

AGENDA

Board of Health Meeting

When: 7:00 a.m., Wednesday, August 27, 2025

Where: Classroom/205 Shands Building

https://teams.microsoft.com/l/meetup-join/19%3ameeting_OWQyYTNkMTYtZDdmOS00ODY4LWE0MzQtMGRjMmQwZGJIN2I1%40thread.v2/0?context=%7b%22Tid%22%3a%22b47be331-a44c-4dfb-88cb-12b914a1b9a7%22%2c%22Oid%22%3a%22d96c7722-f07f-49b7-af79-53c18a80e62c%22%7d

Meeting ID: 236 392 817 364 0

Pages

Passcode: oS7Bi2GC

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|-----------|--|---------|
| A. | Welcome | |
| B. | Public Forum | |
| C. | Discuss and Consider the Approval of Minutes from 7/30/2025 | 2-9 |
| D. | Finance: Discuss and Consider Approval of Financial Reports FY25. | 10-14 |
| E. | Review and Consider approval of Employee Benefit Plan for FY26. | 15 |
| F. | Review and Consider Approval of Board of Health Meeting FY26 Calendar | 16 |
| G. | Discuss and Consider Approval of Immunization Fee Increases Effective 9/1/2025. | 17 |
| H. | Discuss and Consider Approval of Revised Policies and Procedures: Administrative Policy (200-210), Benefit Policies (300-308), Employment policies (500-514), Infection Prevention and Control Policies (900-903) and IT and Security and Benefit Policies | 18-114 |
| I. | Discuss and Consider Approval of Sale or Disposal or Donation of Excess office Equipment. | 115-117 |
| J. | Discuss and consider approval of disposing the ACCHD storage building. | |
| K. | Discuss and consider approval of New Medical Director Dr Joshua Allen, effective 9/1/25 at Salary of \$45,000/year. | 118 |
| L. | Discuss and consider approval of Budget Amendment for FY25 and FY26. Due to increase liability for leave. | 119-122 |
| M. | Review and consider approval of EFT for trusted vendors with consistent monthly cost. Intrafi process: combines balances for Southside bank. | 123-130 |
| N. | Discuss and review the Market analysis of positions and salaries, and consider any action regarding the same. | 131 |
| O. | Discuss and consider approval of previous administrator, Kristina Childress travel reimbursement. | |
| P. | Discuss and Consider approving the top three strategic planning themes. | 132 |
| Q. | Leadership Update: Yesenia Cabral-Fletcher. | |
| R. | Finance Updates: Anthony Carter | |
| S. | Adjourn | |

**MINUTES OF THE REGULAR MEETING OF
THE BOARD OF HEALTH
OF
ANGELINA COUNTY & CITIES HEALTH DISTRICT
HELD ON THE 30TH DAY OF JULY 2025.**

On the 30th day of July 2025, the Board of Health of Angelina County & Cities Health District, Lufkin, Texas convened in a Regular Meeting in the Classroom/205 Shands St, WIC building with the following members, thereof to wit:

BOH MEMBERS PRESENT

Chief Jesse Moody-Chair
Dr. Christina Graves
Dr. Kyle King
Mayor Trey Wilkerson
Dr. Jerry Johnson
Commissioner Kenneth Jeffrey
Dr. Emily Todd-Parker
Dr. Karina Urquia
Judge Pete Johnson

STAFF PRESENT

Yesenia Cabral-Fletcher, Administrator
Anthony Carter, Finance Manager
Kaleb Ricks, Finance Assistant
Martha Hernandez, Executive Assistant
Ann Watson, PH Nurse-Health Educator
Cortney O'Bryant, CYHCN Program Manager
Omar Estrada, Director of Environmental Services
Amanda Granger, Disease Surveillance Nurse
Sara Adams, Director of Immunizations
Shelly Muro, Environmental Services Clerk
Carlos Fernandez, IT Specialist
Veronica Byrd, Environmental Services Inspector
Rebecca Martin, Family Thrives Specialist
Marlene Brown, PH Nurse-Health Educator
Talisha Goolsby, RN Kids Care

GUESTS PRESENT

Krystal Garcia Riley- Attorney
Dr. Kindrell Tucker, MD- ACCHD Medical Director

BOH MEMBERS NOT PRESENT

Pam Hooks
Dr. Brittany Hanes

being absent when the following business was transacted.

A. WELCOME- The meeting was called to order by Board Chair Chief Moody at 7am, with a quorum present. Board Chair Chief Jesse Moody welcomed the Board and thanked everyone for their attendance.

B. PUBLIC FORUM- Board Chair Chief Moody opened the public comment period at 7:01 a.m. There being no one who wished to speak; Chief Moody closed the Public Forum.

CONSENT AGENDA

C. MINUTES OF THE SPECIAL BOH MEETING OF JULY 9TH , 2025 APPROVED.

Board Member Mayor Trey Wilkerson moved to approve minutes as presented. Board Member Judge Pete Johnson seconded the motion and a unanimous vote to approve was recorded.

D. DISCUSSION & PRESENTATION AND APPROVAL OF THE FY MAY 2025 FINANCIAL REPORT-APPROVED.

Anthony Carter, Finance Manager, presented the FY May 2025 Financial Report. Everything was presented as being in line with prior month, other than medical expenses were higher than expected due to a timing coincidence of two big medical orders in the pharmaceutical orders being processed in the same month. Board Member Mayor Trey Wilkerson also inquired about the line-item on Prevention & Other section on page 7 of the Revenues & Expenditures for FY May 2025, under Local Grants in the month of December for \$52,103 causing a 1132.05% increase in over budgeted revenues. Kaleb Ricks, Finance Assistant, indicated it was due to the WIC retention bonus paid in December. Board Member Dr. Kyle King moved to approve the FY May 2025 Financial Report as presented. Board Member Commissioner Kenneth Jeffrey seconded the motion and a unanimous vote to approve was recorded.

E. PRESENTATION AND DISCUSSION OF PROPOSED FY26 BUDGET – APPROVED.

Anthony Carter, Finance Manager, presented the proposed FY 2025-2026 Budget. Anthony Carter indicated that per the anticipated Cooperative Agreement, the revenues for counties and cities funds were adjusted accordingly . The state contracts revenue numbers were lowered due to slight cuts in several programs. Also noted were several programs that were completely cut like the Episcopal Healthy Beginnings and notably the state family planning and screening for cervical and breast cancer were cut almost 50%. Anthony Carter painted a realistic picture of the short falls for next year. He presented a new initiative, the CPW program, which is a caseworker program expected to start with the new fiscal year. He also expects a new Rural Mental Health initiative program which will allow ACCHD to contract with Burke Center for a full-time LCSW. There will also be a slight decrease in Environmental Services revenue because of state regulations that cap fees and will change in how fees can be charged for permits and inspections. Omar Estrada, Director of Environmental Services, elaborated on the uncertainty and is currently still working on researching how this will affect this department. Anthony Carter also expressed concerns regarding the immunization department, had a hard time finding the basis for the previous allocation, so he just moved the large number from the grant program, which had a cut in funding also. He reassured the BOH that services will not be allowed to fall short and would

find a way to shore that up throughout the year. It was also noted that primary care had additional AD Valorem Tax authorized by the county in which \$200,000 was added to the total. This will help support primary care administrative functions. Indicated that additional building maintenance will be needed in the future and additional salaries had to be adjusted to prevent more layoffs and make sure that ACCHD can continue to maintain functioning. The budget also reflected an adjustment in Medicaid revenue. Proportionately both MAC and Medicaid had a slight decrease due to patient surveys and Medicaid administrative planning dropping. A one-time grant from TLL Temple Foundation was also adjusted for this year's budget. The allowance for uncollectible accounts was also adjusted. It was budgeted for \$10,000 last year but a total of \$50,000 bad debt was written off this past year. He replaced it with a conservative figure this new fiscal year of \$65,000, but hoping to reduce the uncollectible account this upcoming year. Additional issues in billing coding have been identified that need to be addressed with other third parties, so some of this money will help ACCHD cover other services. Personnel costs will be down by \$134,000 for the new fiscal year and overall category is down \$225,000. There were also changes made in contractual professional services due to the consulting pharmaceutical services being up quite a bit from last year, it was only expended last FY for \$1,000 a year and that is not consistent with what is being paid out. That line item was moved from pharmaceutical purchases up to the line item for Contractual Professional Services, which is the reason contractual professional services are up. Other expenses incurred this past FY have been from consulting with multiple professionals this year as well as dealing with extraordinary maintenance building expenses, which will be potential for additional cost savings this coming year if ACCHD can reduce how much it must outsource. Utilities and maintenance expenses are in line with prior year, just a slight increase from last year due to the aged air conditioning unit malfunctioning and becoming less efficient over time. The goal for next year is to digitize more things which will help lower office expenses. Major decrease in travel costs as well for new FY 2026. Looking to promote more online courses, which will decrease hotel expenses and flight delays, these things can become primitively costly not only on travel expenses but also salary expenses, since some of the employees that attend these conferences might be non-exempt employees that could accumulate comp. time balances.

ACCHD Administrator, Yesenia Cabral-Fletcher expressed concern over this item, she explained that the Administration team has been much more intentional in ensuring that training is applicable to the job the employee is doing. Another line item that was decreased was the furniture and equipment line, the big item that was changed was for one-time purchase of new computers. There was a grant last year of \$50,000 that was used for the purchase of these new computers.

Anthony Carter also addressed the increase in salary for several positions, such as Sarah Adams' salary, increased to \$72,000 for the increase to her hours, Marlene Brown's salary, increase to \$66,000 for her new role in as case manager in the new children and pregnant

women program, Veronica Byrd's salary, increased to \$47,000, due to the high performance in Environmental Services, along with Omar Estrada's salary, increased to \$60,000, Carlos Fernandez's salary, increase is warranted due to job description change, Lonnette Martin's salary, increase also due to longtime employment with ACCHD making her position more manageable and getting her additional support, Kaleb Ricks' salary, increase due to role changes, Ruby Vasquez's salary, increase to \$42,500 due to her being the Eligibility department team lead and wanted to elevate her position accordingly, Phobie Villagrana's salary, increased to \$32,500 due to her increased responsibility in eligibility, and Ann Watson's salary, increased to \$70,000 due to increase in job responsibilities and additional hours.

Board member Mayor Trey Wilkerson suggested that a spreadsheet be presented in the future with positions and compensation recommendations, more like a compensation schedule as opposed to looking at everyone with names being announced. Board Chair Chief Jesse Moody also recommended the same structure be implemented in the future.

Administrator Yesenia Cabral-Fletcher also announced that a full analysis is being conducted to get all staff up to industry standard with regards to compensation.

Emphasis is being placed on meeting with the municipalities that have not yet signed the Cooperative Agreement.

Board Member Dr. Kyle King moved to approve the FY 2025-2026 Budget as presented. Board Member Dr. Jerry Johnson seconded the motion and a unanimous vote to approve was recorded.

F. DISCUSS AND CONSIDER APPROVAL OF JOB TITLE AND SALARY CHANGES FOR KALEB RICKS (EXECUTIVE ASSISTANT, FINANCE ASSISTANT, AND PROJECT SPECIALIST TO FINANCE ASSISTANT MANAGER), CARLOS FERNANDEZ (FROM IT SPECIALIST TO SYSTEMS & FACILITIES SUPERVISOR) AND LONNETTE MARTIN (SALARY INCREASE) -APPROVED.

Yesenia Cabral-Fletcher recommended the approval of several employee's job title changes and salary increases. She proposed the job title change of Executive Assistant, Finance Assistant and Project Specialist to Finance Assistant Manager for Mr. Kaleb Ricks with an increase in salary. Combining these three job clarifications into one for Mr. Ricks will make it easier for future sustainability of operations. She also proposed Mr. Carlos Fernandez be approved to be named Systems & Facilities Supervisor along with a recommended salary increase. Carlos Fernandez has been instrumental in dealing with vendors and holding them accountable. She also proposed that Ms. Lonnette Martin be considered for the recommended salary increase. Looking to streamline her job description and alleviate some of her job responsibilities. Effective September 1st, 2025. Board Chair Chief Jesse Moody stated that the County HR person will be loaning some of her services to guide ACCHD in

matters relating to HR. Administrator Yesenia has been diligently working on completing the policy manual from an HR perspective to have a reference for leaders to make sound decisions.

Board member Commissioner Kenneth Jeffrey moved to approve the recommendations as presented. Board Member Dr. Kyle King seconded the motion and a unanimous vote to approve was recorded.

G. REVIEW ALL ACCHD'S BANKING AND INVESTMENT ACCOUNTS AND CONSIDER APPROVAL TRANSFER OF FUNDS FROM CHECKING TO THE MONEY MARKET ACCOUNT AND APPROVE DEPOSIT OF FUNDS TO TEX POOL FROM MONEY MARKET ACCOUNT - APPROVED.

Anthony Carter, Finance Manager, presented the proposal. He reassured the BOH that the accounts had been reconciled. He recommends transferring \$642,000 from Southside Bank MMKT into the TEX Pool account. The rate of return being paid on this account makes it feasible to transfer these funds. Yesenia Cabral-Fletcher, ACCHD Administrator, stated that this was being presented to the BOH for transparency purposes. In this season of their new administration, they are choosing to be more transparent. Board Chair Chief Jesse Moody also noted that the balance in the MMKT account for ACCHD had dropped below \$1,000,000. Kaleb Ricks, Assistant Finance Manager, stated that in April 2025 funds had to be moved to cover payroll expenses for the period. It was his acknowledge that the short fall was due to reimbursement from the State being delayed.

Board Member Mayor Trey Wilkerson moved to approve the transfer of funds as recommended by Anthony Carter. Board Member Dr. Kyle King seconded the motion and a unanimous vote to approve was recorded.

H. DISCUSS AND CONSIDER APPROVAL OF PROPOSAL FOR FIRE AND SECURITY SYSTEM REPAIRS – APPROVED.

Board Chair Chief Jesse Moody unsealed the three bids from the vendors being considered for the fire and security system repairs. Security and fire systems have been tested, and a failure has been determined because of the age of the system. The lack of response is very alarming; therefore, it warrants this upgrade. First bid was B&D Security for \$25,000, the second bid from Summit is in two separate packages, first one replaces the sensors, for an amount of \$7,995 and the second part of the work, \$34,995 for a total of \$42,990. The third bid is from Vector Security for \$32,597. The expense will be covered by the excess of the Ad Valorem Tax from this year. Board Member Mayor Trey Wilkerson moved to approve B & D Security for \$25,000 to do the repairs on the Fire & Security System. Board Member Dr. Jerry Johnson seconded the motion, and a unanimous vote was recorded.

I. DISCUSS AND CONSIDER APPROVAL OF REVISED POLICIES AND PROCEDURES, INCLUDING BUT NOT LIMITED TO THE CONDUCT POLICY SECTION - APPROVED.

Yesenia Cabral-Fletcher, ACCHD Administrator, presented the Personnel /Procedure Policies. These policies were mirrored to reflect the policy manual for the City of Lufkin. It was noted that ACCHD current policies had a lot of gaps. The County of Angelina is also rewriting their policies to reflect the City of Lufkin. The Policies presented for approval are as follows: #400 Correcting Unsatisfactory Performance Policy, #401 Remote Work Policy, #402 Performance Evaluations Policy (Probationary Period, Midyear and Annual), #403 Smoking and Vaping Policy, #425 Expressing Breast Milk in the Workplace Policy, #406 Personal Phone Calls and Personal Visitors Policy, #407 ACCHD Cellphone Usage Policy, #408 Conflict of Interest Policy, #409 Personal Appearance and Dress Code Policy, #410 Employee Substance Abuse and Testing Policy, #411 Harassment Policy, 412 Code of Conduct Policy, 413 Internet Use and Email Policy, #414 Outreach Safety Policy, # 415 Attendance and Punctuality Policy, #416 Confidential Provision of Service Policy, #417 Social Media Policy, #418 Dating in the Workplace Policy, #419 Property Usage Policy, #420 Employee Safety and Workplace Policy, #421 Active Shooter Policy, and #422 Employee Grievance Policy.

Board Member Dr. Christina Graves moved to approve all the policies for policies and procedures as presented. Board Member Dr. Kyle King second the motion, and a unanimous vote was recorded.

J. DISCUSS AND CONSIDER APPROVAL OF BACK PAY FOR DR. TUCKER'S REQUESTED FEES-DECISION WILL BE MADE IN EXECUTIVE SESSION.

Dr. Kindrell Tucker MD, ACCHD Medical Director, presented his dilemma. Dr. Tucker presented the contracts that were executed between ACCHD Administrator and Dr. Tucker. The first year he joined the Health District he and Dr. Rudis, the previous Medical Director, split the salary. After the first year the salary was supposed to be adjusted to be more compensated with the position and more in line with what Dr. Rudis was receiving, but that did not happen. He spoke to the previous administration about this, it was delayed, due to waiting on the county jail agreement, but that agreement never happened. The new contracts that were previously agreed on were never properly executed; Dr. Tucker spoke to current administration and agreed to have these discrepancies presented for correction to the BOH. The total amount that Dr. Tucker is due for back pay is \$10,083.

K. DISCUSS AND CONSIDER THE RE-ESTABLISHMENT OF THE ENDOWMENT TRUST AND REQUIREMENTS-APPROVED.

Yesenia Cabral-Fletcher, ACCHD Administrator, presented the requirements and guidelines per the Texas Ethics Commission for rules towards donations for reestablishing the Endowment Trust. Research will be conducted to determine the guidelines for establishing

the Endowment Trust in the first place. Board Member Mayor Trey Wilkerson moved to start the process of re-establishing the Endowment Trust. Board Member Dr. Kyle King seconded the motion, and a unanimous vote was recorded.

L. DISCUSS AND CONSIDER APPROVAL OF CYBERSECURITY LIABILITY COVERAGE- REMOVED FROM AGENDA

Yesenia Cabral-Fletcher, ACCHD Administrator, presented this item. The day before the meeting it was discovered that a Cybersecurity Liability Coverage did in fact exist. Therefore, this item did not need to be approved.

M. DISCUSS AND CONSIDER APPROVAL OF THE FUTURE SALE OF MOBILE UNIT UNDER THE PHEP GRANT- APPROVED

Yesenia Cabral-Fletcher, ACCHD Administrator, presented the request to sale the Mobile Unit that was purchased under the PHEP grant. Carlos Fernandez, Systems and Facilities Supervisor, listed the deficiencies and the maintenance costs needed to get the unit back to operating conditions. The overhead cost towards carrying this unit on the list of assets for ACCHD is not feasible. Board Member Mayor Trey Wilkerson moved to approve the sale of the Mobile Unit. Board Member Dr. Kyle King seconded the motion, and a unanimous vote was recorded.

N. ADMINISTRATIVE UPDATE: PREVIOUS ADMINISTRATIVE DEFICIENCIES-NO ACTION TAKEN.

Yesenia Cabral-Fletcher, ACCHD Administrator, presented the deficiencies to the BOH for purposes of placing it in the record. It was recommended that BOH review the list that was presented. Board of Health agreed to review and determine if it needs to be investigated for a future BOH meeting. Recommendations were made to contract a different firm to audit the previous report. No motion was made.

O. DISCUSSION REGARDING INTERIM MEDICAL DIRECTOR SALARY-NO ACTION TAKEN.

Yesenia Cabral-Fletcher, ACCHD Administrator, presented the budgeted amount for the Interim Medical Director and future Permanent Medical Director. It was recorded that the stated amount on the budget FY2026 will stay the same. No motion was made.

P. REVIEW THE INITIATION OF CHILDREN AND PREGNANT WOMEN (CPW) CASE MANAGER PROGRAM. ESTIMATE REVENUES REIMBURSEMENT BY MEDICAID MANAGERD CARE ORGANIZATIONS-NO ACTION TAKEN.

Yesenia Cabral-Fletcher, ACCHD Administrator, presented the program offered by the State that can be a lucrative source of income. Antony Carter, Finance Manager, also presented the

anticipated income from this program. This was included in the budget FY 2026. No motion was made.

Q. ADMINISTRATIVE UPDATES: ACCHD LAYOFFS-NO ACTION TAKEN.

Yesenia Cabral-Fletcher, ACCHD Administrator, presented the current situation regarding the cuts in grants from State and Federal. At this time two full-time employees will be leaving at the end of August. No motion was made.

R. ADMINISTRATIVE UPDATE: DISCUSS AND REVIEW ALL RECENT GRANTS APPLICATIONS SUBMITTED WITH LAST MONTH AND GRANT UPDATES.

Yesenia Cabral-Fletcher, ACCHD Administrator, presented the list of potential future grants that have been submitted to the TLL Temple Foundation. No motion was made.

S. EXECUTIVE SESSION Pursuant to Texas Government Code Section 551.074.

To seek legal advice from the attorney regarding the potential liability and legal obligations concerning compensation owed to Dr. Kindrell Tucker, and other post-employment compensation matters, and all legal matters related thereto. BOH entered Executive Session at 8:13am.

At 8:34am, the BOH reconvened in the open session to take any action deemed necessary.

Board Member Mayor Trey Wilkerson moved to approve the payout in the amount of \$10,083.37 to Dr. Kindrell Tucker, MD, for compensation owed. Board Member Judge Pete Johnson seconded the motion, and a unanimous vote was recorded.

There being no further business, Board Chair Chief Jesse Moody adjourned the meeting at 8:36 a.m.

Jesse Moody, Board Chair

ATTEST:

Martha Hernandez, Executive Assistant

			Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10		
ANGELINA COUNTY & CITIES HEALTH DISTRICT														
REVENUES & EXPENDITURES - FY2025														
		Operating Budget												
		2025	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD	83.33%
REVENUES														
COUNTY & CITIES FUNDS														
	Angelina County	\$ 65,293	\$ 3,265	\$ 3,265	\$ 3,265	\$ 3,265	\$ 3,265	\$ 3,265	\$ 3,265	\$ 3,265	\$ 3,265	\$ 3,265	\$ 32,647	50.00%
	City Lufkin	\$ 56,905	\$ 2,845	\$ 2,845	\$ 2,845	\$ 2,845	\$ 2,845	\$ 2,845	\$ 2,845	\$ 2,845	\$ 2,845	\$ 2,845	\$ 28,453	50.00%
	City Diboll	\$ 8,637	\$ 432	\$ 432	\$ 432	\$ 432	\$ 432	\$ 432	\$ 432	\$ 432	\$ 432	\$ 432	\$ 4,318	50.00%
	City Huntington	\$ 3,512	\$ 176	\$ 176	\$ 176	\$ 176	\$ 176	\$ 176	\$ 176	\$ 176	\$ 176	\$ 176	\$ 1,756	50.00%
	City Hudson	\$ 8,462	\$ 423	\$ 423	\$ 423	\$ 423	\$ 423	\$ 423	\$ 423	\$ 423	\$ 423	\$ 423	\$ 4,231	50.00%
	City Zavalla	\$ 1,183	\$ 59	\$ 59	\$ 59	\$ 59	\$ 59	\$ 59	\$ 59	\$ 59	\$ 59	\$ 59	\$ 592	50.02%
	CNTY&CITIES SUBTOTAL	\$ 143,992	\$ 7,200	\$ 7,200	\$ 7,200	\$ 7,200	\$ 7,200	\$ 7,200	\$ 7,200	\$ 7,200	\$ 7,200	\$ 7,200	\$ 71,996	50.00%
STATE OF TEXAS CONTRACTS														
	Imm. Field Nurse	\$ 148,670	\$ 9,595	\$ 9,188	\$ 11,117	\$ 10,887	\$ 11,873	\$ 11,149	\$ 12,846	\$ 13,199	\$ 12,465	\$ 12,432	\$ 114,749	77.18%
	WIC	\$ 740,541	\$ 61,022	\$ 52,904	\$ 53,630	\$ 54,289	\$ 56,293	\$ 53,751	\$ 57,580	\$ 55,118	\$ 56,417	\$ 59,579	\$ 560,584	75.70%
	State PHC	\$ 274,400	\$ 47,846	\$ 53,011	\$ 53,195	\$ 54,656	\$ 41,376	\$ 22,727	\$ 11,456	\$ 4,301	\$ -	\$ 1,651	\$ 290,219	105.76%
	State Family Planning	\$ 135,942	\$ 3,267	\$ 6,908	\$ 629	\$ 2,399	\$ 1,980	\$ 3,575	\$ 3,202	\$ 5,222	\$ 7,407	\$ 5,079	\$ 39,669	29.18%
	Title V	\$ 43,458	\$ 3,081	\$ 4,079	\$ 2,623	\$ 2,334	\$ 1,937	\$ 3,339	\$ 2,658	\$ 1,837	\$ 133	\$ 162	\$ 22,183	51.04%
	BCCS	\$ 147,236	\$ 5,861	\$ 10,678	\$ -	\$ 6,683	\$ 5,982	\$ 3,305	\$ 9,609	\$ 3,519	\$ 2,565	\$ 6,718	\$ 54,921	37.30%
	BRLHO	\$ 19,118	\$ 1,667	\$ 1,667	\$ 1,667	\$ 1,667	\$ 1,667	\$ 1,667	\$ 1,667	\$ 1,667	\$ 1,667	\$ 1,667	\$ 16,667	87.18%
	Tuberculosis	\$ 38,626	\$ 3,840	\$ 3,957	\$ 3,957	\$ 3,775	\$ 3,957	\$ 3,957	\$ 4,047	\$ 3,957	\$ 3,957	\$ 3,067	\$ 38,471	99.60%
	Bioterrorism	\$ 159,720	\$ 15,296	\$ 11,241	\$ 9,889	\$ 9,079	\$ 7,150	\$ 9,580	\$ 9,289	\$ 11,217	\$ 11,425	\$ 10,820	\$ 104,987	65.73%
	Epidemiology	\$ 59,400	\$ 6,017	\$ 5,653	\$ 6,935	\$ 6,882	\$ 6,914	\$ 5,673	\$ 7,202	\$ 3,939	\$ 5,356	\$ 6,998	\$ 61,569	103.65%
	Pandemic Response 2	\$ 65,998	\$ 2,208	\$ 2,221	\$ 1,696	\$ 2,227	\$ 1,419	\$ 1,890	\$ -	\$ -	\$ -	\$ -	\$ 11,661	17.67%
	Community Health Bridge	\$ 165,000	\$ 15,891	\$ 15,683	\$ 14,971	\$ 14,343	\$ 14,343	\$ 22,021	\$ 13,883	\$ 20,244	\$ 14,965	\$ 6,309	\$ 152,652	92.52%
	CSHCN	\$ 151,000	\$ 6,075	\$ 5,247	\$ 4,818	\$ 4,738	\$ 3,723	\$ 4,071	\$ 4,168	\$ 3,959	\$ 3,350	\$ 4,518	\$ 44,667	29.58%
	Health Equity	\$ 77,925	\$ 5,752	\$ 6,746	\$ 4,965	\$ 4,575	\$ 4,045	\$ 4,040	\$ -	\$ -	\$ -	\$ -	\$ 30,122	38.65%
	Public Health Infrastructure	\$ 184,683	\$ 21,096	\$ 19,406	\$ 22,609	\$ 24,302	\$ 22,425	\$ 17,347	\$ 28,261	\$ 18,502	\$ 21,878	\$ 16,923	\$ 212,750	115.20%
	HIV Testing Initiative	\$ 117,290	\$ 8,206	\$ 6,230	\$ 7,467	\$ 7,818	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 29,721	25.34%
	Other State/Fed Grants	\$ -	\$ 52,103	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 52,103	N/A
	STATE OF TX SUBTOTAL	\$ 2,529,007	\$ 268,822	\$ 214,818	\$ 200,168	\$ 210,653	\$ 185,083	\$ 168,093	\$ 165,868	\$ 146,680	\$ 141,584	\$ 135,923	\$ 1,837,693	72.66%
ENVIRONMENTAL SERVICES														
	Food Service Inspections	\$ 225,975	\$ 22,047	\$ 22,597	\$ 28,428	\$ 23,947	\$ 22,274	\$ 24,014	\$ 24,447	\$ 25,039	\$ 24,039	\$ 23,997	\$ 240,827	106.57%
	Lodging Inspections	\$ 4,500	\$ 79	\$ 79	\$ 79	\$ 79	\$ 79	\$ 79	\$ 79	\$ 79	\$ 79	\$ 79	\$ 792	17.59%
	Schools/ Day Care Inspections	\$ 39,000	\$ 312	\$ 312	\$ 1,014	\$ 312	\$ 312	\$ 312	\$ 312	\$ 312	\$ 312	\$ 312	\$ 3,826	9.81%
	Food Citations	\$ 4,000	\$ 700	\$ 1,350	\$ 700	\$ 250	\$ 900	\$ 1,250	\$ 750	\$ 2,850	\$ 700	\$ 650	\$ 10,100	252.50%
	Environmental Inspections/Other	\$ 4,000	\$ 75	\$ -	\$ 75	\$ 325	\$ 1,350	\$ -	\$ 325	\$ -	\$ -	\$ -	\$ 2,150	53.75%
	Pool/Spa Inspection/Citation	\$ 4,400	\$ 48	\$ 48	\$ 248	\$ 348	\$ 48	\$ 48	\$ 48	\$ 48	\$ 148	\$ 48	\$ 1,079	24.53%
	Tanning Salons/Tattoo	\$ 5,300	\$ 114	\$ 481	\$ 114	\$ 114	\$ 114	\$ 438	\$ 297	\$ 114	\$ 114	\$ 114	\$ 2,013	37.98%
	ENVIRON SUBTOTAL	\$ 287,175	\$ 23,375	\$ 24,867	\$ 30,659	\$ 25,375	\$ 25,077	\$ 26,141	\$ 26,259	\$ 28,442	\$ 25,392	\$ 25,200	\$ 260,787	90.81%

