of Relocation Incentive to ACCHD:

1. An Employee who resigns within two (2) years of their initial hire date will reimburse ACCHD the Relocation Incentive.
2. The employee must return 100% of Relocation Incentive to ACCHD.
3. An individual who obtains employment through fraudulent means and receives the Relocation Incentive must return one hundred (100%) percent of the Relocation Incentive upon demand.
4. Reimbursable amounts may be paid directly by the employee or, per agreement, withheld from wages due upon separation.
5. Unreimbursed amounts will be referred to collection enforceable by Attorney General, as further detailed in the Agreement.

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Administrator

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Chairman of the Board

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**Subject: Denial Vs. Termination of Client Services Policy and Procedure for Disruptive Patient Policy**

**Effective Date: December 17, 2025**

**Supersedes: September 17, 2025**

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**Policy:** Angelina County & Cities Health District (ACCHD) establishes guidelines for patient termination of services. ACCHD will not deny services to an eligible client due to an inability to pay, nor will ACCHD discriminate against any client. ACCHD will make every effort to ensure patients comply with all safety regulations by providing education regarding the risks associated with non-compliance/non-adherence.

### **Denial Of Services**

Angelina County & Cities Health District will provide care to people who are unable to pay for their care. No one is denied services based on their inability to pay. To be eligible for Primary Care, you must:

1. Have no private insurance and meet financial guidelines.
2. Provide proof about income and residence.
3. Complete an application and provide information required by ACCHD.
4. Forms and information about applying for Primary Care are available upon request.

### **Termination of Services**

ACCHD reserves the right to terminate services to a client if:

1. The client is disruptive, unruly, threatening, or uncooperative to the extent that the client seriously impairs ACCHD's ability to effectively and safely provide services.
2. Staff will document efforts to provide education on the risks associated with patient non-compliance/non-adherence.
3. The client's behavior jeopardizes their safety, or the safety of clinic staff or others.
4. The applicant has provided intentionally false or incomplete information on the application form.
5. The recipient is no longer eligible.

If ACCHD denies, modifies, suspends, or terminates services to a client, an explanation must be documented in the client's record. A client has the right to appeal the denial, modification, suspension, or termination of services. If the client is a PHC client, then staff must review the Appeals process in the PHC rules Title 26, Part 1, Chapter 364.

Click here for the link: [SECTION 364.15. Denial/Modification/Suspension/Termination of Services, SUBCHAPTER A. PRIMARY HEALTH CARE SERVICES PROGRAM, CHAPTER](#)

364. PRIMARY HEALTH CARE SERVICES PROGRAM, PART 1. HEALTH AND HUMAN SERVICES COMMISSION, TITLE 26. HEALTH AND HUMAN SERVICES, Texas Administrative Code

**Disruptive Patient Policy**

ACCHD is committed to providing a safe, respectful environment for all patients, staff, and visitors. While we recognize the right of all individuals to receive appropriate healthcare services, disruptive or threatening behavior will not be tolerated. This policy establishes procedures for managing patients and their family members or companions who exhibit disruptive, threatening, abusive, or violent behavior that interferes with patient care, endanger staff or other patients, or disrupts normal facility operations. The policy aims to balance patient access to necessary healthcare services with the safety and well-being of staff, other patients, and visitors. This policy applies to all staff, patients, visitors, and family members within all facilities and programs of ACCHD.

**Definition:**

1. **Disruptive Behavior:** Conduct that interferes with patient care, disrupts facility operations, or creates an unsafe environment. This includes but is not limited to:
  - a. Verbal abuse, profanity, or offensive language directed at staff, patients, or visitors.
  - b. Threats of violence against people or property.
  - c. Physical aggression or violence.
  - d. Intimidating behavior or harassment.
  - e. Refusal to comply with reasonable facility policies or safety protocols; and
  - f. Behavior that interferes with the care of other patients.
2. **Emergency Medical Condition:** A medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in placing the health of the individual in serious jeopardy.
3. **Workplace Violence:** Conduct that includes but is not limited to:
  - a. An incident involving the use of a firearm or other dangerous weapon, regardless of whether a healthcare provider or employee is injured; or
  - b. An act or threat of physical force against a healthcare provider or employee that results in, or is likely to result in, physical injury or psychological trauma.

**ACCHD reserves the right to:**

1. Establish and enforce reasonable behavioral expectations.
2. Remove disruptive individuals from the premises.
3. Limit or terminate services to patients who engage in threatening or violent behavior; and
4. Involve law enforcement when appropriate.

**Procedures:**

**A. Prevention and De-escalation**

1. **Staff Training:** All staff shall receive training on:
  - a. Recognizing signs of escalating behavior
  - b. De-escalation techniques
  - c. Workplace violence prevention
  - d. Appropriate response procedures

2. **Clear Communication:** Staff shall:
  - a. Clearly explain policies, procedures, and wait times
  - b. Listen actively to patient concerns
  - c. Remain calm and professional
  - d. Offer reasonable accommodation when possible

## **B. Response to Disruptive Behavior**

### **Level 1: Verbal Warning**

1. Staff member addresses the behavior directly with the patient/family member.
2. Explain facility expectations and consequences of continued disruptive behavior.
3. Document the incident in the patient record; and
4. Notify supervisor.

### **Level 2: Supervisor Intervention**

1. Supervisor meets with patient/family member.
2. Issue written warning outline:
  - a. Specific behavioral concerns.
  - b. Expected behavioral standards.
  - c. Consequences of continued violations.
3. Document in patient record; and
4. Consider security presence if warranted.

