

Thursday, September 28, 2023

9:00 A.M.

**BOARD ROOM**

**4800 Fournace Place, Bellaire, TX 77401**

The meeting may be viewed online: <http://harrishealthtx.swagit.com/live>.

**\*Notice: Some Board Members may participate by videoconference.**

**Mission**

Harris Health is a community-focused academic healthcare system dedicated to improving the health of those most in need in Harris County through quality care delivery, coordination of care and education.

**AGENDA**

- |  |                              |                 |
|--|------------------------------|-----------------|
| <b>I. Call to Order and Record of Attendance</b>   | <b>Ewan Johnson, MD, PhD</b> | <b>1 min</b>    |
| <b>II. Approval of the Minutes of Previous Meeting</b>   | <b>Ewan Johnson, MD, PhD</b> | <b>1 min</b>    |
| • Board Meeting – August 24, 2023  |                              |                 |
| <b>III. Announcements / Special Presentations</b>  | <b>Ewan Johnson, MD, PhD</b> | <b>10 min</b>   |
| <b>A. CEO Report</b> Including Special Announcements – <b>Dr. Esmaeil Porsa</b>  |                              | <i>(5 min)</i>  |
| • Budget and Tax Rate Approval by Commissioners Court  |                              |                 |
| • Ben Taub Emergency Room Renovations  |                              |                 |
| • Ben Taub and LBJ Patient Satisfaction  |                              |                 |
| <b>B. Board Member Announcements</b> Regarding Board Member Advocacy and Community Engagements   | <b>Ewan Johnson, MD, PhD</b> | <i>(5 min)</i>  |
| <b>IV. Public Comment</b>  | <b>Ewan Johnson, MD, PhD</b> | <b>24 min</b>   |
| <b>V. Executive Session</b>  | <b>Ewan Johnson, MD, PhD</b> | <b>30 min</b>   |
| <b>A. Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health &amp; Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report, Including Report of the Medical Executive Board in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including the Harris Health System Quality, Safety Performance Measures and Zero Harm, and Possible Action Regarding this Matter Upon Return to Open Session – Dr. Cody Pyke, Dr. Steven Brass, and Dr. Yashwant Chathampally</b> |                              | <i>(10 min)</i> |
| <b>B. Medical Executive Board Report and Credentialing Discussion, Pursuant to Tex. Health &amp; Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report, Including Consideration of Approval of Credentialing Changes for Members of the Harris Health System Medical Staff – Dr. Martha Mims and Dr. Bradford Scott</b>   |                              | <i>(10 min)</i> |

- C. Report Regarding Harris Health System Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion and Operational Updates, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, Tex. Occ. Code Ann. §151.002 and Tex. Gov't Code Ann. §551.071 to Receive Peer Review and/or Medical Committee Report with Possible Action Upon Return to Open Session – **Dr. Otis Egins** (10 min)
- VI. Reconvene to Open Meeting** Ewan Johnson, MD, PhD 1 min
- VII. General Action Item(s)** Ewan Johnson, MD, PhD 14 min
- A. General Action Item(s) Related to Quality: Medical and Nursing Staff
1. Consideration of Approval of Credentialing Changes for Members of the Harris Health System Medical Staff – **Dr. Martha Mims** (2 min)
  2. Review and Discussion Regarding the Harris Health System Staffing Advisory Committee's Semi-Annual Evaluation of the Nurse Staffing Plan and Aggregate Staffing Variance [**Accountability**] – **Dr. Jackie Brock** (10 min)
- B. General Action Item(s) Related to Quality: Correctional Health Medical Staff
1. Consideration of Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff – **Dr. Otis Egins** (2 min)
- VIII. New Items for Board Consideration** Ewan Johnson, MD, PhD 44 min
- A. Consideration of Approval of Appointment of Ms. Sima Ladjevardian to the Joint Conference and Quality Committees of the Harris Health System Board of Trustees for the Remainder of Calendar Year 2023 Ewan Johnson, MD, PhD (2 min)
- B. Consideration of Approval of Appointment of Ms. Carol Paret to the Budget and Finance Committee of the Harris Health System Board of Trustees for the Remainder of Calendar Year 2023 Ewan Johnson, MD, PhD (2 min)
- C. Consideration of Approval of Skilled Trade Protections for Bond-Funded Construction Contracts Policy – **Mr. Louis Smith, Mr. Patrick Casey, and Mr. Nathan Bac** (15 min)
- D. Consideration of Approval of a Community Benefits Agreement between Harris Health System and Community Organizations – **Dr. Esmaeil Porsa** (10 min)
- E. Presentation of the Harris County Hospital District Pension Plan's Actuarial Audit for the Actuarial Valuation as of January 1, 2023, and Consideration of Acceptance of the Actuarial Audit Report – **Mr. Jim Tumlinson, Principal and Consulting Actuary, and Mr. David Kent, Consulting Actuary, Milliman** (15 min)
- IX. Strategic Discussion** Ewan Johnson, MD, PhD 30 min
- A. Presentation and Discussion Regarding 2022 Board Self-Assessment Results – **Ms. Elisabeth Hurst, NRC Health** (20 min)

**B. September Board Committee Meeting Reports:***(10 min)*

- Governance Committee – **Dr. Cody Pyke**
- Quality Committee – **Dr. Cody Pyke**
- Compliance & Audit Committee – **Ms. Jennifer Tijerina**
- DEI Committee – **Ms. Marcia Johnson**

**X. Consent Agenda Items****Ewan Johnson, MD, PhD 5 min****A. Consent Purchasing Recommendations**

1. Consideration of Approval of Purchasing Recommendations (Items A1 through A75) – **Mr. DeWight Dopslauf and Mr. Jack Adger, Harris County Purchasing Office**

**(See Attached Expenditure Summary: September 28, 2023)****B. Consent Committee Recommendations**

1. Consideration of Recommendation for Approval of Revisions to the Harris Health System 2023 Quality Manual – **Dr. Joseph Kunisch [Quality Committee]**

**C. Consent Grant Recommendations**

1. Consideration of Approval of Grant Recommendations (Items C1 through C5) – **Dr. Jennifer Small and Dr. Michael Nnadi**

**(See Attached Expenditure Summary: September 28, 2023)****D. New Consent Items for Board Approval**

1. Consideration of Acceptance of the Harris Health System August 2023 Financial Report Subject to Audit – **Ms. Victoria Nikitin**
2. Consideration of Approval to Renew and Amend the Interlocal Agreement between Harris Health System and Harris County, Texas for Legal Representation and Related Support Services Provided by the Harris County Attorney's Office – **Ms. Sara Thomas**
3. Consideration of Approval of a New Interlocal Agreement between the Harris County Hospital District d/b/a Harris Health System and Harris County Public Health (HCPH) for the Exchange of Data for the Accessing Coordinated Care and Empowering Self Sufficiency (ACCESS) Harris Program – **Dr. Amy Smith and Ms. Holly Gummert**
4. Consideration of Approval to Enter into a Third Amendment of a Dental Services Agreement with The University of Texas Health Science Center at Houston (UTHealth) Covering the Fourth Contract Year (July 1, 2023 through June 30, 2024) – **Dr. Jennifer Small**
5. Consideration of Approval of an Updated Mission Statement of Community Health Choice, Inc. (CHCI) and Community Health Choice Texas, Inc. (CHCT) – **Ms. Lisa Wright, CEO, Community Health Choice**

## E. Consent Reports and Updates to the Board

1. Report Regarding the Annual Interest Rate Management Agreement Disclosure – **Ms. Victoria Nikitin**
2. Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System – **Mr. R. King Hillier**
3. Harris Health System Council-At-Large July Meeting Minutes – **Dr. Jennifer Small**

*{End of Consent Agenda}*

## XI. Item(s) Related to the Health Care for the Homeless Program

Ewan Johnson, MD, PhD 15 min

- A. Review and Acceptance of the Following Report(s) for the Health Care for the Homeless Program (HCHP) as Required by the United States Department of Health and Human Services, which Provides Funding to the Harris County Hospital District d/b/a/Harris Health System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act – **Dr. Jennifer Small, Dr. Nelson Gonzalez and Dr. LaResa Ridge**

(10 min)

- HCHP September 2023 Operational Update

- B. Consideration of Approval of the HCHP H80 2023 Carryover Request from 2022 Funds for Use in July 1, 2023 - December 31, 2023 – **Dr. Jennifer Small, Dr. Nelson Gonzalez, and Dr. LaResa Ridge**

(1 min)

- C. Consideration of Approval of the HCHP H80 2024 Budget – **Dr. Jennifer Small, Dr. Nelson Gonzalez, and Dr. LaResa Ridge**

(1 min)

- D. Consideration of Approval of the HCHP Primary Care HIV Prevention Grant – **Dr. Jennifer Small, Dr. Nelson Gonzalez, and Dr. LaResa Ridge**

(1 min)

- E. Consideration of Approval of the HCHP Patient Satisfaction Report – **Dr. Jennifer Small, Dr. Nelson Gonzalez, and Dr. LaResa Ridge**

(1 min)

- F. Consideration of Approval of the HCHP September 2023 Quality Management Report – **Dr. Jennifer Small, Dr. Nelson Gonzalez, and Dr. LaResa Ridge**

(1 min)

## XII. Executive Session

Ewan Johnson, MD, PhD 50 min

- D. Review of the Community Health Choice Texas, Inc. and Community Health Choice, Inc. STAR+Plus Program and the 2023 Financial Performance for the Seven Months Ending July 31, 2023, Pursuant to Tex. Gov't Code Ann. §551.085 – **Ms. Lisa Wright, CEO and Ms. Anna Mateja, CFO, Community Health Choice**

(10 min)

- E. Consultation with Attorney, Pursuant to Tex. Gov't Code Ann. §551.071 Regarding Contract Termination – **Ms. Sara Thomas and Mr. Nathan Bac**

(10 min)

- F. Consultation with Attorney, Pursuant to Tex. Gov't Code Ann. §551.071 and Possible Action Upon Return to Open Session for Approval of a Settlement with Amerigroup Texas, Inc. d/b/a Amerigroup Community Care for Payment of Medicaid Claims Owed to Harris Health System – **Ms. Ebon Swofford and Mr. Michael Fritz**

(10 min)



- G. Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Healthcare Program Requirements and a Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Gov't Code §418.183, Tex. Gov't Code §551.089, Tex. Occ. Code Ann. §160.007, Tex. Occ. Code Ann. §151.002, and Tex. Gov't Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session  
– **Ms. Carolynn Jones**

(10 min)

- H. Discussion and Consultation with Attorney Regarding the Evaluation of Chief Executive Officer (CEO), Pursuant to Tex. Gov't Code Ann. §551.071 and Tex. Gov't Code Ann. §551.074 – **Board of Trustees**

(10 min)

XIII. Reconvene

Ewan Johnson, MD, PhD 1 min

XIV. Adjournment

Ewan Johnson, MD, PhD 1 min

MINUTES OF THE HARRIS HEALTH SYSTEM BOARD OF TRUSTEES

Board Meeting  
Thursday, August 24, 2023  
8:00 am

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
<b>I. Call to Order and Record of Attendance</b>	<p>The meeting was called to order at 8:05 a.m. by Ewan D. Johnson, MD, PhD, Chair. It was noted that a quorum was present and the attendance was recorded. Dr. Johnson stated while some of Board members are in the room with us today, others will participate by videoconference as permissible by state law and the Harris Health Videoconferencing Policy. Dr. Johnson stated that the Board would like to take Executive Items XII. ‘D – F’ immediately following Executive Session Items V. ‘A – C.’ The meeting may be viewed online: <a href="http://harrishealthtx.swagit.com/live">http://harrishealthtx.swagit.com/live</a>.</p>	<p><b>A copy of the attendance is appended to the archived minutes.</b></p>
<b>II. Approval of the Minutes of Previous Meeting</b>	<ul style="list-style-type: none"> <li>Board Meeting – July 27, 2023</li> </ul>	<p><b><u>Motion No. 23.08-119</u></b>  <b>Moved by Dr. Andrea Caracostis, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve the minutes of the July 27, 2023 meeting. Motion carried.</b></p>
	<ul style="list-style-type: none"> <li>Fiscal Year 2024 Budget Workshop Meeting – August 10, 2023</li> </ul>	<p><b><u>Motion No. 23.08-120</u></b>  <b>Moved by Dr. Andrea Caracostis, seconded by Dr. Cody M. Pyke, and unanimously passed that the Board approve the minutes of the August 10, 2023 meeting. Motion carried.</b></p>
<b>III. Announcements/ Special Presentations</b>	<p><b>A. CEO Report Including Special Announcements</b></p> <ul style="list-style-type: none"> <li><b>Commissioners Court – August 17, 2023</b></li> </ul> <p>Dr. Esmail Porsa, President and Chief Executive Officer (CEO), delivered the CEO Report including special announcements. He provided an overview of the financial impact of the \$2.5 billion bond over the next ten (10) years, noting that the impact to the debt service rate is estimated at 2 cents or less. He shared that for an average home owner (homes values at \$300,000) this impact equates to less than \$6 per month. Dr. Porsa presented an analysis of the incremental operational cost, assumptions, and the impact on the maintenance and operations (M&amp;O) tax rate. Dr. Porsa announced that Harris County Commissioners Court unanimously approved Harris Health System’s request for its \$2.5 billion bond proposal to appear on the</p>	<p><b>As Presented.</b></p>