ANGELINA COUNTY & CITIES HEALTH DISTRICT																
REVENUES & EXPENDITURES - FY2025																
		Operating Budget														
		2025	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD	83.33%		
PREVENTION & OTHER																
Immunization	\$	25,000	\$ 2,973	\$ 3,505	\$ 1,306	\$ 1,283	\$ 1,564	\$ 1,064	\$ 1,686	\$ 1,450	\$ 1,625	\$ 383	\$ 16,839	67.35%		
TB Testing	\$	15,000	\$ 1,400	\$ 720	\$ 1,680	\$ 380	\$ 420	\$ 660	\$ 1,020	\$ 1,000	\$ 940	\$ 500	\$ 8,720	58.13%		
Influenza	\$	8,000	\$ -	\$ 480	\$ 2,790	\$ 330	\$ 210	\$ 90	\$ 120	\$ 180	\$ 150	\$ 30	\$ 4,380	54.75%		
Pneumonia	\$	500	\$ -	\$ 120	\$ 240	\$ -	\$ -	\$ -	\$ -	\$ 120	\$ -	\$ -	\$ 480	96.00%		
Meningitis	\$	9,500	\$ -	\$ 300	\$ 700	\$ -	\$ 1,140	\$ -	\$ 2,510	\$ 150	\$ -	\$ 3,960	\$ 8,760	92.21%		
Hep B, Hep A	\$	17,500	\$ 225	\$ 75	\$ -	\$ -	\$ 390	\$ 235	\$ 245	\$ 150	\$ 950	\$ 535	\$ 2,805	16.03%		
MMR, Polio, IPV, HPV, Varicell	\$	14,000	\$ 370	\$ 305	\$ 855	\$ 640	\$ 1,840	\$ 65	\$ 1,215	\$ 760	\$ 1,460	\$ 1,975	\$ 9,485	67.75%		
Hearing & Vision	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%		
Other	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%		
Temple/Endowment - SBHC	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%		
CheckingMoney Market Account	\$	40,000	\$ 2,327	\$ 2,190	\$ 2,382	\$ 6,986	\$ 3,809	\$ 3,078	\$ 109	\$ 5,247	\$ -	\$ 3,848	\$ 29,975	74.94%		
Local Grants	\$	5,000	\$ -	\$ -	\$ 4,500	\$ 52,103	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 56,603	1132.05%		
PREVENTION SUBTOTAL	\$	134,500	\$ 7,295	\$ 7,695	\$ 14,452	\$ 61,721	\$ 9,373	\$ 5,192	\$ 6,905	\$ 9,057	\$ 5,125	\$ 11,231	\$ 138,047	102.64%		
PRIMARY CARE																
Angelina Cnty Tax	\$	1,000,000	\$ 203,612	\$ 99,500	\$ 99,500	\$ 99,500	\$ 99,500	\$ 99,500	\$ 99,500	\$ 99,500	\$ 99,500	\$ 99,500	\$ 1,099,112	109.91%		
Medicaid	\$	230,000	\$ 35,997	\$ 21,215	\$ 17,076	\$ 15,777	\$ 19,083	\$ 20,290	\$ 21,777	\$ 17,506	\$ 17,325	\$ 16,663	\$ 202,709	88.13%		
CHIPS	\$	4,500	\$ 1,202	\$ 150	\$ 485	\$ 95	\$ 599	\$ 920	\$ 135	\$ 345	\$ 40	\$ 540	\$ 4,511	100.24%		
Provider Fees	\$	10,000	\$ 1,042	\$ 1,322	\$ 649	\$ 730	\$ 692	\$ 639	\$ 758	\$ 986	\$ 682	\$ 785	\$ 8,285	82.85%		
Pharmacy Fees	\$	30,000	\$ 2,148	\$ 2,825	\$ 2,154	\$ 2,063	\$ 2,592	\$ 2,184	\$ 2,473	\$ 2,671	\$ 2,212	\$ 2,434	\$ 23,756	79.19%		
County Gold Card	\$	30,000	\$ 1,895	\$ 5,561	\$ 6,066	\$ 5,318	\$ 7,220	\$ 5,742	\$ 7,307	\$ 7,016	\$ 6,764	\$ 5,787	\$ 58,676	195.59%		
Incentive Payments	\$	10,000	\$ -	\$ 143	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 143	1.43%		
STD Program	\$	7,500	\$ 410	\$ 540	\$ 240	\$ 340	\$ 290	\$ 320	\$ 450	\$ 380	\$ 440	\$ 300	\$ 3,710	49.47%		
Laboratory	\$	1,750	\$ 90	\$ 210	\$ 60	\$ 135	\$ 75	\$ 10	\$ 75	\$ 150	\$ 60	\$ 120	\$ 985	56.29%		
Medicaid Administration Claimin	\$	110,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 60,000	54.55%		
Temple Foundation	\$	250,000	\$ 8,333	\$ 8,333	\$ 8,333	\$ 8,333	\$ 8,333	\$ 8,333	\$ 8,333	\$ 8,333	\$ 8,333	\$ 8,333	\$ 83,333	33.33%		
Episcopal - Healthy Baby Initiati	\$	54,930	\$ 3,940	\$ 237	\$ 5,821	\$ 3,273	\$ 3,418	\$ 3,196	\$ 2,313	\$ 6,639	\$ 6,633	\$ 6,639	\$ 42,108	76.66%		
Thriving Families	\$	230,250	\$ 15,068	\$ 14,672	\$ 19,927	\$ 19,911	\$ 21,494	\$ 23,192	\$ 21,753	\$ 21,393	\$ 21,914	\$ 14,070	\$ 193,393	83.99%		
Episcopal - Women's Health	\$	150,000	\$ 18,805	\$ 13,022	\$ 12,841	\$ 13,022	\$ 12,841	\$ 12,841	\$ 13,023	\$ 12,841	\$ 12,841	\$ 12,957	\$ 135,034	90.02%		
DSRIP/PHP-CCP	\$	534,693	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%		
Allow. for Uncoll.	\$	(10,000)	\$ (17,593)	\$ (5,380)	\$ (4,717)	\$ (4,234)	\$ (5,376)	\$ (5,383)	\$ (5,844)	\$ (4,968)	\$ (4,826)	\$ (4,596)	\$ (62,917)	629.17%		
PRIMARY SUBTOTAL	\$	2,643,623	\$ 280,948	\$ 168,350	\$ 174,435	\$ 170,263	\$ 176,762	\$ 177,784	\$ 178,054	\$ 178,792	\$ 177,918	\$ 169,532	\$ 1,852,838	70.09%		
TOTAL REVENUE	\$	5,738,297	\$ 587,640	\$ 422,930	\$ 426,913	\$ 475,213	\$ 403,494	\$ 384,409	\$ 384,285	\$ 370,171	\$ 357,219	\$ 349,086	\$ 4,161,361	72.52%		
Before Adjustments																
ADJUSTMENTS TO REVENUES																

ANGELINA COUNTY & CITIES HEALTH DISTRICT															
REVENUES & EXPENDITURES - FY2025															
		Operating Budget													
		2025	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD		83.33%
Donated Pharmaceutical	\$	1,750,000	\$ 171,904	\$ 187,493	\$ 189,365	\$ 130,153	\$ 114,725	\$ 111,651	\$ 80,191	\$ 196,225	\$ 101,875	\$ 119,165	\$ 1,402,747		80.16%
Building Lease	\$	294,003	\$ 24,500	\$ 24,500	\$ 24,500	\$ 24,500	\$ 24,500	\$ 24,500	\$ 24,500	\$ 24,500	\$ 24,500	\$ 24,500	\$ 245,002		83.33%
State Vaccines	\$	320,000	\$ 28,434	\$ 24,077	\$ 22,239	\$ 9,063	\$ 52,750	\$ 11,950	\$ 13,590	\$ 29,273	\$ 29,222	\$ 17,287	\$ 237,884		74.34%
TOTAL REVENUES	\$	8,102,300	\$ 812,478	\$ 658,999	\$ 663,018	\$ 638,929	\$ 595,470	\$ 532,511	\$ 502,566	\$ 620,169	\$ 512,816	\$ 510,038	\$ 6,046,995		74.63%
After Adjustments															
EXPENDITURES															
PERSONNEL															
Salaries	\$	3,180,219	\$ 272,017	\$ 225,061	\$ 228,745	\$ 231,709	\$ 232,351	\$ 234,460	\$ 250,941	\$ 231,463	\$ 236,442	\$ 223,335	\$ 2,366,524		74.41%
Fringe	\$	691,623	\$ 51,638	\$ 59,246	\$ 54,989	\$ 56,251	\$ 54,420	\$ 49,470	\$ 62,552	\$ 55,987	\$ 56,409	\$ 24,293	\$ 558,255		80.72%
Retirement Exp	\$	76,473	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		0.00%
Annual / Sick Pay	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		0.00%
Temporary Personnel	\$	50,050	\$ 3,472	\$ 3,106	\$ 6,177	\$ 5,008	\$ 4,799	\$ 5,803	\$ 5,824	\$ 2,813	\$ 3,464	\$ 3,269	\$ 43,734		87.38%
PERSONNEL SUBTOTAL	\$	3,998,365	\$ 327,127	\$ 287,414	\$ 289,910	\$ 292,968	\$ 291,570	\$ 289,732	\$ 319,318	\$ 290,263	\$ 296,315	\$ 283,897	\$ 2,968,513		74.24%
CONTRACTUAL/PROFESSIONAL SERVICES															
Radiology	\$	132,025	\$ 15,944	\$ 12,781	\$ 11,343	\$ 14,704	\$ 8,451	\$ 6,291	\$ 6,495	\$ 14,745	\$ 12,369	\$ 13,572	\$ 116,694		88.39%
Pharmaceutical	\$	1,000	\$ -	\$ 672	\$ 465	\$ 106	\$ -	\$ -	\$ -	\$ 469	\$ 266	\$ -	\$ 1,976		197.63%
Laboratory	\$	107,206	\$ 17,078	\$ 331	\$ 8,603	\$ 11,573	\$ 7,689	\$ 1,477	\$ 2,573	\$ 31,789	\$ 30	\$ 16,101	\$ 97,244		90.71%
Pharmacist	\$	14,400	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 12,000		83.33%
Audit	\$	28,900	\$ 432	\$ -	\$ -	\$ -	\$ 8,000	\$ -	\$ -	\$ -	\$ 13,000	\$ 11,300	\$ 32,732		113.26%
Consultants	\$	113,922	\$ 9,026	\$ 10,657	\$ 11,108	\$ 13,144	\$ 7,351	\$ 6,609	\$ 9,184	\$ 9,799	\$ 6,118	\$ 4,977	\$ 87,973		77.22%
Other Professional Services	\$	69,627	\$ 12,271	\$ 12,978	\$ 15,804	\$ 8,789	\$ 7,829	\$ 2,189	\$ 3,582	\$ 1,923	\$ 4,080	\$ 4,692	\$ 74,137		106.48%
IT Network Services	\$	70,500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,914	\$ 3,799	\$ 7,769	\$ 3,873	\$ 3,873	\$ 24,228		34.37%
Health Messaging/Outreach	\$	62,000	\$ 1,285	\$ 105	\$ 1,832	\$ 618	\$ 574	\$ 6,833	\$ 609	\$ 6,717	\$ 428	\$ 5,749	\$ 24,749		39.92%
PRN	\$	96,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		0.00%
Medical Director/Supervising Phy	\$	51,036	\$ 3,750	\$ 3,750	\$ 3,750	\$ 3,750	\$ 3,750	\$ 3,750	\$ 3,750	\$ 3,750	\$ 3,750	\$ 3,750	\$ 37,500		73.48%
CONTRACT SUBTOTAL	\$	746,616	\$ 60,986	\$ 42,474	\$ 54,105	\$ 53,884	\$ 44,844	\$ 33,263	\$ 31,191	\$ 78,160	\$ 45,114	\$ 65,213	\$ 509,233		68.21%
UTILITIES & MAINTENANCE															
Rent	\$	11,000	\$ 900	\$ 900	\$ 900	\$ 100	\$ 1,600	\$ 1,100	\$ 1,000	\$ 1,000	\$ 1,000	\$ 800	\$ 9,300		84.55%
Storage Building Rentals	\$	3,263	\$ 940	\$ 470	\$ 470	\$ 470	\$ 470	\$ 470	\$ 470	\$ 470	\$ 470	\$ 493	\$ 5,193		159.15%
Utilities	\$	72,080	\$ 6,556	\$ 5,115	\$ 4,991	\$ 4,859	\$ 5,119	\$ 4,399	\$ 4,466	\$ 4,600	\$ 5,110	\$ 2,225	\$ 47,439		65.81%
Telephone	\$	68,017	\$ 5,660	\$ 5,982	\$ 6,149	\$ 6,152	\$ 6,511	\$ 2,360	\$ 2,412	\$ 2,693	\$ 2,550	\$ 1,117	\$ 41,585		61.14%
Custodial	\$	28,020	\$ 6,379	\$ 3,429	\$ 3,476	\$ 5,508	\$ 2,550	\$ 3,094	\$ 4,188	\$ 3,306	\$ 3,086	\$ 2,645	\$ 37,660		134.40%
Lawn Maintenance	\$	20,016	\$ 2,918	\$ -	\$ -	\$ -	\$ 2,670	\$ 1,335	\$ 4,311	\$ 2,340	\$ 2,581	\$ 1,335	\$ 17,490		87.38%
Central Monitoring	\$	5,208	\$ 264	\$ 563	\$ 264	\$ 211	\$ 585	\$ 271	\$ 121	\$ 1,280	\$ 1,706	\$ 963	\$ 6,227		119.57%
Satellite TV/First Alert	\$	300	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		0.00%
Repairs & Maintenance	\$	68,445	\$ 8,587	\$ 2,615	\$ 2,040	\$ 3,568	\$ 1,382	\$ 6,208	\$ 13,164	\$ 3,410	\$ 43,691	\$ 18,210	\$ 102,874		150.30%
UTILITIES & M SUBTOTAL	\$	276,349	\$ 32,202	\$ 19,073	\$ 18,291	\$ 20,867	\$ 20,886	\$ 19,238	\$ 30,132	\$ 19,099	\$ 60,192	\$ 27,788	\$ 267,769		96.90%

ANGELINA COUNTY & CITIES HEALTH DISTRICT																
REVENUES & EXPENDITURES - FY2025																
		Operating Budget														
		2025	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD		83.33%	
OFFICE EXPENSE																
Supplies	\$	68,118	\$ 22,748	\$ 7,172	\$ 1,048	\$ 1,958	\$ 2,262	\$ 1,919	\$ 4,973	\$ 2,174	\$ 2,798	\$ 2,041	\$ 49,093		72.07%	
Postage	\$	9,310	\$ 569	\$ 648	\$ 436	\$ 219	\$ 481	\$ 510	\$ 323	\$ 324	\$ 590	\$ 276	\$ 4,377		47.02%	
Computer Software	\$	45,215	\$ 451	\$ 289	\$ 295	\$ 170	\$ 153	\$ 146	\$ -	\$ 292	\$ 156	\$ 145	\$ 2,095		4.63%	
Software Maintenance Fees	\$	40,100	\$ 100	\$ 100	\$ 2,314	\$ 5,100	\$ 16,676	\$ 5,769	\$ 6,240	\$ 5,460	\$ 914	\$ 100	\$ 42,773		106.67%	
Printing	\$	21,645	\$ 2,757	\$ 2,132	\$ 259	\$ 498	\$ 722	\$ 153	\$ 872	\$ 544	\$ 1,051	\$ 65	\$ 9,052		41.82%	
Custodial Supply	\$	8,775	\$ 1,474	\$ 768	\$ 1,249	\$ 925	\$ 537	\$ 989	\$ -	\$ 742	\$ 583	\$ 434	\$ 7,701		87.76%	
Miscellaneous	\$	37,973	\$ (657)	\$ 637	\$ (3,240)	\$ 1,259	\$ (3,192)	\$ 771	\$ (1,375)	\$ 754	\$ (2,267)	\$ 416	\$ (6,892)		-18.15%	
OFFICE SUBTOTAL	\$	231,136	\$ 27,443	\$ 11,745	\$ 2,361	\$ 10,129	\$ 17,639	\$ 10,256	\$ 11,033	\$ 10,290	\$ 3,826	\$ 3,477	\$ 108,199		46.81%	
MEDICAL EXPENSE																
Medical	\$	104,350	\$ 18,745	\$ 8,865	\$ 6,350	\$ 12,352	\$ 8,442	\$ 2,679	\$ 9,873	\$ 4,003	\$ 14,468	\$ 7,179	\$ 92,957		89.08%	
Laboratory	\$	2,000	\$ 552	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 214	\$ -	\$ -	\$ 766		38.28%	
Pharmaceutical	\$	108,918	\$ 10,946	\$ 6,087	\$ 6,043	\$ 7,845	\$ 6,956	\$ 6,983	\$ 6,137	\$ 9,395	\$ 5,849	\$ 6,777	\$ 73,017		67.04%	
Breast Feeding	\$	1,350	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 906	\$ -	\$ 1,054	\$ 1,960		145.18%	
MEDICAL SUBTOTAL	\$	216,618	\$ 30,243	\$ 14,952	\$ 12,393	\$ 20,197	\$ 15,398	\$ 9,662	\$ 16,010	\$ 14,304	\$ 20,531	\$ 15,010	\$ 168,700		77.88%	
TRAVEL																
Auto Insurance	\$	2,000	\$ 124	\$ 124	\$ 124	\$ 124	\$ 124	\$ 124	\$ 124	\$ 124	\$ 124	\$ 124	\$ 1,240		61.99%	
Mileage Reimb	\$	20,003	\$ 714	\$ 987	\$ 682	\$ 644	\$ 701	\$ 337	\$ 377	\$ 1,048	\$ 312	\$ 314	\$ 6,116		30.57%	
Gas & Maint	\$	6,700	\$ 594	\$ 179	\$ 147	\$ 70	\$ 202	\$ 66	\$ 140	\$ 122	\$ 1,014	\$ 207	\$ 2,740		40.90%	
Prof Education	\$	34,250	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,371	\$ 1,371		4.00%	
TRAVEL SUBTOTAL	\$	62,953	\$ 1,432	\$ 1,290	\$ 953	\$ 838	\$ 1,027	\$ 527	\$ 641	\$ 1,294	\$ 1,450	\$ 2,016	\$ 11,467		18.22%	
FURNITURE & EQUIPMENT																
Medical	\$	3,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		0.00%	
Computers	\$	70,225	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		0.00%	
F & E SUBTOTAL	\$	73,225	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		0.00%	
RENTAL/LEASE																
Copier	\$	17,200	\$ 1,262	\$ 1,252	\$ 1,251	\$ 1,248	\$ 1,249	\$ 1,236	\$ 1,263	\$ 1,253	\$ 1,264	\$ 1,245	\$ 12,522		72.80%	
RENTAL SUBTOTAL	\$	17,200	\$ 1,262	\$ 1,252	\$ 1,251	\$ 1,248	\$ 1,249	\$ 1,236	\$ 1,263	\$ 1,253	\$ 1,264	\$ 1,245	\$ 12,522		72.80%	
OTHER																
Clinician Benefits	\$	6,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 79	\$ -	\$ -	\$ 79		1.32%	
Liability	\$	40,000	\$ 2,457	\$ 2,457	\$ 2,457	\$ 2,457	\$ 2,457	\$ 2,457	\$ 2,457	\$ 2,457	\$ 2,457	\$ 2,457	\$ 24,571		61.43%	
CSHCN Emergency Funds	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		0.00%	

ANGELINA COUNTY & CITIES HEALTH DISTRICT																
REVENUES & EXPENDITURES - FY2025																
		Operating Budget														
		2025	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD		83.33%	
Dues/Subs	\$	12,180	\$ (864)	\$ 320	\$ 575	\$ -	\$ 729	\$ 600	\$ 472	\$ 795	\$ 150	\$ 1,000	\$ 3,778		31.01%	
Seminar & Prof	\$	12,520	\$ 3,174	\$ 300	\$ -	\$ 177	\$ 992	\$ 25	\$ 1,922	\$ 35	\$ 1,660	\$ 2,080	\$ 10,366		82.79%	
Cobra Admin	\$	4,135	\$ 109	\$ 109	\$ 106	\$ 103	\$ 106	\$ 106	\$ 103	\$ 109	\$ 103	\$ 103	\$ 1,056		25.54%	
Educ Material	\$	11,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,986	\$ 2,007	\$ 672	\$ -	\$ 4,665		42.41%	
Retirement fees	\$	5,000	\$ 1,150	\$ 580	\$ 593	\$ 586	\$ 596	\$ 597	\$ 591	\$ 631	\$ 612	\$ 626	\$ 6,562		131.25%	
Cash Short	\$	-	\$ -	\$ 552	\$ (42)	\$ (5)	\$ (5)	\$ (60)	\$ (10)	\$ 176	\$ (14)	\$ (20)	\$ 572		0.00%	
Legal Fees	\$	25,000	\$ -	\$ 1,575	\$ 1,500	\$ 315	\$ -	\$ 2,100	\$ 1,650	\$ 420	\$ 855	\$ 3,212	\$ 11,627		46.51%	
OTHER SUBTOTAL	\$	115,835	\$ 6,026	\$ 5,892	\$ 5,189	\$ 3,634	\$ 4,875	\$ 5,825	\$ 9,171	\$ 6,709	\$ 6,495	\$ 9,459	\$ 63,275		54.63%	
TOTAL EXPENDITURES	\$	5,738,297	\$ 486,721	\$ 384,092	\$ 384,453	\$ 403,763	\$ 397,489	\$ 369,739	\$ 418,759	\$ 421,372	\$ 435,186	\$ 408,104	\$ 4,109,678		71.62%	
Before Adjustments																
ADJUSTMENTS TO EXPENDITURES																
Donated Pharmaceutical	\$	1,750,000	\$ 171,904	\$ 187,493	\$ 189,365	\$ 130,153	\$ 114,725	\$ 111,651	\$ 80,191	\$ 196,225	\$ 101,875	\$ 119,165	\$ 1,402,747		80.16%	
State Vaccines	\$	320,000	\$ 28,434	\$ 24,077	\$ 22,239	\$ 9,063	\$ 52,750	\$ 11,950	\$ 13,590	\$ 29,273	\$ 29,222	\$ 17,287	\$ 237,884		74.34%	
Building Lease	\$	294,003	\$ 24,500	\$ 24,500	\$ 24,500	\$ 24,500	\$ 24,500	\$ 24,500	\$ 24,500	\$ 24,500	\$ 24,500	\$ 24,500	\$ 245,002		83.33%	
TOTAL EXPENDITURES	\$	8,102,300	\$ 711,559	\$ 620,161	\$ 620,557	\$ 567,479	\$ 589,464	\$ 517,840	\$ 537,040	\$ 671,370	\$ 590,784	\$ 569,056	\$ 5,995,312		74.00%	
After Adjustments																
EXCESS OF REVENUE	\$	-	\$ 100,919	\$ 38,838	\$ 42,461	\$ 71,450	\$ 6,006	\$ 14,671	\$ (34,474)	\$ (51,201)	\$ (77,968)	\$ (59,018)	\$ 51,683			
OVER (UNDER) EXPENDITURES																
Adjustment for Pharmaceutical Invent	\$	-	\$ (14,993)	\$ (15,906)	\$ (53,512)	\$ 18,366	\$ 77,673	\$ (32,106)	\$ 15,907	\$ (15,744)	\$ 92,219	\$ (15,871)	\$ 56,033			
EXCESS OF REVENUE			\$ 85,925	\$ 22,932	\$ (11,052)	\$ 89,816	\$ 83,679	\$ (17,435)	\$ (18,567)	\$ (66,945)	\$ 14,252	\$ (74,889)	\$ 107,716			
OVER (UNDER) EXPENDITURES																

MEDICAL - Effective 10/1/2025	BLUE CROSS BLUE SHIELD OF TEXAS			
Plan Name	MM3022	MM0922	MTBEE531	MTBEE508
Plan Type	PPO	PPO	HMO	HMO
Network	Blue Choice	Blue Choice	Blue Essential	Blue Essential
Referrals Required	No	No	Yes	Yes
In Network				
Deductible: Single	\$5,000	\$1,000	\$3,500	\$7,000
Deductible: Family	\$10,000	\$3,000	\$10,500	\$14,000
Co-Insurance	100%	80%	80%	80%
Out-of-Pocket Limit: Single	\$5,500	\$4,000	\$8,750	\$9,200
Out-of-Pocket Limit: Family	\$10,200	\$10,200	\$17,500	\$18,400
Copays				
PCP	\$30	\$25	\$40	\$40
Specialist	\$30	\$25	\$80	\$60
Urgent Care	\$55	\$50	\$75	\$75
ER	\$100 Ded+Coins	\$100 Ded+Coins	\$500 Ded+Coins	\$500 Ded+Coins
Other Services				
Diagnostic Lab / X-Ray	100%	100%	Ded+Coins	Ded+Coins
Imaging (MRI & CT Scan)	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
Prescription Drugs				
Rx Out of Pocket Maximum Single/Family	\$1,000 / \$3,000	\$1,000 / \$3,000	Included in Medical OOP	Included in Medical OOP
Rx Tiers (Preferred Pharmacies)	\$10 / \$40 / \$60	\$20 / \$35 / \$50	\$0 / \$10 / \$50 / \$100 / \$150 / \$250	\$0 / \$10 / \$50 / \$100 / \$150 / \$250
Monthly Premiums				
Employee Only	\$1,001.70	\$1,130.08	\$701.87	\$661.44
Employee + Spouse	\$1,868.78	\$2,108.28	\$1,309.39	\$1,233.98
Employee + Child(ren)	\$1,931.59	\$2,179.14	\$1,353.40	\$1,275.45
Family	\$2,799.06	\$3,157.80	\$1,961.21	\$1,848.25
ACCHD Monthly Premiums				
Employee Only	\$931.70	\$931.70	\$701.87	\$661.44
Employee + Spouse	\$931.70	\$931.70	\$750.00	\$750.00
Employee + Child(ren)	\$931.70	\$931.70	\$750.00	\$750.00
Family	\$931.70	\$931.70	\$750.00	\$750.00
Employee Monthly Premiums				
Employee Only	\$70.00	\$198.38	\$0.00	\$0.00
Employee + Spouse	\$937.08	\$1,176.58	\$559.39	\$483.98
Employee + Child(ren)	\$999.89	\$1,247.44	\$603.40	\$525.45
Family	\$1,867.36	\$2,226.10	\$1,211.21	\$1,098.25

Board of Health Meeting Schedule Fiscal Year 2025-2026

Wednesday, September 17, 2025
Shands Building Conference Room, 205 Shands Dr.
7:00 AM

Wednesday, October 15, 2025
Shands Building Conference Room, 205 Shands Dr.
7:00 AM

Wednesday, November 19, 2025
Shands Building Conference Room, 205 Shands Dr.
7:00 AM

Wednesday, December 17, 2025
Shands Building Conference Room, 205 Shands Dr.
7:00 AM

Wednesday, January 21, 2026
Shands Building Conference Room, 205 Shands Dr.
7:00 AM

Wednesday, February 18, 2026
Shands Building Conference Room, 205 Shands Dr.
7:00 AM

Wednesday, March 18, 2026
Shands Building Conference Room, 205 Shands Dr.
7:00 AM

Wednesday, April 15, 2026
Shands Building Conference Room, 205 Shands Dr.
7:00 AM

Wednesday, May 20, 2026
Shands Building Conference Room, 205 Shands Dr.
7:00 AM

Wednesday, June 17, 2026
Shands Building Conference Room, 205 Shands Dr.
7:00 AM

Wednesday, July 15, 2026
Shands Building Conference Room, 205 Shands Dr.
7:00 AM

Wednesday, August 19, 2026
Shands Building Conference Room, 205 Shands Dr.
7:00 AM

Proposal for Vaccine Fee Increase

A fee may be charged for administering the TVFC vaccine to TVFC-eligible children. The maximum administration fee for the TVFC vaccine is \$13.75 per dose. Currently, the Health District's administration fees are as follows:

- \$10.00 for one vaccine
- \$15.00 for two or more vaccines

We are requesting an increase in the fee for two or more doses to \$20.00. This is still considerably less than the \$13.75 per dose that could be charged.

Adult Safety Net (ASN) sites may charge an administration fee for administering ASN vaccines to ASN-eligible adults. The maximum allowed fee is \$25.00 per dose. Currently, the Health District's administration fee is as follows:

- \$20.00 per dose.

We are requesting an increase in the ASN administration fee to the allowable charge of \$25.00 per dose.

Thank you for presenting this to the board and for your continued support of seeking to generate revenue to sustain our operations.

LOCAL PHARMACY Charges= CHARGES \$150+ DEPENDING ON THE TYPE OF VACCINE. We would still be affordable.

Administrator

Chairman of the Board

Subject: Personnel Records

Effective Date:

Supersedes: October 30, 2024

Policy: The Angelina County & Cities Health District (ACCHD) recognizes the importance of personal privacy protection. Personnel files shall contain at least the application form, resume where appropriate, salary benefit history, performance evaluations, and disciplinary actions. Personnel files are to be secured by the Administration and not removed unless written authorization with a specific purpose is obtained from the Board of Health.

ACCHD Administration will:

1. Secure and maintain employee records within the administrative offices.
2. Will keep employee records confidential as noted in the Public Information Act and grant access only to those who have a job-related, need-to-know basis, and if the law requires it. Confidential information includes employees' home addresses, home telephone numbers, social security numbers, emergency contact information, and family member information. Information contained in an employee's personnel file shall be accessible to the following:
 - a. A supervisor who is responsible for the performance of the employee's duties.
 - b. Authorized Auditors, including local, state, federal, internal, and contracted auditors.
 - c. A member of the Board of Health.
 - d. Administration, or their authorized designee.
 - e. Any person with a valid court order authorizing inspection of the file or person thereof.
3. Make changes to name, home address, telephone number, marital status, number of dependents, or any other pertinent information as employees provide the information.
4. Keep General Personnel Record separated from an Employee Health Record and/or, if applicable, an Occupational Health Record.

Release of Information

Employees have the right to review their files at any reasonable time. If an employee is requesting a copy of their record, the employee must complete the Employee Personnel Information/Record Release Form. This form must be filed in the employee's Personnel Record.

ACCHD Administration will release information:

1. About the current or terminated employee's job performance or probation status of only with written consent from the current or terminated employee.
2. Regarding reference check inquiries. Supervisors may not respond to reference checks or other external inquiries about employees, current or former.

Administrator

Chairman of the Board

Subject: Public or Client Complaint Vs Incident/ Adverse Outcome Report

Effective Date:

Supersedes: May 21, 2025 (202), October 1st, 2000, October 30, 2024

Policy: The Angelina County & Cities Health District (ACCHD) will ensure that clients and the public are cared for and addressed in a safe, ethical, and respectful manner. ACCHD established guidelines to help staff report and address incidents that are outside of the norm.

Public or Client Complaints

A complaint is defined as a client's report of his/her dissatisfaction with ACCHD's services. This may include an employee-client misunderstanding or miscommunication or a disgruntled client resulting in a complaint. Public or Client complaints will result in an investigation.

Administration will make every effort to resolve all client or public complaints within 30 business days after the concern is received. The chain of command will be utilized to resolve the client or public complaint. This policy shall include complaints reported to the Medical Authority or members of the Board of Health.

Procedure:

1. Employees of the ACCHD will give full consideration to all reasonable issues related to a client's or public concerns or dissatisfaction and are encouraged to address client complaints in a professional, ethical, and legal manner by following policies, procedures, rules, laws, and regulations.
2. All concerns/ complaints will be documented in the client's record and "Public or Client Complaint Forms". Documentation shall contain what was implemented to resolve the complaint.
3. If a client wants to file a formal complaint, the employee will immediately report the complaint or concern to their supervisor or the Administrator.
4. Witnesses will be interviewed to aid in the investigation.
5. The Administrator and the supervisor will review the complaint and take appropriate actions.
6. Clients or the public may contact the Administrator with questions about the decision or correction of the issue reported.
 - Per DSHS: If a BCCS client is unsatisfied with the resolution of the complaint, clients can email BCCProgram@hhs.texas.gov.

- If clients request to escalate complaints regarding the care delivery of other programs, Administration will provide clients with the contact information to the HHS Office of the Ombudsman.
7. Any complaint that cannot be resolved by the Administrator will be forwarded to the Health District's Medical Authority.
 8. The Administrator or supervisor will notify the complainant of the results of the investigation and final decision.