### **Level 3: Administrative Review**

1. Administrator or designee reviews the situation.
2. May implement restrictions such as:
  - a. Escorted visits only.
  - b. Limited visiting hours.
  - c. Required presence of law enforcement.
  - d. Temporary suspension of non-emergency services; and
3. Written notification to patient of restrictions.

### **Level 4: Service Limitation or Termination**

1. For repeated violations or serious threats:
  - a. Non-emergency services may be terminated with appropriate notice.
  - b. Patients must be provided with list of alternative care providers; and
  - c. Emergency services must still be provided as required by law.

## **C. Emergency Response Immediate Threats or Violence:**

1. Ensure Safety: Protect staff, patients, and visitors
2. Call 911: For any physical violence or credible threats
3. Secure Area: Remove other patients/visitors if necessary
4. Document: Complete incident report immediately
5. Follow-up: Provide post-incident support to affected staff

### **Threats Against Property**

1. Document specific threats
2. Contact law enforcement immediately
3. Consider restraining order if appropriate
4. Implement enhanced security measures

### **D. Documentation Requirements**

All incidents must be documented including:

1. Date, time, location.
2. Individuals involved (staff, patients, witnesses);
3. Detailed description of behavior.
4. Actions taken.
5. Staff member signature; and
6. Supervisor review and signature.

### **E. Service Termination Process**

When terminating non-emergency services:

1. Written Notice: Provide 30-day written notice including:
  - a. Reason for termination.
  - b. Effective date.
  - c. List of alternative healthcare providers; and
  - d. Instructions for emergency care.
2. Medical Records: Arrange for transfer of medical records upon patient request.
3. Emergency Care: Continue to provide emergency medical screening and stabilizing treatment as required by law.
4. Legal Review: Consult with legal counsel before terminating services to vulnerable populations or those with complex medical needs.

### **Special Considerations**

#### **Patients with Mental Health Conditions:**

1. Consider whether behavior is related to mental illness.
2. Consult with mental health professionals when appropriate.
3. Follow Texas Health and Safety Code provisions for mental health patients.

#### **Emergency Situations:**

1. May have obligation to continue services regardless of previous disruptive behavior.
2. Provide medical screening examination and stabilizing treatment.
3. May implement safety measures (security presence, restraints if medically indicated).

#### **Vulnerable Populations:**

1. Extra consideration for minors, elderly, or disabled patients.
2. Ensure alternative care arrangements are appropriate.
3. Consider social services involvement if necessary.

**Reporting Requirements:**

**1. Internal Reporting:**

- a. All Level 2 and above incidents must be reported to administration within 24 hours.
- b. Compliance with any workplace violence reporting requirements.

**2. External Reporting:**

- a. Criminal threats or violence: Report to law enforcement immediately.
- b. Serious incidents: Report to Texas Department of State Health Services as may be required.

**Staff Protections:** Staff have the right to:

- a. Report workplace violence incidents without retaliation.
- b. Receive post-incident services including medical treatment if necessary; and
- c. Participate in workplace violence prevention planning.

**Quality Assurance:**

- a. Regular review of incident reports to identify patterns.
- b. Policy review and update.
- c. Staff feedback on policy effectiveness.
- d. Coordination with any workplace violence prevention laws or regulations.

**Enforcement:** Violations of this policy may result in:

- a. Disciplinary action against staff for failing to follow procedures
- b. Criminal charges for threats or violence
- c. Civil action for damages
- d. Licensing board complaints where appropriate

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Administrator

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Chairman of the Board

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**Subject: Use of Artificial Intelligence for Provider and Clinical Documentation**

**Effective Date: December 17, 2025**

**Supersedes: New Policy**

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**Policy:** Angelina County & Cities Health District (ACCHD) establishes procedures for documentation guidelines while using Artificial Intelligence (AI) for transcription of clinical documentation. This policy establishes guidelines for the responsible use of Artificial Intelligence (AI) tools in clinical documentation to enhance efficiency, accuracy, and patient care while ensuring compliance with legal, ethical, and regulatory standards. Vendors must sign a Patient Confidentiality Agreement before entering into a contract with ACCHD. All AI tools must comply with HIPAA regulations and other applicable privacy regulations and laws. AI outputs must be free from bias and regularly monitored for fairness.

This policy applies to all physicians, advanced practice providers, and clinical staff who use AI-assisted tools for creating, editing, or managing patient documentation within ACCHD. Providers/clinicians may only use ACCHD-approved AI tools for documentation. Providers/clinicians remain fully responsible for the accuracy, completeness, and appropriateness of all documentation, regardless of AI involvement. AI must be used to augment clinical judgment, not replace it. Non-compliance with this policy may result in disciplinary action per organizational standards.

**Definitions**

1. AI-Assisted Documentation: Use of software that employs machine learning or natural language processing to generate or suggest clinical notes.
2. Protected Health Information (PHI): Any patient-identifiable health information as defined by HIPAA.
3. Human Oversight: Mandatory review and approval of AI-generated content by a licensed clinician before inclusion in the official medical record.

**Operational Guidelines**

1. Validation: Clinicians must review and approve all AI-generated notes before they are finalized.
2. Training: Mandatory training on AI tool functionality, limitations, and error handling.
3. Error Reporting: Establish a mechanism for reporting inaccuracies or safety concerns related to AI documentation.

**Quality Assurance**

The Medical Director will implement the following quality assurance measures:

1. Random Chart Review: The Medical Director shall review random charts for compliance.
2. Annual Assessment: An annual, comprehensive assessment of AI documentation tools shall be performed to evaluate accuracy, efficiency gains, error rates, and overall impact on patient care quality.
3. Audit Documentation: All quality assurance activities shall be documented and reported to the Administrator.