	<p>November 7, 2023 Election Ballot.</p>	
	<ul style="list-style-type: none"> <li>• <b>Community Benefit Agreement with Lyndon B. Johnson (LBJ) Community Leaders Coalition</b></li> </ul> <p>Dr. Porsa announced that Bishop James Dixon II, President of the Houston Branch of NAACP spoke at the Commissioners Court meeting in support of Harris Health’s Bond Proposal, and stated that he and a coalition of LBJ Community Leaders want to work with Harris Health System to create a Community Benefit Agreement. The purpose of the Agreement is to make sure that the communities surrounding LBJ Hospital experience the maximum benefits from the investment in the area related to the creation of a new Level 1 Trauma Center on the LBJ Campus and refurbishing the existing LBJ Hospital. Dr. Porsa stated that Harris Health System will work with the coalition and bring more information to the Board as it becomes available.</p>	<p><b>As Presented.</b></p>
	<p><b>B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements</b></p> <ul style="list-style-type: none"> <li>• <b>New Member of the Harris Health Board of Trustees</b></li> </ul> <p>Dr. Johnson stated that Harris Health Board of Trustees is pleased to welcome its newest Trustee, Ms. Sima Ladjvardian. On August 17, 2023, Harris County Commissioner Court of Precinct 2, appointed Ms. Ladjvardian to Position 7 of the Harris Health System Board of Trustees. Ms. Ladjvardian completed her undergraduate degree with a Bachelor of Arts, Economics and Business from the University of California and earned her Juris Doctorate from the University of California, Hastings College of Law. Ms. Ladjvardian has served in many capacities including Attorney, Political Activist, Council Member, Democratic Candidate for Texas Congressional District 2, Senior National Advisor and Campaign Finance Liaison for Beto O’Rourke, and most recently served as the Regional Director for the Department of Health and Human Services (HHS), where she was appointed by President Biden in 2021 to represent HHS in Arkansas, Louisiana, New Mexico, Oklahoma, Texas and 68 Federally Recognized tribes.</p> <ul style="list-style-type: none"> <li>• <b>Recognition of Ms. Alicia Reyes’ Service</b></li> </ul> <p>Dr. Johnson recognized Ms. Alicia Reyes for her dedication and time serving as a member of Harris Health Board of Trustees. During her tenure, Ms. Reyes has tirelessly given her time and resources to Harris Health System and its Board of Trustees. Dr. Johnson shared that Harris Health is working with Ms. Reyes to plan an occasion to recognize her at a later date and time.</p>	<p><b>As Presented.</b></p>

	<ul style="list-style-type: none"> <li>• <b>First Friday Tour – August 4, 2023</b></li> </ul> <p>Dr. Johnson announced that on August 4, 2023, the Board Office completed its monthly First Friday Tour. Harris Health Executive Leadership, staff, as well as Harris County Commissioner’s Aides and Interns all participated in the tour. The tour included Harris Health’s Aldine Community and Squatty Lyons Health Centers. The next First Friday Tour is scheduled for September 1, 2023, and will spotlight Harris Health’s Outpatient Center, Margo Hilliard Alford Clinic and Settegast Health Center.</p>	
	<ul style="list-style-type: none"> <li>• <b>Discussion and Possible Action Regarding the Timing of Harris Health Board Meetings</b></li> </ul> <p>Dr. Johnson led the discussion regarding the timing of Harris Health Board of Trustee Meetings. Discussions ensued related to moving the Board meeting time from 8:00 a.m. to 9:00 a.m. to accommodate community engagement.</p> <p>Dr. Johnson issued a roll call as follows:</p> <ul style="list-style-type: none"> <li>○ Ms. Barbie Robinson - yes</li> <li>○ Dr. Andrea Caracostis - no</li> <li>○ Ms. Jennifer Tijerina – yes</li> <li>○ Dr. Cody M. Pyke - no</li> <li>○ Ms. Marcia Johnson - yes</li> <li>○ Ms. Sima Ladjewardian - no</li> <li>○ Dr. Ewan D. Johnson – yes</li> </ul> <p>The final results were announced with <u>4</u> votes in favor of moving the Board meetings to a 9:00 a.m. start time and <u>3</u> votes were opposed.</p>	<p><b><u>Motion No. 23.08-121</u></b>  <b>Moved by Ms. Jennifer Tijerina, seconded by Ms. Barbie Robinson, and majority passed that the Board approve to adjust the meeting time to 9:00 a.m. Motion carried.</b></p>
<p><b>IV. Public Comment</b></p>	<p>Ms. Cynthia Cole, Executive Director, Local #1550 – AFSCME, American Federation of State, County, and Municipal Employees, thanked the Board for adjusting the meeting time to 9:00 a.m. She also addressed the Board regarding employee matters related to workplace safety, alleged biases in the workplace as well as Harris Health’s grievance process.</p>	<p><b>As Presented.</b></p>
<p><b>V. Executive Session</b></p>	<p>At 8:30 a.m., Dr. Johnson stated that the Board would enter into Executive Session for Items ‘A through C’ as permitted by law under Tex. Gov’t Code Ann. §551.071, Tex. Health &amp; Safety Code Ann. §161.032, Tex. Occ. Code. Ann. §160.007 and Tex. Occ. Ann. §151.002.</p>	

	<p><b>A.</b> Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health &amp; Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report, Including Report of the Medical Executive Board in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including the Harris Health System Quality, Safety Performance Measures and Zero Harm, and Possible Action Regarding this Matter Upon Return to Open Session</p>	<p><b>No Action Taken.</b></p>
	<p><b>B.</b> Medical Executive Board Report and Credentialing Discussion, Pursuant to Tex. Health &amp; Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report, Including Consideration of Approval of Credentialing Changes for Members of the Harris Health System Medical Staff</p>	<p><b>No Action Taken.</b></p>
	<p><b>C.</b> Report Regarding Harris Health System Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion and Operational Updates, Pursuant to Tex. Health &amp; Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, Tex. Occ. Code Ann. §151.002 and Tex. Gov’t Code Ann. §551.071 to Receive Peer Review and/or Medical Committee Report with Possible Action Upon Return to Open Session.</p>	<p><b>Deferred.</b></p>
<p><b>VI. Reconvene to Open Meeting</b></p>	<p>At 8:45 a.m., Dr. Johnson reconvened the meeting in open session; he noted that a quorum was present and that no action was taken in Executive Session.</p>	
<p><b>VII. General Action Item(s)</b></p>	<p><b>A.</b> General Action Item(s) Related to Quality: Medical Staff</p>	
	<p>1. Approval of Credentialing Changes for Members of the Harris Health System Medical Staff</p> <p>Dr. Martha Mims, Chair, Medical Executive Board, presented the credentialing changes for members of the Harris Health System Medical Staff. For August 2023, there were fifty – nine (59) initial appointments, 202 reappointments, nine (9) change/add privileges, twenty – eight (28) temporary privileges. A copy of the credentialing report is available in the permanent record.</p>	<p><b><u>Motion No. 23.08-122</u></b>  <b>Moved by Dr. Andrea Caracostis, seconded by Dr. Cody M. Pyke, and majority passed that the Board approve agenda item VII.A.1. Ms. Jennifer Tijerina opposed the motion. Motion carried.</b></p>
	<p><b>B.</b> General Action Item(s) Related to Quality: Correctional Health Medical Staff</p>	
	<p>1. Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff</p> <p>Dr. Otis Egins, Chief Medical Officer, Harris Health Correctional Health, presented the credentialing changes for members of the Harris Health System Correctional Health Medical Staff. For August 2023, there were sixteen (16) initial appointments. A copy of the Correctional Health credentialing report is available in the permanent record.</p>	<p><b><u>Motion No. 23.08-123</u></b>  <b>Moved by Dr. Andrea Caracostis, seconded by Dr. Cody M. Pyke, and unanimously passed that the Board approve agenda item VII.B.1. Motion carried.</b></p>

<p><b>VIII. New Items for Board Consideration</b></p>	<p><b>A.</b> Approval of a Reimbursement Resolution Related to Possible Reimbursement of Certain Expenditures from Future Bond Issuances</p> <p>Ms. Paige Abernathy, Assistant County Attorney, Harris County Attorney’s Office, presented the proposed Reimbursement Resolution Related to Possible Reimbursement of Certain Expenditures from Future Bond Issuances. She stated that Harris Health anticipates making certain payments related to the financed project before bonds can be issued for those costs. In order for Harris Health to reimburse itself for these expenditures from the proceeds of tax – exempt bonds issued in the future; Internal Revenue Service (IRS) rules require Harris Health to adopt a resolution establishing the intent to reimburse itself for such expenditures. A copy of the reimbursement resolution is available in the permanent record.</p>	<p><b><u>Motion No. 23.08 -124</u></b>  <b>Moved by Dr. Cody M. Pyke, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item VIII.A. Motion carried.</b></p>
	<p><b>B.</b> Approval of the Proposed Harris Health System Fiscal Year 2024 Operating and Capital Budget</p> <p>Ms. Victoria Nikitin, Executive Vice President, Chief Financial Officer, presented the proposed Harris Health System Fiscal Year 2024 Operating and Capital Budget. She noted a small calculation revision to the No New Revenue (NNR) Rate driven by the Harris Central Appraisal District (HCAD) to the Harris County Commissioners Court. Overall, total operating expense for Harris Health is projected at \$2.4 billion, current margin of \$75.7 million predicated on the approval of the Voter Approved Tax Rate by the Harris County Commissioners Court and the routine capital budget for FY 2024 is proposed at \$188 million. A copy of the proposed Harris Health System Fiscal Year 2024 Operating and Capital Budget is available in the permanent record.</p>	<p><b><u>Motion No. 23.08 -125</u></b>  <b>Moved by Dr. Andrea Caracostis, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item VIII.B. Motion carried.</b></p>
	<p><b>C.</b> Approval to Enter into the Fifth Contract Year of the Behavioral Health Constable Transportation Agreement with Harris County Constable Precinct One</p> <p>Ms. Elizabeth Hanshaw Winn, Assistant County Attorney, Harris County Attorney’s Office, presented the interlocal agreement between Harris County acting by and through its Harris County Constable Precinct One and Harris Health System to provide mental health transportation services to designated mental health facilities. Administration requests approval to enter into the fifth contract year of the Behavioral Health Constable Transportation Agreement with Harris County Constable Precinct One and the approval of a third amendment to the interlocal agreement to add renewal terms.</p>	<p><b><u>Motion No. 23.08 -126</u></b>  <b>Moved by Dr. Andrea Caracostis, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item VIII.C. Motion carried.</b></p>
	<p><b>D.</b> Approval to Enter into a Contract with the City of Houston Parks and Recreation Department for Aquatic Therapy for Harris Health Patients</p> <p>Dr. Jennifer Small, Executive Vice President &amp; Administrator, Ambulatory Care Services, stated that Administration requests approval for Harris Health System to renew its contract to provide aquatic therapy services at the City of Houston Parks and Recreation Department Metropolitan Multi-Service Center.</p>	<p><b><u>Motion No. 23.08 -127</u></b>  <b>Moved by Dr. Cody M. Pyke, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item VIII.D. Motion carried.</b></p>

	<p><b>E. Approval of an Agreement with Harris County for Assistance in the Event of an Emergency</b></p> <p>Mr. Louis Smith, Senior Executive Vice President &amp; Chief Operating Officer, presented an agreement with Harris County for Assistance in the event of an emergency. A copy of the agreement is available in the permanent record.</p>	<p><b><u>Motion No. 23.08 -128</u></b>  <b>Moved by Ms. Jennifer Tijerina, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item VIII.E. Motion carried.</b></p>
	<p><b>F. Approval of an Agreement between Harris Health System and Texas Health and Human Services Regarding the National Disaster Medical System Partner Healthcare Facility</b></p> <p>Mr. Smith presented an agreement between Harris Health System and Texas Health and Human Services Regarding the National Disaster Medical System (NDMS) Partner Healthcare Facility. A copy of the agreement is available in the permanent record.</p>	<p><b><u>Motion No. 23.08 -129</u></b>  <b>Moved by Ms. Jennifer Tijerina, seconded by Dr. Cody M. Pyke, and unanimously passed that the Board approve agenda item VIII.F. Motion carried.</b></p>
<p><b>IX. Strategic Discussion</b></p>	<p><b>A. Harris Health System Strategic Plan Initiatives</b></p>	
	<p><b>1. Discussion and Overview of the Draft Harris Health Policy, Skilled Trade Protections for Bond-funded Construction Contracts</b></p> <p>Mr. Louis Smith, Senior Executive Vice President &amp; Chief Operating Officer led the discussion regarding the draft Harris Health Policy, Skilled Trade Protections for Bond-Funded Construction Contracts. Mr. Nathan Bac, Assistant County Attorney, Harris County Attorney’s Office, provided an overview of the draft policy and compared the draft policy to existing policies and practices implemented by Harris County. Discussions ensued related to the policy’s requirements, endowment adjustments, as well as apprenticeship programs. Dr. Pyke recommended including more specific language related to heat safety in the policy. Dr. Pyke also inquired whether paying the hours for OSHA certification training has been factored into the budget. Mr. Smith shared that it is a draft policy and that there will be some costs specifically related to the LBJ Project and that the construction contracts will be brought to the Board after the bond referendum is acted upon by the voters and will be a part of the operating budget.</p> <p>Dr. Pyke recommended a waiver process related to the Occupational Safety and Health Administration (OSHA) certification whereby the companies are responsible for occupational training for their workers as opposed to Harris Health. Ms. Robinson echoed Dr. Pyke’s sentiments related to heat safety concerns. Additionally, Ms. Robinson requested that a copy of the Harris County Contractor Safety Standards and apprenticeship programs be shared with the Board. A copy of the presentation is available in the permanent record.</p>	<p><b>As Presented.</b></p>