Incident/ Adverse Outcome Reporting

Angelina County & Cities Health District requires all employees to report any incident, accident, or adverse outcomes involving a patient, visitor, or employee. An adverse outcome or event is identified as any activity that resulted in a near miss or caused harm, or could cause harm, a slip or fall, or injury on ACCHD's property etc. Incidents need to be reported on the "Incident Report" form (May reference Policy titled Employee Safety).

Witnesses:

Each employee(s) witness(s) or employees who were part of the incident/accident or adverse outcome will complete the "Incident Report".

Procedure:

1. If the incident was related to exposure to bloodborne pathogens, refer to the Infection Prevention and Control Manual: Post Exposure to Bloodborne Pathogen.
2. The "Incident Report" form does not preclude any DSHS forms required for services.
3. The "Incident Report" form is to be filled out immediately and in its entirety after the incident/accident or adverse outcome occurs and given directly to the Supervisor. Attach any supporting documentation as necessary.
4. The supervisor will alert the Administrator.
5. All referrals for medical treatment will be seen by the Primary Care Provider as soon as possible following the incident/accident or adverse outcome.
6. The follow-up action will be documented by the Supervisor and discussed with the administrative staff.
7. All "Incident Report" forms will be kept with Administration and filed per order of events for future reference.

Administrator

Chairman of the Board

Subject: ACCHD and WIC Closing Procedures

Effective Date:

Supersedes: Policy: New Policy

Policy: Angelina County & Cities Health District (ACCHD) promotes a safe environment for clients, staff, students, contractors, and vendors by establishing closing procedures for ACCHD and WIC Facilities.

Procedure:

1. At the end of the day, the supervisor, manager, or Administrator on duty will identify which staff member is responsible for closing procedures.
2. Closing procedures include checking all exam rooms, closets, bathrooms, hallways, waiting areas, offices, and other spaces for any person who is still within the premises. Staff will loudly ask, "Is there anyone here?" as they walk the areas.
3. All lights will be turned off.
4. All exit ways will be checked to ensure doors are not open, ajar, or unlocked.
5. Waiting room monitors will be turned off.
6. Security/Alarm system will be activated.
7. Outside premises will be checked for safety. Any unsafe conditions shall be reported to law enforcement and the Administrator.

Administrator

Chairman of the Board

Subject: Management of Ethical Issues

Effective Date:

Supersedes: Policy: New Policy

Policy: Angelina County & Cities Health District (ACCHD) establishes guidelines to manage ethical issues impacting patient care. ACCHD will maintain an Ethics Committee that is an ad hoc multi-disciplinary committee to identify needed policies governing patients' rights and to provide a forum for discussion of ethical issues pertaining to patient care. The Ethics Committee will meet as needed, identify topics, and present educational sessions that would benefit the staff caring for the patients. The Ethics Committee will fulfill three primary roles:

1. Draft Proposed policies to be reviewed and approved by the Board of Health.
2. Education and presentation of cases that define ethical issues and education to staff.
3. Consultation: Patients and staff may access the Ethics Committee for case advice.

Procedure

1. Notify the Lead Clinician for triage of ethical issues.
2. Notify the Administration concerning the request for the Ethics Committee.
3. Upon the approval of the Lead Clinician, the Ethics Committee will review the case as appropriate and comment on the case in writing.
4. The Ethics Committee will be formed with the following team members: Administrator, Director of Nursing, Director of Eligibility and Access, Provider, and a team lead.
5. The Provider will communicate with the family members or patients.
6. Administration will engage Legal counsel as needed.

Administrator

Chairman of the Board

Subject: Medication and Medical Supply Integrity, Expiration Date and Storage

Effective Date:

Supersedes: Policy: New Policy

Policy: Angelina County & Cities Health District (ACCHD) establishes procedures to ensure medication and supply integrity. The goal is to prevent expiration of medication and supplies and provide safe practice and storage guidelines. ACCHD ensures staff education focuses on the consequences of expiration of medications and medical supplies, such as compromised treatment and care, leading to potential harm. Regular management of expiration dates aids in maintaining accurate inventory levels, ensuring the availability of needed medications and supplies. ACCHD adheres to regulations that require proper management of expiration dates. The guidelines include:

Medication Integrity

1. Train staff on topics that cover procedures for checking expiration dates, rotating stock, and maintaining temperature and environmental controls.
2. Check meds for correct expiration dates and remove expired drugs every month, during inventory checks, daily during medication dispensing procedures, and if applicable, during medication administration procedures.
3. Stock Medications in a locked designated area, not immediately accessible to patients or unauthorized staff.
4. Nursing staff should verify/check all medication stored outside of the Pharmacy suite and check for expiration dates by the third week of each month. Any medications discarded should be noted in the comment section of the monitoring log. The log should be filed in the Nursing Director's Office.
5. The pharmacy staff should document medication expiration upon receipt of inventory. Pharmacy staff should document and file the log copies in the pharmacy area. Copies will also be filed electronically in the Shared/ Cloud drive under Medication and Supply Integrity Folder.
6. Medications should contain labels that contain information on the contents and expiration (or beyond-use) date unless the medication is prepared and immediately administered.
7. Medications shall be stored within the manufacturer's recommendations for environmental temperatures and humidity.

8. Staff should accurately document the expiration of medication within the appropriate log for compliance and future reference. Documentation includes:
 - a. Medication name,
 - b. Medication Dose
 - c. Manufacturer.
 - d. Date of Expiry
 - e. Date of Discovery
 - f. Action taken, such as the disposal method used for the expired supply.
 - g. Staff Involved.

Supply Integrity

1. Train staff in the supply storage process.
2. Keep written records of supplies and expiration dates. File records in Shared or Cloud Drive under Medication and Supply Integrity Folder.
3. Organize the inventory in order to assist with tracking efficiency.
4. Store supplies in a manner that allows for easy access and visibility of expiration dates.
5. Label shelves or bins with the expiration dates.
6. Check the supply expiration biannually.
7. Rotate stock on a quarterly basis.
8. Document disposal of expired supplies on the designated log. (May use the Shipping Inventory Form or other form).
9. Maintaining the right storage environment for prolonging the lifespan of medical supplies. Consider factors such as temperature, humidity, and light exposure in order to maintain the quality and longevity of medical supplies. Recommended conditions include a temperature of 20°C to 25°C (68°F to 77°F), humidity of 30-50%, Dark or low-light environments, and a well-ventilated, dust-free environment.
10. The earliest expiring supply should be stored at the front of the shelf or bin.
11. Staff should accurately document the expiration of supplies for compliance and future reference. Documentation includes:
 - a. Information to Document
 - b. Date of Expiration
 - c. Date of Discovery
 - d. Type of Supply and, if applicable, item number.
 - e. Action taken, such as the disposal method used for the expired supply.
 - f. Staff Involved.

12. Supply Integrity Audit schedule:

Audit Frequency	Number of Supplies Inspected
Monthly	20% of supplies. Identify near-expiry items.
Quarterly	50% of supplies
Annually	100% of supplies

Administrator

Chairman of the Board

Subject: Fraud and Abuse

Effective Date:

Supersedes: October 20, 2024; 218 July 27, 2005

Policy: Angelina County & Cities Health District (ACCHD) establishes procedures and reporting mechanisms to preclude and detect any acts of misconduct, dishonesty leading to fraud, and/or abuse. ACCHD's goal is to establish and maintain a fair, ethical, and honest business environment for our employees, customers, suppliers, and the public. Employees who fail to report suspected fraud could result in disciplinary action or possibly termination.

Reporting Procedures

When reporting fraud and abuse, the employee must provide the names of all individuals involved, including any other witnesses. Give the dates and times the incident(s) occurred and where it happened. State whether there is any supporting documentation, such as license plate numbers, invoice numbers, transaction numbers, case numbers, check numbers or other document numbers.

To prevent fraud and abuse, Department heads must:

1. Implement internal controls that support a checks and balances program when appropriate.
2. Inform staff on internal controls in order to prevent fraud and abuse.
3. Avoid management override of internal controls.
4. Implement strong ethical standards.
5. Supervise staff appropriately.
6. Investigate unexplained variances in financial information.
7. Take action on the results of internal/external audits or reviews.
8. Review and investigate high expenses or purchases.
9. Investigate frequent complaints from customers.
10. Investigate the cause of missing files.
11. Investigate employee comments concerning possible fraud and abuse.
12. Ensure proper training of employees.
13. Perform independent review and monitoring of tasks.
14. Separation of duties so that not one employee is responsible for a transaction from start to finish.

15. Follow clear lines of authority.
16. Rotation of duties for tasks that are more susceptible to fraud and abuse.
17. Perform regular independent audits of areas susceptible to fraud.

To Prevent Fraud and Abuse Every Employee Shall:

1. Cooperate with administrative investigations pursuant to this administrative procedure.
2. Report any alleged case of fraud or abuse to the department supervisor, who will immediately complete and submit an incident report to the Administrator.
3. The Administrator will conduct an internal investigation and report findings to appropriate state or local agencies as required.
4. After an internal investigation, if there is any evidence that an employee has abused or defrauded any program, the case will be referred to a local criminal investigation agency in the area where the abuse or fraud allegedly took place, and the employee will be subject to disciplinary action.
5. Should not discuss the matter with anyone other than their supervisor, Administrator, Board of Health, ACCHD attorney, or an authorized auditor or law enforcement official.
6. Expected to understand the procedure of all actual or suspected acts of waste, fraud, or abuse occurring in connection with ACCHD or related to its operation.
7. Follow internal controls, policies, and procedures to prevent fraud and abuse.
8. Avoid collusion between employees and third parties.
9. Ensure compliance with security over assets, such as locking doors and restricting access to certain areas.
10. Follow clear lines of authority.

The Whistleblower Act protects reprisal against an employee or other reporting individual because that individual, in good faith, reported a violation. Reprisal is strictly forbidden.

Auditor:

In cases where fraud is discovered as a result of internal audit procedures and review, the auditor will report fraud and abuse to the Administrator or the Board of Health.

Administrator

Chairman of the Board

Subject: Employee Response During a Declared Emergency Event

Effective Date:

Supersedes: 210 October 30, 2024, February 12, 2025

Policy: The Angelina County & Cities Health District (ACCHD) requires all employees, volunteers, and temporary workers to respond to a declared emergency event at the direction of the Health District Administrator or Health District Medical Authority. Public Health Preparedness activities will cease if ACCHD suspends regular services, but certain functions will continue to operate to ensure the sustained public health of the community. All ACCHD employees are trained to respond to their Public Health Response color team leader for instruction. Public Preparedness activities may include Primary Care and Pharmacy Services.

Immunization Program and services may be utilized during an emergency/disaster event to address public health vaccine threats or concerns. This program may stand up and be available 24/7.

Environmental and Consumer Health services may be utilized during an emergency/disaster to address public health issues relative to sheltering, food services, septic and sewer services, and general issues. This program may stand up and be available 24/7. If ACCHD 's main facility is not able to be utilized, alternate site(s) will be identified for remote operations.

Procedure:

1. Information will be disseminated through the electronic notification platform.
2. ACCHD will utilize an annual on-call schedule for Public Health Response (PHR) Teams to ensure adequate coverage and timely response.
3. PHR Teams are organized by color for clear identification and coordination.
4. Teams will follow the schedule to respond promptly and coordinate effectively during emergency events.
5. New employees must complete the ICS 100 and ICS 200 training courses as part of their onboarding process and will be assigned to a PHR team within 30 days of their onboarding.
 - a. Temporary employees will only respond during regular office hours and are still required to complete the ICS 100 and ICS 200 training courses.
6. ACCHD will refer to "Weather Closing and Emergency" policy to determine compensation for employees.

- a. Employees will be required to document their work time on a separate document that records the event site, event duties, and the compensatory time worked.
- b. The finance department will prepare a spreadsheet that documents the employee's name, compensatory hours to be paid, hourly rate, and total amount to be paid.
- c. The Administrator and Health District Board Chairman will review and authorize the amount to be paid to each employee before disbursement of funds.
- d. The Administrator will seek reimbursement from the State of Texas and/or from FEMA to recoup the administrative costs associated with responding to a declared emergency event.

Restoration of Services and Restoration Priority Groups

1. WIC Program services will be restored as soon as electricity and computer operations can be maintained. WIC will be a priority service due to the critical nature of this program. Staffing/color team support will be directed to support this service.
2. Primary Health Care services and Pharmacy will be restored as soon as electricity and computer operations can be maintained. Primary Care and Pharmacy will be priority services due to the critical nature of this program.
3. TB/STD, Eligibility, Environmental and Consumer Health, and Immunization services will be restored as soon as electricity and computer operations can be maintained. In some instances, these programs will become a critical part of the Public Health Preparedness response and will be relocated to become operational on a 24/7 basis.

Administrator

Chairman of the Board

Subject: Weather Closing and Emergency

Effective Date:

Supersedes: New Policy

Policy: The Angelina County & Cities Health District (ACCHD) maintains continuous operations except under the following circumstances: when employee health, safety, and security are significantly compromised, or when the County Judge orders closure of city operations due to severe weather conditions or other emergency situations. In the County Judge's absence, closure authority transfers to the County Judge Pro Tem or, if unavailable, to another County Commissioner.

When County operations cease, ACCHD operations will correspondingly suspend. However, the Administrator retains authority over ACCHD employee work schedules during all emergency situations, as outlined in the Emergency Event Policy.

Public Announcements

KTRE and Lufkin Daily News will be contacted by the Administrator or designee for a public announcement regarding emergency or weather closures. Additionally, ACCHD shall announce such emergency closures on its website. Announcements will, to the extent possible, specify the starting and ending times of the closure.

Paid Leave

In the event of a county-wide emergency closure or evacuation ordered by Angelina County or the City of Lufkin, ACCHD will provide paid emergency leave to all qualifying employees, both essential and non-essential personnel. This policy applies to emergencies including, but not limited to: natural disasters (hurricanes, floods, severe weather conditions such as ice and snow, and other acts of God), nuclear incidents, chemical emergencies, biological threats, terrorist attacks, and any other emergency declared by federal, state, or local authorities.

Action Plan

1. The Administrator, Department Leaders, or Public Health Emergency Preparedness Manager shall prepare a list of “essential” employees, which is to be updated at least annually. Shifts may be established according to departmental needs at the discretion of the Administrator or Department Leader. Employees designated as “essential” personnel will not be authorized to evacuate if an evacuation order is issued.

2. Any “essential” employee who fails to report to work as scheduled during an emergency order may be subject to disciplinary action, up to and including job termination.
3. All “essential” employees must be designated and made aware of their assignment prior to an emergency.
4. When an emergency closing or evacuation has been ordered, all “non-essential” personnel will be released from work and encouraged to evacuate.

Compensation for Essential Employees:

1. Employees who are required to work during the emergency closure will be compensated as indicated below for the duration of the closure for all documented time during which such employees actually worked. The term “actually worked” means time actively engaged in physical or mental exertion related to ACCHD or county business, whether such work takes place on or off the County’s, premises and as such work is at the direction and control of the Emergency Health Preparedness Manager, Administrator, or Department Leader. The term shall include stand-by and stand-by/sleep time as recognized under the Fair Labor Standards Act only in those instances where the employee is required to remain on County premises to wait for instructions to work, and the employee does stand by and/or sleep on County premises.
2. Exempt personnel who are designated “essential” shall receive their regular salary plus straight-time pay for all hours actually worked during the emergency closure. The hourly rate shall be calculated using the employee’s regular salary. Non-exempt personnel who are designated “essential” shall receive their regular pay for each normally scheduled workday, plus straight-time pay for all hours actually worked during the emergency closure, unless and until the total hours actually worked during the work week exceed 40 hours. At that time, the employee shall receive compensatory time for those hours worked in excess of 40. The accrual of compensatory time for hours worked in excess of 40 hours in one work week shall be at 1.5 hours for each hour in excess of 40 hours. During an emergency, as set out in this policy, non-exempt essential employees may accrue up to 480 hours of compensatory time.
3. The maximum number of work hours which may be recorded for any single workday is 24 hours for the first 72 hours of the emergency closure, and 18 hours per day thereafter.

Compensation for Non-Essential Employees

1. Full-time, regular employees who are not required to report for duty will be paid for the mandatory emergency days and inclement weather days as Annual Leave for the purpose of calculating their compensation. Early closures related to inclement weather at the direction of the County and/or Administrator will be compensated as paid Annual Leave.
2. Part-time and temporary employees will not be paid for their scheduled time loss due to an emergency closing.
3. Employees who had previously requested paid leave for time off prior to the declaration of an emergency closing will have the approved leave time deducted from their appropriate leave balance.

Return to Regular Duty

1. All “non-essential” employees will report to their usual work areas as soon as possible following the order for resumption of normal operations, after the lifting of the emergency closure order, and/or instructions from the Administrator or Department Leader. By reporting to work as directed, each employee meets their responsibility to work with other

County employees as a team in restoring the community to normal service levels following a disaster or emergency.

2. Non-essential service employees who evacuated will report to work at the start of the next normal shift, or sooner as directed, following the announcement of the return to regular duty.
3. Any employee who is off work or scheduled to be off on sick leave, sick pool, vacation, emergency leave, workers' compensation leave, FMLA leave, or disciplinary leave shall have their leave recorded as such.

Violation of this Policy

An employee violates this policy by:

- a) Refusing to perform assigned duties required by this policy or to obey any order or directive made or given by a supervisor or an ACCHD leader.
- b) Failing to report for duty as directed during any applicable phase of this policy.
- c) Failure to abide by ACCHD policy, departmental rules, or regulations or
- d) Engaging in conduct that interferes with, or might reasonably be expected to interfere with, the proper and orderly conduct of ACCHD or the County's businesses, or that brings, or might reasonably be expected to bring discredit to the public service.

A violation of this policy shall be considered a violation of ACCHD's policy, departmental rules, or regulations for which disciplinary action, up to and including termination of employment, may be taken.

When a County-wide closing is not initiated during severe weather conditions, the Administrator retains the authority to make a determination for the employees' safety during travel. Travel may include the employees' residences to their assigned workstations. The Administrator will consider the safety of staff when instituting an evacuation or closure procedure.

Administrator

Chairman of the Board

Subject: Interim Life Safety Measure

Effective Date:

Supersedes: Policy: New Policy

Policy: Angelina County & Cities Health District (ACCHD) proactively monitors building conditions with respect to Life Safety Compliance (LSC) and implements activities to protect patients, visitors, and staff as appropriate during periods of construction/renovation and whenever the building does not meet applicable provisions of the LSC. Interim Life Safety Measure (ILSM) shall be implemented as deemed necessary by the Administration after completion of the Life Safety Code Deficiency Risk. (Reference online tool [AssignRAC.pdf](#)) ISLM Policy and procedure include risk assessment criteria used to determine when and to what extent interim life safety measures (ILSM) are implemented.

Policy:

During a period of construction and or renovation, a collaborative effort between contractors and staff shall be initiated to ensure that the safety of the building occupants is not significantly diminished or impaired. A LSC Deficiency Risk Assessment shall be completed prior to the commencement of construction/renovation activity. Based on the risk assessment findings, the need for ILSM shall be addressed by the Administration, and measures shall be implemented when and if indicated as part of the written ILSM Action plan.

Administration shall be responsible for overseeing and monitoring the ILSM for all construction projects so that it can be ensured that the ILSM is adhered to for the duration of the project. Department Directors must ensure that ILSM is followed by their staff. Contractors will also be held responsible for enforcing their responsibilities under the ILSM Plan.

Required elements of fire protection are inspected and tested in accordance with applicable codes and standards as part of an ongoing preventive maintenance program.

1. Deficiencies are reported to the Administration.
2. A LSC Deficiency Risk Assessment shall be completed for each LSC deficiency.
3. For any identified deficiency, staff education and training shall be conducted for those who work in the affected area.
4. Administration must make every effort to correct the deficiency within 60 days.
5. Administration should consider if Board approval is required to correct the deficiency and if necessary, request a Board of Health meeting as soon as possible.

Evaluation Procedures and Risk Assessment Criteria

1. **Fire Alarm and Fire Sprinkler System Impairment:** Fire alarm and protection systems shall be maintained in service at all times. If the fire alarm or sprinkler system(s) are impaired, the Administration or Facilities Supervisor/Manager shall notify the Fire Department.
2. **Obstruction/Compromised Exits:** Ensure that required exits provide free and unobstructed egress. If exiting is obstructed or compromised, signage shall be posted redirecting people to active exits, and all staff in the area shall receive direct, in-person training about the alternate routes and their impact on normal and emergency activity. Department Directors will ensure staff are trained and that temporary signage is placed at all times while the deficiency exists.
3. **Exit Inspections:** All staff are responsible for ensuring that required exits provide free and unobstructed egress.
4. **Fire Fighting Equipment:** Under normal conditions, portable fire extinguishers are located in several locations within the building in order to provide adequate protection.
5. **Construction Barriers:** Opening into construction areas will be separated from the patient care area. The barriers must remain intact during construction, including after hours, weekends, and holidays.
6. **Increased Hazardous Surveillance:** Increase hazard surveillance in the affected area both occupied and under construction, including surveillance of the building, grounds, equipment, and any temporary barriers. The construction sites shall be inspected on a weekly basis, including the excavation area, construction storage, and equipment area.
Storage, Housekeeping, and Debris Removal: Monitor accumulation of trash, soiled items, and other combustible materials in the affected area and increase pick up as needed to minimize the combustible load. In construction areas, monitor storage, housekeeping, and debris removal practices. Establish procedures for limiting storage in areas in and adjacent to construction activity. Implement increased housekeeping activity and develop and enforce methods and routes for debris removal.

Administrator

Chairman of the Board

Subject: Development and Revision Process for Policies and Procedures

Effective Date:

Supersedes: New Policy

Policy: The Angelina County & Cities Health District (ACCHD) implements a process for the development and revision of policies and procedures. The Board of Health is the governing body that develops and approves policies and procedures. Policies and procedures are developed based on the needs of the operations while respecting all rules, laws, and regulations provided by local, state, and federal entities. All policies and procedures will reflect best practices, ethical and legal standards, while also considering fiscal and financial responsibility. Policies and procedures for ACCHD should follow a consistent process.

Approval of Policies and Procedures:

Policies and procedures should be a collaborative effort between appropriate departments that reflect standards, rules, laws, regulations, and legal and ethical standards.

1. After a draft has been developed, policies and procedures will be presented for consideration and approval by the Board of Health.
2. The Administrator and Board of Health Chair must provide signatures on the approved policy and or procedures.
3. Original and approved documents shall be filed with the Board of Health Documents.
4. A copy of the approved and signed document shall be incorporated in the policy manual.

Revision of Policies and Procedures:

Policies and procedures should be reviewed at least annually or as needed based on changes. Department leaders will make recommendations for the revision of policies and procedures to the Board of Health. Policies and Procedures shall be developed under the standard ACCHD template. (See Appendix A).

Appendix A: Format of Policies and Procedures:

Policies and procedures should have the following format:

1. Times New Roman format.
2. 12-point font size.
3. Single-spaced.
4. Normal margins.
5. Contain sequential policy numbers.
6. Contain the Angelina County & Cities Header.
7. Contain subject.
8. Describe the effective date and or a superseding date.
9. Contain centered page numbers.
10. Contain authorizing signatures.

Administrator

Chairman of the Board

Subject: Student Rotations and Internships

Effective Date:

Supersedes: Policy: New Policy

Policy: Angelina County & Cities Health District (ACCHD) supports students in their internship process and rotations. ACCHD ensures students have a positive experience by coordinating student internships and providing training. The following procedures are established to ensure ACCHD and students comply with all required federal, state, and local rules, regulations, and policies. This policy ensures there is consistency across departments. Students must first be approved and cleared prior to starting their internship program. This policy also establishes clarity on the relevant tasks, duties, responsibilities, learning objectives, and work hours students are expected to accomplish before the completion of their internship at ACCHD. Student files containing all the below information and will be maintained with HR. ACCHD identifies a list for internship opportunities at ACCHD such as:

1. Nursing for LVNs and RN's
2. Leadership
3. Public Health
4. Maternal and Infant Care (WIC)
5. Case Management
6. Finance and Accounting
7. Marketing and Outreach
8. Primary Care Internships
9. Information Technology
10. Environmental Services
11. Guidance is available for: cover letter and resume development, mock interviews, networking tips, workplace etiquette and professionalism training.

Contracts

Prior to the start of an internship semester, ACCHD, must first review a contract to ensure the school complies with ACCHD's policies and to ensure ACCHD complies with the school's requirements.

Medical Clearance

Students must first provide evidence of medical clearance. Medical clearance records include and will be maintained in the HR employee files:

1. Evidence of vaccination (see policy Employee Immunizations)

2. Medical clearance from the school.

Completion of Forms and Orientation

1. Students must complete an application.
2. Attestation of understanding that students will not receive pay during the internships.
3. Attestation of review of policies and procedure manual.
4. Departmental orientation will be conducted by the Department Head or their designee within the employee's first three months of employment.
5. Complete confidentiality form. Intern must be aware of and compliant with the confidentiality rules. In many instances, especially in the financial industry, confidentiality is not only essential to the operations of the organization, but it is also a federal regulation.

Internship Locations

Internships will be conducted in work settings. Preceptors will relate the internship experience to the student's academic major or career objectives in the appropriate setting. All internships must conform to the following general requirements. Internships are:

1. Centered around practical experience.
2. Designed to meet the needs of the public sector.
3. Provide curriculum-focused literature that aligns with their area of study.

Student Roles and Responsibilities

1. Students are expected to arrive at the site on time and in the required attire.
2. Students must always wear their ID.
3. Students must always identify themselves as students.
4. Carry out the tasks assigned in a professional manner.
5. Act ethically and responsibly in accordance with the standard set by ACCHD
6. Respect ACCHD's culture and environment.
7. Report safety issues to the supervisor or administration.
8. Students are to follow federal law that prohibits any publication or communication beyond the student, the employer, and the university regarding information specific to the internship.

ACCHD's Role and Responsibilities

1. Provide an orientation process and complete HR paperwork.
2. Inform student intern of any potential risks inherent in working at the internship site.
3. Provide information on the professional and ethical expectations
4. Identify the staff member who will provide the student supervision
5. Evaluate the intern's performance and provide feedback. The supervisory evaluation will be available to the intern. Information to be held confidential between the intern and the internship advisor or between the employer and the internship advisor must be appropriately designated; otherwise, it will be assumed that information can be freely exchanged between the university, the student, and the employer.
6. Appropriately supervise the student and the work that is performed.

Legal Liability

Interns assume any liability for their actions and potential risks to themselves by accepting placement at a sponsoring site. ACCHD does not assume any liability for any injury or damages sustained by the intern.

I have read and understood the Use of ACCHD Student and Intern Rotation policy. I agree to follow all of the processes within this policy.

Student Name**Signature****Date**

Administrator

Chairman of the Board

Subject: Leave Without Pay/ Family and Medical Leave Act (FMLA)/ Extended Medical Leave and Military Family Leave

Effective Date:

Supersedes: October 30th, 2024, #209- October 28, 2004

Policy: The Angelina County & Cities Health District (ACCHD) establishes procedures for full-time employees to request leave without pay. This policy describes three instances for leave requests.

Situations Outside Extended Medical Leave or FMLA

For situations outside of Extended Medical Leave (FMLA), eligible leave without pay may be approved, but not to exceed 10 days total in one fiscal year. Leave without pay is at the discretion of the Administrator. If leave without pay extends beyond 10 days, the employee will be subject to disciplinary action and possible termination. Before leave without pay is approved, the employee must:

1. First, exhaust all earned and available Comp time, annual, and sick paid leave.
2. Submit a written request for leave without pay to the Administrator and the Department Supervisor.
3. The Administrator has the authority to approve or disapprove an employee's request for leave without pay.
4. If the employee does not return to work after 10 days of continuous leave without pay, the employee will be dropped from the Health District Employee Health Insurance Plan. Administration will mail the employee a certified letter stating such information.
5. The employee will have the option to continue coverage through the Continuation of Coverage Plan, and the employee will be responsible for the cost of the coverage.

Family and Medical Leave Act (FMLA) (Including Intermittent Leave)

An employee may request for FMLA for an illness, incapacity due to pregnancy, prenatal care or child birth, to care for the employee's child after birth, or placement for adoption or foster care, to care for the employee's spouse, son, daughter or parent, who has a serious health condition or for a serious health condition that makes the employee unable to perform the employee's job or injury that will require time for recovery. Family Medical Leave will be unpaid, unless the employee has accrued sick leave or annual leave. If the employee is denied FMLA, the employee can request/apply for Extended Medical Leave. All conditions of this policy must be met before FMLA is granted, such as:

1. Approved FMLA shall be used to cover a continuous period not to exceed twelve weeks in a twelve-month period.
2. If an ACCHD-approved holiday falls within the period of FMLA, the employee will not be compensated for the holiday.
3. FMLA may not be requested or approved for any on-the-job injury or illness. On the job, related injuries must go through Workers' Compensation.
4. While on FMLA, the employee will not be dropped from the ACCHD Employee Health Insurance Plan. ACCHD will pay the employer portion of the employer group plan. The employee will pay the remaining Health Plan premiums before payroll processing.
5. The first working day of the month will be credited with annual and sick leave for that month when the employee physically returns to duty.
6. An employee on FMLA must have a physician's statement approving the employee to return to duty. The employee must give one week's notice of their intent to return to work. This notice must be given directly to the Administrator either in person or by certified mail, return receipt requested.
7. An employee returning from FMLA will return to either the same position or an equivalent position with equivalent pay and benefits for which the employee qualifies.
8. If the employee fails to give notice and return to work within the FMLA period, then the employee will be terminated. ACCHD will make all attempts to contact the employee before terminating. The employee will be allowed to apply for available employment within ACCHD as positions become available. To be eligible for FMLA, the employee:
 1. Must be a full-time employee and not on probation.
 2. Must provide a 30-day advance notice of the need for FMLA when the need is foreseeable and such notice is practicable. When the 30-day notice is not possible, the employee must provide notice as soon as practicable.
 3. Must have exhausted all appropriate paid leave, such as compensatory time, annual, and sick time. After compensatory, annual, and sick time has been exhausted or used, the employee will not receive further pay while on FMLA.
 4. Must intend to return to work rather than be on FMLA and then resign.
 5. Must submit a written request for FMLA within the FMLA form (see FMLA manual in Shared Drive) to the Department Supervisor and Administrator. All information in the written request will be treated as confidential and furnished in the employee's file.
 6. Written request for FMLA must include:
 - a. A physician's statement describing the illness or injury onset date and anticipated recovery time.
 - b. A brief description of the condition, and information related to whether or not the condition affects the employee's ability to perform essential job functions.
 - c. The doctors' opinion as to whether the employee can perform the duties set out in his or her job description.

Extended Medical Leave

An employee may request Extended Medical Leave for an illness, pregnancy, or injury that will require an extended time for recovery. Extended Medical Leave is for employee-related illnesses only (not family). Employees must make an attempt to provide a 30-day advance notice of the need for Extended medical Leave when the need is foreseeable and such notice is practicable. When a 30-day notice is not possible, the employee must provide notice as soon as practicable.