## **Risk Management and Error Reporting**

Liability for documentation errors remains with the clinician. The following procedures apply:

1. **Immediate Reporting:** If an error is detected in AI-assisted documentation, the provider/clinician must immediately complete an Incident Report and report the incident to the Administrator within twenty-four (24) hours of discovery.
2. **Investigation Timeline:** The Administrator shall initiate investigation of the reported error within two (2) business days of receiving the Incident Report.
3. **Root Cause Analysis.** The Administrator will investigate the root cause of the error to determine whether the error resulted from AI tool malfunction, inadequate clinician review, training deficiency, or other factors.
4. **Consultation:** The Administrator will consult with the vendor, Human Resources, legal counsel, and the Medical Directors, as appropriate, based on the nature and severity of the error.
5. **Corrective Action:** Based on investigation findings, the Administrator shall implement appropriate corrective actions, which may include modification of AI tool settings or functionality, additional staff training, revision of policies or procedures, disciplinary action per organizational standards, or temporary suspension of AI tool use pending resolution.
6. **Escalation:** Errors resulting in patient harm or potential patient harm must be immediately escalated to the Administrator, Medical Director, and legal counsel, and shall be reported to the Board of Directors at the next scheduled meeting.
7. **Vendor Notification:** Errors potentially attributable to AI tool malfunction must be reported to the vendor within forty-eight (48) hours to facilitate investigation and prevent recurrence.

## **Audit Trail and Documentation Requirements**

ACCHD shall maintain comprehensive audit trails for all AI-assisted clinical documentation. The following requirements apply:

1. **System Logging:** All AI documentation tools must create and maintain logs that identify which clinical notes were generated or modified using AI assistance.
2. **Edit Tracking:** Documentation systems must track all editions, modifications, or deletions made by clinicians to AI-generated content before finalization.
3. **Retention Period:** Audit trail records shall be retained for a minimum of seven (7) years, consistent with medical records retention requirements under applicable state and federal law.
4. **Accessibility:** Audit trails must be readily accessible for compliance reviews, quality assurance audits, and legal discovery requests.

## **Vendor Requirements and Agreements**

All vendors providing AI-assisted documentation tools to ACCHD must meet the following requirements before implementation:

1. **Business Associate Agreement:** Vendors must execute a HIPAA-compliant Business Associate Agreement (BAA) with ACCHD prior to accessing or processing any PHI.
2. **Patient Confidentiality Agreement:** Vendors must sign ACCHD's Patient Confidentiality Agreement as a condition of contract execution.
3. **Security Certifications:** Vendors must maintain current industry-standard security certifications and provide proof of such certifications annually.
4. **Data Breach Notification:** Vendors must comply with HIPAA breach notification requirements and notify ACCHD within twenty-four (24) hours of discovering any potential breach involving ACCHD patient data.

5. **Prohibition on Unauthorized Data Use:** Vendors are strictly prohibited from using ACCHD patient data, including de-identified data, for AI model training, product development, or any other purpose without express written authorization from ACCHD. Vendor contracts must include explicit provisions prohibiting such use.

6. **Data Ownership:** All patient data remains the sole property of ACCHD. Upon termination of the vendor relationship, vendors must return or destroy all ACCHD data according to written instructions.

### **Patient Notification**

ACCHD recognizes the importance of transparency regarding the use of AI in patient care. The following provisions apply:

1. **General Notice:** ACCHD shall include information about the use of AI-assisted documentation tools in its Notice of Privacy Practices and on its website.
2. **Patient Inquiries:** Staff shall be prepared to answer patient questions about AI use in clinical documentation and shall emphasize that all AI-generated content is reviewed and approved by licensed clinicians before becoming part of the official medical record.
3. **Documentation Standard:** The use of AI assistance does not change the standard that all medical record entries must be accurate, complete, and reflect the clinician's professional judgment.

### **Prohibited Uses of AI Documentation Tools**

The following uses of AI documentation tools are strictly prohibited at ACCHD:

1. **Autonomous Diagnosis:** AI tools may not be used to generate differential diagnoses or diagnostic conclusions without thorough review, independent clinical assessment, and approval by the treating clinician.
2. **Treatment Decisions:** AI tools may not make treatment recommendations or clinical decisions independently. All treatment plans must reflect the clinician's independent medical judgment.
3. **Sensitive Documentation:** AI tools may not be used as the primary means of documenting the following without heightened scrutiny and clinician oversight: a. Mental health assessments and psychiatric evaluations b. Substance abuse treatment records c. Sexual assault examinations d. Child abuse or neglect evaluations e. Domestic violence assessments.
4. **Signature or Authentication:** AI tools may not electronically sign, authenticate, or finalize clinical documentation without explicit clinician review and approval.
5. **Copy-Forward Errors:** AI tools may not perpetuate previously documented errors by copying forward inaccurate information from prior encounters without clinician correction.

### **Training Requirements**

All providers/clinicians and clinical staff using AI-assisted documentation tools must complete the following training:

1. **Initial Training:** Before being granted access to any AI documentation tool, staff must complete mandatory training covering: a. AI tool functionality and proper use, b. Limitations of AI technology, c. Clinician responsibilities for review and accuracy, d. Error recognition and reporting procedures, e. HIPAA and privacy requirements specific to AI use, f. This policy and related procedures.
2. **Competency Assessment:** Staff must demonstrate competency in AI tool use through practical assessment before independent use is permitted.
3. **Annual Refresher Training:** All staff using AI documentation tools must complete annual refresher training to reinforce proper use, address common errors, and review any policy updates.
4. **Training Upon Updates:** When AI tools are significantly updated or new AI tools are implemented, staff must complete supplemental training before using the updated or new functionality.