	<p>2. Update Regarding the 88<sup>th</sup> Texas Legislature Advocacy/Summary</p> <p>Mr. R. King Hillier, Vice President, Public Policy &amp; Government Relations, delivered a presentation regarding the 88<sup>th</sup> Texas Legislature Advocacy/Summary. He mentioned that the Texas Health and Human Services (HHS) budget includes critical supplemental funding through Medicaid add – on payments for Trauma (\$360 million) and Safety Net (\$300 million). He reported that the HHS budget for the Healthy Texas Women’s Program was doubled over the biennium to \$269 million and by \$22 million in the Breast and Cervical Cancer Screening Program. Additionally, Mr. Hillier provided a brief summary of the pending state and federal legislative and policy issues impacting Harris Health System. A copy of the presentation is available in the permanent record.</p>	<p><b>As Presented.</b></p>
	<p>3. Update Regarding Human Resources Overview</p> <p>Mr. Omar Reid, Executive Vice President, Chief People Officer, delivered a presentation regarding Human Resources Overview. He shared a breakdown of Harris Health’s workforce demographics by ethnicity, generation and gender. He provided highlights of employee experiences, interactions and programs, noting that the Annual Employee Engagement Survey will be in November 2023. Mr. Reid touched on Harris Health’s recruitment and retention efforts, community partnerships and the Employee Wellness Program. He mentioned that Harris Health launched its new Ombuds Office in May 2023. Mr. Reid stated that the Ombuds is a neutral, informal, independent and confident resource for employees to safely discuss workplace conflicts, concerns or questions. Mr. Gary Marsh, Associate Administrator, Learning &amp; Talent Management, touched on Harris Health’s Employee Value Proposition. A copy of the presentation is available in the permanent record.</p>	<p><b>As Presented.</b></p>



	<p>4. August Board Committee Meeting Reports:</p> <p><b><u>Governance Committee</u></b> Dr. Caracostis stated that the Governance Committee met on Tuesday, August 8, 2023, and the following topics were covered:</p> <ul style="list-style-type: none"><li>• Ms. Sara Thomas, Chief Legal Officer, delivered an overview of the Texas Open Meetings Act related to the location of the Presiding Officer at Board Meetings.</li><li>• Ms. Maria Cowles, Chief of Staff, delivered an update regarding the revised New Board Member Onboarding (NBMO) process.</li><li>• Ms. Olga Rodriguez, Vice President, Corporate Communications &amp; Board Services, led a discussion regarding Continuing Education Calendar and Governance Committee priorities.</li></ul> <p>Since conception in January 2023, the Governance Committee has completed the following tasks:</p> <ul style="list-style-type: none"><li>• Completed the Healthcare Governance Core Curriculum and Diligent Training.</li><li>• Discussed and revised the New Board Member Onboarding process.</li><li>• Completed Parliamentary Procedure Training.</li><li>• Reviewed the 2022 Board Self-Assessment Results and revisited the 2023 Committee goals.</li><li>• Established the Nomination Function for the December 2023 Officer Elections.</li></ul> <p><b><u>Quality Committee</u></b> Dr. Caracostis noted that these highlights were covered in open session at the Quality Committee meeting on August 8, 2023:</p> <ul style="list-style-type: none"><li>• The monthly High Reliability Organization (HRO) Video “Just and Accountable Culture” was displayed.</li><li>• Harris Health continues to maintain and mature its contracted services oversight program. Contracts are stored in the PeopleSoft Supplier Contracts Module system and all patient-facing contracts have at least one (1) performance metric being monitored to identify and address non-performing vendors.</li><li>• The Maternal Health Service Line at Ben Taub Hospital was named one of Newsweek’s America’s Best Maternity Hospitals. Current initiatives include participation in the Texas Healthy Mothers and Babies Collaborative for Post-Partum Hypertension in the Emergency Department, Texas AIM participation, and Baby Friendly Designations.</li></ul> <p><b><u>Budget &amp; Finance Committee</u></b> Ms. Marcia Johnson stated that the Budget and Finance Committee met on Thursday, August 10, 2023, and the following topics were covered:</p>	<p><b>As Presented.</b></p>
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	<ul style="list-style-type: none"> <li>• Ms. Victoria Nikitin, Executive Vice President and Chief Financial Officer, presented the Harris Health System Third Quarter Fiscal Year 2023 Investment Report, Second Quarter Calendar Year 2023 Pension Report, and the June 2023 Quarterly Financial Report.</li> <li>• In Executive Session, Ms. Lisa Wright, President and CEO, Community Health Choice, and Ms. Anna Mateja, Chief Financial Officer, Community Health Choice, presented an overview of Community Health Choice Financial Performance for the Six Months Ending June 30, 2023.</li> </ul> <p><b><u>Diversity, Equity &amp; Inclusion (DEI) Committee</u></b></p> <p>Ms. Johnson stated that the DEI Committee met on Friday, August 18, 2023, and the following highlights were covered:</p> <ul style="list-style-type: none"> <li>• Dr. Esperanza Galvan, Senior Vice President, Chief Health Officer, delivered an update regarding the Harris Health Food Pharmacy Program.</li> <li>• Mr. Omar Reid, Executive Vice President, Chief People Officer, delivered a presentation on Harris Health’s Employee Engagement Survey.</li> <li>• Ms. Tamala Austin, Business Equity Outreach Manager, presented on the Harris Health Contract Supplier Diversity.</li> <li>• Dr. Jobi Martinez, Vice President, Chief Diversity Officer, delivered an overview regarding Harris Health’s DEI Framework.</li> </ul>	
<p><b>X. Consent Agenda Items</b></p>	<p><b>A. Consent Purchasing Recommendations</b></p>	
	<p>1. Approval of Purchasing Recommendations (Items A1 through A104)</p> <p>Dr. Johnson noted that Purchasing Transmittals (B1 through B17) are not for approval. Mr. DeWight Dopslauf, Purchasing Agent, Harris County Purchasing Office, noted the following revisions to the purchasing recommendations:</p> <ul style="list-style-type: none"> <li>• A14 – were pulled.</li> <li>• A44 – were pulled.</li> <li>• A67 – the current estimated cost of \$246,150 should be reflected as \$184,875.</li> <li>• A87 – the current estimated cost of \$150,000 should be reflected as \$187,000.</li> <li>• A88 – the current estimate cost of \$150,000 should be reflected as \$187,000.</li> </ul> <p>Copies of the purchasing recommendations are available in the permanent record.</p>	<p><b><u>Motion No. 23.08 -130</u></b>  <b>Moved by Dr. Cody M. Pyke, seconded by Ms. Jennifer Tijerina, and majority passed that the Board approve agenda item X.A.1. Ms. Marcia Johnson opposed the motion. Motion carried.</b></p>
	<p><b>B. Consent Committee Recommendations</b></p>	

	<p>1. Acceptance of the Annual Reports Regarding Neonatal and Maternal Health Programs for Ben Taub and LBJ Hospitals</p>	<p><b><u>Motion No. 23.08 -131</u></b>                  Moved by Dr. Andrea Caracostis, seconded by Dr. Cody M. Pyke, and unanimously passed that the Board approve agenda item X.B.1. through X.B.4. Motion carried.</p>
	<p>2. Acceptance of the Harris Health System Third Quarter Fiscal Year 2023 Investment Report</p>	<p><b><u>Motion No. 23.08 -131</u></b>                  Moved by Dr. Andrea Caracostis, seconded by Dr. Cody M. Pyke, and unanimously passed that the Board approve agenda item X.B.1. through X.B.4. Motion carried.</p>
	<p>3. Acceptance of the of the Harris Health System Second Quarter Calendar Year 2023 Pension Plan Report</p>	<p><b><u>Motion No. 23.08 -131</u></b>                  Moved by Dr. Andrea Caracostis, seconded by Dr. Cody M. Pyke, and unanimously passed that the Board approve agenda item X.B.1. through X.B.4. Motion carried.</p>
	<p>4. Acceptance of the of the Harris Health System June 2023 Quarterly Financial Report Subject to Audit</p>	<p><b><u>Motion No. 23.08 -131</u></b>                  Moved by Dr. Andrea Caracostis, seconded by Dr. Cody M. Pyke, and unanimously passed that the Board approve agenda item X.B.1. through X.B.4. Motion carried.</p>
	<p><b>C. Consent Grant Recommendations</b></p>	
	<p>1. Approval of Grant Recommendations (Items C1 through C2)</p>	<p><b><u>Motion No. 23.08 -132</u></b>                  Moved by Ms. Jennifer Tijerina, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item X.C.1. through X.D.2. Motion carried.</p>

	<p><b>D. New Consent Items for Board Approval</b></p>	
	<p>1. Acceptance of the Harris Health System July 2023 Financial Report Subject to Audit</p>	<p><b><u>Motion No. 23.08 -132</u></b>  <b>Moved by Ms. Jennifer Tijerina, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item X.C.1. through X.D.2. Motion carried.</b></p>
	<p>2. Approval of an Interlocal Agreement with the City of Houston, Harris County, Houston Land Bank, Port of Houston Authority of Harris County, Texas, Harris County Flood Control District, Harris County Department of Education, Houston Community College System, and Houston Independent School District for the Purpose of Evidencing the Houston Land Bank’s Commitment to Use 83 Parcels of Vacated Land for Low-income Housing</p> <p><i>{End of Consent Agenda}</i></p>	<p><b><u>Motion No. 23.08 -132</u></b>  <b>Moved by Ms. Jennifer Tijerina, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item X.C.1. through X.D.2. Motion carried.</b></p>

<p><b>XI. Item(s) Related to Health Care for the Homeless Program</b></p>	<p><b>A.</b> Review and Acceptance of the Following Report(s) for the Health Care for the Homeless Program (HCHP) as Required by the United States Department of Health and Human Services, which Provides Funding to the Harris County Hospital District d/b/a/Harris Health System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act</p> <ul style="list-style-type: none"> <li> <p><b>HCHP August 2023 Operational Update</b></p> <p>Dr. Jennifer Small, Executive Vice President &amp; Administrator, Ambulatory Care Services, delivered a presentation regarding the Health Care for the Homeless Program July 2023 Operational Update including Patient Services, 2023 Budget Report and Change in Scope.</p> <p>Dr. Small reported that there were no new telehealth patients, twenty – eight (28) returning telehealth patients, 364 new adult patients, and twenty – six (26) new pediatric patients associated with the Program. HCHP is expected to see approximately 9,775 patients per year as required by the Health Resources and Services Administration (HRSA), of which HCHP has served 4,650 unduplicated patients.</p> <p>Dr. Small reported that the monthly number of unduplicated patients has trended downward. She noted that this is attributed to a staff vacancy as well as Family and Medical Leave Act (FMLA). She shared that although there are three (3) nurse practitioner vacancies, HCHP has filled two (2) of those vacancies and is expecting to see improvements in their patient visits. Dr. Small reported that the quarterly number of unduplicated patients this year compared to the prior year has decreased by 13%. She noted that this is attributed to a staff vacancy as well as FMLA. Dr. Caracostis inquired what month does the Program’s annual HRSA contract start, the number of heat-related visits the Program is experiencing, as well as recruitment strategies to address staff concerns. Ms. Tracey Burdine, Director, Health Care for the Homeless Program, stated that the contract year begins in January. She reported that HCHP has not experienced many fallouts or diagnosis related to the heat index at this time. HCHP has activated cooling centers, and provide sports drink and water to the community. Dr. Small stated that HCHP is working on a staffing plan that includes the use of locums for practitioners and physicians.</p> <p>Dr. Small reported total expense year to date of \$2.2M, budgeted expenses of \$1.8M in which 72% of the total grant funding have been utilized. Additionally, Dr. Small explained that any remaining funds will be carried over to the next calendar year. Ms. Burdine reported that approximately \$1.3M of expenses to date that has not been cleared because of pending invoices or purchase orders for items such as a medical mobile unit, a new electrocardiogram (EKG) machine, and renovations to the Program’s dental unit. Lastly, Ms. Burdine requested approval for a change in scope for the medical mobile unit operating hours. She explained that the change in operation services from the unit providing services five days a week (40 hours) to four days a week (32 hours). The change is to reconcile the drivers’ hours and to ensure seven (7) hours of direct patient care. A copy of the presentation is available in the permanent record.</p> </li> </ul>	<p><b>Motion No. 23.08 -133</b></p> <p><b>Moved by Dr. Andrea Caracostis, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item XI.A. Motion carried.</b></p>
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	<p><b>B.</b> Approval of the HCHP 2023 Second Quarter Budget Report</p>	<p><b>Motion No. 23.08 -134</b>                  Moved by Ms. Jennifer Tijerina, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item XI.B. Motion carried.</p>
	<p><b>C.</b> Approval of the HCHP Change in Scope for the Medical Mobile Unit</p>	<p><b>Motion No. 23.08 -135</b>                  Moved by Ms. Jennifer Tijerina, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item XI.C. Motion carried.</p>
<p><b>XII. Executive Session</b></p>	<p>At 10:32 a.m., Dr. Johnson stated that the Board would enter into Executive Session for Items XII 'D through G' as permitted by law under Tex. Gov't Code Ann. §551.071, Tex. Gov't Code Ann. §551.074, Tex. Gov't Code Ann. §551.085, Tex. Health &amp; Safety Code Ann. §161.032, Tex. Gov't Code §418.183, Tex. Gov't Code §551.089, Tex. Occ. Code Ann. §160.007, Tex. Occ. Code Ann. §151.002.</p>	
	<p><b>D.</b> Consultation with Attorney Regarding Bond Election Related Matters, Pursuant to Tex. Gov't Code Ann. §551.071, and Possible Action Upon Return to Open Session</p>	<p><b>No Action Taken</b></p>
	<p><b>E.</b> Consultation with Attorney Regarding Litigation and Possible Action Upon Return to Open Session, Including Settlement of Civil Action No. 4:20-CV-0296 in U.S. District Court, Southern District of Texas</p> <p><i>Harris Health, by and through its Board of Trustees, hereby authorizes the Settlement of Civil Action No. 4:20-CV-0296 in the U.S. District Court, Southern District in the amount of \$1,550,000. President/CEO of Harris Health or his designee is authorized to execute any agreement, release, or any other necessary documents to effect this settlement.</i></p>	<p><b>Motion No. 23.08-136</b>                  Moved by Dr. Andrea Caracostis, seconded by Ms. Barbie Robinson, and unanimously passed that the Board approve agenda item XII.E. Motion carried.</p>
	<p><b>F.</b> Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Healthcare Program Requirements and a Status of Fraud and Abuse Investigations, Pursuant to Tex. Health &amp; Safety Code Ann. §161.032, Tex. Gov't Code §418.183, Tex. Gov't Code §551.089, Tex. Occ. Code Ann. §160.007, Tex. Occ. Code Ann. §151.002, and Tex. Gov't Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session</p>	<p><b>No Action Taken</b></p>