Extended medical leave may not be requested or approved for any on-the-job injury or illness. On-the-job injuries or illness shall be processed under Workers' Compensation. Before an employee requests/applies for Extended Medical Leave, the employee should first apply for FMLA. While on extended medical leave, the employee will not be dropped from the ACCHD Employee Health Insurance Plan. ACCHD will pay the cost of the employer portion of the employer group plan. Health plan premiums that the employee pays remain the employee's responsibility and must be paid prior to payroll processing. All conditions of this policy must be met for Extended Medical Leave, such as:

1. Approved Extended Medical Leave shall be used to cover a continuous period not to exceed twelve weeks in a twelve-month period.
2. If an ACCHD-approved holiday falls within the period of extended medical leave, the employee will not be compensated for the holiday.
3. The first working day of the month will be credited with annual and sick leave for that month when the employee physically returns to duty.
4. An employee on extended medical leave must have a physician's statement approving the employee to return to duty, and the employee must give one week's notice of their intent to return to work. This notice must be given directly to the Administrator either in person or by certified mail, return receipt requested.
5. An employee returning from extended medical leave will return to either the same position or an equivalent position with equivalent pay and benefits for which the employee qualifies.
6. If the employee fails to give notice and return to work within the extended medical leave period, then the employee will be terminated. ACCHD will make all attempts to contact the employee before terminating. The employee will be allowed to apply for employment with the ACCHD as positions become available. To be eligible for extended medical leave, the employee:
 - a. Must be a full-time employee and not on probation.
 - b. Must have exhausted all appropriate paid leave, such as comp time, annual, and sick time. After annual, sick, and compensatory time has been exhausted or used, the employee will not receive further pay while on Extended Medical Leave.
 - c. Must intend to return to work.
 - d. Must submit a written request for extended medical leave to the Department Supervisor and Administrator. All information in the written request will be treated as confidential and furnished in the employee's file. Written request for extended medical leave must include:
 - i. A physician's statement setting out the illness or injury onset date and anticipated recovery time.
 - ii. A brief description of the condition, and information related to whether or not the condition affects the employee's ability to perform essential job functions.
 - iii. The doctors' opinion as to whether the employee can perform the duties set out in his or her job description.

Military Family Leave Entitlements

Angelina County & Cities Health District (ACCHD) establishes procedures for Military Family Leave. Eligible employees whose spouse, son, daughter, or parent is on covered active duty or call to covered active status may use their twelve-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings. Employees are eligible if they have worked for the ACCHD for at least 12 months and have 1250 hours of service in the previous 12 months.

The FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is:

1. A current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness
2. A veteran who was discharged or released under conditions other than dishonorable at any time during the 5-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.

The FMLA definition of “serious injury or illness” for current service members and veterans is distinct from the FMLA definition of “serious health condition.”

During FMLA leave, ACCHD will maintain the employee’s health coverage under its group health plan on the same terms as if the employee had continued to work. Upon return from FMLA leave, eligible employee will be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms. Use of FMLA leave will not result in the loss of any employment benefits that accrued prior to the start of an employee’s leave.

Definition of Serious Health Condition

A serious health condition includes an illness, injury, impairment or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee’s job or previous qualified family members from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than three consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must take reasonable efforts to schedule leave for planned medical treatment so as not to disrupt ACCHD’s

operations unduly. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Use of leave Under the FMLA

The employee's FMLA leave shall run concurrently with any available paid time off. If no paid time off is available, the remainder of FMLA leave may be unpaid. Examples of paid time off include: comp time, annual time, and sick time. An employee will not accrue additional annual and sick time while on unpaid FMLA leave.

Employee Responsibility

1. A leave of absence request should be submitted to the employee's supervisor or department head at least 30 days in advance of the leave, where feasible, using the "Application for Family Medical Leave" (WH-381). The supervisor or department head will sign the request and immediately forward it to the HR department, and notify the Administrator. A collaborative decision between the supervisor, HR, and Administrator will be made, recommending approval or denial of the request.
2. An employee must present a health care provider's medical certification of a serious health condition to the ACCHD HR department if the employee takes leave for his/her own serious health condition or leave to care for a family member with a serious health condition (see "Certification of health Care Provider" WH-380E or WH-38FWH). It is preferred that the employee present medical certification, where applicable, at the time leave is requested. However, medical certification should be present before leave begins. At the latest, the employee must provide the requested certification within 15 calendar days of the date ACCHD requests it, otherwise, the employee must demonstrate why this is not feasible. If the medical certification is not timely produced after being requested, the leave may be delayed until the employee submits the certification or otherwise denied.
3. An employee who is taking FMLA leave to care for a son, daughter, spouse, or parent with a serious health condition may be required to provide documentation of the family relationship.

Sufficient Certification

Certification provided under this requirement shall be sufficient if it states:

1. The date on which the serious health condition commenced.
2. The probable duration of the condition.
3. The appropriate medical facts within the knowledge of the health care provider regarding the condition;
 - For the purpose of leave a statement that the eligible employee is needed to care for the son, daughter, spouse, or parent, and an estimate of the amount of time that such employee is needed to care for the son, daughter, spouse, or parent, and
 - For the purpose of leave a statement that the employee is unable to perform the functions of the position of the employee.

4. In the case of certification for intermittent leave or leave on a reduced leave schedule, for planned medical treatment, the dates on which such treatment is expected to be given and the duration of such treatment;
5. In the case of certification for intermittent leave, or leave on a reduced leave schedule, a statement of the medical necessity for the intermittent leave or leave on a reduced leave schedule, and the expected duration of the intermittent leave or reduced leave schedule.
6. In the case of certification for intermittent leave, or leave on a reduced leave schedule a statement that the employee's intermittent leave or leave on a reduced leave schedule is necessary for the care of a son, daughter, parent, or spouse who has a serious health condition, or will assist in their recovery, and the expected duration and schedule of the intermittent leave or reduced leave schedule.

Second Opinion:

In general, in any case in which ACCHD has reason to doubt the validity of the certification provided by the employee, ACCHD may require, at the expense of ACCHD, that the eligible employee obtain the opinion of a second health care provider designated or approved by ACCHD concerning any information certified under a subsection of the section for leave.

In any case in which the second opinion described above differs from the opinion in the original certification, ACCHD may require, at the expense of ACCHD, that the employee obtain the opinion of a third healthcare provider designated or approved jointly by ACCHD and the employee concerning the information certified above.

The opinion of the third health care provider concerning the information certified shall be considered to be final and shall be binding on the ACCHD and the employee. ACCHD may require that the eligible employee obtain subsequent recertification on a reasonable basis. ACCHD will inform employees requesting leave whether they're eligible under the FMLA. If they are, the notice will specify any additional information required as well as the employee's rights and responsibilities. If an employee is not eligible, ACCHD will provide a reason for the ineligibility.. ACCHD will inform employees if leave is designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If ACCHD determines that the leave is not FMLA-protected, ACCHD will notify the employee.

An employee may file a complaint with the U.S Department of Labor if he/she feels their rights have been violated under FMLA.

Employer Responsibility

1. The "Employer Response to Employee" (WH-392, which designates the employee's FMLA status) should then be completed by the HR Department and given to the employee.
2. Approval requests will be placed in the employee's health/medical file.

Administrator

Chairman of the Board

Subject: Workers' Compensation

Effective Date:

Supersedes: New Policy

Policy: Angelina County & Cities Health District (ACCHD) employees are covered by workers' compensation coverage if the employee experiences a work-related injury or illness while on duty for ACCHD. Employees may use paid leave for all workers' compensation time off for less than eight (8) days. All employees who are placed on workers' compensation leave will fall under the Family Medical Leave Act (FMLA) (See Extended Medical Leave/FMLA Policy). ACCHD runs FMLA and workers' compensation concurrently. Any employee who suffers a job-related illness or injury is required to notify their supervisor as soon as possible. Failure to promptly report job-related injuries or illnesses may affect an employee's eligibility for benefits or delay benefit payments. An employee who has lost time because of a work-related accident or illness is required to provide a release from a Provider before being allowed to return to work. An employee's workers' compensation benefits may be adversely affected if the employee is injured while under the influence of alcohol or drugs or while the employee is engaging in horseplay. Workers' compensation coverage pays for:

1. Medical bills resulting from a covered injury or illness an employee incurs while carrying out the duties of their job.
2. Temporary Income Benefits (TIBS) for time lost from work more than seven calendar days as a result of eligible work-related injuries or illnesses.

Employees will be responsible for paying all supplemental and dependent coverage. Failure to pay premiums by the due date will result in the termination of insurance coverage. ACCHD will continue to provide medical insurance for employees on workers' compensation leave for a period not to exceed twelve (12) weeks following the injury.

General Provisions:

Compensation benefits are subject to a seven (7) calendar day waiting period. After eight (8) calendar days of lost time, the seven-day waiting period will be paid by workers' compensation. If workers' compensation reimburses the employee for the initial seven-day waiting period, then the employee must reimburse ACCHD. Employees do not accrue vacation or sick leave while on workers' compensation salary benefits, nor any holidays falling during their period of absence. FMLA runs concurrently with workers' compensation. Leave begins on the first scheduled work day of absence due to the on-the-job injury and continues until the employee returns to work or their FMLA eligibility expires. Workers' compensation injuries are treated like any other FMLA qualifying event.

Communications While on Workers' Compensation

1. Each time an employee sees the licensed Provider for a consultation or treatment related to the injury, the employee must provide a progress report to the Human Resources Department.
2. Any change in the employee's condition must be reported to the supervisor. While on workers' compensation leave, the injured employee must contact their supervisor to report on their condition.
3. The injured employee and supervisor can set up a call-in schedule.
4. A written "fitness for duty" statement from the Provider, certifying that the employee has been released to work and possible limitations on duties must be received by the supervisor before an employee may return to work. Without a Provider's statement to this effect, the employee may not return to work.
5. The employee's supervisor must notify the finance department upon the employee's return to duty, so that the appropriate paperwork may be processed.

Cause for Termination

An employee may be terminated while on workers' compensation leave for the following:

1. Failure to provide the required medical documentation.
2. Failure to contact the supervisor.
3. Failure to avoid activities that would delay recovery or failure to limit activities to those that would aid in healing.
4. Failure to return to duty when the Provider has cleared the return to work.
5. Failure to furnish documentation from the Provider stating the employee is able to perform essential job duties with/without reasonable accommodations.

Occupational Disability

A determination of total disability may be rendered at any time during the course of the occupational disability or injury leave. In such instances, ACCHD will put the employee in contact with TCDRS so the employee may learn whether they are eligible for disability retirement.

Coordination with Licensed Provider

An employee on leave due to a work-related disability can return to work only when ACCHD receives the Provider's written medical release authorizing the return. The supervisor is responsible for providing either the employee or the provider with a copy of the employee's job description, potential modified duty assignment, and written information explaining ACCHD's return-to-work requirements.

Modified Duty

Department Heads must ensure, job descriptions accurately and completely describe the essential functions of each position. Furthermore, Department Heads are responsible for ensuring that job descriptions exist for modified duty positions.

Return-to-Work Options

Arrangements to facilitate an employee's return to work are made in consultation with the employee's Provider and/or other qualified medical professionals retained by ACCHD or its insurance carrier. The following options are explored:

1. **Return to Regular Duty.** An employee is offered the opportunity to return to their prior position if the Provider certifies that the employee can perform the essential functions of the job with/without reasonable accommodations. The Department Head is responsible for working with the Provider to provide any reasonable accommodations.
2. **Return to Modified Duty.** Employees who are not yet able to return to their former duties are offered (subject to restrictions, as addressed below) a temporary, modified-duty assignment that has been approved by the employee's Provider. The Department Head is responsible for working with the Provider to develop and implement the modified-duty assignment. The assignment may consist of the employee's regular job with reduced working hours and/or activities or an alternative modified-duty position. Any return to a modified duty position must be documented with a written offer of employment that has been signed by the employee. See more details on this process below.

Restrictions on Modified Duty Assignments

Modified duty assignments are temporary arrangements intended to complement and facilitate the healing process. The following restrictions apply to modified duty assignments:

1. ACCHD must endeavor to return employees to gainful employment as soon as possible by exploring the possibility of a modified duty assignment. However, ACCHD does not guarantee the availability of modified duty assignments.
2. Employees on modified duty are not guaranteed the rate of pay they received for the position they held at the time they sustained their work-related injury or illness.
3. Employees receive temporary income benefits from workers' compensation to supplement their income to the pre-injury level. The pay rate for a modified duty assignment is based on the knowledge, skills, and abilities required for the job as well as general market conditions.
4. Employees who return to work in modified duty positions before they have reached maximum medical improvement are eligible for temporary partial disability benefits under Texas's workers' compensation program if they earn less than they earned in the position held at the time they sustained the work-related accident or illness.
5. Employees on modified duty positions are not permitted to supplement their workers' compensation benefits by using their accrued vacation or sick leave.

Documenting the Offer of Work

In order for an employee to begin working in a modified duty position, the Department Head must provide the employee with a written offer of employment that the employee must sign and return. In the event that an employee refuses to return to regular or modified duties in response to a written, bona fide offer of employment by ACCHD sent via certified mail. If the employee does not accept the offer, the employee will be separated from ACCHD, and the position may be posted to be filled permanently.

A written offer of employment must clearly state:

- a) The position offered and its associated duties
- b) ACCHD's agreement to the limitations or conditions set out in the Provider's certification of the employee's fitness to return to work.
- c) The job's wage, working hours, and location. Department Heads are encouraged to contact the County Auditor's office for a sample offer of employment letter.

Permanent Disabilities

When reaching maximum medical improvement, an employee may have a permanent disability that impairs their ability, with or without reasonable accommodations, to return to their regular position. ACCHD, in consultation with the employee's Provider, must evaluate the following options:

1. Securing vocational rehabilitation services from the Texas Workforce Commission's vocational rehabilitation services or private consultants, as appropriate. Such services may include assessment, testing, counseling, and training.
2. Finding an open position with the employee's knowledge, skills, and abilities within ACCHD.
3. Employees with permanent disabilities may be eligible to receive partial or total permanent disability benefits as required under Texas's workers' compensation benefits.

Coordination with FMLA Provisions

Nothing in this policy should be construed as denying employees their rights under the Family and Medical Leave Act or any other federal or state law. It is ACCHD's policy to designate an employee's leave due to a work-related injury or illness as FMLA leave. Employees entitled to FMLA leave can voluntarily accept modified duty assignments while they are recuperating, but they cannot be required to do so. Employees who lose their workers' compensation income benefits as a result of declining a modified duty assignment are required to substitute any available paid leave, such as accrued vacation or sick leave, for unpaid FMLA leave. Until employees have exhausted their 12-week FMLA entitlement, they have the right to be reinstated to their original job or an equivalent job, provided that they are able to perform the job's essential functions.

Medical Appointments

Medical appointments, including driving time, that cannot be scheduled outside of work hours and that are properly coordinated with the employee's supervisor will be treated as time worked, and wages will be paid accordingly. The Department Head may request verification of the appointment and proof of attendance. An employee on modified duty may use accrued time, such as sick leave and vacation, to take time off for non-work injuries. It is the employee's responsibility to keep the Department informed of their status after each Provider visit. Failure to do so may result in disciplinary action.

Administrator

Chairman of the Board

Subject: ACCHD Employee Benefit and COBRA Benefits

Effective Date:

Supersedes: Policy: New Policy

Policy: Angelina County & Cities Health District (ACCHD) offers its employees a comprehensive benefit package to our full-time employees. The benefit package includes medical, dental, life, and disability insurance for full-time employees and eligible dependents. The coverage, eligibility, premium contributions, carrier, and provisions of the plan are as approved by the Board of Health as appropriate. ACCHD also offers paid time off as listed below. The Board of Health reserves the right to change ACCHD's benefit package. In the event ACCHD's benefit package changes, employees will be notified in a timely manner.

Medical

All full-time employees are offered medical insurance.

The insurance provides for payment of hospitalizations and major medical expenses up to the limits of the policy for illness and accidental injuries unconnected to the job.

Details of the plan are discussed during the New Employee Orientation.

Coverage shall begin on the first day of the month following the date of hire for full-time employment.

Coverage will end on the last day of the termination month.

Dental/Vision

All full-time employees are automatically enrolled in the dental/vision plan insurance. ACCHD pays 100% of the dental and vision plan.

ACCHD pays dental and vision insurance.

Coverage shall begin on the first day of the month following the date of hire for full-time employment.

Coverage will end on the last day of the month in which termination occurs if premiums are deducted from the employee's payroll.

Other employee benefits programs may be provided through or mandated by the state or federal government, such as workers' compensation or unemployment compensation.

Major Life-Changing Event

During the health plan fiscal year, certain qualifying events will permit an employee to add or drop a dependent instead of waiting until the next open enrollment period as determined by ACCHD. Documentation of a major life-threatening event must be submitted to the Administrator when requested.

An employee shall notify their supervisor, and the supervisor will notify Human Resources or the Administrator within 30 days if any of the following major life-changing events occur. If the employee do not notify the HR department within 30 days of a major life-changing event as defined above, the employee must wait until the next open enrollment period to make benefit changes. Major life-changing events include:

1. Marriage or Divorce
2. Birth or Adoption of a Child
3. Change in Household Size. Due to a death in the family or the addition of a new dependent.
4. Loss of Other Coverage. Such as if a spouse loses his/her job and the dependent loses insurance coverage as a result.
5. Change in Employment: such as a spouse starting a new job, leaving a job, or changes in an employee's employment status from full-time to part-time.
6. Dependent reaches twenty-six (26): At 26, dependents must be removed from the parents' health plan.
7. Special circumstances such as becoming a U.S. citizen, gaining lawful presence in the U.S or being granted asylum or refugee status.
8. Loss of Medicare or Medicaid entitlements

Life Insurance

Upon the first day of the month after the full-time employee's hire date, ACCHD provides at no cost to the employee, \$10,000 towards group term life insurance. The employee has the option to contribute a higher value if they choose so. They also have the option to add a spouse or children.

Annual Leave

Fulltime employees are allowed to carry over 80 hours from one fiscal year to the next. At the end of the fiscal year, all hours over the carryover limit of 80 hours will be converted to sick leave hours.

The Board of Health has the right to determine annual leave for the Administrator.

Full-time Annual Accruals:

0 but less than 2 years/ 8 hours

2 but less than 5 years/ 9 hours

5 but less than 10 years/ 10 hours

10 but less than 15 years/ 14 hours

15 years and over/ 16 hours

Part-time Annual Accruals:**0 but less than 2 years/ 4 hours****2 but less than 5 years/ 4.5 hours****5 years and over/ 5 hours**

Part-time employees are allowed to carry over 48 hours from one fiscal year to the next. At the end of the fiscal year, all hours over the carryover limit of 48 hours will be converted to sick leave hours.

Employees shall be allowed to use annual leave only after 90 days of continuous employment with ACCHD, according to the following:

1. Unused annual leave will “roll over” from year to year into sick time. No full-time employee may have more than 80 hours of annual leave to his/her credit at the end of the year. No Part-time employees may have more than 48 hours of annual leave his/her credit at the end of the year.
2. Payment upon separation from employment shall be made for unused annual leave only after 1 year of continuous employment, if the employee leaves in good standing.
3. Official holidays occurring during an annual leave day shall not be charged to annual leave.
4. Annual leave may be taken in 30-minute increments with the approval of department heads.
5. Annual leave may not be advanced to employees.
6. Annual leave may not be used in lieu of a termination notice.

Upon resignation, an employee will be paid based on the final completed work cycle. Annual leave accruals will be paid upon resignation of the employee who has been employed with ACCHD for at least one year and leaves in good standing.

Sick Leave

Employees shall be allowed paid sick leave in accordance with the following:

1. A full-time employee shall earn 8 hours of sick leave per month.
2. Sick leave may be taken in increments of 30 minutes for personal illness, injury, legal quarantine, or routine health care appointments, which cannot reasonably be scheduled outside working hours.
3. ACCHD may request and obtain verification of the circumstances surrounding any use of sick leave.
4. Earned annual leave may be used to supplement sick leave or in place of sick leave.
5. Employees may use up to 40 hours of accrued sick leave for illness related to immediate family members (spouse, children, stepchildren, parents, step-parents, or grandparents if any employee has been employed continuously for a minimum of 90 days).
6. No payment shall be made for unused sick leave upon separation.
7. Employees shall not continue to accrue sick leave while on unpaid leave for any reason or while on workers' compensation leave or any type of unpaid FMLA.
8. The Board of Health has the right to determine sick leave for the Administrator.

Retirement Plan

ACCHD offers 457B plan to all full-time employees after 1 year of continuous service. Employees participating in the plan are encouraged to speak to the Southside Bank for details on investment. The Board of Health has the right to determine retirement plan guidelines.

Consolidated Omnibus Budget Reconciliation Act (COBRA)

Angelina County & Cities Health District (ACCHD) complies with laws regarding the Consolidated Omnibus Budget Reconciliation Act (COBRA). COBRA is a health insurance program that allows an eligible employee and their dependents the continued benefits of health insurance coverage in the case that the employee loses their job or experiences a reduction of work hours for up to eighteen (18), twenty-nine (29), or thirty six (36) months provided the employee/dependent otherwise qualified under COBRA. The affected employee/dependent will be responsible for the cost of continued coverage.

Rules

1. In the event of an employee's termination of employment (except for gross misconduct), or reduction from full-time to part-time employment, the employee, spouse, and dependent children are entitled by law to purchase continuing health care coverage under the ACCHD group plan for up to 18 months.
2. If the employee or any member is disabled, the disabled individual and nondisabled family members are entitled to an additional 11 months of continuation coverage.
3. In the event of an employee's death, divorce, or legal separation, or a retiree losing coverage under the ACCHD's group because of enrollment in Medicare, the spouse and dependent children of the employee or retiree have the option of purchasing continuing coverage under the ACCHD's group health plan for up to 36 months.
4. If a dependent child loses coverage under the ACCHD's health plan because of age restrictions, the child can purchase continuing health care coverage under the ACCHD's plan for up to 36 months.
5. Employees or qualified beneficiaries electing COBRA coverage are responsible for paying the cost of the extended health care coverage. There is no waiting period, no exclusion for preexisting conditions, and no physical examination. Any amounts already paid toward deductibles and coinsurance during the current year count under the continuation policy.
6. In order for ACCHD to meet its legal obligations in providing continuing health care coverage, all employees must inform the ACCHD's Administration staff within 30 days of a divorce or legal separation or when a child has reached the age restriction.
7. Employees must update ACCHD's Administration of any changes in address for all employees and family members.
8. If an employee is unable to return to work following FMLA leave, if eligible, they will be offered COBRA at the employee's expense.
9. Information on extension of benefits under COBRA is available in the Administrative office and may be obtained during the normal working hours.
10. COBRA notifications will be provided to all employees within 30 days of their hire date.
11. All eligible employees and qualified dependents will be provided with COBRA information following their termination.
12. Retired employees are eligible for COBRA coverage. COBRA allows former employees, retirees, and their dependents to temporarily keep their health coverage. To be eligible for

COBRA, you must have coverage under an employer's plan before leaving, and you must leave because of a qualifying event, such as retirement.

Administrator

Chairman of the Board

Subject: Funeral and Bereavement Leave

Effective Date:

Supersedes: Policy #305 October 30, 2024, #302- August 25, 2004

Policy: Angelina County & Cities Health District (ACCHD) offers guidelines for Funeral and Bereavement Leave. ACCHD will grant leave with pay to an employee in the event of a death in the employee's family. A supervisor may grant a full-time employee up to three working days of paid funeral/bereavement leave in the event of the death of a spouse, child, step-child, grandchild, mother-in-law, father-in-law, brother, sister, grandmother, grandfather, mother, or father of the employee on any three days of the employee's choosing. It may also be approved for other reasons as deemed appropriate by the Administrator.

Administrator

Chairman of the Board

Subject: Jury Duty

Effective Date:

Supersedes: Policy #507 October 7, 2024, #212, 213, & 303-August 25, 2004, July 27, 2005, & May 26, 2004

Policy: Angelina County & Cities Health District (ACCHD) provides guidelines regarding Jury duty leave. Any employee who receives a jury summons is required to notify his/her supervisor immediately.

1. Employees scheduled for work when called to jury will be paid as though at work.
2. Employees will be paid for actual time spent serving as a juror and must report to work immediately upon dismissal from jury services, if time remains on the employee's normal shift.
3. ACCHD does not require the gratuity paid by the court to be forfeited to ACCHD. The employee will not be required to account for any fees received for service.
4. No jury duty leave will be allowed if the employee responds to the jury summons on his or her own time.
5. A statement from a court official indicating the time spent for jury selection or duty, and a copy of the jury summons shall be attached to the employee's monthly timesheet.
6. The number of hours spent relative to jury duty will be documented on the employee timesheet as jury duty. The number of hours documented for jury duty can not exceed the number of hours the employee was scheduled to work at the time the duty was served.

Witness Duty

It is the policy of the Angelina County & Cities Health District that employees who are subpoenaed or required to appear in court or at an administrative hearing following reasons will not be charged leave time and the time will be recorded on the time records as working. These witness duties may include, but are not limited to the following:

1. To testify or bring records in their official capacity with ACCHD in any legal matter
2. To appear in court concerning actions occurring in their official capacity during employment with another state agency; to appear at an administrative hearing as a witness, charging party

3. As the charged individual in a state or federal EEOC or District EEO or grievance hearing. An employee who is not subpoenaed or required to appear in court or at an administrative hearing in his/her official capacity as indicated above, or who appears as an expert witness and receives compensation, will be charged compensatory, annual, or leave without pay.
4. An employee must submit a leave request to his/her supervisor at the earliest opportunity. Travel time to reach the hearing will also be counted as work time.

Administrator

Chairman of the Board

Subject: Medical Care for Employees at ACCHD

Effective Date:

Supersedes: Policy: October 30th, 2024, #304- August 25th, 2004

Policy: Angelina County & Cities Health District (ACCHD) provides guidelines for medical care services for ACCHD employees. Temporary primary medical care will be available for all health district employees and their immediate families. Employees should make efforts to establish care with a non-ACCHD local provider for their long-term health care. Employees may call the clinic and be scheduled to see a provider if there is an appointment available. The employee will communicate to their supervisor the need to visit the primary care clinic so that adequate staffing may be addressed. All aspects of patient confidentiality will apply to all employees and/or their immediate families if seen as patients of the primary care clinic. The employee or the employee's insurance will not be charged for the provider visit. The employee will be responsible for paying for prescriptions, lab tests, or other medical procedures. Any abuse or misuse of this program may result in the employee being suspended from using the primary care medical service. Providers have the right to recommend that the employee see another community provider if the provider foresees a conflict of interest. Employees may not access their charts. Staff who access their charts will be subject to disciplinary action, up to and including termination.

Administrator

Chairman of the Board

Subject: Holiday Policy

Effective Date:

Supersedes: Policy: New Policy

Policy: Angelina County & Cities Health District (ACCHD) observes several federal holidays. The following employee classifications shall be eligible for the holiday benefit:

- Regular full-time employees.

All other employees will not be eligible for holiday pay. If a full-time employee is required to work on a holiday, they shall be given an alternative day off. Holidays and birthdays do not accrue and therefore do not carry over from year to year. Birthdays must be utilized prior to the occurrence of the next birthday, or the day is forfeited.

The Board of Health determines an official holiday schedule, which will be observed by all ACCHD staff and shall be with pay, unless otherwise specified by the Board of Health or the Commissioner's Court or unless the holiday falls on a day on which ACCHD is closed.

Employees requesting accommodations for observances of other holidays for religious reasons may be granted time off without pay, or the ability to use annual time off or comp time for non-exempt employees.

The list of official holidays generally includes the following days:

New Year's Day
Martin Luther King Jr. Day
President's Day
Memorial Day
Juneteenth/Emancipation Day
Independence Day
Labor Day
Veterans Day
Columbus Day
Thanksgiving
Christmas Eve
Christmas Day
The employee's birthday

The following rules apply for holidays:

Special consideration shall be given to employees requesting time off for religious or other special observances that are not designated as paid holidays for ACCHD. Each supervisor is responsible for granting this leave based on the needs of their departments. Compensatory time or Annual leave may be used for special leave granted. It shall be the policy of ACCHD not to accrue holiday hours (i.e., they may not be “banked” by employees for later use).

****** The personal day is to be designated by the employee with the supervisor's approval. The personal day must be taken as a full work day. If the day is not used during the fiscal year, it will be forfeited.

Administrator

Chairman of the Board

Subject: Meal Breaks

Effective Date:

Supersedes: Policy: New Policy

Policy: Angelina County & Cities Health District (ACCHD) follows FMLA regulations concerning breaks. The Fair Labor Standards Act (FLSA) does not require meal or break periods, and federal law does not require lunch or coffee breaks. If ACCHD does offer short breaks (usually lasting about 5 to 20 minutes), federal law considers the breaks as compensable work hours that would be included in the sum of hours worked during the workweek. Unauthorized extensions of authorized work breaks need not be counted as hours worked when ACCHD has expressly communicated to the employee that the authorized break may only last for a specific length of time, that any extension of the break is contrary to ACCHD's rules, and any extension of the break will be considered unauthorized.. Meal periods (typically lasting at least 30 minutes), serve a different purpose than coffee or snack breaks and, thus, are not work time and are not compensable. The employee must be completely relieved from duty for the purposes of eating regular meals. An employee is not on a meal break if the employee is required to perform any duties, whether active or inactive, while eating.

Administrator

Chairman of the Board

Subject: Posting and Filling of Open Positions

Effective Date:

Supersedes: Policy: October 30, 2024, #500- July 9th, 2024

Policy: It is the policy of Angelina County & Cities Health District (ACCHD) to have applicants for employment processed through established channels to ensure consistency in personnel application, screening, and selection. All vacant positions will be posted for a minimum of seven working days unless otherwise authorized by the Administrator. All positions will be advertised on the company website's careers page and other online platforms for a minimum of three days. This requirement is not applicable for candidates sourced through temporary agency partners. To be considered for a vacant position, all applicants must submit a completed ACCHD Employment Application. Completed applications will be held by the administration until after the closing date. Applications and any attachments must contain no willful omissions, misrepresentations, or falsifications. If the background or employment review process reveals any misrepresentation, falsification, or significant omission, the application will be rejected and the applicant will be declared ineligible for employment or said employee may be dismissed from employment if discovery occurs after the date of initial employment. If requested, reasonable accommodations will be made for persons with disabilities in both the application and interview/selection process, in accordance with the Americans with Disabilities Act. Applications will be reviewed for minimum qualifications. The Departmental Supervisor and/or the HR department or Administrator will pre-screen qualified applicants to determine their qualifications for the position, which shall include but not be limited to experience, education (when applicable), and previous work history. Potentially qualified applicants will be contacted for interviews. A background/reference check will be done for each applicant chosen for a position. Administration will notify the applicant and schedule the post-offer drug screening.

Administrator

Chairman of the Board

Subject: Equal Employment Opportunity and Employment Disqualification

Effective Date: July 30, 2025

Supersedes: Policy: October 30, 2024, July 9, 2003

Policy: Angelina County & Cities Health District (ACCHD) is committed to complying with all local, state, and federal rules, laws, and regulations regarding employment opportunity. This policy applies to all ACCHD employment candidates, current employees, students, contractors, volunteers, agency employees in all job classifications, and individuals engaged in work activities on behalf of ACCHD. This policy affirms ACCHD's commitment to respect employees and prohibits discriminatory conduct in violation of this policy.