5. Documentation: All training completion must be documented in the employee's personnel file and maintained by Human Resources.
6. Remedial Training: Staff who demonstrate deficiencies in AI tool use or who are involved in documentation errors may be required to complete additional remedial training as determined by the Medical Director or Administrator.

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**Administrator**

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**Chairman of the Board**

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**Subject: Adolescent Counseling for Title X/Family Planning Services**

**Effective Date: December 17, 2025**

**Supersedes: Policy: September 1, 2020**

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**Policy:** Angelina County & Cities Health District ("ACCHD") will follow rules, laws, and regulations when providing services to adolescents. The goal of the adolescent counseling service is to minimize barriers to reproductive health care and provide accurate, age-appropriate reproductive health care education and counseling. Adolescent services must include specialized counseling that allows for screening of child abuse and ensures that adolescents receive support services and age-appropriate counseling that is sensitive and nonjudgmental. Adolescent counseling must address several issues.

1. Abstinence
2. Confidentiality
3. Family involvement
4. Methods of contraception
5. Sexual coercion
6. Sexually transmitted infections, including safe sex practices.

In addition, the following areas should be addressed as appropriate:

1. Reproductive anatomy and physiology.
2. Description of the physical examination and laboratory tests.
3. Self-breast examinations and self-testicular examinations.
4. Preventative health issues, such as healthy nutrition and exercise, for risk reduction of many degenerative diseases and health problems, such as osteoporosis and diabetes.

**Confidentiality:**

Adolescents must be assured that all visits and services are confidential within the limits of the law and reporting obligations. Every attempt should be made to ensure the privacy of the individual during service provision and as it relates to any necessary follow-up. Parents or guardians cannot be notified before or after a minor has requested and received Title X family planning services.

**Procedure:**

1. Obtain Consent: Adolescents seeking family planning services are allowed to provide their own consent to access these services. Written consent of parents or guardians for the provision of services to minors must not be required unless otherwise specified

by the TEXAS Family Code Laws. Routine consent (general consent, HIPAA, confidentiality) is to be signed, dated, and witnessed. It is to be obtained in the same manner as with all other services and placed in the appropriate area of the medical record.

2. Provide Counseling and Education:
  - a. During the intake process, staff are to provide adolescent counseling and education that includes information on all methods of contraception, including abstinence. Information should also be provided on safer sexual practices to reduce risks for STI/HIV.
  - b. Discuss information on sexual coercion and tell the adolescent patient that they have the right to say no to any act of sexual contact and they should only have sexual intimacy without fear or the threat of coercion (being forced).
  - c. Ask the adolescent if they have discussed their sexual activity and their need for contraception with a family member. Encourage them to discuss their reproductive health care needs with their parents, guardians, or other trusted adults.
  - d. Reassured that not all teens have an adult with whom they feel comfortable talking.
  - e. Assure teens that services will not be denied to them.
  - f. Documentation of the Counseling and Education process should take place in confidential areas of the clinic, and all documentation kept confidential. Parents are not to be notified of services.

**Reporting:**

If it becomes evident during the adolescent education and counseling session that sexual coercion or child abuse has taken place, staff must document and report it per TEXAS law Family Code: 261 <https://statutes.capitol.texas.gov/docs/fa/htm/fa.261.htm>

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**Administrator**

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**Chairman of the Board**

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**Subject: WIC Referral of Health Services**

**Effective Date: December 17, 2025**

**Supersedes: New Policy**

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**Policy:** Angelina County & Cities Health District (ACCHD) provides guidelines for referral processes. As required by state law (CS:21.0T) for local agencies policies and plans to ensure participants are provided with necessary information about and referred to health services when appropriate, WIC will maintain an up-to-date local resource list of healthcare/drug/substance abuse counseling/treatment for both staff and clients to refer to.

ACCHD, otherwise referred to as the Local Agency (LA's), shall refer participants to health services when appropriate. A list of local resources shall be made available for distribution to all applicants and/or participants and their parents or caregivers.

**Procedure:**

1. LAs shall maintain an up-to-date list of local health services including resources for drug and other harmful substance abuse counseling and treatment.
2. At each certification, LAs shall determine whether an applicant has a medical home. The medical home should be documented on the Participant Page of the MIS.
3. Applicants and/or participants who do not have a medical home shall be:
  - A. given an up-to-date, written list of health services within the community; and
  - B. counseled about the importance of regular health care.
4. Applicants and/or participants who are identified as needing drug and other harmful substance abuse services shall be given an up-to-date, written list of drug and harmful substance abuse counseling and treatment services.

### Texas Medicaid Medical Providers

Provider Name	Phone	Address	Comments
Angelina County & Cities Health District-Kids Care	936-632-1139	503 Hill St. Lufkin 75904	Medicaid, CHIP
Angelina Pediatrics	936-634-9233	1222 Ellis Lufkin 75904	Medicaid, CHIP
Bright Beginnings	936-404-4602	2001 Tulane Dr Lufkin 75901	Medicaid, CHIP
Nacogdoches Memorial Hospital Care First Clinic	936-564-8611	Family Medicine 1023 N Mound St, Suite A Nacogdoches 75961	Medicaid, CHIP
East TX Community Health Services	936-899-5368	1717 Sayers Lufkin 75904	Medicaid
	936-560-5668	1309 S. University Nacogdoches 75961	
East Texas Premier Pediatrics	936-634-5437	1 Medical Center Blvd Ste B, Lufkin 75904	Medicaid, CHIP
Head Pediatrics	936-305-5050	625 Russell Blvd Nacogdoches 75965	Medicaid, CHIP
Little Jacks Pediatrics ETCHS	936-205-5805	4710 A NE Stallings Dr Nacogdoches 75965	Medicaid, CHIP
Pineywoods Pediatrics	936-560-9000	3614 N University Dr Nacogdoches 75965	Medicaid-foster only