	<p><b>G.</b> Discussion Regarding the Evaluation of Chief Executive Officer (CEO), Pursuant to Tex. Gov’t Code Ann. §551.074, and Possible Action Upon Return to Open Session, Including Approval of CEO Evaluation</p> <p><i>Harris Health, by and through its Board of Trustees, hereby commissions an independent analysis of the processes used to conduct the recent 2023 evaluation of Harris Health System President/CEO, Dr. Esmaeil Porsa, in order to better understand and improve the Board’s evaluation process.</i></p>	<p><b>Motion No. 23.08-136</b>  <b>Moved by Dr. Andrea Caracostis, seconded by Dr. Ewan D. Johnson, and unanimously passed that the Board approve agenda item XII.G. Motion carried.</b></p>
<p><b>XIII. Reconvene</b></p>	<p>At 12:45 p.m., Dr. Johnson reconvened the meeting in open session; he noted that a quorum was present and that no action was taken in Executive Session. The Board will now take action on Items “E and G” of the Executive Session agenda.</p>	
<p><b>XIV. Adjournment</b></p>	<p>Moved by Dr. Andrea Caracostis, seconded by Dr. Cody M. Pyke, and unanimously approved to adjourn the meeting. There being no further business to come before the Board, the meeting adjourned at 12:47 p.m.</p>	

I certify that the foregoing are the Minutes of the Harris Health System Board of Trustees Meeting held on August 24, 2023.

Respectfully Submitted,

Ewan D. Johnson, MD, PhD, Chair

Andrea Caracostis, MD, MPH, Secretary

Minutes transcribed by Cherry A. Pierson, MBA

Thursday, August 24, 2023

**Harris Health System Board of Trustees Board Meeting – Attendance**

**Note:** For Zoom meeting attendance, if you joined as a group and would like to be counted as present, please submit an email to: [BoardofTrustees@harrishealth.org](mailto:BoardofTrustees@harrishealth.org) before close of business the day of the meeting.

BOARD MEMBERS PRESENT	BOARD MEMBERS ABSENT
Dr. Ewan D. Johnson ( <i>Chair</i> )	Ms. Carol Paret
Ms. Barbie Robinson ( <i>Vice Chair</i> )	Mr. Jim Robinson
Dr. Andrea Caracostis ( <i>Secretary</i> )	
Dr. Cody M. Pyke	
Ms. Jennifer Tijerina	
Ms. Marcia Johnson	
Ms. Sima Ladjevardian	

EXECUTIVE LEADERSHIP/STAFF/ SPECIAL INVITED GUESTS	
Amy Smith	Dr. Jennifer Small
Anthony Williams	Jennifer Zarate
Carolynn Jones	Jerry Summers
Cherry Pierson	Jessey Thomas
Cynthia Cole ( <i>AFSCME</i> )	Dr. Joseph Kunisch
Daniel Smith	John Matcek
Derek Curtis	Jonathan Fombonne ( <i>Harris County Attorney's Office</i> )
Derek Holmes	Justin Padilla
DeWight Dopslauf ( <i>Harris County Purchasing Office</i> )	Kari McMichael
Ebon Swofford ( <i>Harris County Attorney's Office</i> )	R. King Hillier
Elizabeth Winn ( <i>Harris County Attorney's Office</i> )	Dr. Kunal Sharma
Dr. Esmael Porsa ( <i>Harris Health System President &amp; CEO</i> )	Louis Smith
Dr. Esperanza "Hope" Galvan	Maria Cowles
Dr. Glorimar Medina – Rivera	Dr. Martha Mims
Dr. Hemant Kumar Roy	Dr. Matasha Rusell
Holly Gummert ( <i>Harris County Attorney's Office</i> )	Dr. Maureen Padilla
Jack Adger ( <i>Harris County Purchasing Office</i> )	Michael Hill
Dr. Jackie Brock	Dr. Michael Nnadi
Jamie Orlikoff ( <i>Outside Counsel</i> )	Nathan Bac ( <i>Harris County Attorney's Office</i> )
Jay Aiyer ( <i>Harris County Attorney's Office</i> )	Nicholas J Bell
Jay Dewald ( <i>Norton Rose Fulbright</i> )	Olga Rodriguez
Jeffrey Baker	Omar Reid
Jeffrey Vinson	Dr. Otis R. Egin



EXECUTIVE LEADERSHIP/STAFF/ SPECIAL INVITED GUESTS	
Paige Abernathy ( <i>Harris County Attorney's Office</i> )	
Randy Manarang	
Sam Karim	
Dr. Sandeep Markan	
Sara Thomas ( <i>Harris County's Attorney's Office</i> )	
Shawn DeCosta	
Dr. Steven Brass	
Dr. Tien Ko	
Tai Nguyen	
Tracey Burdine	
Victoria Nikitin	

### Public Comment Request and Registration Process

Pursuant to Texas Government Code §551.007, members of the public are invited to attend the regular meetings of the Harris Health System Board of Trustees and may address the Board during the Public Comment segment regarding an official agenda item that the Board will discuss, review, or take action upon, or regarding a subject related to healthcare or patient care rendered at Harris Health System. Public Comment will occur prior to the consideration of all agenda items. If you have signed up to attend as a Public Speaker virtually, a meeting link will be provided. Note: Public Speakers will be removed from the meeting after speaking and have the option to join the meeting live via <http://harrishealthtx.swagit.com/live>.

#### **How to Request to Address the Board of Trustees**

Members of the public must register in advance to speak at the Harris Health System Board of Trustees meetings. To register, members of the public must contact the Board of Trustees Office during core business hours, Monday through Friday between 8:00 a.m. to 5:00 p.m. Members of the public must submit the registration no later than 4:00 p.m. on the day before the scheduled meeting and may only register in one of the following manners:

1. Providing the requested information located in the “Speak to the Board” tile found at: <https://www.harrishealth.org/about-us-hh/board/Pages/public-comment-request-and-registration-process.aspx>.
2. Printing and completing the downloadable registration form found at: <https://www.harrishealth.org/about-us-hh/board/Pages/public-comment-request-and-registration-process.aspx>.
  - 2a. A hard-copy may be scanned and emailed to [BoardofTrustees@harrishealth.org](mailto:BoardofTrustees@harrishealth.org).
  - 2b. Mailing the completed registration form to 4800 Fournace Pl., Ste. E618, Bellaire, TX 77401.
3. Contacting staff at (346) 426-1524.

Prior to submitting a request to address the Harris Health System Board of Trustees, please take a moment to review the rules to be observed during the Public Comment Period.

#### **Rules During Public Comment Period**

The presiding officer of the Board of Trustees or the Board Secretary shall keep the time for speakers.

#### **Three Minutes**

A speaker, whose subject matter, as submitted, relates to an identifiable item of business on the agenda, will be requested by the presiding officer to come to the podium where they will be provided three (3) minutes to speak. A speaker, whose subject matter, as submitted, does not relate to an identifiable item of business on the agenda, will also be provided three (3) minutes to speak. A member of the public who addresses the body through a translator will be given at least twice the amount of time as a member of the public who does not require the assistance of a translator.

- Pages 23 – 30 Were Intentionally Left Blank -

Thursday, September 28, 2023

Executive Session

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Report Regarding Quality of Medical and Health Care, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occupations Code Ann. §160.007, and Tex. Occupations Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report in Connection With the Evaluation of the Quality of Medical and Health Care Services, Including the Harris Health System Quality and Safety Performance Measures, and Possible Action Regarding This Matter Upon Return to Open Session.

- Pages 32 – 33 Were Intentionally Left Blank -

Thursday, September 28, 2023

Executive Session

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Medical Executive Board Report and Credentialing Discussion, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report, Including Consideration of Approval of Credentialing Changes for Members of the Harris Health System Medical Staff.

- Pages 35 – 55 Were Intentionally Left Blank -

Thursday, September 28, 2023

Executive Session

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Report Regarding Harris Health System Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion and Operational Updates, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, Tex. Occ. Code Ann. §151.002 and Tex. Gov't Code Ann. §551.071 to Receive Peer Review and/or Medical Committee Report with Possible Action Upon Return to Open Session.



- Pages 57 – 58 Were Intentionally Left Blank -

Thursday, September 28, 2023

Consideration of Approval of Credentialing Changes for Members of the  
Harris Health System Medical Staff

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The Harris Health System Medical Executive Board approved the attached credentialing changes for the members of the Harris Health System Medical Staff for September 2023.

The Harris Health System Medical Executive Board requests the approval of the Board of Trustees.

Thank you.

# Board of Trustees



## September 2023 Medical Staff Credentials Report

### Medical Staff Initial Appointments: 52

BCM Medical Staff Initial Appointments - 23 UT

Medical Staff Initial Appointments - 24 HCHD

Medical Staff Initial Appointments - 5

### Medical Staff Reappointments: 104

BCM Medical Staff Reappointments - 57

UT Medical Staff Reappointments - 45

HCHD Medical Staff Reappointments - 2

### BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Changes in Clinical Privileges: 7

### BCM/UT/HCHD Medical Staff Resignations: 6

### For Information

Patient Care Need Temporary Privileges - 3

Temporary Privileges Awaiting Board Approval - 30

### BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Files for Discussion: 2

Medical Staff Initial Appointment Files for Discussion - 1

Medical Staff Reappointment Files for Discussion - 1

Thursday, September 28, 2023

Review and Discussion Regarding the Harris Health System Staffing Advisory Committee's  
Semi-Annual Evaluation of the Nurse Staffing Plan and Aggregate Staffing Variance

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In accordance with Harris Health System policy and Department of State Health Services, Title 25, Texas Administrative Code, §133.41(f) and (o); the Staffing Advisory Committee reports semi-annually to the Board of Trustees its evaluation of the effectiveness of the official nursing services staffing plan and aggregate staffing variance.

This report is being presented for informational purposes only.

**Harris Health System Board of Trustees**  
**Staffing Advisory Committee Evaluation of the FY23 Nurse Staffing Plans**  
**Summary**

**Board Date: September 28, 2023**

**I. Overview**

Annually, Harris Health System Nursing Services plan for the adequate number of nurses and support staff for each nursing service provided. The staffing plan is based on historical data; projections for future program development and expansion; and the Staffing Advisory Committee’s input into the needs of patients, the unit and nursing staff. The plan takes into account patient census, scope of services provided on the unit; severity of illness and intensity of care; geographical layout of the unit; skill mix; and competency and experience of the nurses.

**II. FY 2023 Staffing Plans**

The table below shows our RN to patient ratios. These ratios are consistent with community and national standards. The unlicensed assistive personnel ratios vary based on census, the patient population served, and the needs of the patients.

<b>Patient Care Area</b>	<b>Charge Nurse</b>	<b>RN to Patient Ratio</b>	<b>Unlicensed Personnel</b>	<b>Clerical</b>
Intensive Care	1	1:1-2	1:5-10	1
Coronary Care	1	1:1-2	1:5-10	1
Intermediate Care	1	1:3-4	1:5-10	1
Specialty Care	1	1:3-4	1:5-10	1
Medical/Surgical	1	1:5	1:5-10	1
Labor & Delivery	1	1:1-2	1	1
Perinatal Special Care		1:3		
Postpartum Couplets	1	1:3-4 couplets	1	1
Level III Nursery: Neonatal ICU	1	1:2		1
Level II Nursery	1	1:3-4		1
Psychiatry	1	1:6	1:5-6	
IMU/Med Surg/Tele Units	1	1:4-5	1:8-9	1
Operating Services	Follows The Association of periOperative Registered Nurses (AORN) Staffing Guidelines			

### III. Evaluation of the Nurse Staffing Plans – September 2023

#### A. Ben Taub Hospital

Evaluators	Total Surveyed	Total Respondents	Response Rate	% Strongly agree or agree	% Disagree or strongly disagree*
Nurse Clinician members	16	16	100%	85%	15% - Disagreed 0 – Strongly disagreed

#### B. Lyndon B. Johnson Hospital

Evaluators	Total Surveyed	Total Respondents	Response Rate	% Strongly agree or agree	% Disagree or strongly disagree
Nurse Clinician members	17	16	94%	91%	9% - Disagreed 0 – Strongly disagreed

\*The statement with the highest level of disagreement was “There is a general sense of adequate staffing.”