Diversity

ACCHD values diversity in its workforce and is committed to providing and promoting equal employment opportunities for all employees and applicants for employment without regard to race, color, religion, national origin, sex, genetics, veteran status, disability, or age. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training. Selection is based on the candidate whose background and qualifications most closely match the requirements for the position.

Recruitment

ACCHD adheres to the following practices:

1. Identifying and removal of artificial barriers to selection and promotion.
2. Recruitment activities designed to increase the pool of qualified candidates for job openings.
3. Placing emphasis on hiring applicants based on merit.
4. Utilizing job announcements that are easy to read and comprehend.

ACCHD's employment application form will be regularly reviewed and revised as necessary to ensure the information required is strictly job-related.

Selection Process

1. ACCHD selects employees based on the ability to perform the duties and responsibilities of the particular job in question, without regard to age, race, color, religion, sex, national origin, disability, or status as a member of any other protected

- group.
2. All applicant forms, job interviews, questions, and other selection criteria will be job-related, non-discriminatory, and in compliance with all federal and state laws.
 3. All new hires are required to undergo a background check and drug testing. Employment is contingent on the results of the background check and drug test.
 4. Staff involved in job interviews utilize objective, decision-making processes to determine the best candidate for the job.
 5. Matters that have no bearing or effect on ACCHD or the job performance of the employee will not be considered in hiring, discipline, termination, and treatment of employees and applicants in the workplace.
 6. Employees and applicants for employment are accountable for off-duty conduct that may discredit ACCHD or impede the effective delivery of ACCHD services or affect the employee's or applicant's job performance. Employment decisions in this respect will be made in the context of the situation involved and the level and purpose of the employee's position.

Accommodation Due to Disability

1. For employees who provide appropriate verification from a qualified medical provider of a disabling condition, ACCHD will provide reasonable accommodations in accordance with applicable federal and state regulations.
2. Employees are responsible for providing their supervisor with written notice of the need for accommodations and appropriate verification thereof.
3. An applicant or employee with a disability requiring accommodation must be otherwise qualified, and the disability must be known to ACCHD.
4. ACCHD is not required to make an accommodation if it would impose an "undue hardship" on the operation of ACCHD and its services. "Undue hardship is an 'action requiring significant difficulty or expense' when considered in light of a number of factors." These factors include the nature and cost of the accommodation in relation to the size, resources, nature, and structure of ACCHD.
5. Undue hardship is determined on a case-by-case basis. If it is determined that a particular accommodation would be an undue hardship, ACCHD will attempt to identify an accommodation that will not pose such a hardship, if possible.

Consequences of Policy Violation

1. Violations of this policy will not be tolerated and may result in disciplinary action, up to and including termination.
2. Leaders, including supervisors, managers, program leads, directors, administration, or any employee who knows or should know of conduct in violation of this policy, who fail to report such behavior, or fail to take immediate, appropriate, or corrective action, are subject to disciplinary action, up to and including termination.
3. Employees who know of conduct in violation of this policy and who fail to promptly report such behavior are subject to disciplinary action, up to and including termination.

Reporting Violations

1. Employees who believe this policy has been violated should follow the policy titled Employee Grievance and file a complaint. ACCHD prohibits retaliation or

discrimination against an employee for opposing an unlawful or discriminatory employment practice or for alleging or participating in an investigative process.

2. The Administrator/HR Personnel or designee is responsible for investigating reports of discrimination and consulting legal counsel. Appropriate action should be taken to remediate the discrimination claim.

Employment Disqualification and Classification Limitations

There are factors that may preclude employment with ACCHD or limit an applicant to a certain job classification. Among disqualifying factors for employment, or classification limiting factor, are the following:

1. A recent and/or serious criminal history.
2. A poor driving record (when operating a vehicle is an essential job function).
3. Failure of pre-employment physical examination or failure to meet physical requirements of an essential job function.
4. Making a false statement of fact on the employment application.
5. Failure to possess a certification or license necessary for a particular job classification.
6. Failure to meet ACCHD age requirements (16 for employment in positions not utilizing hazardous equipment or chemicals; 18 for employment in a classification where exposure to hazardous equipment or chemicals occurs).
7. A previous employee who was terminated for violating local, state or federal policy, rules, laws, and/or regulations.
8. Failure to be lawfully authorized to work in the United States.

Administrator

Chairman of the Board

Subject: New Employee Orientation

Effective Date:

Supersedes: Policy: October 30, 2024, July 9, 2003

Policy: Angelina County & Cities Health District (ACCHD) requires that all new employees complete a New Employee Orientation Program within 7 days of Hire. The purpose of the New Employee Orientation program is to acquaint the new employee with ACCHD and provide necessary information regarding policies, rules, laws, and regulations, as well as to enable the new employee to understand and willingly comply therewith. The New Employee Orientation also provides information on ACCHD history, purpose, safety, disaster preparedness, employee benefit information, required training, and other pertinent information needed by a new employee.

Departmental orientation will be conducted by the Department Head or their designee within the employee's first three months of employment.

Orientation will include, but not be limited to, the following (not in a particular order):

0. Table of Contents
1. Preface, Acknowledgement of Receipt of Policy Manual
2. Administrative Policies
3. Benefit Policies
4. Conduct Policies
5. Employment Policies
6. Case Management
7. Patient Care and Services Policies
8. Finance Policies
9. Infection Prevention and Control Policies
10. Women and Infant Care (WIC) Policies
11. Information Technology and Security Policies

New Employees must sign an acknowledgment of these policies during orientation. A copy of the signed acknowledgement will be placed in each employee's personnel file.

Administrator

Chairman of the Board

Subject: Human Trafficking Required Training

Effective Date:

Supersedes: Policy: October 30, 2024, #222- March 1, 2014

Policy: The Angelina County & Cities Health District (ACCHD) provides required training and education regarding Human Trafficking to ACCHD staff during initial orientation and annually thereafter. The purpose of the training is to prevent human trafficking, provide guidance on identifying potential victims, and ensure a supportive environment for those affected.

Definition:

1. Human trafficking is defined as the act of recruiting, harboring, transporting, providing, or obtaining a person for labor services or commercial sex acts through force, fraud, or coercion, for exploitation, involuntary servitude, peonage, debt bondage, or slavery. It includes any commercial sex involving a minor.
2. Human smuggling is the facilitation, transportation, attempted transportation, or illegal entry of a person across an international border.

Signs of potential human trafficking may include:

1. Individuals who appear to be controlled or monitored by others.
2. Lack of personal identification or documentation.
3. Signs of physical abuse or neglect.
4. Unusual work or living conditions.
5. Limited freedom of movement.
6. Inconsistent or scripted stories about their situation.

Screening Tool

A screening tool can be utilized to assess individuals who may be victims of trafficking. This could include questions such as:

1. Are you being forced to work against your will?
2. Do you have access to your identification documents?
3. Are you able to leave your job or living situation when you want?
4. Have you been harmed or threatened?

Mandatory Reporting Procedures

Employees are required to report any suspicions of human trafficking, including child human trafficking to designated personnel (Department Director and Administration). All reports will be handled confidentially, and the identity of the reporting employee will be protected.

Victim Support Resources

1. Immediate Support: Provide referrals for individuals to local shelters or crisis centers.
2. Counseling Services: Offer referrals to mental health support and counseling for victims of trafficking.

Training Procedure:

ACCHD will provide training and education to all staff during the initial orientation session and at scheduled mandatory "All Staff" meetings. Training will include relevant information on human trafficking/smuggling and reporting requirements. Staff will be educated to report directly to Administration if there is any concern or indication of an individual or individuals who may be affected by or involved in human trafficking/smuggling. Administration will immediately review the situation and, if deemed necessary, report to law enforcement.

Administrator

Chairman of the Board

Subject: Employee Immunizations

Effective Date:

Supersedes: Policy: October 30, 2024, #202 September 1, 2000

Policy: Angelina County & Cities Health District (ACCHD) requires all employees, volunteers, temporary workers, and contractors to provide an up-to-date record of immunizations during orientation or to get initial immunizations in accordance with the Department of State Health Services' recommendations.

Required Immunizations

1. Tuberculosis Skin Test upon employment and annually after initial screening. If a positive Tuberculosis test occurs, a chest x-ray will be required every 2 years.
2. Tetanus and Diphtheria: completed series with a booster every 10 years.
3. Measles, Mumps, Rubella: 2 doses one month apart are recommended for adults born in 1957 or later, if immunity can not be proven.
4. Influenza: One dose annually
5. Varicella Vaccine: 2 doses or documentation of actual case date.
6. Hepatitis B Series/ Hepatitis B Titers: is required if staff perform tasks involving blood exposure or blood-contaminated or bodily fluids.

Administrator

Chairman of the Board

Subject: Employee Identification and Name Badge

Effective Date:

Supersedes: Policy: October 30, 2025, July 9, 2003

Policy: Angelina County & Cities Health District (ACCHD) establishes standards for employee identification. Employees are required to identify themselves by first name and their role when interacting with clients, the community, vendors, contractors, etc. All employees are required to wear name badges while on duty. The badges are for the purpose of employee identification. Information listed on the name badge shall consist of the employee's name, department, and title. Replacement or changes of a badge may be obtained by notifying the employee's supervisor. There may be a fee for replacement badges. Employee name badges are the property of the Health District and must be returned to the supervisor or HR when an employee resigns or is terminated.

Administrator

Chairman of the Board

Subject: Job Descriptions

Effective Date:

Supersedes: Policy: October 30, 2024, July 9, 2003

Policy: Angelina County & Cities Health District (ACCHD) ensures employees receive a job description upon hire. The job description contains information on title, job classification, position summary, essential functions, knowledge, skills, abilities, educational requirements, hours of operation, department, and supervisor. Every ACCHD position shall have an approved job description. A job description must be submitted to Administration on all new approved positions prior to the pre-employment process. Department Directors will review job descriptions and make changes accordingly. Revisions must be approved by the Administrator. Employees shall be furnished a copy of their job descriptions at the time they assume the position.

Administrator

Chairman of the Board

Subject: Employee and Provider Credentialing Verification and Maintenance

Effective Date:

Supersedes: Replaces 517 License and Certification

Policy: Angelina County & Cities Health District (ACCHD) has many positions that require licenses and certifications. It is the responsibility of each employee to maintain all required licenses and certifications. It is the employee's responsibility to ensure that licenses and certifications needed to perform the required duties are maintained. Failure to do so can lead to corrective action, up to and including termination. If an employee is unable to renew or loses a license or certification, they must immediately notify their supervisor. If this license is a requirement for the position, the employee may be demoted, transferred, or terminated. Under no circumstances will the employee be allowed to continue in the position where a license or certification is required if failure to have such a license or certification is illegal under either federal or state law.

Provider Credentialing Procedures

Credentialing a provider with CMS involves a structured process to ensure compliance with federal standards, allowing providers to bill Medicare/Medicaid for services. Credentialing is crucial for healthcare providers as it ensures they meet the necessary qualifications to deliver services to Medicaid/Medicare beneficiaries. Without proper credentialing, providers cannot legally submit claims for Medicaid/Medicare services, which can lead to significant financial losses and legal issues.

Systems that Require Verification for the Provider Credentialing Process:

1. DEA: To verify a DEA registration, you can follow these steps:
 - Visit the DEA Diversion Control Division website to conduct a verification of a DEA registrant.
 - For detailed information on state-specific requirements, check the National Association of State Controlled Substances Authorities website.
 - Ensure you have the necessary credentials, as some verification processes may require restricted access.
2. ECFMG: To verify ECFMG certification, you can use the Certification Verification Service (CVS) provided by ECFMG. Follow these steps:
 - Visit the ECFMG Certification Verification Service (CVS) page.
 - Request primary-source confirmation of an individual's ECFMG certification status for medical licensing authorities, residency programs, and hospitals.

- For online verification, access the CVS ON-LINE service. If you have a CVS report, you can verify its authenticity by entering the report verification code and the physician's USMLE/ECFMG Identification Number.
- 3. Board Licenses: The Texas Medical Board (TMB) provides a public web-based verification system for healthcare providers. To access this database, visit the TMB website and choose the "Look up a License" link from the home page. This database will provide links to view Board Orders for most licensees, where applicable. The information in both the HCE and the public verification system is updated daily.
- 4. Malpractice Insurance Verification:
- 5. American Medical Association Verification
- 6. NPDB: Querying the Data Bank (National Practitioner Data Bank [NPDB] and the Healthcare Integrity and Protection Data Bank [HIPDB]) for information on practitioners that are licensed or certified to provide health care services can assist you in making employment, credentialing, and licensing decisions. Querying should complement the information received from other sources concerning an organization or a practitioner's past performance. For most health care organizations, querying is done for the following reasons:
 - Appointment and privileging
 - Professional review
 - Two-year mandatory activity, clinical privileges review
 - Granting State licensure
 - Credentialing and employment
- 7. LaDMF: Limited Access Death Master File (LaDMF) is a controlled database of death records maintained by the Social Security Administration (SSA). It contains over 85 million death records from 1936 to the present, including private identifiable information such as birth and death dates, social security numbers, and other connecting information. The LADMf is used to verify deceased individuals and prevent fraud, and access to this data is regulated to ensure security and confidentiality.

Steps to Credential a Provider with Medicaid/Medicare

1. Initial Application: Providers must submit a completed Texas Standardized Credentialing Application to the health maintenance organization (HMO) or health plan they wish to join. This application collects essential information about the provider's qualifications, work history, and professional liability insurance.
2. Verification of Credentials: The credentialing committee of the HMO will review the application and verify the provider's qualifications, including education, board certification, and any history of disciplinary actions. This process typically takes up to 180 days.
3. Documentation Requirements: Providers need to prepare various documents, including:
 - Proof of current licensure in Texas.
 - National Provider Identifier (NPI) number.
 - Completed CAQH ProView profile.
 - Business documentation such as articles of incorporation and tax identification numbers.
4. Expedited Credentialing: Some health plans, like BCBSTX, offer an expedited credentialing process that allows for provisional network participation if the provider meets specific criteria, such as having a valid license in good standing.

5. Notification of Decision: Providers will be notified of the credentialing committee's decision within 60 days after the review is completed. If denied, the provider must receive written notice explaining the reasons for denial.
6. Recredentialing: Credentialed providers must undergo recredentialing every three years to maintain their status within the network.
7. Provider Rights: Applicants have the right to inquire about the status of their credentialing application and to correct any erroneous information discovered during the verification process.
8. Compliance: Providers must ensure compliance with Texas regulations and the specific requirements of the health plans they wish to join. For more detailed information, providers can refer to the specific health plan's guidelines or the Texas Department of Insurance resources.

Administrator

Chairman of the Board

Subject: Reporting Personal Information Changes

Effective Date:

Supersedes: Policy: October 30, 2024, #404- February 27, 2002

Policy: Angelina County & Cities Health District (ACCHD) provides guidelines to employees for reporting personal information changes. Employees are required to report changes in an employee's address, telephone number, name, or other personal information to their supervisor and HR. The employee must report those changes to the Department Supervisor and Administration within 10 days.

Administrator

Chairman of the Board

Subject: Part-Time/Short-Term Employment

Effective Date:

Supersedes: Policy: New Policy

Policy: Angelina County & Cities Health District (ACCHD) establishes guidelines for part-time or short-term employment. Departments may utilize part-time/short-term employees to fill limited-duration positions, temporary vacancies, or regular budgeted positions, to perform special projects, or to assist with cyclical or seasonal peaks in workload. Part-time/short-term employees may not work more than one thousand (1000) hours in a calendar year without advanced approval of the Administrator. Departments may utilize alternative workers such as volunteers, senior citizens, interns, work-study students, or other individuals desiring training or vocational instruction without restriction. Positions or assignments anticipated to exceed the annual one thousand hours limitation should be created as a regular budgeted position and filled through normal selection processes. When a position created as a non-budgeted, part-time/short-term position is required for more than two thousand eighty hundred (2080) hours, it should be budgeted and converted to a regular position.

This section does not apply to employees of temporary agencies.

Filing of Part-Time/Short-Term Positions

A part-time/short-term position may be filled without following the formal posting and competitive selection process associated with regular budgeted positions. If, however, the Human-Resources Department or the Administrator determines that a group of part-time/short-term employees may be utilized to fill regularly budgeted positions due to the training/experiences gained from temporary employment, then the formal recruitment process shall be utilized when filling the part-time/short-term positions.

When a part-time/short-term employee is utilized to fill a vacancy (i.e., performing duties of a regularly budgeted position), they must meet the minimum published qualifications of the ACCHD job application and classification. Department heads are expected to ensure compliance with this requirement.

When a part-time/short-term position is converted to a regularly budgeted position, it must be posted and filled through a competitive recruitment process. Part-time/short-term employees, to include alternative workers, with more than one thousand (1000) hours in the classification to be

filled, may compete as internal candidates. Otherwise, part-time/short-term employees must be considered as external candidates and are ineligible to compete in internal recruitments.

Rights and Benefits of Part-Time/Short-Term and Converted Employees

Part-time/short-term employees are not eligible to participate in ACCHD benefit programs, paid leave, holiday pay, or to participate in the ACCHD retirement system. They are eligible for all mandated rights, including social security contributions, compensatory pay if Fair Labor Standards Act non-exempt, parental leave, workers' compensation, and others as defined by law. When part-time/short-term employees or alternative workers are appointed to regular positions previously held as part-time/short-term, credit may not be granted for any portion of their prior service.

Screening of Part-Time/Short-Term and Seasonal Workers

Candidates with a recent and/or serious criminal history shall not be considered for part-time/short-term or seasonal employment. If, however, a Department Head wishes to request an exception to this provision, detailed information regarding the individual's criminal history and the duties/work they are being considered for must be presented to Human Resources and the Administrator for review and approval prior to extending an offer of employment.

Administrator

Chairman of the Board

Subject: Employee Transfers, Promotion and Demotions

Effective Date:

Supersedes: Policy: New Policy

Angelina County & Cities Health District (ACCHD) establishes procedures for employee transfers. Transfers are the lateral movement of an employee from one position to another with the same responsibility or complexity of job duties, with no change in salary. Department Heads may transfer an employee in their department to a vacant position. All transfers must be handled in accordance with the budget adopted by the Board of Health.

Provisions for Transfers

1. The supervisor must communicate to the employee and the Administration the reason for the transfer, whether it is employee-requested or operationally driven.
2. The supervisor must have open communication with the employee about the transfer details, expectations, and potential impacts.
3. The supervisor must ensure that the new position is available and that the employee meets all qualifications.
4. The supervisor must first communicate with the Administrator and seek approval from relevant stakeholders such as the Board of Health, HR department, and Finance leadership, to confirm role changes and compensation adjustments if applicable.
5. All parties must ensure compliance with policies and legal considerations related to internal transfers.
6. The supervisor must clearly communicate whether the transfer is temporary or permanent.
7. Employees who have a disciplinary record within the last 12 months do not qualify for a transfer.
8. If a grant contract or program has closed, the employee may transfer to another grant program as long as the employee has not had any disciplinary record within the last 12 months.
9. If the new department has a grant contract, and the grantor requires notification on personnel changes, the Administrative staff will inform the grantor prior to the transfer.

Promotions

Angelina County & Cities Health District (ACCHD) establishes guidelines for promotions. Promotions are the movement of an employee from one position to another with an increased

responsibility or complexity of job duties and to a higher salary. ACCHD seeks first to promote to higher classifications or higher positions within a classification from within its own employees. Department Heads and the Board of Health may promote an employee in a department to a vacant position. All promotions must be handled in accordance with the budget adopted by the Board of Health and by grant rules and regulations. Employee training, employee development, and upward mobility are necessary for a higher-qualified and stable workforce.

Provisions for Promotions

The Board of Health, Administrator, or Supervisor must:

1. Ensure the promotion decision involves a blend of skills, qualifications, competencies, potential, and alignment with ACCHD needs.
2. Communicate constructive feedback based on how the employee currently demonstrates the required competencies, promotion details, expectations, and potential impacts.
3. Ensure that the new position is available.
4. Communicate whether the promotion is temporary or permanent.
5. Ensure compliance with policies and legal considerations related to promotion.
6. Confirm compensation is appropriate.

Promotion Disqualifiers:

1. Employees who have a disciplinary record within the last 12 months do not qualify for a promotion.
2. Employees who are in violation of any ACCHD, local, state, federal policy, procedure, rules, laws, or regulations do not qualify for a promotion.

Demotions

Angelina County & Cities Health District (ACCHD) established guidance for employee demotions. Demotions are the movement of an employee from one position to another with a decreased responsibility or complexity of job duties or to a lower salary. Department Heads may choose to demote or reassign any employees who are unable to meet performance requirements, for disciplinary reasons, safety reasons, due to grant closures, or for any other reason as deemed necessary by the Administrator. Upon demotion, an employee's compensation may be adjusted downward.

Administrator

Chairman of the Board

Subject: Employee Separation and Recall Procedures

Effective Date:

Supersedes: October 30, 2024

Policy: Angelina County & Cities Health District (ACCHD) will comply with all federal, state, and local regulations to ensure employee separation procedures are not in violation of such laws. An employee who is or has separated from ACCHD will meet with a member of administration or HR to complete information about retirement, insurance, and any other necessary exit forms, such as the Separation of Employment checklist, before leaving employment with ACCHD.

A separation shall be defined as any situation in which the employer-employee relationship has ended. All separations from ACCHD shall be designated as one of the following types:

- 1) Resignation
- 2) Retirement
- 4) Reduction in Force
- 5) Death
- 6) Dismissal or Termination
- 7) Layoff
- 8) Abandonment of Position

When an employee separates from ACCHD, the employee's final day of employment will be their last physical day worked or, if the employee is on leave, the date notice is given. If an employee leaves ACCHD, their final paycheck shall include:

1. Non-exempt employees will receive pay for all hours worked for which payment has not been received. Exempt employees will receive pay for the full day.
2. Pay for compensatory time that has been earned but not yet used for qualifying non-exempt employees (see Compensatory Time policy).
3. Pay for accrued leave for which payment is due for qualifying employees.
4. The employee may not utilize paid leave accruals to postpone their final separation date.

Resignation

To resign from ACCHD in good standing, employees must provide written notice to their supervisor. Directors and higher management should provide at least 4 weeks' notice, while all other employees should give at least 2 weeks' notice. The resignation letter must include the effective date and reason for resigning. Failure to comply with the notice requirement may make the employee ineligible for rehire unless the Administrator waives the notice period for good cause. Advance notice of resignation can be accepted, rejected, or modified by the

Administration. If a notice period is rejected, ACCHD does not have to pay for days not worked by the employee, since the duty to pay ends on the date the work separation becomes effective. A resignation shall be classified as any situation in which an employee voluntarily leaves their employment with ACCHD and the separation does not fall into one of the other categories.

Employees leaving ACCHD with at least one year of service will be paid for accrued annual leave only if they leave in good standing. Resignation in lieu of termination for policy violations disqualifies employees from receiving accrued annual leave time, regardless of tenure. Employees leaving before one year of service will not receive accrued annual leave time. An employee who has resigned in good standing within the past twelve months may apply for rehire.

Retirement

When an employee reaches the appropriate retirement age for his/her retirement system has accumulated a sufficient number of years in the appropriate retirement system and meets the other eligibility requirements, he/she may retire. Employees planning on retiring shall provide notice of their intent to retire in writing at least thirty days prior to their actual retirement date to ensure a smooth transition from an active employee to retire.

Reduction In Force

An employee shall be separated from employment because of a reduction in force when their position is abolished, or when there is a lack of funds to support the position, or there is a lack of work to justify the position.

Death

A separation by death shall occur when an individual dies while currently employed by ACCHD. If an employee dies while still employed by ACCHD, their designated beneficiary or estate shall receive all earned pay and payable benefits.

Dismissal or Termination

A dismissal shall be any involuntary separation of employment that does not fall into one of the other categories of separation. ACCHD is an “at will” employer, and a supervisor may dismiss an employee at any time for any legal reason or no reason with or without notice. Detailed records, including time and dates, should be maintained for four years to support dismissal action against an employee’s performance and/or behavior. Employees may be given a copy of the corrective action form. The Administrative staff will be responsible for processing the personnel action and for filing in the employee’s personnel folder a copy of documentation advising the employee of the dismissal action, and for removal of the employee from the payroll. Some possible reasons for dismissal include, but are not limited to, the following:

1. Negligent performance of duties.
2. Physically or mentally unfit or unable to perform duties.
3. Found to have engaged in conduct that would interfere with the proper performance of duties.
4. Continued employment would violate any provision of State Law
5. Making a false statement on the employment application, employee documents, or subsequent personnel, client, or business records.
6. Failure to meet ACCHD standards of job performance.

7. Abandoned position by being absent without authorization for three consecutive workdays.
8. Conviction of an offense that contradicts, severely limits, or hampers continued effective employment in the position for which employed.
9. Violation of any of the ACCHD rules, regulations, or policies.
10. Breach of confidentiality and/or professional ethics.
11. Sexual harassment or misconduct.
12. Insubordination; refusal to follow instructions.
13. Unexcused absences, chronic absenteeism, or frequent tardiness.
14. Use of alcohol or illegal or unauthorized prescription drugs on duty.
15. Acts of theft, vandalism, criminal mischief, or a violation of any provision of the Texas Penal Code.
16. Carelessness or negligence with ACCHD funds or property. NOTE: Employees may not be dismissed or in any other manner discriminated against because they have filed a Workman's Compensation claim.
17. Failed Probationary Period: Probationary employees and employees who serve at the will of ACCHD may be dismissed by the Administrator or by the Board of Health. An employee who is dismissed during the probationary period will be entitled to his/her accrued annual leave.

Layoff

A layoff is the termination of an employee based on the elimination of the employee's position. ACCHD holds the right to eliminate positions due to reorganization, elimination of services/functions, budgetary decisions, lack of work, termination of a grant contract or other similar and appropriate reasons.

1. Layoff is not considered to be a "for cause" separation and may not be used in place of termination for cause.
2. The position of a laid-off employee may not be retained or recreated and filled other than by recall within 12 months following layoff.
3. Employees may be laid off through displacement by a reassigned employee. Reduction in hours may be initiated for the same reasons and shall be accomplished through the policies and procedures in this section.
4. Employees who are displaced and reassigned to a lower classification shall be considered laid off from their former classification for the purpose of recall under this policy.

Selecting Position for Layoff

1. When selecting a position and employee for layoff, the Department Head shall identify by classification the position to be eliminated.
2. Within classification, employees shall be selected for layoff based upon a blend of qualifications, skills, past performance, and length of service.
3. The selection will be made based on an objective assessment of each employee's ability to perform the job and assignments remaining after the layoff, and the needs of the department.

4. The Administrator's approval is required for the layoff decision and the selection of employees prior to the issuance of notice of layoff.
5. No employee shall be laid off while another person in the same classification is employed on a temporary basis in a position for which the employee, in the opinion of the department head, is qualified.
6. Employees shall be provided a minimum of two calendar weeks' written notice of layoff or pay in lieu of notice.
7. The names of employees laid off from a classification shall be placed on a recall list for that classification for a period of one year from the effective date of layoff. This provision shall also be applied when an employee is reassigned in lieu of layoff.
8. Laid-off employees will be considered for employment in any available vacancy at ACCHD in the classification from which they were laid off, provided they possess all required skills, knowledge, and abilities for the position.
9. Laid-off employees who have received a written warning within one year prior to layoff or a suspension or demotion within three years prior to layoff are eligible only for recall to their former department, unless otherwise approved by the Administrator.
10. Laid-off employees are eligible for consideration for positions in other job classifications at ACCHD through the competitive recruitment and selection procedures and shall be allowed to compete as internal candidates for the duration of their recall eligibility period.
11. Layoff employees are responsible for making themselves aware of available positions other than those for which they are entitled to recall consideration.

Notice of Recall

1. Notice of recall shall be sent to laid-off employees via certified mail at the last address reflected in the employee's official personnel file, and the employee must respond within seven calendar days upon receipt.
2. An employee who rejects a recall offer for the classification from which he/she was laid off or who fails to respond to a recall notice for that classification shall be removed from the recall list.
3. The employees shall be responsible for notifying ACCHD of any change in address, telephone, or circumstance relative to their availability for recall.
4. Employees who are recalled or are appointed to a different position within one year shall be reinstated with all rights formerly attained, including annual leave accrual rates and accrued sick leave.
5. A recall employee's hire date shall be adjusted to reflect the time on layoff, but the employee shall otherwise retain all service credit held at the time of layoff.
6. Employee shall be eligible to continue their health insurance coverage via the Consolidated Omnibus Budget Reconciliation ACT (COBRA) and will receive notification of such rights.

Conditions governing reinstatement/recall are as follows:

1. The employee may be reinstated to the same salary range.
2. The employee will have their original hire date adjusted to reflect their break in service.

Abandonment of Position

An employee who is absent from his/her position for one full workday without notice to the supervisor or designee shall be considered to have abandoned his/her position, unless in the opinion of the supervisor the failure to notify was clearly beyond the employee's control. A notice of presumption of abandonment and termination shall be sent to the last address reflected in the employee's official personnel file.

Procedures for Separation of an Employee:

ACCHD will:

1. Make a final wage payment by the next regularly scheduled pay period to employees who are separating from ACCHD.
2. Give notice of insurance termination under state or federal COBRA laws if the employee had ACCHD insurance coverage.
3. Inform the employee that a resignation with less than two weeks' notice will result in the forfeiture of annual and compensatory leave balances.
4. Make an annual leave check for the remaining annual leave balance to qualifying employees. A check will be disbursed two weeks following the last payroll check to ensure that all ACCHD property is returned and paperwork is completed before the final check is issued.
5. Inform the separating employee of the forfeited sick pay leave upon the employee's work separation.
6. Inform the separating employee that any unused compensatory leave may be paid out under the following circumstances (see Compensatory Policy for more details):
7. If an employee retires from employment, the employee will receive the full balance of accrued but unused annual time.
8. If a non-exempt employee voluntarily resigns from employment with at least two weeks' advance written notice, the employee will receive the hours of accrued compensatory leave (See Compensatory Policy for more details).
9. Inform the employee that paid or unpaid leave may not be counted toward a notice period under this policy.

Retire Rehire Process

Angelina County & Cities Health District (ACCHD) establishes guidelines to rehire a retired employee. Retired employees shall be eligible to apply for open positions with ACCHD as long as the following provisions are met:

1. The retiree has been retired for at least 6 calendar months.
2. No prior arrangement or agreement was made between ACCHD and the retiree for re-employment.

3. Strict adherence to normal leaving employment procedures was followed at the time of the employee's retirement.
4. Prior to employee retirement, the employee had no violation of ACCHD, local, state, and federal policies, rules, laws, and regulations within a year of retirement.

Employees cannot retire with an agreement to return to work in a different department or position. Changing employee status does not matter when determining if someone is still working for ACCHD. An employee cannot retire from ACCHD with an arrangement to begin work as an independent contractor.