### Dental Providers

Provider Name	Phone	Address	Comments
Always Affordable Dental	936-632-0077	1601 S John Redditt Dr. Lufkin 75904	No Medicaid/CHIP currently
Element Dental	936-639-4867	103 N. Brentwood Lufkin 75901	Medicaid (under 21), CHIP, Care Credit
Goodland Dentistry	936-465-9987	3063 S. John Redditt Dr. Lufkin 75904	Ages 6 mos.+ Medicaid/CHIP/Insurance
Hollywood Dental	936-632-4477	1703 Tulane Dr Lufkin 75901	No Medicaid/CHIP, Insurance
Pediatric Dentistry	936-634-6119	1218 Ellis Ave Lufkin 75904	Medicaid/CHIP Foster Care
Diboll Dental	936-526-2500	404 N Temple Dr. Suite-A Diboll, TX 75941	Medicaid/CHIP/Insurance
Bateman Dental	936-657-0110	3205 N University Dr Ste B Nacogdoches 75965	Medicaid/CHIP
Deluxe Dental	936-560-3380	4909 North St Ste 210 Nacogdoches 75965	Medicaid/CHIP
Diagnostic Dental	936-564-9401	1023 Mound Suite D Nacogdoches 75961	Ages 6 mo-21 yrs Medicaid/CHIP, loan referrals
Nacogdoches Pediatric Dentistry	936-559-7200	1602 East Starr, Suite 203 Nacogdoches 75961	New patients under 13 all disabled children
Trent Erwin, DDS	936-560-3646	4736 NE Stallings Dr. Nacogdoches 75961	All ages Medicaid/CHIP, loan referrals
APEX Dental	936-560-0900	4610 North St STE 101 Nacogdoches 75965	All ages Medicaid/CHIP
Nader J. Kreit, DDS	936-327-9490	117 South Point Ln St 400 Livingston 77351	All ages Medicaid/CHIP, payment options

#### Family Practice

#### Obstetrics

Physician	Phone	Physician	Phone
Cathcart, Clifton, DO	637-2080	Johnson, Jerry, MD	936-634-6636

		Brown, Karol, NP Johnson, Hailey, FNP-C	
Baylor St. Luke CHI Primary Care	899-7380		
East Texas Family Medicine	634-3396		
Evans, Charles, MD	699-5433	Carter, Kaywin, MD Hensarling, Heather, FNP-C McClendon-Coker, Dixie, MD Shelton, Shelby, CNM Sullivan, Rachael, DO	936-634-1620 push 2 for women's services
First Choice Family Medicine	699-5275		
Fung, Jamie, DO Ha, John, DO	634-0526	Pineywoods Obstetrics & Gynecology Suiter, Cheryl, MD Brazil, Jana, NP	936-699-7575
Kistler, Robert, MD	634-2231	Drake, Brian, MD McMorries, Kyle, MD	936-560-2666
Kittley, Rima, MD	634-5699		
Saxton, James E, MD	632-1939		
Splenser, Pablo, MD	229-3745		
Tucker Family Medicine	225-3657		
Urquia, Karina J, MD	699-4000		
VIP Health Family Clinic	639-1005		
Wells, Terry, MD	634-3329		

### Substance Abuse Resources

American Cancer Society Tobacco Quit Line	1-877-YES-QUIT, <a href="http://www.yesquit.org">www.yesquit.org</a>
Alcohol & Drug Awareness Council (ADAC)	Crisis hotline: 1-800-445-8562, Local: 936-634-5753 302 N Raguet, <a href="http://www.adacdet.org/">http://www.adacdet.org/</a>
Alcoholics/Narcotics Anonymous (AA/NA) Lufkin-Dianna St Lifeline-Ellis St Zavalla-Celebrate Recovery Pollok-Most Excellent Way Huntington-Most Excellent Way	<a href="http://www.aa.org">www.aa.org</a> 936-634-6316 936-634-5771 713-252-4156 936-853-2727 936-422-4211
Alcoholics/Narcotics Anonymous-Lifeline Group	936-634-5771
Breakthrough House for women	936-422-4311
Project Quit Tobacco	936-634-9308, online and in person
Drug-Free Texas Hotline	1-877-966-3784, <a href="http://drugfreetexas.org/">http://drugfreetexas.org/</a>
Kirkland House (Sober living for women)	936-208-7169
Mantooth House (Sober living for men)	936-899-5626
Seasons of Hope (ministry for women)	936-875-1900

Revised 4/7/25

4/9/24, 2/5/24, 6/28/22, 3/14/22

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Administrator

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Chairman of the Board

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**Subject: WIC Outreach Plan**

**Effective Date: December 17, 2025**

**Supersedes: New Policy**

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**Policy:** Angelina County & Cities Health District (ACCHD) provides guidelines for outreach. As required by state law (OR 01.0), WIC will have an outreach plan developed and implemented which emphasizes the enrollment of women in their first trimester and migrants. The outreach plan is updated on an annual basis and maintained by the WIC Outreach Coordinator, ensuring that potentially eligible people in each Local Agency's (LA's) service are aware of the WIC program and know where to seek services.