### IV. Year-to-Date Aggregate Staffing Variance (Clinical Areas)

(As of Pay Period Ending 8/12/2023)

	Actual FTEs Worked	Budgeted FTEs Flexed	FTE Variance
BT – Nursing Services	1171.5	1138.8	32.7
LBJ – Nursing Services	976.5	971.6	4.90

### V. Patient Care Outcomes

The Committee conducted a correlation analysis between patient falls and hours per patient day. The units included in the review experienced patient falls for most of the months from May 2022 to December 2022. Before drawing a conclusion about the relationship between the two variables for two nursing units at Ben Taub Hospital, additional data points are being collected. A large enough sample is needed to account for outliers that may skew the relationship. There was no significant relationship between the two variables in any of the other clinical areas that were reviewed.

Thank you.

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH  
SYSTEM

Thursday, September 28, 2023

Consideration of Approval Regarding Credentialing Changes for Members of the  
Harris Health System Correctional Health Medical Staff

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**September 2023 Correctional Health Credentials Report**

**Medical Staff Initial Appointments: 4**

**Correctional Health Medical Staff Files for Discussion: NA**



Thursday, September 28, 2023

Consideration of Approval of Skilled Trade Protections for Bond-Funded Construction  
Contracts Policy

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Executive Summary

On April 27, 2023, the Board of Trustees unanimously passed a resolution to request the Harris County Commissioner's Court to order a bond election for the purposes of financing the acquisition, construction, equipment and/or enlargement of Harris Health System facilities in the estimated amount of 2.5 Billion dollars. The approved resolution included the Board's intent to mandate that bond funded Harris Health construction projects have the following requirements: 1) each worker will receive a minimum \$15/hour wage or a wage that meets the requirements of the Davis-Bacon and Related Act, whichever is higher; 2) a minimum of 10% of the total project hours in construction projects shall be done by individuals enrolled in the Department of Labor registered apprenticeship or Bilingual Craft training programs; and 3) employer safety records for workers will be considered when making awards by utilizing Harris County's Contractor Safety Standards, including OSHA Safety Training and temporary disqualifications of employers with poor employee safety records. Harris Health Administration proposes this draft policy to address the intent of the Board related to the aforementioned worker protection requirements.

**Scope/Applicability.** The policy applies to each construction contract with a total contract value of at least \$10 Million that uses any proceeds from the issuance of bonds approved through a bond election in accordance with Chapter 1251 of the Texas Government Code ("Bond Contract"). The Harris County Purchasing Agent will include the relative forms and certification requirements into each applicable solicitation, assure the requirements are met by the contractor who would be awarded the contract, and treat as nonresponsive any bid or proposal that does not include the certifications required by the policy.

**\$15 Minimum Wage.** In August 2019, the Harris County Commissioner's Court approved an order (the "2019 Workforce Protection Order") mandating, in part, a \$15 minimum wage for all building construction contracts implemented by the Harris County Purchasing Agent. Subsequent to that order, Harris County updated the Prevailing Wages for Building Construction to include a \$15 minimum wage for all positions. Harris Health System uses the Harris County Prevailing Wages for Building Construction in all construction projects, and is therefore already satisfying this requirement through existing solicitation procedures. This policy formalizes Harris Health's use of the Harris County Prevailing Wages and the monitoring, compliance, and enforcement provisions of the Davis-Bacon Act.

**10% Apprenticeship.** Each Bond Contract will require that at least 10% of the total project hours be performed by an individual (i) enrolled in or a graduate of a bona fide apprenticeship program registered with the US Department of Labor (“DOL”), or (ii) enrolled in or a graduate of a DOL-certified Bilingual Training Program. When calculating whether the 10% requirement is met, “total project hours” includes all hours worked on the project, including all subcontracts no matter their value.

**Worker Safety.** The solicitation for each Bond Contract, and each subcontract with an estimated value greater than \$50,000, shall include a safety record questionnaire. To meet the requirements of the Policy, the bidder must certify each of the items on the questionnaire and submit the certification with its bid or proposal in order to be awarded the Bond Contract or subcontract. Subcontractors must certify each of the items on their questionnaire and submit the certification to the Contractor. The Contractor or Subcontractor is not required to provide supporting documentation to Harris Health unless it is specifically requested. Any contractor or subcontractor who does not certify as “true” each of the worker safety requirements shall be treated as nonresponsive and cannot be awarded the contract or subcontract.

Additionally, before starting work on the Project, for the prime contract and applicable subcontracts (i.e. over \$50K subcontract), 100% of the workers that will perform manual work under the Bond Contract must be OSHA-10 certified and 100% of the managers and supervisors who will manage at least one worker on the Project must be OSHA-30 certified. Contractors and subcontractors must provide this OSHA training free of charge to their workers and managers and pay regular hourly wages to the workers and managers for the 10-hour and 30-hour certification classes, respectively.

In order to minimize the cost burden on startup small, minority, and/or women-owned business, and remove that cost burden as a barrier to participation for those new companies, Harris Health will reimburse the contractor and subcontractors for the costs of the training course and the hours spent training prior to beginning work on the Project.

**Responsibilities.** Harris County Purchasing will ensure the appropriate forms are included in the relevant solicitations, review the bids for requirements of this policy, and treat as nonresponsive any bid that does not comply. Harris Health Facilities Construction and Systems Engineering, or its representative, will receive and review the monthly pay applications for requirements of this policy and make initial determinations on non-compliance and enforcement of remedies. The SVP of Harris Health Facilities Construction and Systems Engineering shall hear and decide appeals of decisions made under the policy.



**HARRISHEALTH SYSTEM**

**SKILLED TRADE  
PROTECTIONS  
FOR BOND-  
FUNDED  
CONSTRUCTION  
CONTRACTS**

Louis G. Smith, Jr.  
Sr. EVP/Chief Operating Officer

# Approved Resolution – April 27, 2023

Harris Health, by and through its Board of Trustees, hereby approves to request the Harris County Commissioner's Court to Order a Bond Election, Pursuant to Section §281.102 of the Texas Health and Safety Code During the Next General Election for the Purposes of Financing the Acquisition, Construction, Equipment, and/or Enlargement of Harris Health System Facilities in the Estimated Amount of 2.5 Billion Dollars with the Board's intentions to mandate that:

1. Each worker on a Bond Funded Harris Health Project will receive a minimum of either a \$15/hour wage or a wage that meets the requirements of the Davis-Bacon and Related Act, whichever is higher;
2. A minimum of 10% of the total project hours shall be done by individuals enrolled in the Department of Labor registered apprenticeships or Bilingual Craft training programs; and
3. Employer Safety Records for workers will be considered when making awards utilizing Harris County's Contractor Safety Standards, including OSHA Safety Training and temporary disqualification of employers with poor employee safety records.

# Policy Elements in Comparison to Harris County

Requirement	Harris County Status	Harris Health Status	Complete?
\$15 Minimum Wage	Implemented Since 2019 for All Construction Awards by Utilizing Harris County’s Prevailing Wages for Building Construction	Implemented Since 2019 for All Construction Awards by Utilizing Harris County’s Prevailing Wages for Building Construction	Complete since 2019
10% Total Project Hours Worked by Individuals in Apprenticeship Program	Working Group Study is Ongoing; not yet implemented	Develop a Policy for Board Approval No Later Than September 2023	Addressed in Draft Harris Health Policy
Employer Safety Records Utilizing Harris County Contractor Safety Standards	Safety Policy Approved by Commissioner’s Court in January 2023; Internal Procedures Still Under Development	Develop a Policy for Board Approval No Later Than September 2023	Addressed in Draft Harris Health Policy

# Bond Construction Policy Timeline

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1. August 2023 – Board discussion and comment period on draft policy for Bond-Funded Construction Contracts
2. September 2023 – Board will consider approval of Bond policy
3. October 2023 - HHS Facilities Construction & Systems Engineering is developing a Safety Program – including regular safety meetings and heat related protections, among other requirements - to include in all Harris Health construction projects
4. October 2023 – Administration will develop internal procedures for compliance monitoring and reporting on adopted policy parameters



**TITLE: SKILLED TRADE PROTECTIONS FOR BOND-FUNDED CONSTRUCTION CONTRACTS**

**PURPOSE:** To mandate certain protections for skilled trade workers in construction contracts funded by bonds approved in accordance with Chapter 1251 of the Texas Government Code.

**POLICY STATEMENT:**

All solicitations and contracts for construction projects meeting the applicability requirements set forth herein shall include provisions mandating: (1) a minimum of either a \$15/hour wage or a wage that meets the requirements of the Davis-Bacon Act, whichever is higher; (2) a minimum of 10% of total project hours be completed by individuals enrolled or graduated from an approved apprenticeship training program; and (3) the usage and tracking of employer safety records, including OSHA Safety Training of every individual who works on the job site.

**POLICY ELABORATIONS:**

**I. DEFINITIONS:**

- A. **APPRENTICE.** (i) a person enrolled in or a graduate of a bona fide Apprenticeship Program as defined by this policy or (ii) a person in the first 90 days of probationary employment as an apprentice in such an Apprenticeship Program, who is not individually registered in the program, but who has been certified by the Office of Apprenticeship Training, Employer and Labor Services or a State Apprenticeship Agency (where appropriate) to be eligible for probationary employment as an apprentice or (iii) a person enrolled or a graduate of a DOL-certified Bilingual Training Program.
- B. **APPRENTICESHIP PROGRAM.** (i) A program registered with the U.S. Department of Labor (“DOL”), Employment and Training Administration, Office of Apprenticeship Training, Employer and Labor Services (“OA”), or (ii) an OA-Certified Bilingual Craft Training Program.

- C. **BOND CONTRACT.** A contract that meets the requirements of Section II.A. of this policy.
- D. **CONTRACTOR.** The company who submits a bid or proposal and is awarded as the prime contractor on a Bond Contract.
- E. **DAVIS BACON ACT.** The Davis-Bacon Act of 1931, currently codified in 40 U.S.C §§ 3141 *et seq.*
- F. **PROJECT.** The construction project set forth in the Bond Contract.
- G. **SUBCONTRACTOR.** A company that has been awarded by the Contractor to perform part of the work or services of an existing Bond Contract between the Contractor and Harris Health.
- H. **TOTAL PROJECT HOURS.** The total labor hours performed by Workers on a Project. Includes all hours worked by the Contractor and all Subcontractors on the Project, including all Subcontracts no matter their contract value. Excludes hours worked by foremen, superintendents, supervisors, and owners.
- I. **WORKER.** Individuals performing work on a Bond Contract as a trade worker or laborer, and as further defined and limited according to the Davis-Bacon Act (40 U.S.C §§ 3141 *et seq.*) This term includes full-time, part-time, temporary, and seasonal employees who are directly assigned to a Project, whether the work is performed onsite or offsite.

## II. SCOPE AND APPLICABILITY

- A. **Bond Contracts.** This policy applies to all contracts that (1) are funded through the use of any proceeds from bonds approved in accordance with Chapter 1251 of the Texas Government Code, (2) are procured by Harris Health System under Chapter 2269 of the Texas Government Code; (3) have a total contract value of at least \$10,000,000; **and** (4) are not exempted by this Section.

The following types of contracts are exempt from this policy:

1. Services procured under Texas Government Code § 2254 (Professional



- and Consulting Services), or
2. Contracts for purchases of goods and services considered to be ancillary to the construction services. A business entity that only supplies goods (bricks, supplies, tools, etc.) and such transportation services as may be incident to delivering those goods to Harris Health property (including the use of common carriers (e.g., truck drivers)) is considered a “Supplier” and Suppliers are not subject to this policy.
- B. This policy does not limit, or impact in any way, Harris Health’s ability to consider in the manner it deems appropriate any relevant factor specifically listed in any particular request for bids, proposals, or qualifications.
- C. This policy is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against Harris Health, its departments, agencies, entities, officers, employees, agents, or any other person.
- D. Except where specifically noted otherwise within this Policy, the requirements of this policy apply to all Workers on a Project, whether or not the work is completed as an independent contractor or under an employment contract with the Contractor or a Subcontractor.

### III. GENERAL REQUIREMENTS:

#### A. Wage Requirements.

1. Each Worker on a Project shall receive a minimum of either \$15 per hour wage or a wage that meets the requirements of the Davis-Bacon Act, whichever is higher.
2. Harris Health shall follow the guidelines of the Davis Bacon Act in regards to all relevant issues regarding worker classifications, wage determinations, compliance monitoring, enforcement and other rules related to questions and determinations in this policy.
3. Harris Health shall use the Harris County Building Construction Prevailing Wage Rates for the quarter in which a Project is advertised.