Rehired retirees who did not have a bona fide separation of employment may owe a 10 percent excise tax and be required to repay all of their monthly retirement payments. Abusing the retirement provisions in such a manner would violate a qualification requirement for retirement plans under Section 401(a) of the Internal Revenue Code, potentially resulting in significant tax consequences for the employer, its participating members, and those retired employees.

Administrator

Chairman of the Board

Subject: Personal Property

Effective Date:

Supersedes: Policy: October 30, 2024, #405- February 27th, 2002

Policy: Angelina County & Cities Health District (ACCHD) does not assume any responsibility for the loss or theft of personal property. Employees are encouraged to carry only enough money as is necessary while on duty, and not to bring valuable personal possessions to ACCHD. All losses or possible thefts will be reported to the Departmental Supervisor and Administrator immediately.

Administrator

Chairman of the Board

Subject: ACCHD's Automobile Use and Driver's License

Effective Date:

Supersedes: April 24, 2002

Policy: Angelina County and Cities Health District (ACCHD) provides guidelines for employees who drive ACCHD's vehicles. These guidelines are purposeful to control the cost of insurance, prevent accidents, and prevent misuse of ACCHD's vehicles. Permission to drive ACCHD's vehicles will be determined by the employees' background check. A background check may be performed on any employee at any time.

Driver Record Determination:

A background check is performed prior to the start of the first day to determine the eligibility for employment for an applicant or continued employment.

An employee may be excluded from further consideration of employment or automatically dismissed from the current position if the position requires operating a vehicle and the employee's background check states the candidate or employee has any criminal history. Dismissal will be implemented if any of the circumstances below occur:

1. Operating a vehicle under the influence of alcohol or drugs.
2. Involuntary manslaughter or criminally negligent homicide.
3. Operating a vehicle with a license suspended or revoked.
4. Leaving the scene of an accident.
5. Carrying a firearm within the company vehicle.

Guidelines for Vehicle Use

1. The ACCHD's vehicle will be used for business purposes only, except where personal business may be conducted in conjunction with ACCHD business.
2. Vehicle mileage is monitored by the employee's completion of a daily inspection log as well as a month-end inspection and mileage log.
3. Transportation of people other than ACCHD employees and/or people engaged in ACCHD-related activities shall be prohibited except in the case of emergencies. The supervisor shall determine what constitutes an emergency on a case-by-case basis.
4. ACCHD vehicles should be driven only by ACCHD employees only.
5. ACCHD vehicle will be assigned to an ACCHD employee whose job requires the use of the vehicle.
6. Employees are responsible for ensuring the vehicle is returned in a clean condition.
7. The department head of the program that paid for the vehicle will be responsible for scheduling regular maintenance.
8. Employees using the ACCHD vehicle must follow all elements of this policy. Not doing so will result in disciplinary action, up to and including termination.
9. Employees who are assigned as drivers must always:
 - a. Have a valid Texas driver's license.
 - b. Maintain a clean driving record.
 - c. Must be insured under ACCHD's liability insurance.
 - d. Must observe all safety, traffic, and criminal laws of the state the employee is driving in. This includes the Texas Transportation Code.
 - e. Must never consume drugs or alcohol while driving a company vehicle, while inside the ACCHD vehicle, or while conducting ACCHD business.
 - f. No driver may pick up or transport a non-employee in the ACCHD vehicle unless it is related to ACCHD business.
 - g. Report to supervisor and Administrator if a driving citation was given, if involved in an accident, or if arrested, regardless of fault, circumstance, or if on/off duty.
 - h. Report to the supervisor and Administrator if any penalty, fine, imprisonment, fee, or any adverse action is imposed by a court in connection with such an incident. The administrative team must report such information to the insurance carrier.
 - i. Provide any written documents/ citations given by a law enforcement officer to Administration, if obtained while driving ACCHD vehicle or while in an ACCHD vehicle.
 - j. Cooperate with any investigation regarding the citation or accident. Investigations may be conducted by Administration, law enforcement officers, or ACCHD's liability insurance carrier.

Employees with driving duties must sign the following agreement:

I have read and understood the Use of ACCHD Vehicle policy. I agree to follow all of the processes within this policy. If I am unable to drive, I will immediately inform ACCHD Administration. I also understand that I may be assigned to different duties that may result in a lower salary, different working hours, changes in responsibilities, and changes in work location if I am no longer able to drive ACCHD vehicle. I also understand that ACCHD does not guarantee a different working assignment in the event I am unable to perform the duties that were assigned to me at which may result in termination.

Employee Name

Signature

Administrator

Chairman of the Board

Subject: Employee Burnout

Effective Date:

Supersedes: Policy: October 30, 2024, #207- July 11th, 2000

Policy: Angelina County & Cities Health District (ACCHD) promotes employee well-being and fosters a supportive work environment, and establishes guidelines to prevent employee burnout.

Definition of Burnout

Burnout is a state of emotional, physical, and mental exhaustion caused by prolonged and excessive stress, often resulting in decreased productivity, cynicism, and feelings of helplessness.

Signs of Burnout

1. Chronic fatigue
2. Decreased job performance
3. Increased irritability or anxiety
4. Feelings of detachment from work
5. Physical symptoms (headaches, sleep disturbances)

Prevention Strategies

1. Workload Management: Regularly assess and balance workloads to prevent excessive stress.
2. Regular Check-ins: Supervisors should have regular one-on-one meetings with employees to discuss workload, stress levels, and support needs.

Commitment to a Healthy Workplace

1. Culture of Openness: ACCHD will foster an environment where employees feel safe discussing mental health and burnout without fear of stigma.
2. Leadership Support: Leadership will actively promote and participate in initiatives aimed at reducing burnout.

Administrator

Chairman of the Board

Subject: Intimate Partner Violence and Required Training

Effective Date:

Supersedes: Policy: October 30, 2024, #223 A- September 25th, 2024

Policy: Angelina County & Cities Health District (ACCHD) will take reasonable and necessary measures to support employees who may be experiencing intimate partner violence (IPV) by providing training, resources, accommodations, and a supportive environment. This policy applies to all employees of ACCHD. It covers situations where an employee is a victim of IPV, regardless of whether the violence occurs inside or outside the workplace, or is a witness to IPV involving a client or staff.

Required Training

ACCHD provides required training and education regarding preventing Intimate Partner Violence to ACCHD's staff during initial orientation and annually thereafter. Training will include relevant information on identifying and preventing Intimate Partner Violence and the necessary reporting requirements.

Definition: Intimate Partner Violence occurs between two people in a close relationship. The term "intimate partner" includes current and former spouses and dating partners. Intimate Partner Violence exists along a continuum from a single episode of violence to ongoing battering.

Staff Responsibilities:

Staff will be educated to report directly to Administration if there is any concern or indication of an individual or individuals who may be subject to Intimate Partner Violence. Administration will ask that a Provider assess the patient immediately and review the situation. The appropriate authorities, including CPS/ APS and law enforcement, will be notified.

Privacy and Confidentiality

ACCHD will uphold the confidentiality of employees who disclose that they are experiencing IPV. Information shared will be kept confidential to the extent possible, with exceptions made only where required by law or when necessary to protect the safety of individuals.

IT. Support and Resources

ACCHD will inform employees about available resources for victims of IPV, including local shelters, counseling services, legal assistance, and hotlines. Employees are encouraged to seek support from these resources. ACCHD will provide reasonable accommodations for employees experiencing IPV, such as flexible work schedules, changes in work locations, or granting leave for medical, legal, or counseling services. Employees may request accommodations without fear of discrimination or retaliation.

Leave for IPV-Related Issues:

Employees who need time off to seek medical attention, obtain counseling, or take legal action related to IPV may request leave under applicable ACCHD policies, including sick leave, unpaid leave, or leave under the Family and Medical Leave Act (FMLA) if eligible. ACCHD will make reasonable efforts to accommodate these requests.

Safety Measures

If an employee has a protective order or other legal documentation related to IPV, ACCHD will take reasonable steps to enforce any restrictions or conditions outlined in the order to ensure the employee's safety at work. ACCHD may implement safety measures such as changing work schedules, adjusting contact information, or other requests within reason and if deemed necessary.

Non-Discrimination and Supportive Environment

In accordance with the Violence Against Women Act (VAWA) and Texas Employment Law, ACCHD prohibits discrimination or retaliation against employees who are victims of IPV. This includes, but is not limited to, decisions related to hiring, firing, promotions, compensation, or any other terms and conditions of employment. All ACCHD staff will receive annual training to recognize signs of IPV and respond appropriately to affected employees and clients.

Reporting Procedures

Employees who experience or witness IPV-related incidents are encouraged to report them directly to Admin. Reports will be handled promptly and confidentially, with appropriate action taken to ensure the safety and well-being of all employees involved.

Implementation and Review

This policy will be communicated to all employees and included in the employee handbook. It will be reviewed periodically to ensure it remains current and effective in supporting anyone affected by IPV.

Administrator

Chairman of the Board

Subject: Managing Suspected or Confirmed Bed Bug Activity

Effective Date:

Supersedes: New Policy

Purpose: Angelina County & Cities Health District (ACCHD) provides guidelines for managing suspected or confirmed bed bug activity. This policy provides guidance for staff, students, volunteers, and contractors when managing individuals with suspected or confirmed bed bug activity, in order to reduce the risk of infestation and minimize the likelihood of transient introductions within ACCHD facilities. All staff are responsible for following this procedure when encountering suspected or confirmed bed bug cases. Direct Supervisors will ensure that response steps are completed, coordinate with pest control if needed, and confirm proper decontamination in their department. Administration will support affected departments and maintain related documentation. All staff are responsible for following this procedure when encountering suspected or confirmed bed bug cases. Direct Supervisors will ensure staff follow the proper steps and coordinate with pest control if needed. Administration will support affected departments and maintain related documentation.

Initial Response

1. Staff will immediately report suspected or confirmed bed bug activity to the direct supervisor of the department where the incident occurred and to Administration.
2. Staff utilize personal protective equipment (PPE) such as a gown and gloves and follow correct donning and doffing procedures.
3. Staff will escort the patient directly to a designated, clutter-free exam room using the most direct route to reduce time in shared areas.
4. Staff will post "Contact Precautions" signage on the room door (no mention of bed bugs).
5. Staff will limit unnecessary handling of personal belongings; offer a clean, sealable bag for items, explaining it is for "environmental safety."
6. Staff will limit the patient's movement throughout the facility.
7. Staff will share necessary information with only those staff directly involved in care or cleaning.
8. Staff will provide general home health and pest prevention materials as part of standard education and offer referrals to community resources or pest control services if appropriate.

Room Decontamination

1. The responsible party in the department where the incident occurred will ensure cleaning procedures are followed immediately after the patient leaves.
2. Waste will be bagged and disposed of in sealed containers.
3. Wipe all patient contact surfaces and equipment with 91% alcohol, allowing proper drying and ventilation before reuse.
4. Follow pest control provider recommendations for additional treatment.

Confidentiality

1. Treat all bed bug-related information as confidential and linked to Protected Health Information (PHI) if connected to an identifiable patient.
2. Only discuss details with staff who have a legitimate need to know.

Documentation

1. An incident report must be completed for all confirmed or suspected cases and given to the direct supervisor.
2. For confirmed cases involving a patient, document in the patient's chart using neutral language and create an incident report.

Administrator

Chairman of the Board

Subject: Terminal Room Cleaning

Effective Date:

Supersedes: Policy: New Policy

Policy: Angelina County & Cities Health District (ACCHD) ensures that terminal room cleaning is done according to evidence-based standards as outlined in the CDC “Practice Guidance for Healthcare Environmental Cleaning”. The Terminal cleaning and disinfecting of rooms shall occur after a patient visit, transfer from one room to another, and at the discontinuation of a precaution.

Cleaning shall be done with approved disinfectants and or detergents. Cleaning to be performed includes, but is not limited to:

1. High dusting
2. Spot cleaning of walls and door handles
3. Cleaning of desks and exam tables
4. Cleaning of medical equipment according to the manufacturer's instructions for use or a comparable product.
5. Staff shall use the correct protective equipment while performing terminal room cleaning.

Administrator

Chairman of the Board

Subject: Hand Hygiene

Effective Date:

Supersedes: Policy: New Policy

Policy: Angelina County & Cities Health District (ACCHD) ensures safe patient care by implementing guidelines to decrease the risk of transmission of infections and diseases. Hand hygiene removes dirt, organic material, and microorganisms that cause infections and diseases from person to person. Hand washing or hand hygiene is the most important means of preventing contamination.

Procedure:

1. Every employee will use proper hand hygiene and hand washing technique before and after: bathroom use, eating/drinking, cleaning the environment, placing and removing gloves, providing direct or indirect patient care, collection of patient laboratory tests, administering medications or vaccines, and or if hands are soiled.
 - a. If hands are not visibly soiled, staff may use hand sanitizer that is greater than 60% alcohol-based for hand decontamination.
 - b. Hands must always be washed after removing gloves.
2. Performing proper hand-washing technique is described as:
 - a. With a clean paper towel, turn on the water to a comfortable temperature.
 - b. Add soap to hands and make a heavy lather.
 - c. Wash hands thoroughly for a minimum of 20 seconds by rotating motion and creating friction between hands.
 - d. Rinse hands with running water.
 - e. Dry hands with a clean paper towel. Avoid touching any dirty surfaces with clean hands.
 - f. Turn off the faucet with a new, clean, and dry paper towel.
 - g. Hand lotions may be applied if approved by ACCHD, since some hand lotions promote gram-negative microorganisms.
 - h. Keep nails less than ¼ inches in length to avoid harboring microorganisms within the nail bed.
 - i. Do not use gloves in any hallway.
 - j. Change gloves as often as needed in order to provide a cleaner patient experience.

Administrator

Chairman of the Board

Subject: Information Technology (IT) and Security Policy

Effective Date: July 30, 2025

Supersedes: October 30, 2024

Policy: Angelina County & Cities Health District (ACCHD) will promote a secure environment for the handling, processing, storage, and transmission of sensitive data. This policy ensures compliance with applicable federal and state laws, particularly the Texas Health and Human Services Commission (“HHSC”) Data Use Agreement (“DUA”), HIPAA, and related cybersecurity standards. It also aims to protect ACCHD’s assets from unauthorized access, disclosure, alteration, and destruction. This policy applies to all ACCHD employees, contractors, interns, volunteers, and third-party service providers who access, handle, or manage sensitive or confidential information in any form, including but not limited to electronic, paper, or verbal. It governs the use of all information systems, computing devices, and network infrastructure owned or operated by ACCHD. This policy also provides guidelines for all employees of ACCHD concerning the use of personal computers (PC), both desktop and laptops or iPads, as well as peripheral equipment such as printers, modems, hubs, switches, and any device attached to the computer. Any employee violating this policy is subject to corrective action, up to and including termination.

Definitions

1. **Authorized user:** An authorized user is a current employee who may lawfully access the ACCHD’s network system through a unique network login.
2. **Unauthorized Access:** Unauthorized access to information or PC that an employee has not been cleared to access is prohibited.

1. Data Classification and Handling

1.1 Data Classification:

ACCHD handles large volumes of sensitive information, including Protected Health Information (“PHI”), which is regulated under HIPAA and the HHSC DUA. As such, proper data classification is vital to ensuring the confidentiality, integrity, and availability of critical health data. All data collected or processed by ACCHD shall be classified into one of the following four categories:

- a. **Public:** Information intended for public dissemination such as press releases and published reports. Minimal protection is required.

- b. **Internal:** Operational data not meant for public release but not classified as sensitive. Examples include internal meeting schedules and general administrative records.
- c. **Confidential:** Information that, if disclosed, could negatively impact operations, clients, or employees. Includes internal memos, personnel records, and non-public financial information.
- d. **Restricted:** The most sensitive classification, including PHI, Personally Identifiable Information (“PII”), and financial records. Disclosure of Restricted data could result in legal, regulatory, or financial penalties and severely impact community trust.

Due to ACCHD’s role as a health agency, Restricted data—particularly PHI—must be treated with the highest level of security and oversight. A data classification matrix will define storage, transmission, access, and disposal controls based on the classification level. This matrix is reviewed and approved annually by the Information Security Officer (“ISO”).

1.2 Data Protection:

- a. Restricted and Confidential data must be encrypted at rest and in transit using industry-standard encryption protocols (e.g., AES-256, TLS 1.2 or higher).
- b. PHI must never be transmitted via unencrypted email or stored on unapproved devices or locations, including personal email accounts or cloud storage services.
- c. Encryption keys must be safeguarded in secure key vaults or Hardware Security Modules (“HSMs”) with access restricted to authorized IT staff only.
- d. Sensitive data must be redacted or anonymized whenever possible for analytics or training purposes.

1.3 Physical Security of Paper Records:

- a. All printed PHI and PII must be stored in locked cabinets in access-controlled areas. Only authorized personnel may retrieve these documents.
- b. Workstations that display PHI must be positioned to prevent unauthorized viewing (e.g., using privacy screens).
- c. Employees must avoid leaving printed PHI in open areas or unattended. Clean desk policies must be enforced.
- d. Printed PHI must be clearly labeled and tracked when transferred between departments.

1.4 Data Disposal:

- a. Electronic data must be sanitized using DoD 5220.22-M or NIST SP 800-88 Rev 1 methods prior to device retirement or repurposing.
- b. Paper records containing PHI or other Restricted information must be shredded using cross-cut shredders or securely destroyed through certified vendors.
- c. Disposal procedures must be logged, and certificates of destruction must be retained for audit purposes.
- d. Unauthorized disposal or mishandling of sensitive data constitutes a policy violation and may result in disciplinary action, up to and including termination, or legal action.

By clearly identifying and enforcing data classification levels—especially for PHI—ACCHD strengthens its ability to maintain trust, comply with legal obligations, and safeguard the health information of the communities it serves.

2. Access Control

To maintain a secure environment that protects patient health data and sensitive operational systems, ACCHD enforces rigorous access control measures. These controls are foundational to data confidentiality and system integrity, ensuring that users only interact with the resources necessary for their roles. The IT department head is responsible for maintaining and updating the list of staff who have access to multiple systems. This section outlines the principles, authentication practices, and physical safeguards in place to manage access across the organization.

2.1 Least Privilege Principle:

- a. Access to ACCHD systems, applications, and data must be governed by the principle of least privilege. Each user should have only the minimum access necessary to perform their assigned duties.
- b. Role-specific access must be defined and assigned by department managers in collaboration with IT Security.
- c. Periodic access recertification must be conducted quarterly to verify and update permissions, especially after role changes, leaves of absence, or terminations.

2.2 Authentication Requirements:

- a. All system users must be assigned unique usernames and secure passwords that meet complexity standards (minimum 12 characters, including uppercase, lowercase, numbers, and special characters).
- b. Account lockouts must occur after five failed login attempts and may only be reset by IT administrators.
- c. Passwords must be changed every 180 days and may not be reused within the five previous versions.
- d. Service accounts and application credentials must be tightly controlled, rotated regularly, and never hardcoded into scripts or applications.

2.3 Role-Based Access Control (“RBAC”):

- a. Access rights must be provisioned using a documented RBAC model aligned with job functions and organizational units.
- b. All RBAC roles must be reviewed and approved by the ISO and Human Resources to ensure appropriateness.
- c. Temporary access for projects or audits must be time-limited and automatically expire based on predefined criteria.
- d. Access provisioning and de-provisioning workflows must be tracked via ticketing or identity management systems.

2.4 Multi-Factor Authentication (“MFA”):

- a. MFA is mandatory for access to any system that handles PHI, PII, or financial information, and all remote access.
- b. Acceptable MFA mechanisms include hardware tokens, authenticator apps, biometric identifiers, or SMS verification (used only as a fallback).
- c. Users must be enrolled in MFA during onboarding, and token/device enrollment must be reviewed annually.

- d. Break-glass (emergency access) accounts must have restricted access and be monitored continuously.

2.5 Badge-Based Physical Access Control:

- a. All ACCHD staff must wear and use their assigned ID badges to access secure physical spaces, including offices, clinical areas, data closets, and server rooms.
- b. Badge access logs must be retained and reviewed for anomalies or unauthorized after-hours access.
- c. Lost or stolen badges must be reported immediately to HR and Facilities for deactivation and reissuance.
- d. Tailgating (unauthorized individuals entering behind a badge user) is prohibited, and staff are encouraged to challenge or report violations.

2.6 Access Termination and Review:

- a. Access must be revoked promptly (within four hours) when an employee separates from ACCHD or transfers roles.
- b. Access reviews must be conducted at least quarterly to verify user accounts, privileges, and role assignments.
- c. Dormant accounts inactive for more than 60 days must be disabled and flagged for review.

2.7 Privileged Access Management (“PAM”):

- a. Privileged accounts (e.g., root, domain admins, database owners) must be centrally managed using a PAM solution.
- b. Privileged sessions must be logged and monitored, and just-in-time access should be used where feasible.
- c. Administrative access to production environments must require explicit approval and be time-limited.

2.8 Office 365 Administration:

- a. ACCHD must enforce or create retention policies in Office 365 Administration portal to prevent deletion or alteration of chat logs, emails and files.
- b. Only appointed authorized users may manage or modify retention settings; all such users must be documented and reviewed quarterly or upon request.
- c. Administrative roles and access to compliance features must follow RBAC principles and be approved by the ISO and HR.

By enforcing layered access controls and continuous privilege management, ACCHD minimizes the risk of unauthorized access and ensures only appropriate access to systems containing PHI and other sensitive data.

3. Acceptable Use Policy

To safeguard Protected Health Information (PHI) and ensure operational continuity, ACCHD mandates strict policies governing the use of computing devices and systems. As a public health entity handling sensitive patient data, the integrity and security of every endpoint—from

workstations and laptops to mobile devices—are critical. This section outlines acceptable use standards, restrictions on personal device usage, and responsibilities tied to ACCHD-issued hardware and software. Employees are expected to maintain vigilant and responsible device practices to prevent accidental exposure or unauthorized access to confidential information.

3.1 Acceptable Activities:

- a. ACCHD computing resources, including desktops, laptops, tablets, and mobile devices, must be used primarily for conducting official business activities.
- b. Users must access only systems, applications, and data necessary to fulfill their work responsibilities.
- c. Occasional personal use is permitted if it does not interfere with work duties, violate this policy, or compromise the security and integrity of ACCHD systems.

3.2 Prohibited Activities:

- a. Users are strictly prohibited from using ACCHD systems to access, download, or transmit any material that is illegal, offensive, or unrelated to work activities. This includes but is not limited to accessing sexual, demeaning, or pornographic content.
- b. Use of ACCHD devices for gaming, unauthorized streaming, personal social media browsing, or cryptocurrency mining is forbidden.
- c. The installation or use of unapproved software, tools, or browser extensions is prohibited.
- d. Users must not attempt to bypass security controls or access restricted systems without proper authorization.

3.3 Monitoring and Enforcement:

- a. All ACCHD systems and networks are subject to monitoring for security, performance, and compliance purposes.
- b. Any use of ACCHD IT assets implies consent to such monitoring.
- c. Violations of the Acceptable Use Policy will be documented, investigated, and may result in disciplinary action up to and including termination or legal action, depending on severity.

3.4 Device Usage and PHI Security:

- a. Due to the sensitive nature of Protected Health Information (PHI), users must refrain from using personal devices to store, process, or transmit PHI unless the device is enrolled in ACCHD's Mobile Device Management ("MDM") platform and explicitly approved by IT.
- b. ACCHD-issued devices must be used for all work involving PHI, financial records, and other forms of Restricted data. This helps maintain full control over endpoint encryption, auditing, remote wiping, and compliance enforcement. No personal files may be stored on ACCHD's computers or network server.
- c. Devices must auto-lock after 5 minutes of inactivity and require password or biometric authentication to unlock.
- d. Lost or stolen devices must be reported immediately to the IT department so remote wipe and security incident protocols can be activated.

3.5 Bring Your Own Device (“BYOD”) Policy:

- a. Employees who wish to use personal devices for business purposes must request approval from their supervisor and IT.
- b. Approved devices must comply with ACCHD security configurations, including enforced encryption, remote wipe capabilities, and endpoint security software.
- c. ACCHD reserves the right to revoke BYOD privileges if a device is found non-compliant or if user behavior poses a security risk.
- d. Any ACCHD files or data stored upon an employee-owned PC or related equipment are subject to this policy.
- e. An employee who separates from ACCHD shall have files and data removed from their BYOD device. ACCHD reserves the right to inspect the equipment to verify removal.

These guidelines are essential for protecting sensitive data, ensuring HIPAA and DUA compliance, and reducing the risk of data breaches through improper device usage. All employees are required to acknowledge and adhere to this Acceptable Use Policy annually.

4. Network and System Security

ACCHD’s network and system infrastructure serve as the backbone for delivering critical health services and protecting sensitive information, including PHI and PII. To defend against evolving cyber threats and ensure uninterrupted access to vital systems, robust security measures are required at every layer of the technology environment. All computer hardware must be ordered, received, configured, and installed by IT department staff to ensure that the equipment is compatible with ACCHD’s network and that the equipment meets the requirements of the requesting department.. This includes monitors, mice, keyboards, speakers, scanners, and printers. This section details the safeguards implemented to secure ACCHD’s digital ecosystem, including patching protocols, endpoint protections, firewalls, intrusion detection, remote access controls, and network segmentation. These controls are essential not only for HIPAA compliance but for maintaining public trust in ACCHD’s ability to manage and secure health data. ACCHD will ensure that Cybersecurity liability is maintained.

4.1 Patch Management:

- a. All ACCHD systems must be routinely patched to correct known vulnerabilities. Security patches must be applied within 30 days of release, and critical updates must be deployed within 72 hours.
- b. Patch management procedures must be automated where possible and tracked in a centralized dashboard for oversight and compliance.
- c. Patch testing must occur in a staging environment prior to production deployment to avoid disruptions to clinical and operational services.

4.2 Endpoint Protection:

- a. Every endpoint device (desktops, laptops, tablets, mobile devices, etc.) must have active antivirus and anti-malware solutions with automatic updates enabled.
- b. ACCHD must deploy Endpoint Detection and Response (“EDR”) technology on all devices handling or accessing PHI to monitor for behavioral anomalies and respond to threats in real time.
- c. Devices must be enrolled in a Mobile Device Management (“MDM”) solution to enforce security policies such as encryption, remote wipe, and compliance checks.

4.3 Firewalls and Intrusion Detection/Prevention Systems (IDS/IPS):

- a. All incoming and outgoing traffic must be filtered through enterprise-grade, stateful firewalls configured to deny all by default and permit only necessary traffic.
- b. ACCHD must operate intrusion detection and prevention systems at both the perimeter and internal network levels to identify and block malicious activity.
- c. Security appliance logs must be retained for at least 12 months and reviewed regularly by IT Security staff.

4.4 Secure Remote Access:

- a. Any remote access to ACCHD internal systems must occur via an encrypted Virtual Private Network (“VPN”).
- b. Split tunneling must be disabled to ensure all traffic routes through ACCHD’s secure gateway during VPN sessions.
- c. Remote desktop protocols must be restricted and monitored, and connections must be limited to approved IP addresses where feasible.

4.5 Network Segmentation and Access Control Lists (“ACLs”):

- a. Network architecture must follow a segmented model with separate VLANs for administrative systems, clinical systems, guest access, and internet-facing services.
- b. ACLs must be used to tightly control systems and users can communicate across segments, minimizing potential attack surfaces.
- c. Sensitive systems (such as those storing PHI or financial data) must be isolated in high-security network zones with strict firewall rules and limited administrative access.

4.6 Wi-Fi and Wireless Security:

- a. ACCHD wireless networks must use WPA3 encryption or WPA2 at a minimum, with separate SSIDs for staff, guests, and medical devices.
- b. Guest wireless access must be completely segmented from ACCHD’s internal network and provide no access to internal systems or data.
- c. Wireless networks must be monitored for rogue access points and unauthorized connections using wireless intrusion detection tools.

4.7 Vulnerability Scanning and Penetration Testing:

- a. Vulnerability scans must be conducted annually on all ACCHD systems, with remediation plans established for any discovered weaknesses.
- b. Third-party penetration testing must be performed annually to validate the effectiveness of technical controls and identify areas of risk.
- c. Results from vulnerability assessments and penetration tests must be reported to executive leadership and tracked to resolution.

By maintaining strong technical safeguards, layered defense strategies, and continuous monitoring, ACCHD is working to maintain both the resilience of its network infrastructure against evolving threats and the capability of protecting the integrity of systems that manage PHI and other sensitive information.

5. Data Backup and Recovery

Ensuring the availability and integrity of critical data is paramount for ACCHD's ability to deliver uninterrupted healthcare and public health services. In the event of system failure, data corruption, cyberattack, or natural disaster, reliable backup and recovery mechanisms are essential to restoring operations and minimizing data loss—especially when handling PHI. This section outlines ACCHD's approach to data backup, including frequency, encryption, off-site storage, testing, and disaster recovery planning. These measures support resilience, business continuity, and compliance with HIPAA and Texas HHSC data safeguarding requirements.

5.1 Backup Frequency and Storage:

- a. All mission-critical systems, including those handling PHI, financial records, and electronic health records ("EHR"), must be backed up daily at a minimum. More frequent backups (e.g., hourly incremental backups) are encouraged for high-availability systems.
- b. Backup data must be stored in at least two physically and logically separate locations: one on-premises and one off-site (e.g., secure cloud provider or alternate data center).
- c. All backup media, whether physical or virtual—must be encrypted using FIPS 140-2 validated encryption algorithms.
- d. Backup jobs must be monitored for success or failure with automated alerting mechanisms in place.

5.2 Backup Testing and Validation:

- a. Backup integrity must be tested monthly by performing test restores of selected datasets.
- b. Backup validation reports must be generated, reviewed by the IT department, and retained for a minimum of one year.
- c. Any anomalies or failures discovered during testing must be investigated immediately and addressed within three business days.
- d. The ability to restore individual files, full systems, and encrypted backups must be tested annually to simulate realistic recovery scenarios.

5.3 Disaster Recovery Planning ("DRP"):

- a. ACCHD must maintain a written Disaster Recovery Plan that defines recovery time objectives ("RTO") and recovery point objectives ("RPO") for each key system.
- b. The DRP must include contact lists, roles and responsibilities, step-by-step recovery procedures, and escalation paths.
- c. Disaster recovery plans must address potential threats such as ransomware attacks, natural disasters, hardware failure, and system corruption.
- d. The plan must be reviewed and updated annually, or whenever there is a major change to ACCHD infrastructure, services, or data sensitivity levels.

5.4 Disaster Recovery Testing:

- a. At least once per year, ACCHD must conduct a full-scale disaster recovery test, including the restoration of PHI-containing systems and validation of interdependencies.
- b. Results must be documented in a formal report that includes timing, identified gaps, lessons learned, and corrective actions.
- c. Findings from disaster recovery tests must be presented to the executive team and incorporated into future planning.

5.5 Business Continuity Integration:

- a. Backup and disaster recovery planning is aligned with ACCHD's broader Business Continuity Plan ("BCP") to ensure sustained operations in case of extended outages.
- b. Critical services such as clinical systems, public health reporting tools, and communication platforms must have predefined contingencies.
- c. A communication strategy must be included in the BCP to keep staff, patients, and stakeholders informed during disruptions.