**Procedure:**

1. Each LA shall develop and implement an outreach plan.
  - A. The outreach plan shall be updated on an annual basis.
  - B. A copy of the plan shall be maintained at the LA.
  - C. Documentation of all outreach activities including dates shall be maintained at the LA.
2. At a minimum, the outreach plan shall include:
  - A. Distribution of information twice a year about WIC, to organizations, including grassroots organizations, and agencies that serve or work with potentially eligible people.
  - B. An annual contact to each homeless facility where current WIC participants reside to verify that required conditions are still being met (See CS:06.0). This is only applicable if LA or Clinic has a homeless facility in the area served.
  - C. Although not mandatory, it is suggested that the outreach plan also include announcements, articles and/or appearances around WIC in local radio, television, and/or newspapers on an annual basis.
3. Outreach conducted by the State Agency (SA) shall not be considered a part of the LA's outreach activities.
4. At a minimum, all outreach information shall include:
  - A. location of the local WIC Program and a phone number for more information; and
  - B. a current statement of nondiscrimination (see Policy CR:02.0).
5. Printed outreach materials and oral presentations shall also include:
  - A. a description of WIC benefits; and
  - B. criteria for participation, i.e., income, residence, categorical, and nutritional risk.
6. When LAs are operating at maximum caseload, outreach shall be targeted to people who are at high risk. LAs operating at maximum caseload is not exempt from outreach.

7. Outreach shall be provided in an appropriate language in areas where a substantial number of persons are non-English speaking.

**Guidelines:**

Organizations and agencies that deal with potentially eligible people include, but are not limited to:

1. Health and medical organizations
2. Hospitals, community health centers, physicians, and pharmacies
3. Texas Department of Human Services for SNAP (Supplemental Nutrition Assistance Program), Medicaid, and TANF (Temporary Assistance for Needy Families)
4. Private and public social service agencies
5. Farm worker organizations
6. Military bases
7. Native American tribal organizations
8. Public and private childcare centers including Headstart
9. Public housing authorities
10. Churches and other religious organizations
11. Schools
12. Grassroots organizations
13. Homeless facilities
14. Unemployment offices

OUTREACH PLAN  
FY 2026

**ACCHD Coordination**

- WIC outreach information is included in outreach services provided by other ACCHD departments.
- Women who complete pregnancy tests at the Primary Care Clinic and test positive are directed to WIC to make an appointment.
- The Children with Special Health Care Needs Program (CSHN) ensures families enrolled in the program also apply for WIC.
- The Outreach coordinator will attend monthly outreach meetings to discuss providing professional or specialized services to a group of people who may not have the opportunity of access to those services.

**Interagency Coalition**

Outreach staff will attend the Interagency Coalition meetings every month, if possible, to promote WIC. Many of the social service agencies in our community attend this meeting. Each year WIC presents a program about WIC and our agency, the ACCHD. At the other monthly meetings, we hear about other community services and bring the information back to the WIC staff to refresh our referral list.

**Health Fairs/Festivals**

ACCHD WIC staff will attend health fairs in the community, including schools, and employer sponsored fairs (ETECH, Pilgrims, etc.). We also try to attend festivals (Kite Fest, Tamale

Festival, Juneteenth Celebration, ACCHD Back to School Bonanza, Art in the Park) as appropriate.

### **Daycares**

WIC staff will visit local daycares and provide WIC outreach brochures to potential participants.

### **Pregnancy Help Center (PHC)**

WIC keeps the Help Center supplied with outreach brochures as they see many of our potential eligibles, both pregnant and postpartum. They make sure that every client is aware of WIC and has the information they need to apply.

### **Advertisement**

We utilize a local advertising company, Point-A Media, for all our advertising and social media needs. We advertise on a digital billboard, visible from a busy local street near the main office. We also submit all social media posts from the SA for use on all ACCHD social platforms.

### **East Texas Resource Center (formerly East Texas Food Bank)**

The East Texas Resource Center in North Lufkin and the ACCHD refer back and forth. We can set up a table and distribute outreach information as desired.

### **Outreach Brochures**

The WIC Director will delegate delivery of WIC outreach materials. Some of the entities reached will be the Department of Human Resources, Workforce Solutions, Stubblefield Learning Center, Lufkin High School, ADAC, CISC, Kurth Memorial Library, Women's Crisis Center, and other agencies where our target population is found. They will also target school health fairs, day care centers, Deep East Texas Council of Government client meetings, and Head Start parent meetings.

### **Physicians**

Outreach staff will visit the local HCP offices (including obstetricians and pediatricians) to distribute WIC outreach brochures.

### **Lufkin High School**

- Targeted audience- Lufkin High School Students who are either pregnant or who have recently had a baby.
- WIC staff conduct client-centered nutrition education group discussions that engage with hands-on activities to facilitate learning and participation

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Administrator

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Chairman of the Board

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**Subject: WIC Disposal of Records**

**Effective Date: December 17, 2025**

**Supersedes: New Policy**

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**Policy:** As required by state law (GA: 03.0), WIC has a plan in place of how records will be disposed of. Prior written approval from the state agency should be obtained before any financial or program records are destroyed to ensure that full and complete records related to the property of program operations are available.

**Procedures**

- I. Once the SA issues an annual notification indicating which records may be destroyed, the local agency (LA) may destroy records accordingly. Types of records that may be destroyed include but are not limited to the following:
  - A. Certification
  - B. Report of operations
  - C. Food instrument inventory
  - D. Vendor information
  - E. Nutrition education
  - F. Food instrument log (carbon copy of voucher with signature)
  - G. Participation log
  - H. Sample formula log
- II. The LA shall submit to the SA a request for approval to destroy program records that are not included in the annual notification. This request shall include a description of the records to be destroyed and shall indicate the period for which such records pertain.
- III. The request shall be reviewed based upon the following criteria:
  - A. Financial records and documents shall be retained for a minimum of three years following the date of submission of the final expenditure report for the period to which the reports pertain, with the following qualification:
    1. The records shall be retained over the three-year period if audit findings have not been resolved.
    2. Records for nonexpendable property shall be retained for three years after its final disposition.
  - B. All other records and documents shall be retained for three years following the date of submission of the final expenditure report for the period to which the reports pertain, unless audit findings remain unresolved.
- IV. The LA shall receive written notification of the SA's decision.