### **B. Apprenticeship Requirements.**

1. On each Project, the Contractor shall ensure that a minimum of 10% of the Total Project Hours are performed by an Apprentice as defined by this policy.
2. Apprentice certificates must be supplied with the first weekly payroll upon which the Apprentice's name appears on certified payroll. For Workers who are not graduates of an apprenticeship program, Contractor shall submit certification of current enrollment in an Apprenticeship Program with the first weekly payroll upon which the Worker's name appears on a certified payroll.
3. With its monthly Application for Payment, the Contractor shall submit the Apprentice Utilization Report on the form provided by Harris Health.
4. When measuring Total Project Hours, include all hours worked by the Contractor and all Subcontractors on the Project, including all Subcontracts no matter their contract value.
5. If, during the performance of the Project, an Apprentice leaves employment with the Contractor/Subcontractor, and the Contractor/Subcontractor does not have a suitable Apprentice replacement to fulfill the Apprentice's role, the Contractor may request the approval of Harris Health to utilize a replacement worker that is not enrolled in an Apprenticeship Program (a "Replacement Worker") on the Project for a period of thirty (30) calendar days. If an approved Replacement Worker meets the qualifications of an Apprentice by the end of that thirty (30) day period, all hours worked by the Replacement Worker during the thirty (30) days shall be counted as Apprentice hours towards the 10% requirement.

### **C. Worker Safety Requirements.**

1. The solicitation for each Bond Contract, and each subcontract with an estimated value greater than \$50,000, shall include a safety record

questionnaire. To meet the requirements of this Policy, the bidder must certify each of the items on the questionnaire and submit the certification with its bid or proposal in order to be awarded the Bond Contract or subcontract. Subcontractors must certify each of the items on their questionnaire and submit the certification to the Contractor. The Contractor or Subcontractor is not required to provide supporting documentation to Harris Health unless it is specifically requested.

2. The Contractor on a Bond Contract, and each Subcontractor with an estimated subcontract value greater than \$50,000, shall be required to certify the following:
  - a. The Contractor/Subcontractor has not been listed on OSHA's Severe Violator Enforcement Program (SVEP) Log at any time within the three (3) years preceding the date of the certification;
  - b. The Contractor/Subcontractor has not been sanctioned with an OSHA Citation and Notification of Penalty classified as one of the following types (if the OSHA Citation is contested, then its classification is based on the Settlement with OSHA or OSHA Final Order) within the three (3) years preceding the date of this certification: (1) "Serious" with a Gravity finding of "High" ; (2) "Willful or Repeated"; (3) "Failure to Abate"; and/or (4) "Posting Requirements" with a Gravity finding of "High"<sup>1</sup>;
  - c. The Contractor/Subcontractor (i.e., the company itself, not the company's employees) has not been convicted of a criminal offense within the past ten (10) years in connection with a workplace incident that resulted in serious bodily harm or death;
  - d. Before starting work on the Project, each of the Contractor/Subcontractor's Workers that will be doing manual work under the Bond Contract is OSHA 10 certified;
  - e. Each of the Contractor/Subcontractor's managers who manage at least one Worker that will be doing manual work on the Project or

other work that directly impacts workplace safety, is OSHA 30 certified:

- f. The Contractor/Subcontractor will not require their managers or Workers to pay for training associated with their OSHA 10 or OSHA 30 certification;
  - g. The Contractor/Subcontractor will compensate its managers and Workers at their normal hourly rate for time spent obtaining their OSHA 10 or OSHA 30 certification; and
  - h. The Contractor/Subcontractor will provide access to all records, and take whatever steps necessary (e.g., obtain and disclose Gravity findings from OSHA with respect to an OSHA citation, waive any confidentiality (only to the extent necessary to comply with this policy), etc.), to demonstrate compliance with the requirements of this policy.
3. When awarding a Bond Contract, Harris Health may consider the employer safety records of each potential Contractor, including the certifications listed above. If the Contractor/Subcontractor fails to certify that it has met the requirements, Harris Health will deem the company's bid nonresponsive. This determination will disqualify the Contractor/Subcontractor from only the bid at issue—the entity will not be prohibited from bidding on other Harris Health projects.
4. If a Worker is not OSHA Safety Certified before that Worker begins work on the Project, and in order to comply with this Policy, the Contractor/Subcontractor needs to have the Worker complete that safety training before beginning work on the Project, then the Contractor/Subcontractor may include the training costs and wages for the Worker as a cost of the Project in the pay applications to Harris Health.
- D. **Recordkeeping.** Contractors (not Subcontractors) shall maintain all records, reports, and other documents or items that demonstrate compliance with the requirements of this policy, including, but not limited to, all documents that

demonstrate that Subcontractors meet the requirements of this policy. Contractors shall ensure Harris Health has access to all records, reports and other documents or items of Contractor and/or Subcontractors that are maintained to demonstrate compliance with the requirements of this policy.

#### IV. RESPONSIBILITIES:

##### A. Wage Rate Compliance

1. Harris County Purchasing Agent shall include, within each solicitation for a Project, the Harris County Building Construction Prevailing Wage Rates for the quarter in which a Project is advertised.
2. Facilities Construction & Systems Engineering, or its representative, shall ensure Contractor and Subcontractor compliance with the Davis Bacon Act.

##### B. Apprenticeship Requirements.

1. Harris County Purchasing Agent shall:
  - a. Include, within each solicitation for a Bond Contract, the apprenticeship certification form prepared according to this policy;
  - b. Review bids and proposals for document submission consistent with this policy; and
  - c. Declare non-responsive any bid or proposal that does not meet the requirements of this policy.
2. Facilities Construction & Systems Engineering, or its representative, shall:
  - a. With support from the Harris County Attorney's Office, prepare forms for Contractors to submit with their bid proposals and monthly pay applications to ensure compliance with the Apprenticeship Requirements of this policy;

- b. Review each monthly pay application submitted by Contractors for compliance with this policy, including ongoing review and end-of-Project verification of the calculation of whether 10% of Total Project Hours was worked by Apprentices;
- c. Review and respond to Contractors' written requests described in Sections III.B.5-6 of this policy, and keep a record of these decisions and responses in the Project files; and
- d. Prepare monthly reports of Total Project Hours on all Projects and the current and projected percentage of Apprentice hours worked.

### C. Worker Safety Requirements

- 1. Harris County Purchasing Agent shall:
  - a. Include, within each solicitation for a Project, the certification form prepared according to this policy;
  - b. Review bids and proposals for document submission consistent with this policy; and
  - c. Declare non-responsive any bid or proposal that does not meet the requirements of this policy.
- 2. Facilities Construction & Systems Engineering, or its representative, shall:
  - a. With support from the Harris County Attorney's Office, prepare forms for Contractors and Subcontractors to submit with their bid proposals and monthly pay applications to ensure compliance with the Worker Safety Requirements of this policy;
  - b. Review each monthly pay application submitted by Contractors for compliance with the Worker Safety Requirements of this policy; and
  - c. Receive and address complaints regarding failures to comply with the Worker Safety Requirements of this policy.



### V. ENFORCEMENT AND NON-COMPLIANCE

- A. A bid or proposal will be deemed nonresponsive if every question on the safety record questionnaire is not marked “True” or if a response to a question in the safety record questionnaire is found to be false.
- B. Harris Health may conduct compliance reviews before the award of a Bond Contract or whenever it deems it necessary after the award.
- C. A Contractor found to have violated the requirements of this Policy during the term of the Bond Contract, shall be subject to:
  - 1. Negative impact on submissions of future Harris Health solicitations and possibly denial of award of a contract, including non-Bond Contracts;
  - 2. Probation, suspension, or debarment for a period of time determined in the sole discretion of Harris Health.
- D. A Contractor or Subcontractor may appeal a finding of a violation under this Policy to the Senior Vice President of Harris Health’s Facilities Construction & Systems Engineering Department.

### REFERENCES/BIBLIOGRAPHY:

<sup>1</sup> OSHA Post-Citation Procedures and Abatement Verification.

<https://www.osha.gov/enforcement/directives/cpl-02-00-163/chapter-7#:~:text=Violation.,Penalties>

Harris Health System Board of Trustees Resolution No. 23.04-49

Occupational Safety & Health Administration [OSHA]. (1998). Abatement verification (29 CFR 1903.19).

US Department of Labor Apprenticeship website:

<https://www.dol.gov/general/topic/training/apprenticeship>

# HARRIS HEALTH SYSTEM

## POLICY AND REGULATIONS MANUAL

Policy No:  
Page Number: 10 of 10

Effective Date:  
Board Motion No:

Last Review Date:  
Due For Review:  
Published Date:

29 U.S.C. §50. Promotion of Labor Standards of Apprenticeship.

29 CFR 29. Labor Standards for the Registration of Apprenticeship Programs.

### OFFICE OF PRIMARY RESPONSIBILITY:

Facilities Construction & Systems Engineering

### REVIEW/REVISION HISTORY:

Effective Date	Version # (If Applicable)	Review/ Revision Date (Indicate Reviewed or Revised)	Approved by:
00/00/0000			

Printed versions of this document are uncontrolled. Please go to the Harris Health Document Control Center to retrieve an official controlled version of the document. <https://apps.hchd.local/sites/dcc>



Thursday, September 28, 2023

Consideration of Approval of a Community Benefits Agreement between  
Harris Health System and Community Organizations

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**HARRIS COUNTY HOSPITAL DISTRICT D/B/A HARRIS HEALTH SYSTEM AND  
COMMUNITY ORGANIZATIONS  
COMMUNITY BENEFITS AGREEMENT**

The Harris County Hospital District d/b/a Harris Health System or “Harris Health” is a hospital district established pursuant to Article IX, Section 4 of the Texas Constitution and Tex. Health & Safety Code §§281.001 et seq., as amended with responsibility for furnishing medical and hospital care for indigent and needy persons residing in Harris County. Harris Health strives to ensure equitable access to healthcare, to eliminate healthcare disparities, to educate the community and provide preventive health initiatives, and to build positive economic development and lasting workforce employment that will benefit the surrounding communities for generations to come.

Harris Health is a governmental entity funded with public tax dollars and as such, there are legal limitations regarding entering into a contractual commitment with community entities.

The Community Leadership Coalition for Accountability, or “The Coalition” and other supporting parties are comprised of community-based and faith-based organizations (collectively “Community Organizations”) as outlined on Attachment 1.

This agreement (“Agreement”) between the Community Organizations and Harris Health is entered into to ensure Harris Health promotes the priorities identified herein in coordination with the Community Organizations and subject to the limitations of Harris Health’s statutory authority, appropriation of funds, Strategic Plan, and applicable policies and procedures.

**PRIORITY 1: THE CENTER FOR ELIMINATION OF HEALTHCARE DISPARITIES.** Quality healthcare that reduces or eliminates income produced/related disparities and considers the health issues most prevalent in underserved communities. Harris Health is committed to seeking innovative approaches for quality healthcare and for greater alignment with the immediate and growing healthcare challenges within the community.

- Harris Health will establish The Center for Elimination of Healthcare Disparities (“The Center”) located on LBJ Campus with the following objectives:
  - recognize that all people are entitled to equitable care and treatment regardless of race, gender, national origin/ethnicity, religion, age, disability status, income, sexual orientation or any other characteristic protected by law;
  - serve as a key community resource for physical and mental health and healing, illness prevention, and treatment for current and future generations;
  - create a learning environment and offer access to tools to allow the broader community to partner in the elimination of healthcare disparities by establishing a curriculum for lifestyle changes on preventive health;
  - provide information regarding Harris Health’s health initiatives and best practices in equity programs that are focused on issues that include:
    - Maternal Morbidity and Mortality;
    - Hypertension and other cardiovascular diseases;
    - Diabetes;
    - Behavioral Health;
    - Colon, Prostate, Lung and Breast Cancer;
    - Substance Abuse; and
    - Preventive Health Care;

- partner with community-based organizations, including organizations recommended by the Community Organizations, to address issues such as sex trafficking, gun violence and other violent trauma to the extent permitted by law;
- promote internship opportunities and employment pathways in fields associated with research and elimination of healthcare disparities;
- connect eligible patients with accessible resources that address food and housing insecurity, nutrition education, access to virtual health care, access to immunizations, and other available programs;
- assist in coordinating community resources and collaborate with Harris County, City of Houston and/or community-based organizations to address the social determinants of health that contribute to health disparities and support the surrounding communities of LBJ Hospital and other Harris Health facilities;
- welcome and receive input from the community regarding potential strategies to address social determinants of health, including housing and environmental concerns, and establish partnerships for research, publication and outreach;
- collaborate with area agencies and private entities to educate, inform and support initiatives related to housing and environment, such as high quality and energy efficient housing, to address healthcare disparities to the extent permitted by law;
- establish partnerships with entities, including Harris County and the City of Houston and/or other agencies responsible for monitoring and improving environmental conditions to support education regarding environmental health resources for the surrounding neighborhoods and the community;
- adhere to all Harris Health policies and procedures including the M/WBE policy and procurement policy;
- operate with professional and qualified staff to facilitate progress in meeting the goals and objectives of The Center; and
- provide quarterly reporting to the community regarding the outcomes of equity initiatives as specified/outlined in the Harris Health Strategic Plan.

**PRIORITY 2: M/WBE PARTICIPATION.** Encourage and promote participation by all sectors of the business community, including businesses owned by members of a minority group or by women (M/WBE) in Harris Health’s contract opportunities. Harris Health will:

- maintain its M/WBE program that helps to eliminate barriers to M/WBE participation, encourage M/WBE and small business growth and development, and encourage the transition from subcontractors to prime contractors’ status;
- in alignment with Harris Health’s Strategic Plan DEI (Diversity Equity & Inclusion) Pillar Six, foster a diverse and inclusive workplace, cultivate and sustain strategic relationships with suppliers and community partners, and broaden its reach and understanding of the communities it serves;
- Harris Health Administration expects Executive Leadership to comply with all Harris Health policies, including procurement and M/WBE policies. Compliance with applicable Harris Health policies will be built into annual achievement competencies for Executive Leadership, which are part of the annual review process; and
- continue to outreach M/WBEs and provide periodic reports to the community regarding M/WBE program activities and outcomes.