Through diligent backup practices and comprehensive recovery planning, ACCHD safeguards its data assets and ensures operational continuity in the face of technical failures or emergencies. These measures are essential to maintaining compliance with HIPAA and the Data Use Agreement while preserving public trust.

6. Physical Security

While cybersecurity safeguards protect digital assets, physical security controls are equally vital in preventing unauthorized access to ACCHD facilities, equipment, and sensitive information such as PHI. Securing workspaces, server rooms, and storage areas helps ensure that both data and personnel remain protected from theft, tampering, or damage. This section outlines ACCHD's standards for badge-based access control, visitor management, secure storage of physical records, and environmental safeguards. These protocols form a critical layer of defense, reinforcing the confidentiality and integrity of the ACCHD's information systems and clinical operations.

6.1 Facility Access Control:

- a. All ACCHD employees, contractors, and authorized visitors must wear visible, photo-identifiable badges at all times while on premises.
- b. Badges must be used to access all secured areas, including office spaces, clinical environments, and data centers. Tailgating or sharing of access cards is strictly prohibited.
- c. Each badge is individually assigned and must be reported as lost or stolen immediately to security or administration. Replacement badges will only be issued with supervisor authorization.
- d. Badge access logs must be retained for a minimum of 12 months and reviewed periodically for anomalies.

6.2 Server and Network Equipment Protection:

- a. All IT infrastructure, including servers, network switches, and backup systems, must be housed in secure rooms with restricted badge-based access or key based access.
- b. These areas must be protected with environmental controls (temperature, humidity), uninterruptible power supplies (UPS), and automatic fire suppression systems.
- c. Only authorized IT staff with job-specific clearance may access server rooms. All entries must be logged.

6.3 Visitor Management:

- a. All visitors must sign in at reception and be issued temporary visitor badges which clearly identify them as non-staff.

- b. Visitors must be accompanied by an ACCHD staff member at all times and are not permitted in secure areas unless escorted by authorized personnel.
- c. Visitor access logs must be retained for at least one year.

6.4 Workstation and Asset Security:

- a. All employee workstations must be locked when unattended. Devices must automatically lock after 5 minutes of inactivity.
- b. Laptops and mobile devices must be secured in locked storage cabinets when not in use or outside of work hours.
- c. Every ACCHD asset must be tagged, inventoried, and assigned to a specific employee or department. Unauthorized equipment may not be connected to the ACCHD network.

6.5 Security Camera Monitoring:

- a. Video surveillance must be installed at all facility entry and exit points, server rooms, and other critical locations.
- b. Recordings must be stored securely for at least 30 days and reviewed if physical security incidents occur.
- Camera access must be restricted to authorized security and administrative staff.

The integrity of ACCHD’s physical security program plays a critical role in protecting both sensitive health data and staff. Enforcing mandatory badge access and strict entry controls ensures a secure environment that aligns with HIPAA physical safeguard requirements and helps prevent unauthorized access to systems or records.

7. Incident Response and Breach Notification

Despite preventive controls, security incidents—including data breaches, system compromises, or unauthorized access—can and do occur. A structured, timely, and effective response is essential to mitigating harm, restoring operations, and fulfilling legal obligations. ACCHD maintains a comprehensive Incident Response Plan (“IRP”) aligned with NIST best practices and HIPAA breach notification rules to address any event that could impact the confidentiality, integrity, or availability of sensitive data, including PHI. This section outlines the processes for identifying, classifying, responding to, and reporting security incidents assuring that ACCHD remains prepared to act decisively in the face of cyber or physical threats.

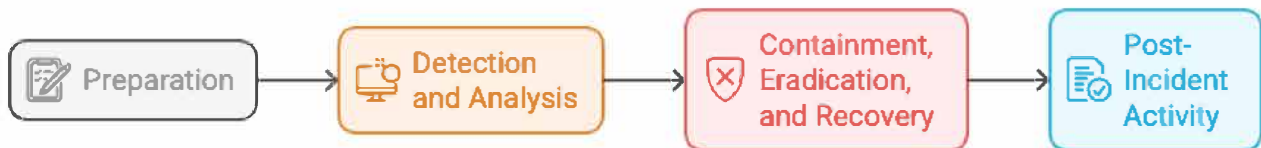
7.1 Incident Response Framework (Based on NIST 800-61 Revision 2)

ACCHD adopts the National Institute of Standards and Technology (“NIST”) Computer Security Incident Handling Guide framework to provide a structured, consistent approach to managing security incidents. The framework consists of the following phases:

- a. **Preparation:** Establish and maintain incident response capabilities, including documented procedures, trained staff, communication channels, and access to investigation tools. All staff must receive periodic training on recognizing and reporting incidents.
- b. **Detection and Analysis:** Continuously monitor systems and logs for signs of suspicious activity. When an event occurs, determine whether it qualifies as a security incident. Classify incidents by severity (e.g., data breach, malware infection, unauthorized access, system compromise) and by type (see Section 7.6).

- c. **Containment, Eradication, and Recovery:**
- Containment:* Take immediate steps to limit the impact. This may include isolating infected systems, disabling compromised accounts, or shutting down specific services.
 - Eradication:* Identify the root cause of the incident and remove all traces of malicious activity. Patch vulnerabilities, clean affected systems, and verify removal of malware or backdoors.
 - Recovery:* Restore affected systems and services to operational status. Monitor for signs of residual issues and validate system integrity before returning to production.
- d. **Post-Incident Activity:** Conduct a lessons-learned review within five business days of resolving an incident. Document the timeline, affected systems, root cause, and corrective actions. Update response plans and security controls as needed.

Incident Response Framework



7.2 Incident Reporting:

- All employees must immediately report suspicious behavior, phishing attempts, data loss, or unauthorized access to the ISO via the designated reporting channel.
- High-severity incidents (e.g., PHI breaches, ransomware) must be escalated within one hour to the ISO, Executive Leadership, and Legal/Compliance teams.

7.3 Breach Notification Procedures:

- In the event of a breach involving PHI or PII, ACCHD will follow applicable HIPAA breach notification requirements, including:
 - Notifying affected individuals without unreasonable delay and no later than 60 days after discovery.
 - Notifying the Texas HHSC and other regulatory agencies as specified by the DUA.
 - For large breaches (500+ individuals), notifying the media and HHS Office for Civil Rights.

7.4 Retention and Documentation:

- All incident reports, investigation records, and related communications must be retained for a minimum of six years in compliance with HIPAA.
- A centralized incident log must be maintained to track trends, recurring issues, and resolution status.

7.5 Coordination with Law Enforcement:

- a. If criminal activity is suspected, ACCHD may report incidents to law enforcement or state agencies. Coordination must be led by the ISO and the Administrator to ensure legal compliance and minimal disruption to investigations.

7.6 Incident Categories:

To standardize and streamline response procedures, ACCHD classifies incidents into one of the following five categories:

- a. **Category 1 – Unauthorized Access and Disclosure:** Includes any unauthorized access to or sharing of PHI, PII, internal data, or ACCHD systems. Examples: staff accessing records outside of their job duties, accidental disclosure of PHI via email.
- b. **Category 2 – Malware and Malicious Code:** This encompasses infections caused by viruses, ransomware, spyware, or other malicious software. Examples: phishing email downloads malware, ransomware encrypts critical servers.
- c. **Category 3 – Denial of Service and Disruption:** Incidents that result in the interruption of ACCHD operations or services. Examples: DoS attacks on public health websites, power outages affecting critical systems, telecommunications failure.
- d. **Category 4 – Physical Security and Device Compromise:** Includes the theft, loss, or unauthorized physical access to devices containing sensitive information. Examples: lost laptops containing PHI, break-ins to secure areas, unauthorized individuals accessing server rooms.
- e. **Category 5 – Environmental and Natural Disaster Events:** Unexpected events that impact physical or digital infrastructure due to forces beyond human control. Examples: fires that damage server rooms, floods that affect data center operations, earthquakes or hurricanes that disrupt communications and data access. These incidents require both physical safety protocols and data recovery procedures to ensure continued operations and integrity of PHI.

Each category has an associated playbook with tailored containment, communication, and escalation protocols. Incident handlers are required to reference and follow the appropriate playbook during triage and resolution.

A well-executed incident response program ensures that ACCHD can quickly and effectively address security threats, mitigate harm, meet legal obligations, and improve future resilience.

8. Training and Awareness

A well-informed workforce is one of the most effective defenses against security threats and privacy violations. Given the sensitive nature of the data, ACCHD handles—particularly Protected Health Information (PHI)—ongoing training and awareness are essential for ensuring that employees understand their responsibilities and act in accordance with security best practices. This section outlines the organization’s approach to security education, including mandatory training programs, role-specific instruction, phishing simulations, and awareness campaigns. By cultivating a culture of security and accountability, ACCHD empowers all personnel to be proactive stewards of data protection and regulatory compliance.

8.1 Mandatory Annual Training:

ACCHD staff, including full-time, part-time, contractors, interns, and volunteers, must complete mandatory annual training on cybersecurity, HIPAA compliance, data privacy, and the proper handling of PHI. This training ensures that employees are aware of their responsibilities and the latest threats that could jeopardize sensitive information. Completion of training is filed in personnel records. Failure to comply may result in suspension of system access until training is completed.

8.2 Role-Based Security Training:

Specialized training is required for personnel with elevated responsibilities, such as system administrators, network engineers, developers, and those with direct access to PHI or sensitive data. This training includes:

- Secure system configuration.
- Access control principles.
- Encryption standards.
- Vulnerability management.
- Incident response execution.

8.3 Onboarding and Refresher Courses:

New hires must complete a security orientation before receiving access to any ACCHD systems or physical facilities. Refresher training will be provided semi-annually or in response to significant policy updates, system upgrades, or major incidents.

8.4 Phishing and Social Engineering Simulations:

Quarterly phishing simulations are conducted to measure user awareness and responsiveness to real-world attack scenarios. Staff who fail simulations will be required to complete remedial training. Additional social engineering assessments (e.g., vishing, tailgating tests) may be performed to evaluate and strengthen employee vigilance.

8.5 Security Awareness Campaigns:

ACCHD will regularly conduct internal awareness campaigns through posters, newsletters, emails, and team meetings to reinforce best practices in:

- Email and password hygiene.
- Identifying suspicious links and attachments.
- Proper data disposal procedures.
- Physical security, including badge usage and visitor control.

8.6 Badge Access Awareness:

Because physical security is essential to protecting PHI, all employees must visibly display their ACCHD-issued ID badges while on-site and use them to access secure areas. Staff will be trained on:

- Never sharing or lending badges.
- Reporting lost or stolen badges immediately.
- Ensuring doors close securely after entry.
- Challenging unknown or unbadged individuals in restricted zones.

8.7 Measurement and Continuous Improvement:

Training effectiveness will be evaluated using assessments, simulations, and post-incident reviews. Feedback will be incorporated into future training materials, and awareness levels will be tracked as a performance indicator for organizational security posture. By embedding a culture of security awareness, ACCHD ensures that its workforce remains the first line of defense against cyber threats and human error, particularly when handling sensitive health information.

9. Third-Party and Vendor Security

Vendors and third-party service providers play a critical role in ACCHD's operations, but they also introduce potential risks to data privacy and system integrity. To safeguard Protected Health Information (PHI) and ensure regulatory compliance, all external partners must adhere to the same rigorous security standards as internal staff. This section defines the policies governing vendor selection, contract requirements, security assessments, monitoring, and breach accountability. Through careful oversight and clear expectations, ACCHD ensures that its partnerships support, not compromise, the confidentiality, availability, and integrity of its data and services.

9.1 Contractual and Compliance Requirements:

All third-party vendors, contractors, or partners with access to ACCHD systems, data, or facilities must sign a DUA, Business Associate Agreement ("BAA") if PHI is involved, and a Non-Disclosure Agreement ("NDA"). These documents ensure that all third parties are contractually obligated to maintain the same security standards ACCHD is held to under HIPAA, the Texas HHSC DUA, and other applicable regulations.

9.2 Security and Risk Assessments:

Vendors that store, process, or transmit PHI or PII on behalf of ACCHD must undergo a security risk assessment before onboarding. This includes a review of the vendor's:

- a. Security policies and procedures.
- b. Data encryption practices.
- c. Access controls.
- d. Breach notification processes.
- e. Compliance with frameworks such as HIPAA or NIST.

Risk assessments must be updated annually or if the vendor changes service scope, infrastructure, or data handling practices.

9.3 Ongoing Monitoring and Audits:

ACCHD reserves the right to audit any vendor systems or practices relevant to its data security. This may include on-site inspections, penetration testing (where applicable), documentation review, and review of SOC 2 or HIPAA audit reports. Any findings must be remediated within a defined and agreed-upon timeframe.

9.4 Cloud Service Providers ("CSPs"):

All CSPs used by ACCHD must support HIPAA compliance and provide written assurances of adherence to applicable security frameworks. PHI stored in cloud environments must be:

- a. Encrypted at rest and in transit.

- b. Segregated from other customer environments (via logical separation).
- c. Monitored via activity logs and alerting mechanisms.
- d. Accessible only to authorized personnel using multi-factor authentication.

9.5 Access and Data Minimization:

Vendors must follow the principle of least privilege, ensuring only personnel with a legitimate business need can access ACCHD systems or data. Access must:

- a. Be time-bound and role-based.
- b. Require individual user accounts.
- c. Be disabled promptly once no longer needed.

9.6 Incident and Breach Responsibilities:

Third parties must immediately report any suspected or actual security incident, data breach, or policy violation involving ACCHD data to the ISO. Breach response responsibilities, timelines, and penalties for non-compliance must be clearly defined in vendor contracts.

9.7 Termination and Offboarding:

Upon termination of a contract, vendors must return or destroy all ACCHD data according to secure data disposal guidelines. Written confirmation or a certificate of data destruction must be submitted to the ISO. All access credentials and system permissions must be revoked within 24 hours of contract termination.

Through rigorous vetting, monitoring, and contractual enforcement, ACCHD ensures that all third-party relationships uphold its high standards for protecting PHI and sensitive information.

10. Policy Management and Compliance

Effective security policies are only meaningful if they are actively maintained, enforced, and aligned with evolving risks and regulations. ACCHD's commitment to safeguarding sensitive data, including PHI, requires ongoing oversight of its information security policies and practices. This section details the governance structure for policy development, review, auditing, enforcement, and user acknowledgment. It also outlines internal and external compliance responsibilities, ensuring that ACCHD meets the expectations of HIPAA, the Texas HHSC Data Use Agreement, and other applicable regulatory bodies while fostering a culture of accountability across the organization.

10.1 Policy Ownership and Governance:

The ACCHD Designated ISO is responsible for maintaining, updating, and enforcing this Information Security Policy. The ISO must coordinate with executive leadership, compliance officers, IT management, and legal counsel to ensure that the policy aligns with organizational objectives and complies with all relevant regulations, including HIPAA, HITECH, and the Texas HHSC Data Use Agreement. The Board of Health is the governing body for all IT and Security Policies.

10.2 Policy Review and Updates:

This policy must be reviewed and formally approved on an annual basis or upon any significant change in:

- a. Federal or state regulations.
- b. Organizational structure or processes.
- c. Threat landscape or risk posture.
- d. Implementation of new systems, vendors, or infrastructure.

All revisions must be logged with version history, including the date, author, reviewer, and summary of changes.

10.3 Internal Compliance Audits:

ACCHD shall conduct internal audits of its security and privacy practices at least annually.

Audits shall assess:

- a. Adherence to technical and administrative safeguards.
- b. Implementation of access controls and logging.
- c. Incident response preparedness.
- d. Data classification and handling practices.
- e. Vendor compliance and contract enforcement.

Audit findings must be documented in an internal report and shared with executive leadership. Identified deficiencies must be addressed through a formal corrective action plan with clear owners and deadlines.

10.4 Regulatory Compliance and External Audits:

As a covered entity under HIPAA and a data custodian for the Texas HHSC, ACCHD must be prepared for regulatory assessments, including:

- a. HIPAA audits conducted by the HHS Office for Civil Rights (“OCR”).
- b. Data Use Agreement compliance assessments by HHSC.
- c. Any other audits as mandated by state or federal authorities.

The ISO is responsible for coordinating all regulatory responses and maintaining required documentation.

10.5 Enforcement and Disciplinary Actions:

Violations of this policy, whether intentional or accidental, may result in disciplinary action including, but not limited to:

- a. Mandatory retraining.
- b. Revocation of system access.
- c. Written reprimands.
- d. Suspension or immediate termination of employment.
- e. Legal action, if warranted.

Disciplinary measures must be consistent, fair, and documented in accordance with ACCHD’s Human Resources policies.

10.6 User Acknowledgment and Awareness:

All employees, contractors, and third-party users must read and acknowledge the ACCHD Information Security Policy annually via a signed agreement or electronic form.

Acknowledgment will confirm:

- a. Understanding of their responsibilities.
- b. Agreement to comply with the policy.
- c. Awareness of the consequences of non-compliance.

By establishing a robust policy governance structure, ongoing audit programs, and strong enforcement mechanisms, ACCHD maintains a culture of accountability and regulatory alignment across the organization.

11. Privacy and Confidentiality

At the core of ACCHD’s mission is a responsibility to protect the privacy of the individuals it serves. As a HIPAA-covered entity, ACCHD must uphold the strictest standards for safeguarding PHI and PII. This section outlines the principles and practices that govern how sensitive information is collected, accessed, used, shared, and protected. It also defines the rights of individuals under HIPAA, the importance of data minimization, and the responsibilities of staff to maintain confidentiality in both digital and physical environments. These measures are vital to maintaining public trust and regulatory compliance.

11.1 HIPAA Compliance and Commitment to Privacy:

As a covered entity under the Health Insurance Portability and Accountability Act (“HIPAA”), ACCHD is legally and ethically obligated to protect the confidentiality, integrity, and availability of PHI. All privacy and confidentiality practices at ACCHD are guided by HIPAA’s Privacy Rule, Security Rule, and Breach Notification Rule, as well as by the Texas Health and Safety Code and HHSC Data Use Agreement requirements. PHI includes any individually identifiable health information that relates to a person’s physical or mental condition, treatment, or payment history. All staff must understand that mishandling PHI can lead to regulatory penalties, civil lawsuits, and loss of community trust.

11.2 Data Minimization and Use Limitation:

- a. ACCHD shall only collect, use, and disclose the minimum amount of PHI necessary to accomplish a legitimate business or healthcare purpose (Minimum Necessary Standard).
- b. All data requests and disclosures must be documented and reviewed to ensure they align with authorized purposes.
- c. Systems handling PHI must be configured to limit access and viewing to relevant personnel based on role.

11.3 Patient Rights and Information Transparency:

Patients have specific rights under HIPAA, including the right to:

- a. Access and obtain a copy of their health records.
- b. Request corrections to inaccurate data.
- c. Receive an accounting of disclosures.
- d. Request restrictions on the use or disclosure of their information.
- e. File complaints with ACCHD’s Privacy Officer or the HHS Office for Civil Rights.

ACCHD will establish clear procedures to respond to such requests in accordance with federal and state laws and within the required timeframes.

11.4 Confidentiality Agreements:

All employees, contractors, and volunteers must sign confidentiality agreements upon hire and re-sign annually. These agreements confirm the individual’s understanding of their obligation to:

- Protect PHI and other sensitive data from unauthorized access, use, or disclosure.
- Report suspected breaches or violations immediately.

Refrain from accessing records not relevant to their job duties

11.5 Workplace and Verbal Privacy Practices:

- a. Conversations involving PHI must be conducted in private areas whenever possible.
- b. Staff must avoid discussing patient details in hallways, public areas, or over unsecured communication channels.
- c. Computer screens displaying PHI should not be visible to unauthorized individuals, and privacy screens should be used where applicable.

11.6 Physical and Technical Protections of Confidential Data:

- a. All printed PHI must be stored in locked areas and shredded when no longer needed.
- b. Access to systems storing PHI must be protected by user authentication, access control logs, and automatic timeout settings.
- c. Mobile devices used to access or transmit PHI must be encrypted and enrolled in ACCHD's MDM platform.

11.7 Training and Reinforcement: All staff must complete annual HIPAA and privacy training to reinforce best practices and legal responsibilities. Real-world case studies, scenario-based exercises, and recent breach examples will be incorporated to build practical knowledge and awareness. By embedding HIPAA principles into its daily operations, ACCHD demonstrates its unwavering commitment to the protection of individual privacy and the responsible stewardship of sensitive health information.

12. Logging and Monitoring

Continuous visibility into system activity is essential for detecting threats, ensuring accountability, and responding effectively to incidents involving sensitive data. Logging and monitoring are core components of ACCHD's security architecture, enabling proactive oversight of system access, data interactions, and potential vulnerabilities. This section describes the organization's standards for audit logging, real-time monitoring, log retention, and forensic readiness. By capturing and analyzing security-relevant events, ACCHD strengthens its ability to detect anomalies, trace unauthorized actions, and demonstrate compliance with HIPAA and other regulatory frameworks.

12.1 System Logging Requirements:

To ensure accountability and support forensic investigations, ACCHD requires that all critical systems, including those that handle PHI, financial data, user access, and configuration changes, generate and maintain detailed log files. These logs must include:

- a. User authentication and login attempts (successful and failed).
- b. Changes to access rights and user roles.
- c. System configuration changes.
- d. File access, creation, deletion, and modification activities involving sensitive data.
- e. Security alerts and intrusion detection/prevention events.
- f. Users must never share login passwords without the authorization of the Administration.

12.2 Log Retention and Protection:

- a. All audit logs must be retained for a minimum of 12 months, with longer retention as required by HIPAA or legal proceedings.
- b. Logs must be stored in secure, tamper-resistant systems that prevent unauthorized modification or deletion.
- c. Log storage systems must support access control, encryption, and hashing to ensure confidentiality and integrity.
- d. Archived logs must be backed up as part of the organization's disaster recovery plan.

12.3 Real-Time Monitoring and Alerting:

- a. ACCHD will employ a Security Information and Event Management (SIEM) solution to aggregate and analyze log data in real time.
- b. The SIEM system must be configured with alerts for suspicious behavior such as excessive login failures, data exfiltration indicators, off-hours system access, privilege escalations, and malware signatures.
- c. Alerts must be triaged and investigated promptly by the IT security team.

12.4 Access to Logs:

- a. Access to system and security logs shall be restricted to authorized personnel only.
- b. All access to logs must itself be logged, reviewed, and retained.
- c. Auditors and investigators must receive read-only access under the principle of least privilege.

12.5 Periodic Review and Audit of Logs:

- a. ACCHD security personnel must perform monthly reviews of system logs to identify anomalies, trends, and gaps in compliance.
- b. Findings from log reviews must be documented and addressed through remediation efforts, including user education or system reconfiguration.
- c. Annual audits must include a full review of log integrity, completeness, and compliance with logging policies.

12.6 Incident Correlation and Forensics:

- a. In the event of a security incident, log data will be used to reconstruct event timelines, identify affected systems and users, and support root cause analysis.
- b. Logs must be preserved as legal evidence in accordance with chain-of-custody procedures if an investigation or litigation is anticipated.

12.7 Continuous Improvement and Automation:

- ACCHD shall implement automated tools and machine learning techniques to identify patterns of potential misuse or threats.
- Monitoring policies and thresholds shall be reviewed quarterly to reflect evolving risks and changes in infrastructure.

Through comprehensive logging and continuous monitoring practices, ACCHD enhances its ability to detect, investigate, and respond to security events while fulfilling HIPAA and regulatory obligations to protect PHI and maintain system integrity. All departments are responsible for the implementation, ongoing adherence, and reporting of issues or deviations.

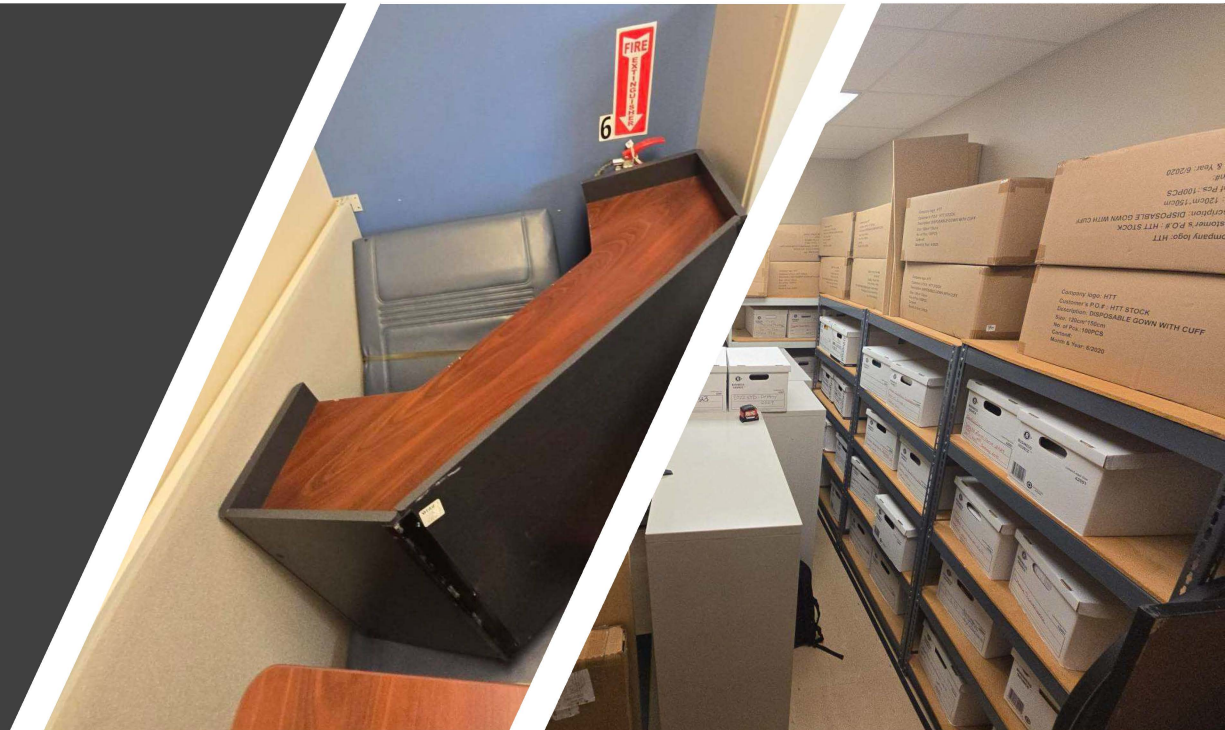
Items Stored in WIC Building

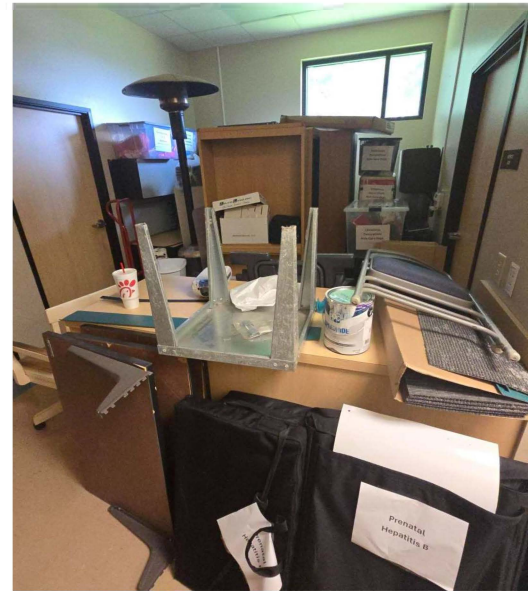
Item Name	Description	Count	Condition
Chairs	8 Lobby Style	8	Good
	8 Folding	8	Good
	4 Rolling	4	Good
Desks	Small	4	
	Large	1	
	Medium	1	
	Tops	3	Broken
	Small tops	3	
Hutches		9	1 has no shelving
Shelving		3	Good
Exam Bed		1	Unknown
Hand Sanitizer Stand		1	
Metal Open Shelving		3	
Metal Closed Shelving	Tall	4	Good
	Medium	5	Good
	Short	3	Good
Propane Standing Heater			Unknown
Small metal stand			Good
Misc. Items	Office Decorations; Paint can; carpet tiles, Metal shelving parts, shelving kits, cooler		
Boxes of Gowns		11	Expired but unopened



WIC Storage Area

- Files and furniture





More storage area in WIC

- Extra furniture and supplies



ANGELINA COUNTY & CITIES HEALTH DISTRICT

Independent Vendor Contract Agreement

The Angelina County & Cities Health District and Dr. Joshua Allen entered this Vendor Contract to serve as the Health Authority Medical Director for Angelina County and as the Medical Director of Angelina County & Cities Health District. As the Health Authority Medical Director of Angelina County, Dr. Joshua Allen may disseminate public health information, promote the benefits of good health, and advise local officials about public health matters in Angelina County. As Medical Director of Angelina County & Cities Health District, Dr. Joshua Allen will provide responsibilities and supervisory oversight to mid-level practitioners in the Primary Care Clinic.

Either party may terminate this Independent Contract Agreement at any time during the contract period upon providing 30 days' notice in writing.

This Vendor Contract will be effective from September 1, 2025, through August 31, 2026.

Vendor Information: Dr. Joshua Allen, DO
2807 S. 1st St.
Lufkin, TX 75904

The Angelina County & Cities Health District will compensate Dr. Joshua Allen for \$3,750.00 monthly, not exceeding \$45,000 for the contract term. Dr. Joshua Allen will provide a monthly invoice for his services at the address below.

Mail Invoices to: Angelina County & Cities Health District
Attn: Accounts Payable
503 Hill Street
Lufkin, TX 75904

By signing this contract, the Vendor certifies that the subcontractor's status is that they are not delinquent in any repayment agreements, have not had a required license or certification revoked, and have not had a contract terminated by the Department of State Health Services. They also certify that they have not voluntarily surrendered any license issued by the Department of State Health Services within the past three (3) years.

Certification includes visual inspection of State licensing document.