- V. The LA shall have a written plan on how records shall be disposed of. The plan shall be kept in file for audit/review.
  - A. Each year the WIC state office sends a memo granting permission to dispose of records with an action date before a given date. Staff will pull those records and place them in the locked bin at the back of the mechanical door to be shredded. Security shredding shreds the records on-site and provides admin with documentation of the shred date.

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**Administrator**

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**Chairman of the Board**

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**Subject: ACCHD and WIC Comprehensive Quality Management Plan**

**Effective Date: December 17, 2025**

**Supersedes: July 2024**

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**Policy:** Angelina County & Cities Health District (ACCHD) establishes procedures for creating and implementing a Comprehensive Quality Management Program founded on four core principles. The four principles are: Focusing on the client, systems and processes, measurement, and teamwork.

**The Process/ Workflow is as follows:**

1. The Administrator will designate or lead the implementation of the Quality Management Plan.
2. Job descriptions will be created and maintained by ACCHD or Local Agency (LA) for all positions that provide direct client services.
3. The quality management plan establishes a multidisciplinary Quality Management committee comprising the ACCHD Administrator, Medical Director, Dental Director, Financial Director, Clinical Director, and the WIC Director, which will convene as required outlined in program-specific standards.
4. The Quality Management Committee will review all specific program monitoring activities to determine compliance with the review criteria established in this plan, including the oversight process for subcontractors.
5. Committee minutes will document results, actions taken, and follow-up for ongoing process improvement within the agency and will be retained in Administration.
6. The plan will be reviewed annually and updated as needed. The Administrator will assign appropriate staff to facilitate the implementation of the review processes established below.

## Committee Review Meeting Schedule: Annually in June, annually in December

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### Review Criteria

- I. **Facilities Evaluation:** ACCHD will conduct annual safety and maintenance inspections at all facilities where services are provided, including training on fire safety equipment handling, fire drills, emergency evacuation procedures, and disaster response plans. See the attached review tool documents.
- II. **Administrative Policies Evaluation:** ACCHD will review administrative policies annually, which are updated as needed. See the attached review tool documents.
  1. **Clinical Policies and Procedures Evaluation:** ACCHD will review clinical policies and procedures annually and update them as needed. See the attached review tool documents. Protocols and Standing Delegation Orders: ACCHD will review Written Clinical Protocols and Standing Delegation Orders that have been developed and are reviewed by Administration, Clinicians, and nursing staff and signed by the Medical Director on an annual basis to ensure the provision of quality medical services at ACCHD. Training and observation of nursing competencies are done upon hire and on an annual basis for all clinical personnel. Utilization of clinical references includes Standards for Public Health Clinics, Minimum Standards for Diabetic Care in Texas, Griffith's 5-minute Clinical Consult, Advisory Committee on Immunizations Practices, and other industry standard clinical guides. See the attached review tool documents.
- III. **Credentialing and Peer Review of Clinicians:** All physicians, clinicians, nurses, registered dietitians, and other licensed/certified individuals will have their credentials checked at initial employment and on an annual basis. The Medical Director will conduct peer reviews of clinicians as required by the State of Texas. See the attached review tool documents.
- IV. **Eligibility and Billing Functions Evaluation:** ACCHD conducts an eligibility screening for clients who access state-funded programs that require an eligibility determination. All eligibility processes follow state eligibility standards found in state program-specific manuals. ACCHD will evaluate program eligibility semiannually to ensure that determination and documentation are correct and support program billing. See the attached review tool documents.
- V. **Clinical Record Reviews:** ACCHD conducts clinical record reviews semiannually to evaluate and monitor client records for conformity to standards, complete and clear documentation, accurate assessment of findings, plan of care based on findings, follow-up/reassessment, and education based on client needs. See the attached review tool documents.
- VI. **Findings and Corrective Action:** The Quality Management Committee will document and review the findings of the records review process and any recommendations from leadership for corrective action and process improvement. As part of the corrective action process, any staff member having difficulty with any part of record documentation compliance will receive the necessary training and instruction.

- VII. Adverse Outcomes Review: Clinical adverse outcomes will be documented on a ACCHD Adverse Outcome Reporting Form and immediately reported to Administration. The form will include documentation of results, actions taken, and follow-up to ensure appropriate improvements. All Clinical Adverse Outcomes Reports filed in Administration will be reviewed quarterly by the QM Committee.
- VIII. Client Satisfaction Surveys: ACCHD will conduct at least annual customer service survey in appropriate languages that will be used at all sites, including any subcontractors, to evaluate and plan actions relative to customer responses and comments. The goal of the client satisfaction survey is to improve the client's service experience and process improvement. Administration will determine the actions to be taken based on the survey results, and actions taken will be presented to the staff at a monthly staff meeting.
- IX. Documentation of results, actions taken, and follow-up will be added to the reports to the QM Committee.
- X. Subcontractor Oversight: Subcontractors providing services with state funds will be monitored to ensure compliance with policies and basic state requirements, including annual license verification, clinical record review semiannually, eligibility and billing review, facility on-site review, annual client satisfaction survey, and annual Child Abuse, Human Trafficking, and Intimate Partner Violence Training of subcontractor staff. See the attached review tool documents.
- XI. WIC Quality Management Plan: ACCHD WIC program's purpose is to ensure the delivery of high-quality services that meet participants' needs and are in compliance with state policies and federal regulations.