**PRIORITY 3: EDUCATION OUTREACH AND INTERNSHIPS/EXTERNSHIPS AND EMPLOYMENT OPPORTUNITIES.** Promote education internships and externships as pipelines to healthcare/health professionals and institutional pathway opportunities related to all employment at

Harris Health and at all levels including, but not limited to, nursing, pharmacy, information technology, and other departments. Harris Health will demonstrate its commitment to the expansion of the pipeline for healthcare professionals and supporting all employment by a robust system of recruiting and hiring as a driver of improved health outcomes in vulnerable populations. In furtherance of this priority, Harris Health will:

- provide outreach to residents of HUD Qualified, or Low-Income Housing Tax Credit Qualified Census Tracts in Harris County to encourage and promote employment opportunities at Harris Health;
- subject to available funds, create jobs including, but not limited to those in the areas of healthcare, providing competitive salary and benefit packages based on the balance across external (market) competitiveness and internal equity;
- continue to support additional educational efforts beyond current efforts and shall create employment opportunities through: partnerships with academic institutions, including those with high percentages of minority students; internships, residencies, and/or externships for key clinical and non-clinical roles (in collaboration with community and academic partners); development of programs designed to educate and expose community residents (elementary school age and older) to health care careers; and job fair and other hiring opportunities in disadvantaged communities;
- make attainment of full-time employment opportunities a goal for its internship program;
- expand its outreach to academic institutions of higher learning including Historically Black Colleges and Universities and Hispanic-Serving Institutions as well as other general enrollment colleges and universities; and
- seek opportunities to partner with community-based organizations that educate, train, and prepare future healthcare workers to strengthen pipelines to employment.

**I. MUTUALLY AGREED UPON OBJECTIVE**

The Community Organizations and Harris Health agrees to work toward accomplishing the goals as described in this agreement. Through consistent dialogue and discussion, the parties will maintain mutual commitment of transparency and reporting for the purpose of ensuring the success of attaining the objectives of this agreement.

**II. TERM OF AGREEMENT**

The term of this Agreement shall commence upon final execution and shall continue and remain in effect until completion of the respective projects.

**III. RIGHT OF TERMINATION**

Either Harris Health or the Community Organizations may terminate its participation in this Community Benefits Agreement by written notice from the terminating party to the other party upon (a) 90 days notice or (b) immediately upon non-funding or non-appropriation made in good faith, gross negligence of the non-terminating party, or for breach of a material term by the non-terminating party.

*Force Majeure.* In the event that either Party is unable to perform any of its obligations under the Agreement or to enjoy any of the benefits because of natural disaster, pandemics, actions or decrees of governmental bodies or communications line failure not the fault of the affected party (referred to as a "*Force Majeure* Event"), the Party who has been so affected immediately agrees to give notice to the other Party and agrees to do everything possible to resume performance. Upon receipt of such notice,

the Agreement is immediately suspended. If the period of nonperformance exceeds ten (10) calendar days from the receipt of notice of the *Force Majeure* Event, the Party whose ability to perform has not been so affected may terminate the Agreement immediately by giving written notice to the other Party.

**IV. SEVERABILITY**

If any provision or part of the Agreement or its application to any person, entity, or circumstance is ever held by any court of competent jurisdiction to be invalid for any reason, the remainder of the Agreement and the application of such provision or part of the Agreement to other persons, entities, or circumstances are not affected.

**V. NOTICE**

Any notice required to be given under the provisions of this Agreement shall be in writing and shall be duly served when it shall have been personally delivered to the address below, or deposited, enclosed in a wrapper with the proper postage prepaid thereon, and duly registered or certified, return receipt requested, in a United States Post Office, addressed to the party at the party or the party representatives' registered address. If mailed, any notice or communication shall be deemed to be received three (3) days after the date of deposit in the United States Mail. If electronic, any notice or communication shall be considered given and complete upon successful electronic transmission.

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**HARRIS COUNTY HOSPITAL DISTRICT  
D/B/A HARRIS HEALTH SYSTEM**

**COMMUNITY ORGANIZATIONS**

By: \_\_\_\_\_  
  
\_\_\_\_\_

By: *See attached signature pages*

Attachment 1: The Coalition – Harris Health System Community Benefits Agreement

The undersigned community-based and faith-based organizations and individuals represent The Coalition and support the execution of this Community Benefits Agreement:

The Community Leadership Coalition for Accountability

Dr. James M. Douglas, Attorney  
Organization Representative

Algenita Scott Davis, Attorney  
Organization Representative

NAACP Houston Branch

Dr. James Dixon, Branch President  
Organization Representative

Houston Metropolitan Baptist Ministers Conference

Dr. Sam Gilbert, President  
Organization Representative

Houston Area Urban League

Judson Robinson, III  
Organization Representative

Houston Metropolitan Baptist Ministers Conference

Pastor Byron Stevenson, Vice President  
Organization Representative

Nation of Islam, Mosque #45

Dr. Abdul Haleem Muhammad  
Organization Representative

Northeast Harris County Ministers Association

Pastor Rolin J. Robertson  
Organization Representative

100 Black Men - Houston

Darnell Joseph, President  
Organization Representative

First Metropolitan Church

Bishop John Ogletree  
Organization Representative

Wheeler Avenue Baptist Church

Rev. Alexander E.M. Johnson, Executive Pastor  
Organization Representative

New Faith Baptist Church Northeast

Pastor M.D. Morrison  
Organization Representative

Third Ward Community Cloth

Theola Petteway  
Organization Representative

New Mt. Calvary Baptist Church

Pastor Christopher Moore  
Organization Representative

Greater Houston Coalition for Justice

Johnny Mata  
Organization Representative

Household of Faith Community Church

Dr. Kenneth Campbell  
Organization Representative

American Federation of State, County,  
& Municipal Employees, Local 1550

Cynthia Cole, Executive Director  
Organization Representative

Friendship Missionary Baptist Church

Pastor F.D. Sampson  
Organization Representative

Acres Home Chamber of Business & Economic Development

Warren F. Muhammad, Esq.  
Organization Representative

Texas Southern University Master of Public Affairs Graduate Program

Dr. Michael Adams, Director  
Organization Representative

**Harris Health System Community Benefits Agreement**

The undersigned community-based, faith-based organizations and associations represented below support the execution of this Community Benefits Agreement:

Pleasant Hill Baptist Church  
Rev. Harvey Clemons,  
Organization Representative

LULAC – Council #60  
Gracie Saenz  
Organization Representative

President Fifth Ward Redevelopment Corporation  
Kathy Flanagan Payton- CEO  
Organization Representative

The Houston Hispanic Chamber of Commerce  
Dr. Laura Murillo, President  
Organization Representative

Kashmere Gardens Missionary Baptist Church  
Pastor Edward Durant  
Organization Representative

National Association of Minority Contractors (NAMC)  
Houston Chapter  
Ricky Cortez, Chairman  
Organization Representative

New Pleasant Grove Baptist Church  
Pastor Charles E. Turner  
Organization Representative

Vietnamese Culture & Science Association  
Teresa Trinh- Executive Board President  
Organization Representative

Trinity Gardens Church of Christ  
Pastor Timothy Daniels  
Organization Representative

Indo-American Association of Houston  
Sheetal Bedi- Chairman/CEO  
Organization Representative

Trinity Gardens First Baptist Church  
Pastor Robert McClean  
Organization Representative

Trinity/Houston Gardens  
Huey German Wilson, President of Trinity Houston Gardens  
Super Neighborhood #48  
Organization Representative

Emmanuel Church of God in Christ  
Pastor Hewett Richardson, Jr  
Organization Representative

Kashmere Gardens  
Keith Downey, President of Kashmere Gardens,  
Super Neighborhood #52  
Organization Representative

St. Luke Baptist Church  
Pastor Hillard  
Organization Representative

Trinity/Houston Gardens  
Ken Williams, Vice President of Trinity Houston Gardens  
Super Neighborhood #48  
Organization Representative

The Metropolitan Organization  
Rabbi David A. Lyon, D.D. Congregation Beth Israel  
Organization Representative

Reverend Tracey Phillips, New Hope Baptist Church  
Organization Representative

Thursday, September 28, 2023

Presentation and of the Harris County Hospital District Pension Plan's Actuarial Audit for the Actuarial Valuation as of January 1, 2023, and Consideration of Acceptance of the Actuarial Audit Report

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Representatives from the independent actuarial firm, Milliman, will provide an overview of the results of the actuarial audit of the actuarial valuation services that were provided by Harris Health's retained actuary, USI Consulting Group, for the Board of Trustees consideration and approval.

A copy of the presentation is attached.

Harris Health System is required to complete an actuarial audit for the Harris County Hospital District Pension Plan every five years. The last audit was in 2018. An independent actuarial firm, Milliman, was engaged to perform a detailed review of the actuarial valuation services that were provided by Harris Health's retained actuary, USI Consulting Group (USI).

The review was based on the actuarial valuation of January 1, 2023, that was performed by USI. An overview of the results and the Final Actuarial Audit Report are attached. Milliman determined that the overall valuation appears reasonable, with no need to revise any completed work. Recommendations have been provided for consideration in future valuations.

Management recommends that the Board of Trustees accept the Final Actuarial Audit Report, dated September 2023, for the Harris County Hospital District Pension Plan.





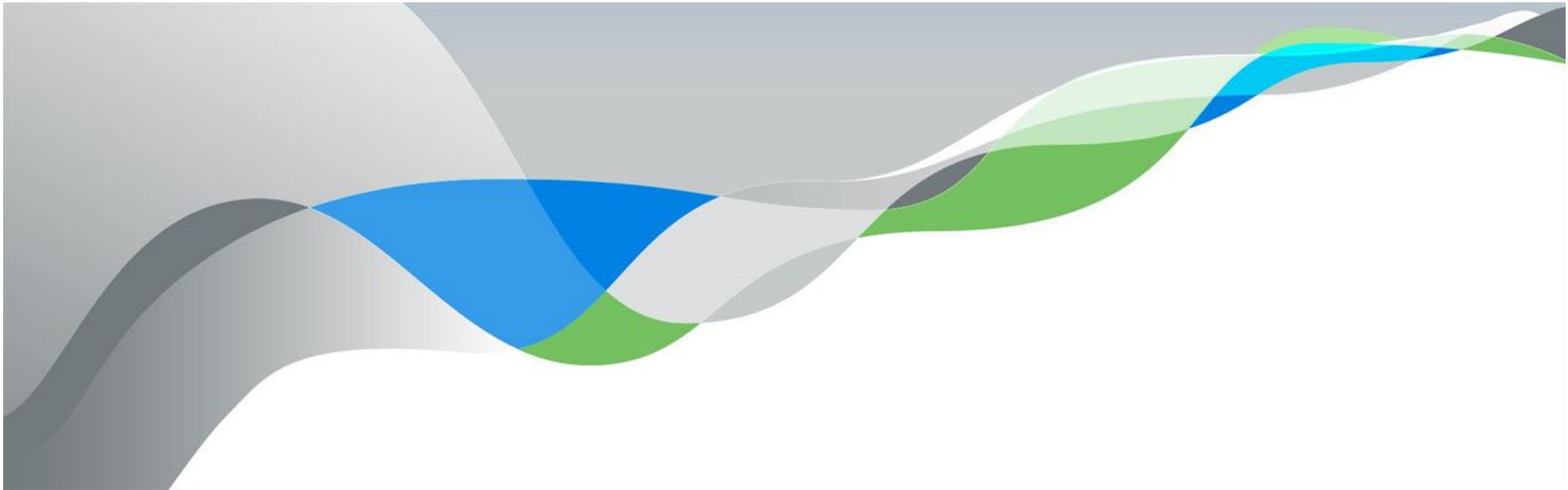
# 2023 Actuarial Valuation Audit Results

Harris County Hospital District Pension Plan

James Tumlinson, Jr., EA, MAAA

David Kent, FSA, EA, MAAA

SEPTEMBER 2023





## Purpose and Scope of the Actuarial Audit

### Purpose

- Review the actuarial work over the past 5 years and confirm that the results of the most recent valuation are reasonable
- Assure the actuarial condition of the Pension Plan is accurately measured, and assess whether the level of contributions, together with the current assets, is sufficient to provide the benefits promised
- Satisfy audit requirement under Texas Government Code
  - Effective 2008, applies to certain Texas public retirement systems with total book value assets of at least \$100 million
  - Audit required every 5 years

### Scope

- Peer review audit of January 1, 2023 Actuarial Valuation; assess the overall appropriateness of the actuarial assumptions and methods and reasonableness of results
- Review of 2019 – 2022 plan year actuarial valuations and 2022 Actuarial Experience Study (for the five-year period 2017 – 2021) prepared by USI Consulting Group (USI) on September 9, 2022



This work product was prepared for Harris County Hospital District solely for the purposes described herein. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties that receive this work.