State License Review _____

License Number _____

NA _____

Chief Jesse Moody
ACCHD Board of Health Chair

Dr. Joshua Allen, DO.
Health Authority for Angelina County &
ACCHD Medical Director

Executed on this day, September 1, 2025

ANGELINA COUNTY & CITIES HEALTH DISTRICT
Proposed Budget FY2026

	Approved Budget FY2026	Proposed Budget Restricted FY2026	Proposed Budget Unrestricted FY2026	Proposed Budget FY2026	Change in Budget FY2026	Explanation of Change
REVENUES						
COUNTY & CITIES FUNDS						
Angelina County	\$ 130,586	\$ -	\$ 130,586	\$ 130,586	\$ -	
City Lufkin	\$ 113,810	\$ -	\$ 56,905	\$ 56,905	\$ (56,905)	Original amount was already doubled
City Diboll	\$ 17,274	\$ -	\$ 8,637	\$ 8,637	\$ (8,637)	Original amount was already doubled
City Huntington	\$ 7,024	\$ -	\$ 3,512	\$ 3,512	\$ (3,512)	Original amount was already doubled
City Hudson	\$ 16,924	\$ -	\$ 8,462	\$ 8,462	\$ (8,462)	Original amount was already doubled
City Zavalla	\$ 2,366	\$ -	\$ 1,183	\$ 1,183	\$ (1,183)	Original amount was already doubled
CNTY&CITIES SUBTOTAL	\$ 287,984	\$ -	\$ 209,285	\$ 209,285	\$ (78,699)	
STATE OF TEXAS CONTRACTS						
Imm. Field Nurse	\$ 148,670	\$ 148,670	\$ -	\$ 148,670	\$ -	
WIC	\$ 710,156	\$ 710,156	\$ -	\$ 710,156	\$ -	
State PHC	\$ 330,098	\$ 330,098	\$ -	\$ 330,098	\$ -	
State Family Planning	\$ 80,924	\$ 80,924	\$ -	\$ 80,924	\$ -	
Title V	\$ 43,458	\$ 43,458	\$ -	\$ 43,458	\$ -	
BCCS	\$ 72,974	\$ 72,974	\$ -	\$ 72,974	\$ -	
BRLHO	\$ 19,118	\$ 19,118	\$ -	\$ 19,118	\$ -	
Tuberculosis	\$ 36,786	\$ 36,786	\$ -	\$ 36,786	\$ -	
Bioterrorism	\$ 114,874	\$ 114,874	\$ -	\$ 114,874	\$ -	
EPI Investigation	\$ 59,400	\$ 59,400	\$ -	\$ 59,400	\$ -	
Community Clinical Health Bridge	\$ 165,000	\$ 165,000	\$ -	\$ 165,000	\$ -	
CPW	\$ 220,147	\$ -	\$ 220,147	\$ 220,147	\$ -	
CSHCN	\$ 67,000	\$ 67,000	\$ -	\$ 67,000	\$ -	
CYSHCN	\$ 110,440	\$ 110,440	\$ -	\$ 110,440	\$ -	
Thriving Families	\$ -	\$ -	\$ -	\$ -	\$ -	
HIV Testing Initiative	\$ -	\$ -	\$ -	\$ -	\$ -	
Pandemic Response Phase 2	\$ -	\$ -	\$ -	\$ -	\$ -	
Community Health Equity	\$ -	\$ -	\$ -	\$ -	\$ -	
Public Health Infrastructure Grant	\$ 202,492	\$ 202,492	\$ -	\$ 202,492	\$ -	
Rural Mental Health Initiative	\$ 113,690	\$ 113,690	\$ -	\$ 113,690	\$ -	
STATE OF TX SUBTOTAL	\$ 2,495,227	\$ 2,275,080	\$ 220,147	\$ 2,495,227	\$ -	
ENVIRONMENTAL SERVICES						
Food Service Inspections	\$ 206,711	\$ 206,711	\$ -	\$ 206,711	\$ -	
Lodging Inspections	\$ 900	\$ 900	\$ -	\$ 900	\$ -	
Schools/ Day Care Inspections	\$ 11,701	\$ 11,701	\$ -	\$ 11,701	\$ -	
Food Citations	\$ 4,000	\$ 4,000	\$ -	\$ 4,000	\$ -	
Environmental Inspections/Other	\$ 4,000	\$ 4,000	\$ -	\$ 4,000	\$ -	
Pool/Spa Inspection/Citation	\$ 4,400	\$ 4,400	\$ -	\$ 4,400	\$ -	
Tanning Salons/Tattoo	\$ 5,300	\$ 5,300	\$ -	\$ 5,300	\$ -	
ENVIRON SUBTOTAL	\$ 237,012	\$ 237,012	\$ -	\$ 237,012	\$ -	
PREVENTION & OTHER						
Immunization	\$ 38,515	\$ 25,000	\$ -	\$ 25,000	\$ (13,515)	Specific figures found for revenues
TB Testing	\$ -	\$ 10,000	\$ -	\$ 10,000	\$ 10,000	Specific figures found for revenues

Influenza	\$ -	\$ 5,250	\$ -	\$ 5,250	\$ 5,250	Specific figures found for revenues
Pneumonia	\$ -	\$ 550	\$ -	\$ 550	\$ 550	Specific figures found for revenues
Meningitis	\$ -	\$ 10,000	\$ -	\$ 10,000	\$ 10,000	Specific figures found for revenues
Hep B, Hep A	\$ -	\$ 3,250	\$ -	\$ 3,250	\$ 3,250	Specific figures found for revenues
MMR, Polio, IPV, HPV, Varicella	\$ -	\$ 15,200	\$ -	\$ 15,200	\$ 15,200	Specific figures found for revenues
Checking Account Interest	\$ 40,000	\$ 40,000	\$ -	\$ 40,000	\$ -	
PREVENTION SUBTOTAL	\$ 78,515	\$ 109,250	\$ -	\$ 109,250	\$ 30,735	

PRIMARY CARE

Angelina Cnty Tax	\$ 1,200,000	\$ 1,000,000	\$ 200,000	\$ 1,200,000	\$ -	
Medicaid/HTW/THS	\$ 200,000	\$ -	\$ 280,000	\$ 280,000	\$ 80,000	Estimated revenue for 1 FTE LCSW
CHIPS	\$ 4,500	\$ -	\$ 4,500	\$ 4,500	\$ -	
Provider Fees	\$ 10,000	\$ 7,500	\$ 2,500	\$ 10,000	\$ -	
Pharmacy Fees	\$ 30,000	\$ -	\$ 30,000	\$ 30,000	\$ -	
County Gold Card	\$ 30,000	\$ -	\$ 30,000	\$ 30,000	\$ -	
Incentive Payments	\$ 10,000	\$ -	\$ 10,000	\$ 10,000	\$ -	
STD Program	\$ 7,500	\$ -	\$ 7,500	\$ 7,500	\$ -	
Laboratory	\$ 1,750	\$ -	\$ 1,750	\$ 1,750	\$ -	
Medicaid Administration Claiming	\$ 90,000	\$ -	\$ 90,000	\$ 90,000	\$ -	
Temple Foundation	\$ 100,000	\$ 100,000	\$ -	\$ 100,000	\$ -	
Episcopal - Healthy Beginnings	\$ -	\$ -	\$ -	\$ -	\$ -	
Episcopal - Women's Health	\$ 127,500	\$ 127,500	\$ -	\$ 127,500	\$ -	
Baylor	\$ 5,000	\$ -	\$ 5,000	\$ 5,000	\$ -	

Allow. for Uncoll.	\$ (75,000)	\$ (25,000)	\$ (10,000)	\$ (35,000)	\$ 40,000	Actual uncollectibles lower than accrued
PRIMARY SUBTOTAL	\$ 1,741,250	\$ 1,210,000	\$ 651,250	\$ 1,861,250	\$ 120,000	

TOTAL REVENUE Before Adjustments	\$ 4,839,989	\$ 3,831,343	\$ 1,080,682	\$ 4,912,025	\$ 72,036	
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ADJUSTMENTS TO REVENUES

Donated Pharmaceutical	\$ 1,750,000	\$ -	\$ -	\$ 1,750,000	\$ -	
Building Lease	\$ 294,003	\$ -	\$ -	\$ 294,003	\$ -	
State Vaccines	\$ 320,000	\$ -	\$ -	\$ 320,000	\$ -	
TOTAL REVENUES After Adjustments	\$ 7,567,607	\$ 3,831,343	\$ 1,080,682	\$ 7,276,028	\$ 72,036	

EXPENDITURES

PERSONNEL

Salaries	\$ 2,752,799	\$ 2,160,648	\$ 649,938	\$ 2,810,586	\$ 57,787	Buffer for accrued leave
Fringe	\$ 565,768	\$ 490,408	\$ 159,982	\$ 650,389	\$ 84,621	Insurance underestimated 2 years
Retirement Exp	\$ 63,110	\$ 56,995	\$ 6,620	\$ 63,615	\$ 505	
Temporary Personnel	\$ 13,264	\$ -	\$ 13,264	\$ 13,264	\$ -	
PERSONNEL SUBTOTAL	\$ 3,619,929	\$ 2,708,051	\$ 829,803	\$ 3,537,854	\$ 142,913	

CONTRACTUAL/PROFESSIONAL SERVICES

Radiology	\$ 102,107	\$ 84,107	\$ 18,000	\$ 102,107	\$ 0	
Pharmaceutical	\$ 42,632	\$ 42,632	\$ -	\$ 42,632	\$ -	
Laboratory	\$ 87,212	\$ 67,405	\$ 19,807	\$ 87,212	\$ 0	
Pharmacist	\$ 14,400	\$ 14,400	\$ -	\$ 14,400	\$ -	
Audit	\$ 28,900	\$ 10,915	\$ 31,085	\$ 42,000	\$ 13,100	Quotes increased from PY
Consultants	\$ 78,299	\$ 79,447	\$ 25,352	\$ 104,799	\$ 26,500	Actuals higher than budgeted

Other Professional Services	\$	153,187	\$	135,484	\$	3,000	\$	138,484	\$	(14,703)	
IT Network Services	\$	70,354	\$	32,617	\$	12,737	\$	45,354	\$	(25,000)	Actual lower than budgeted
Health Messaging/Social Media Services	\$	61,247	\$	48,260	\$	12,987	\$	61,247	\$	-	
Medical Director/Supervising Physician	\$	48,036	\$	40,804	\$	7,232	\$	48,036	\$	-	
CONTRACT SUBTOTAL	\$	686,374	\$	556,071	\$	130,200	\$	686,271	\$	(103)	
UTILITIES & MAINTENANCE											
Rent	\$	12,460	\$	12,460	\$	-	\$	12,460	\$	-	
Storage Buildings	\$	3,462	\$	3,462	\$	-	\$	3,462	\$	-	
Utilities	\$	78,984	\$	69,434	\$	9,650	\$	79,084	\$	100	
Telephone	\$	66,915	\$	50,132	\$	7,700	\$	57,832	\$	(9,083)	Telephone overestimated
Custodial	\$	28,930	\$	22,890	\$	5,900	\$	28,790	\$	(140)	
Lawn Maintenance	\$	20,719	\$	17,353	\$	3,066	\$	20,419	\$	(300)	
Central Monitoring	\$	5,482	\$	4,564	\$	918	\$	5,482	\$	-	
Satellite TV/First Alert	\$	300	\$	200	\$	100	\$	300	\$	-	
Repairs & Maintenance	\$	63,152	\$	52,052	\$	11,100	\$	63,152	\$	-	
UTILITIES & M SUBTOTAL	\$	280,404	\$	232,547	\$	38,434	\$	270,981	\$	(9,423)	
OFFICE EXPENSE											
Supplies	\$	48,342	\$	40,763	\$	5,048	\$	45,811	\$	(2,531)	
Postage	\$	9,450	\$	7,580	\$	1,870	\$	9,450	\$	-	
Computer Software	\$	10,000	\$	5,500	\$	450	\$	5,950	\$	(4,050)	
Software Maintenance Fees	\$	40,100	\$	32,900	\$	7,800	\$	40,700	\$	600	
Printing	\$	12,945	\$	7,320	\$	150	\$	7,470	\$	(5,475)	
Custodial Supply	\$	9,287	\$	8,012	\$	1,275	\$	9,287	\$	-	
Miscellaneous	\$	6,900	\$	810	\$	1,175	\$	1,985	\$	(4,915)	
OFFICE SUBTOTAL	\$	137,024	\$	102,885	\$	17,768	\$	120,653	\$	(16,371)	
MEDICAL EXPENSE											
Medical	\$	100,430	\$	74,080	\$	19,350	\$	93,430	\$	(7,000)	
Laboratory	\$	2,000	\$	1,297	\$	703	\$	2,000	\$	-	
Pharmaceutical	\$	56,803	\$	36,303	\$	12,500	\$	48,803	\$	(8,000)	
Breast Feeding	\$	2,094	\$	2,094	\$	-	\$	2,094	\$	(0)	
MEDICAL SUBTOTAL	\$	161,327	\$	113,774	\$	32,553	\$	146,327	\$	(15,000)	
TRAVEL											
Auto Insurance	\$	1,418	\$	1,418	\$	-	\$	1,418	\$	-	
Mileage Reimb	\$	11,962	\$	11,155	\$	807	\$	11,962	\$	-	
Gas & Maint	\$	6,500	\$	2,000	\$	4,500	\$	6,500	\$	-	
Prof Education	\$	23,087	\$	13,885	\$	2,500	\$	16,385	\$	(6,702)	
TRAVEL SUBTOTAL	\$	42,967	\$	28,458	\$	7,807	\$	36,265	\$	(6,702)	
FURNITURE & EQUIPMENT											
Medical	\$	2,539	\$	2,539	\$	-	\$	2,539	\$	-	
Office	\$	3,000	\$	3,000	\$	-	\$	3,000	\$	-	
Computers	\$	1,500	\$	1,500	\$	-	\$	1,500	\$	-	
F & E SUBTOTAL	\$	7,039	\$	7,039	\$	-	\$	7,039	\$	-	
RENTAL /LEASE											
Copier	\$	16,880	\$	14,580	\$	2,380	\$	16,960	\$	80	
RENTAL/LEASE SUBTOTAL	\$	16,880	\$	14,580	\$	2,380	\$	16,960	\$	80	
OTHER											
Clinician Benefits	\$	6,000	\$	4,620	\$	1,380	\$	6,000	\$	-	
Liability	\$	40,000	\$	20,800	\$	9,200	\$	30,000	\$	(10,000)	

Dues/Subs	\$ 12,226	\$ 6,196	\$ 1,400	\$ 7,596	\$ (4,630)
Seminar & Prof	\$ 11,362	\$ 7,862	\$ 3,500	\$ 11,362	\$ -
Cobra Admin	\$ 4,135	\$ 3,185	\$ 950	\$ 4,135	\$ -
Educ Material	\$ 9,310	\$ 4,682	\$ 3,400	\$ 8,082	\$ (1,228)
Retirement fees	\$ 5,000	\$ 3,432	\$ 1,568	\$ 5,000	\$ -
Legal Fees	\$ 25,000	\$ 17,161	\$ 339	\$ 17,500	\$ (7,500)
OTHER SUBTOTAL	\$ 113,033	\$ 67,938	\$ 21,737	\$ 89,675	\$ (23,358)
TOTAL EXPENDITURES Before Adjustments	\$ 5,203,604	\$ 3,831,343	\$ 1,080,682	\$ 4,912,025	\$ 72,036
ADJUSTMENTS TO EXPENDITURES					
Donated Pharmaceutical	\$ 1,750,000	\$ -	\$ -	\$ 1,750,000	\$ -
State Vaccines	\$ 320,000	\$ -	\$ -	\$ 320,000	\$ -
Building Lease	\$ 294,003	\$ -	\$ -	\$ 294,003	\$ -
	\$ -			\$ -	
TOTAL EXPENDITURES After Adjustments	\$ 7,567,607	\$ 3,831,343	\$ 1,080,682	\$ 7,276,028	\$ 72,036
EXCESS OF REVENUE OVER (UNDER) EXPENDITURES	\$ -	\$ -	\$ -	\$ -	\$ -

Cash Expenditure only	Approved 2025	% of expenditure	Proposed 2026	% of expenditure
PERSONNEL SUBTOTAL	\$ 3,619,929	69.6%	\$ 3,537,854	72.0%
CONTRACT SUBTOTAL	\$ 686,374	13.2%	\$ 686,271	14.0%
UTILITIES & M SUBTOTAL	\$ 280,404	5.4%	\$ 270,981	5.5%
OFFICE SUBTOTAL	\$ 137,024	2.6%	\$ 120,653	2.5%
MEDICAL SUBTOTAL	\$ 161,327	3.1%	\$ 146,327	3.0%
TRAVEL SUBTOTAL	\$ 42,967	0.8%	\$ 36,265	0.7%
F & E SUBTOTAL	\$ 7,039	0.1%	\$ 7,039	0.1%
RENTAL/LEASE SUBTOTAL	\$ 16,880	0.3%	\$ 16,960	0.3%
OTHER SUBTOTAL	\$ 113,033	2.2%	\$ 89,675	1.8%
TOTAL EXPENDITURES	\$ 5,203,604	100.0%	\$ 4,912,025	100.0%

Fraud Protection Services

Keep your business and finances safe!

We understand how important security is to business owners. You can rest assured that your business is protected with Southside! Southside reduces risk and gives you confidence knowing that your business and money are secure through our state-of-the-art, technologically savvy Fraud Protection Services.

How do Fraud Protection Services benefit your business?

- **ACH Positive Pay:** Our system compares attempted ACH debits to preauthorized profiles, allowing it to post if coming from a preauthorized company or allowing you to verify the debit if coming from an unauthorized source.
- **Check Positive Pay:** We compare the checks presented for payment each day with a check issue file, reporting any exceptions for you to decide whether to pay or not.
- **ACH Blocks:** Whether at implementation of a new account or for accounts already in place, we can systematically prevent any ACH debit from posting to certain accounts.
- **Check Debit Blocks:** We can set up an account to reject any checks presented, ensuring that accounts intended only for electronic transactions reject forged checks.



Best Deale Bank
123 Main Street
Anytown, US 12345



Contact Us
1-555-123-4567
contact@bestdealebank.com
www.bestdealebank.com



Sample School District
456 Main Street
Anytown, US 56789

Account
Sample School District

Date
01/31/2021

Page
1 of 3

IntraFi® Cash Service, or ICS®, Monthly Statement

The following information is a summary of activity in your account(s) for the month of January 2021 and the list of FDIC-insured institution(s) that hold your deposits as of the date indicated. These deposits have been placed by us, as your agent and custodian, in deposit accounts through ICS. Funds in your deposit accounts at the FDIC-insured institutions at which your funds have been placed will be "deposits," as defined by federal law.

Custom text may be added here.

Summary of Accounts

Account ID	Deposit Option	Interest Rate	Opening Balance	Ending Balance
*****123	Savings	0.15%	\$4,726,287.32	\$4,726,963.69
*****456	Demand	0.15%	1,738,049.65	1,738,345.38
TOTAL			\$6,464,336.97	\$6,465,309.07

DETAILED ACCOUNT OVERVIEW

Account ID: *****123

Account Title: Sample School District

Account Summary - Savings

Statement Period	1/1-1/31/2021	Average Daily Balance	\$4,726,371.48
Previous Period Ending Balance	\$4,726,287.32	Interest Rate at End of Statement Period	0.15%
Total Program Deposits	74.33	Statement Period Yield	0.15%
Total Program Withdrawals	(0.00)	YTD Interest Paid	602.04
Interest Capitalized	602.04	YTD Taxes Withheld	0.00
Taxes Withheld	(0.00)		
Current Period Ending Balance	\$4,726,963.69		

Account Transaction Detail

Date	Activity Type	Amount	Balance
01/05/2021	Deposit	\$74.33	\$4,726,361.65
01/29/2021	Interest Capitalization	602.04	4,726,963.69

Summary of Balances as of January 31, 2021

FDIC-Insured Institution	City/State	FDIC Cert No.	Balance
Innerst Savings Bank	Tulsa, OK	**010	248,373.72
First Eagleville Bank	Syracuse, NY	**011	248,381.64
Lockland Bank	San Diego, CA	**012	248,378.59
Southstreet Community Bank	Boston, MA	**013	248,381.64
Winchester County Bank	Pasadena, CA	**014	248,381.64
Southeast Regional Bank	Atlanta, GA	**015	248,381.64
Loring Savings Bank	Lansing, PA	**016	248,366.78
Calera Bank	Clarksville, TN	**017	7,745.56
Port Addison Bank	Uniondale, MT	**018	248,381.64
Alpine National Bank and Trust	Dallas, TX	**019	248,381.64
First Bank of Ogdentown	Auburn Hills, NJ	**020	248,381.64
Bank of North Haverbrook	Topeka, KS	**021	248,381.64
Copper Savings and Loan	Carmel, IN	**022	248,378.64
Seashore National Bank	Pasadena, CA	**023	248,381.63
Sperry Sound Bank	Newark, OH	**024	248,381.64
Harbor Bell Savings and Trust	Birmingham, AL	**025	248,381.63
Huntingfield Bank	Winter Haven, FL	**026	248,381.64
Torrence Bank	Fairfax, VA	**027	248,381.64
Amsel Bank and Trust	Des Moines, IA	**028	248,381.43
Capital Bank of St. Loretta	Mesa, AZ	**029	248,377.67

DETAILED ACCOUNT OVERVIEW

Account ID: *****456

Account Title: Sample School District

Account Summary - Demand

Statement Period	1/1-1/31/2021	Average Daily Balance	\$1,738,121.53
Previous Period Ending Balance	\$1,738,049.65	Interest Rate at End of Statement Period	0.15%
Total Program Deposits	74.33	Statement Period Yield	0.15%
Total Program Withdrawals	(0.00)	YTD Interest Paid	221.40
Interest Capitalized	221.40	YTD Taxes Withheld	0.00
Taxes Withheld	(0.00)		
Current Period Ending Balance	\$1,738,345.38		

Account Transaction Detail

Date	Activity Type	Amount	Balance
01/05/2021	Deposit	\$74.33	\$1,738,123.98
01/29/2021	Interest Capitalization	221.40	1,738,345.38

Summary of Balances as of January 31, 2021

FDIC-Insured Institution	City/State	FDIC Cert No.	Balance
Niles Bank	Charleston, SC	**030	\$248,381.64
Rhinefield Bank and Trust	New York, NY	**031	248,067.61
First Bank of Tiberton	Orlando, FL	**032	248,381.64
Bear County Community Bank	High Point, NC	**033	248,381.64
Bank of Hudsonville	Rome, AR	**034	248,369.57
First Bank of Hayfield	St. Augustine, FL	**035	248,381.64
Green Forrest View Savings Bank	Minneapolis, MN	**036	248,381.64

Custom text may be added here.



SOUTHSIDE
BANK™



IntraFi.

Ensuring Your Insurance Coverage

IntraFi Cash Services



What is IntraFi?

With IntraFi Cash Services (ICS), you can enjoy the safety and simplicity of having your money FDIC-insured through a single relationship with Southside Bank.

Peace of Mind

With ICS, you can insure your money well into the millions while still being backed by the FDIC. Rather than worrying about whether or not your account is under the FDIC limit, ICS insures your money in the account type that works for you.

Simplicity

ICS simplifies the process of protecting your money. By using ICS, you only work with Southside Bank – the bank you already know and trust – rather than tracking your money across multiple institutions. Southside Bank can be your “one-stop shop,” so you only need a deposit relationship with us.

Interest

Put your cash to work in the type of account that works best for you. With ICS, you can choose from a convenient checking or money market account.

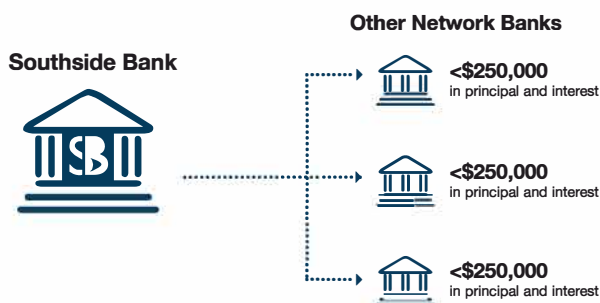
Community Support

Have confidence knowing that your funds deposited through ICS can stay local to support lending opportunities that build a stronger community.¹

How does ICS work?

IntraFi uses ICS to put your money in FDIC-insured accounts throughout the IntraFi network. Here’s how it works:

1. You deposit your funds into a Southside Bank account.
2. If your deposit exceeds FDIC maximum coverage, we use ICS to divide your deposit into increments that are under the standard FDIC insurance threshold.
3. These funds are held at multiple FDIC-insured institutions. That way, you get FDIC coverage while continuing to work through a single relationship with Southside Bank.



You will receive a monthly statement from IntraFi for details on your funds within the network institutions. You will also receive a monthly statement from Southside Bank with details on your deposit account. Both accounts will have details available online, 24/7.

And as always, your information is confidential and protected.

¹ When deposited funds are exchanged on a dollar-for-dollar basis with other institutions that use IntraFi Network Deposits, our bank can use the full amount of a deposit placed through IntraFi Network Deposits for local lending, satisfying some depositors' local investment goals or mandates. Alternatively, with a depositor's consent, our bank may choose to receive fee income instead of deposits from other participating institutions. Under these circumstances, deposited funds would not be available for local lending.

Is ICS right for me?

IntraFi is trusted with billions of dollars and covers an array of accounts. Whatever you, your family, or your business needs, IntraFi is able to insure your money in one, simplified relationship.



Businesses

- Public and private corporations
- Franchises
- Public and private mid-size companies
- Small businesses



Government Entities

- Fire districts
- Government agencies
- Municipalities
- Police departments
- Public colleges and universities
- Public hospitals
- School districts
- State funds
- Utility districts



Non-Profits

- Charities
- Colleges and universities
- Communication foundations
- Endowments
- Foundations
- Homeowner/Condo Associations
- Hospitals
- Religious institutions



Other

- Banks and credit unions
- Escrow/title companies
- Estate planners
- Private investors
- Trusts/Trustees
- 1031 exchange participants



Job Title	Low Range Salary	Mid-Range Salary	High Salary	State of TX Schedule Reference	Source
Administrator	\$ 62,130.00	\$ 106,590.00	\$ 197,790.00	N/A	allalliedhealthschools.com
Assistant Finance Manager	\$ 51,158.00	\$ 66,255.00	\$ 81,351.00	Accountant IV - B20	https://hr.sao.texas.gov/CompensationSystem/JobDescriptions
Billing & Purchasing Clerk	\$ 38,976.00	\$ 48,511.00	\$ 58,045.00	Accounting Technician III - A15	Texas State Auditor's Office - Job Descriptions
Case Manager Coordinator	\$ 48,244.00	\$ 62,136.00	\$ 76,028.00	Case Manager IV - B19	Texas State Auditor's Office - Job Descriptions
Case Worker	\$ 42,976.00	\$ 53,723.00	\$ 64,469.00	Case Manager III - B17	Texas State Auditor's Office - Job Descriptions
Clinician	\$ 101,860.00	\$ 137,066.00	\$ 172,272.00	Physician Assistant - B29	Texas State Auditor's Office - Job Descriptions
Custodial and Sanitation Specialist	\$ 28,705.00	\$ 33,967.00	\$ 39,229.00	Custodian II - A08	Texas State Auditor's Office - Job Descriptions
Director of Public Health Access & Services	\$ 51,158.00	\$ 66,255.00	\$ 81,351.00	Public Health and Prevention Specialist IV - B20	Texas State Auditor's Office - Job Descriptions
Disease Surveillance Nurse	\$ 57,278.00	\$ 70,662.00	\$ 87,046.00	Public Health Nurse II - B22	Texas State Auditor's Office - Job Descriptions
Eligibility Clerk	\$ 35,439.00	\$ 43,914.00	\$ 52,388.00	Eligibility Advisor I - B13	Texas State Auditor's Office - Job Descriptions
Eligibility Team Lead	\$ 37,144.00	\$ 46,139.00	\$ 55,134.00	Eligibility Advisor II - B14	Texas State Auditor's Office - Job Descriptions
Environmental Accounting Tech	\$ 32,332.00	\$ 39,844.00	\$ 47,355.00	Accounting Technician I - A11	Texas State Auditor's Office - Job Descriptions
Environmental Services Director	\$ 57,614.00	\$ 75,376.00	\$ 93,138.00	Inspector VI - B22	Texas State Auditor's Office - Job Descriptions
Executive Assistant to the Administrator	\$ 48,244.00	\$ 62,136.00	\$ 76,028.00	Executive Assistant II - B19	Texas State Auditor's Office - Job Descriptions
Finance Manager	\$ 65,104.00	\$ 85,869.00	\$ 106,634.00	Accountant VI - B24	https://hr.sao.texas.gov/CompensationSystem/JobDescriptions
Health Inspector	\$ 40,918.00	\$ 51,024.00	\$ 61,130.00	Inspector III - B16	Texas State Auditor's Office - Job Descriptions
High Risk Registered Dietitian/NE Coordinator	\$ 51,158.00	\$ 66,255.00	\$ 81,351.00	Dietetic and Nutrition Specialist II - B20	Wic Nutritionist Salary in Texas (August 01, 2025) Salary.com
IBCLC/BF Coordinator/CA/Satelites	\$ 45,320.00	\$ 74,250.00	\$ 130,000.00	N/A	lactation consultant Salary in texas — Average Salary
ImmTrac Outreach Specialist	\$ 35,439.00	\$ 43,914.00	\$ 52,388.00	Clerk IV - A13	Texas State Auditor's Office - Job Descriptions
Immunizations Registration Clerk	\$ 29,189.00	\$ 35,100.00	\$ 45,695.00	N/A	Immunization Clerk Salary in texas — Average Salary
Lead Clinician	\$ 101,860.00	\$ 137,066.00	\$ 172,272.00	Physician Assistant - B29	Texas State Auditor's Office - Job Descriptions
Medical Assistant	\$ 24,960.00	\$ 33,280.00	\$ 41,600.00	N/A	Medical Assistant Salary in Texas – See Texas Medical Assistant Salaries
PHAS Registration Clerk	\$ 35,439.00	\$ 43,914.00	\$ 52,388.00	Eligibility Advisor I - B13	Texas State Auditor's Office - Job Descriptions
Program Outreach Specialist	\$ 45,521.00	\$ 58,288.00	\$ 71,055.00	Marketing Specialist II - B18	Texas State Auditor's Office - Job Descriptions
Public Health Access Specialist	\$ 35,439.00	\$ 43,914.00	\$ 52,388.00	Eligibility Advisor I - B13	Texas State Auditor's Office - Job Descriptions
Public Health Educator Program/Project Specialist	\$ 57,278.00	\$ 70,662.00	\$ 87,046.00	Public Health Nurse II - B22	Texas State Auditor's Office - Job Descriptions
Public Health Nurse/Director of Clinical Services	\$ 65,104.00	\$ 85,869.00	\$ 106,634.00	Nurse III - B24	Texas State Auditor's Office - Job Descriptions
Systems and Facility Supervisor	\$ 45,521.00	\$ 58,288.00	\$ 71,055.00	Maintenance Supervisor II - A18	Texas State Auditor's Office - Job Descriptions
Technician/Clerk II	\$ 29,781.00	\$ 35,320.00	\$ 40,859.00	Clerk II - A09	Texas State Auditor's Office - Job Descriptions
Technician/Clerk I	\$ 27,681.00	\$ 32,679.00	\$ 37,677.00	Clerk I - A07	Texas State Auditor's Office - Job Descriptions
WIC Technician	\$ 29,781.00	\$ 35,320.00	\$ 40,859.00	Clerk II - A09	Texas State Auditor's Office - Job Descriptions

Below are the top three themes selected by staff:

1. **Strategic Collaboration and Partnerships – 30% of votes**
We are committed to building sustainable, cross sector partnerships to extend our impact and improve service continuity.
2. **Organizational Identity and Public Trust – 27% of votes**
Building awareness, credibility, and clarity around ACCHD's role and services is essential to our success.
3. **Preventive Care and Health Education – 18% of votes**
There is strong interest in shifting from reactive to preventive care through education and early intervention.

These priorities will guide our focus as we move forward in the strategic planning process, helping ensure our efforts reflect the values and needs of both our organization and the communities we serve.

We appreciate your commitment and look forward to sharing the next steps in the future. Thank you for contributing to our vision for a healthier tomorrow.