Self-audits will be completed as outlined below and as shown in the accompanying table (per WIC policy QA:02.0):

1. **Financial Management** self-audit will be conducted biennially on the year the LA is not monitored by the State Agency using SA worksheet FA-1 and the Quality Management Fiscal Monitoring Tool
2. **Food Delivery self-audits** will be conducted once each fiscal year at all sites using worksheets FDA-I and FDA-2
3. **Administrative self-audit** will be conducted biennially on the year the LA is not monitored by the State Agency using the Quality Management Administrative Monitoring Tool
4. **Clinical Self-Audit** will be conducted biennially on the year the LA is not monitored by the State Agency using the SA Quality Management Administrative and Clinical Monitoring Tools. **Record review** will be conducted by Beth Malloy, Director, or by other designated staff. The WIC self-audit will include at least five observations and ten record reviews for the selected sites. Beth will observe and review the following: eligible records, classes, staff fraud and abuse, 10/20-day rule, mid-certs, midpoint reviews, employees/relatives/close friends on WIC, noncontract formula, high risk referrals, child abuse, ineligible records, verification of homeless facilities, client satisfaction surveys, and fully breastfeeding package. Beth will rotate at satellite clinics for record review.
5. **Facility Audits** will be conducted at all clinic sites each fiscal year. Evacuation plans

include location of exit routes, assembly points, and equipment. First aid kit locations are known and readily available. Within WIC, these are located in the CA Station and in the closet behind the front desk. Fire extinguishers are mounted so that they are readily accessible to employees without subjecting employees to possible injury. ACCHD will conduct annual safety and maintenance inspections at all facilities where services are provided, including training on fire safety equipment handling, fire drills, emergency evacuation procedures, and disaster response plans.

6. The LA may conduct additional self-audits to ensure compliance, if needed.
7. The LA will use forms designated by the SA QMB Branch for the clinical and fiscal self-audits.

<b>Self-Audit Monitoring Tool/Worksheet</b>	<b>Minimum Frequency of Self-Audit</b>	<b>Minimum Number of Sites Reviewed Fiscal Year</b>
<b>QMB Fiscal</b>		
Local Agency Self-Audit Fiscal Review	Biennially	LA
FA-1	Biennially	LA
Inventory FDA-1 and FDA-2	1 set per Fiscal Year	All Sites in LA
<b>QMB Administrative</b>		
Local Agency Self-Audit Administrative Review	Biennially	LA
Record Reviews	Biennially	20% of sites on a rotating schedule
<b>QMB Clinical</b>		
Local Agency Self-Audit Clinical Review	Biennially	20% of sites on a rotating schedule
Facility Reviews	1 over Fiscal Year	All Sites in LA

**Corrective Action Plan** - Once a self-audit has been conducted, a corrective action plan shall be developed and approved within 14 business days to correct the findings/deficiencies. The WIC Director will identify a position responsible for approving CAPs, which is presently herself. The self-audit and self-audit CAP will be shared with the PA Administrator or their designee. All identified tasks will be completed within 90 days of approved CAP. The CAP must be specific to the identified errors out of compliance. Self-audits, CAP, and implementation of the CAP shall be documented and kept on file at the LA according to the retention period per Policy GA 3.0 following the date of the self-audits. All documentation shall be available to an outside auditor and quality assurance monitoring review team. Findings from the self-audit will be discussed with staff at the In-service following the review period.

**Your WIC Experience Surveys** will be closed within a reasonable timeframe as directed by State Agency per Policy GA: 25.0

- Best practice - customer service tickets are read and addressed (change status to "in progress" or "closed," with notations in the follow-up section of the ticket) within 24 hours (1 business day)

- Acceptable - customer service tickets are read and addressed (change status to "in progress" or "closed," with notations in the follow-up section of the ticket) in 72 hours (3 business days)
- For complaints involving discrimination - 24-hour response is required.

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Administrator

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Chairman of the Board

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**Subject: Marketing Student Policy**

**Effective Date: December 17, 2025**

**Supersedes: New Policy**

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**Policy:** Angelina County & Cities Health District (ACCHD) establishes procedures for Marketing Students. The Marketing Student Policy outlines expectations for students engaged in marketing courses, projects, internships, and related activities. It ensures adherence to professional, ethical, and academic standards. This policy applies to all students enrolled in marketing programs or participating in institution-approved marketing activities. Violations of this policy may result in removal from marketing projects or internships. Disciplinary action in accordance with ACCHD regulations

**Students Must Comply with the Following:**

**1. Professional Conduct**

- Students must demonstrate professionalism in all project-related interactions.
- Respect for peers, clients, and institutional leadership is mandatory.

**2. Academic Integrity**

- All submitted work must be original and comply with ACCHD's integrity standards.
- Plagiarism, falsification of data, and misrepresentation are prohibited and subject to dismissal.

**3. Ethical Marketing Practices**

- Students must adhere to ethical principles, including honesty, transparency, and respect for consumer rights.
- Deceptive advertising, discriminatory content, or unlawful practices are strictly forbidden.

**4. Use of Institutional Resources**

- ACCHD's branding, logos, and materials may only be used with prior written approval.
- Students must comply with ACCHD guidelines for social media and digital marketing activities.

**5. Confidentiality**

- All client or project-related information must remain confidential unless authorized for disclosure.
- Breach of confidentiality may result in removal from projects and further disciplinary measures.

**6. Legal Compliance**

- Students must comply with all applicable laws and regulations, including data protection, copyright, and advertising standards.

**7. Reporting and Accountability**

- Students are required to meet deadlines for progress reports and deliverables.
- Issues or conflicts must be reported promptly to the supervising member.

I acknowledge and confirm I have read, understood, and agree to comply with this policy.

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Signature

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Date