## Audit Details

### Actuarial Peer Review Audit



## Considered the accuracy and reasonableness of:

- ✓ **Member data used in the valuation process**
- ✓ **The valuation assumptions**
- ✓ **Proper application of the asset smoothing method**
- ✓ **Proper application of the funding method**
- ✓ **The results of the valuations including analysis of the accrued liabilities through testing of sample lives and replication of inactive liabilities for the 2023 valuation**



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# Summary – Next Steps



## Overall valuation appears reasonable – no need for any revisions of completed work

- **The Board can have a reasonable amount of confidence that the actuarial condition of the Pension Plan is being accurately measured**

## Recommendations and considerations

- Consider explicitly disclosing the inflation assumption
  - Impact on salary increase and investment return assumption
- Continue annual review of inflation, salary increase, and investment return assumption
- Consider using “employee mortality” instead of “retiree mortality” during deferral periods for valuing deferred benefits
- Recommend non-accruing actives (actives who opted out of the plan, part-timers, rehires) be valued the same

## Observations

- Additional disclosures will be required by ASOP #4 for future valuation reports

## Hospital District Response

- Management has reviewed the draft of the Actuarial Audit Report prepared by Milliman for the Harris County Hospital District Pension Plan, related to the January 1, 2023 actuarial valuation performed by USI Consulting Group (USI). Thank you for the affirmation that the overall methodology used in estimating the pension liability and plan funding is reasonable and appropriate. Management has reviewed the Summary of Recommendations and Considerations as outlined in Section 10 of the draft report and has shared the draft report with the current actuary, USI. Management will work with USI and the Harris County Hospital District d/b/a Harris Health System Board of Trustees to review and address the recommendations.



This work product was prepared for Harris County Hospital District solely for the purposes described herein. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties that receive this work.

## Caveats and Disclaimers

*This report was prepared solely to provide assistance to Harris County Hospital District. Milliman's work may not be provided to third parties without Milliman's prior written consent. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman's consent to release its work product to any third party may be conditioned upon the third party signing a Release, subject to the following exception: the Plan Sponsor may provide a copy of Milliman's work, in its entirety, to the Plan Sponsor's professional service advisors who are subject to a duty of confidentiality and who agree to not use Milliman's work for any other purpose than to benefit the plan.*

*Milliman recommends that any third party recipient of this report be aided by its own actuary or other qualified professional when reviewing the Milliman report.*

*The consultants who worked on this assignment are retirement actuaries. Milliman's advise is not intended to be a substitute for qualified legal or accounting counsel.*



This work product was prepared for Harris County Hospital District solely for the purposes described herein. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties that receive this work.



# Harris County Hospital District Pension Plan

## 2023 Final Actuarial Audit Report

Prepared by:

**James Tumlinson, Jr., EA, MAAA**  
Principal & Consulting Actuary

**David Kent, FSA, EA, MAAA**  
Consulting Actuary

**Abby Hirshkowitz**  
Actuarial Associate

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Issued September 10, 2023

This work product was prepared for Harris County Hospital District solely for the purposes described herein. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties that receive this work.



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September 10, 2023

Harris County Hospital District  
4800 Fournace Place  
Bellaire, TX 77401

Re: Harris County Hospital District Pension Plan  
Final Actuarial Audit Report

Dear Board Members:

The enclosed report presents the findings and comments resulting from a detailed review of the actuarial valuation services performed by your retained actuary, USI Consulting Group (USI), formerly Findley. Milliman was selected to undertake this review by the Harris County Hospital District (HCHD) Board.

A preliminary draft of the actuarial audit report was submitted to HCHD on August 10, 2023. We received a response to our preliminary draft report from HCHD on August 31, 2023. Section 10 of this report (Summary of Recommendations and Considerations) was expanded to include the response prepared by HCHD.

In accordance with Texas Government Code §802.1012, we have submitted this final audit report and included the response received from HCHD not earlier than the 31<sup>st</sup> day and not later than the 60th day after the August 10, 2023 date of the preliminary draft report. This final report must be submitted to your governing body and the Texas Pension Review Board within 30 days after the date of your receipt of this final audit report.

An overview of our major findings is included in the Executive Summary section of the report. A more detailed commentary on our review process and some suggested recommendations are included in the latter sections.

In preparing this report, we relied on information (some oral and some in writing) supplied by the HCHD staff and directly from USI. This information includes, but is not limited to, plan provisions, employee data and financial information. In our examination of these data, we have found them to be reasonably consistent and comparable with data reported and used for other purposes. While our audit reviewed the methods and assumptions used by USI to develop the actuarial liabilities, we did not audit the data supplied to USI for the actuarial valuation. It should be noted that if any data or other information provided to us is inaccurate or incomplete, our recommendations may need to be revised.

On the basis of the foregoing, we hereby certify that, to the best of our knowledge and belief, this report is complete and accurate and has been prepared in accordance with generally recognized and accepted actuarial principles and practices which are consistent with the principles prescribed by the Actuarial Standards Board (ASB) and the Code of Professional Conduct and Qualification Standards for Public Statements of Actuarial Opinion of the American Academy of Actuaries.

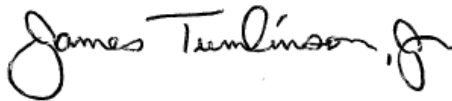
Any distribution of the enclosed report must be in its entirety including this cover letter, unless prior written consent is obtained from Milliman, Inc.

We would like to express our appreciation to you and your staff, as well as to USI, for the timely cooperation provided to us in supplying the data on which this report is based.

We, James Tumlinson, Jr. and David Kent, are members of the American Academy of Actuaries and meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

We respectfully submit the following report, and we look forward to discussing it with you and the Board.

Sincerely,



James Tumlinson, Jr., EA, MAAA  
Principal & Consulting Actuary



David Kent, FSA, EA, MAAA  
Consulting Actuary



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**Section 1****Executive Summary****Purpose and Scope of the Actuarial Audit**

The purpose of an actuarial audit is to review the work performed by HCHD's retained actuary to assure the actuarial condition of the System (HCHD Pension Plan) is accurately measured, and to assess whether the level of contributions, together with the current assets, is sufficient to provide the benefits promised to its participants.

HCHD has requested that we perform the following tasks regarding the January 1, 2023 actuarial valuation:

- ✓ Evaluate and verify the valuation results, including a review of the data, the degree to which the data is sufficient to support the conclusions of the investigation, and a review of the accuracy of the actuarial calculations
- ✓ Evaluate the actuarial assumptions for consistency, reasonableness and compatibility
- ✓ Evaluate the actuarial cost method and its application for appropriateness
- ✓ Evaluate and verify the current method of asset valuation
- ✓ Evaluate and verify the reasonableness of the calculation of the unfunded liability and the amortization period
- ✓ Determine whether the actuary's reports are accurate and comprehensive
- ✓ Recommend alternate approaches or methods
- ✓ Express an opinion on the reasonableness and accuracy of the valuation results, actuarial assumptions, and application of the actuarial cost method
- ✓ Verify that the valuation meets the requirements of the Texas State Pension Review Board Guidelines for Actuarial Soundness, and relevant Actuarial Standards of Practice
- ✓ Confirm the valuation was performed by qualified actuaries

There are two basic approaches that can be used in an actuarial audit:

- a "replication" audit, in which the entire actuarial valuation is completely replicated by the review actuary; and
- a "peer review" audit, in which there is an overall review of the appropriateness of the assumptions and methods. A peer review audit could also include the review of a sample of individual calculations.

HCHD has requested a peer review audit for the January 1, 2023 actuarial valuation including the review of a sample of individual test cases. It should be noted that certain situations may not surface based on this limited peer review audit, so there cannot be 100% certainty of the accuracy of the retained actuary's work. However, this limited peer review audit can give a reasonable sense of confidence that the overall processes and procedures are reasonable. In addition, a peer review audit can reveal some issues that would not necessarily surface in a replication audit. A

replication audit focuses on the overall picture, whereas this limited peer review audit is more oriented toward the overall appropriateness of the processes and procedures.

Accordingly, Milliman has performed an actuarial audit on the January 1, 2023 valuation, including a review of individual participant calculations, and the 2022 actuarial experience study report. We also reviewed the January 1, 2019 through January 1, 2022 actuarial valuation reports (both funding and GASB 67/68) for accuracy, consistency, and completeness.

### Statement of Key Findings

Based upon our review of the January 1, 2023 actuarial valuation, other recent valuation reports covering the 2019 through 2022 plan years, and the 2022 analysis of actuarial assumptions report (based on experience from 2017 through 2021), we found the actuarial work we reviewed was reasonable and appropriate. The valuation was performed by a qualified actuary in accordance with generally accepted actuarial standards and principles.

We have several recommendations for consideration in the next valuation. These recommendations are discussed in Section 10.

As this was not a replication audit and was only a limited peer review audit, our analysis focused on overall reasonableness of assumptions and methods rather than on a replication of the total liabilities of the System. Overall, we feel the methodology employed to determine plan funding is reasonable and appropriate.

Our conclusions concerning the primary issues of this review are as follows:

- **Qualifications:** The January 1, 2023 actuarial valuation for HCHD was performed a qualified actuary and is in accordance with the principles and practices prescribed by the Actuarial Standards Board.
- **Membership Data:** We performed tests on the valuation data, both on individuals and in aggregate. Based on this review, we feel the data used in the valuation is accurate and appropriate.
- **Actuarial Value of Assets:** We have confirmed that the actuarial value of the assets calculated for the January 1, 2023 valuation is accurate and reasonable.
- **Actuarial Liabilities:** One purpose of this actuarial review is to opine on the reasonableness of the liabilities given the participant data. While we did not perform a full replication audit, we reviewed the data as well as seven individual test cases to develop a general impression that the liability for the active participants seems reasonable. We performed an analysis of the liabilities for all the inactive participants and believe that the Board can have a high degree of confidence that inactive participants are being valued appropriately.
- **Funding:** We reviewed the application of the actuarial cost method (entry age normal level percent of pay method) and find it is reasonable and that it meets generally accepted actuarial standards.

- **Assumptions:** We have found the actuarial assumptions used by USI for the January 1, 2023 valuation to be reasonable for funding the System's benefits. A study to assess the reasonableness of the actuarial assumptions was performed by USI in 2022 and changes were made to the salary increase, retirement, withdrawal, and mortality assumptions for the 2023 valuation. Prospectively, we would expect gains and losses to even out if the new assumptions accurately model experience. If a trend of either demographic gains or losses materializes over the next three or four years, then another assumption study would be warranted. The Texas Pension Review Board Pension Funding Guidelines recommend performing a review of actuarial assumptions for reasonableness at least once every five years as a matter of Best Practice. HCHD and USI have been following this guidance completing actuarial assumptions experience study reports in 2012, 2017 and 2022. We believe the current assumptions are appropriate and meet the principles prescribed by the Actuarial Standards Board (ASB) in their Standard of Practice No. 27 for economic assumptions and No. 35 for demographic assumptions.
- **Valuation Report:** In general, we found that the actuarial reports for the preceding five years make full disclosure of the information needed by the System and each of its various stakeholders: the participants, the employer and the public taxpayers.

**Section 2****Responsibilities of the Auditor under Texas State Law****Milliman's Responsibilities under Texas Government Code §802.1012**

In 2007 the Texas State Legislature enacted a law that requires certain public retirement systems with total assets (book value), as of the last day of the preceding fiscal year, of at least \$100 million to be audited every five years with respect to the system's most recent actuarial valuations, studies and reports. The first audit was conducted in 2008, a second audit in 2013, a third audit in 2018, and this fourth audit is being performed in 2023.

Under the law, the independent actuary conducting the audit must:

- Meet with the manager of the pension fund to discuss the appropriate assumptions to use during the audit
  - Milliman discussed the assumptions to use during the audit with HCHD on June 6, 2023
- Submit a preliminary draft of the audit report to the system within 30 days of completing the audit
  - Milliman submitted the preliminary draft audit report to HCHD on August 10, 2023
- Discuss the preliminary draft with the governing body of the system
  - Milliman discussed the preliminary draft audit report with HCHD on August 10, 2023
- Request in writing that the governing body of the system submit within 30 days any response that the system wishes to include with the final report
  - Milliman received a response to our preliminary draft audit report from HCHD on August 31, 2023
- Submit to the governmental entity the final audit report, including any response from the system, at least 31 days but not more than 60 days after submitting the preliminary draft

Once the final audit report is issued, the governmental entity must submit a final copy of the audit report to the public retirement system and the State Pension Review Board within 30 days. The government entity is also required to maintain a copy of the final audit report at its main office for public inspection.

In addition, at the first regularly scheduled open meeting after receiving the final audit report, the governing body of the governmental entity must:

- Include on the posted agenda for the meeting the presentation of the audit results
- Present the final audit report and any response from the public retirement system
- Provide printed copies of the final audit report and the response from the public retirement system for individuals attending the meeting

## Section 3

### Qualifications

#### Audit Conclusions

The HCHD Pension Plan actuarial valuations for the 2019 through 2023 plan years, as well as the actuarial assumptions study completed in 2022, were performed by a qualified actuary and in accordance with the principles and practices prescribed by the Actuarial Standards Board.

#### Comments

The 2019 through 2023 plan year actuarial valuation reports and the 2022 actuarial assumptions study were signed by Mr. Timothy Lavender of USI (formerly Findley). We believe that Mr. Lavender was qualified to perform the HCHD actuarial valuations.

Under the qualification standards issued by the American Academy of Actuaries, an actuary must meet each of the following three requirements to be qualified to render a prescribed statement of actuarial opinion:

- ✓ **Basic Education:** Mr. Lavender is a Fellow in the Society of Actuaries. This satisfies this requirement.
- ✓ **Experience:** Mr. Lavender is experienced at performing pension valuations. In particular, he has experience working with public-sector retirement systems. This satisfies this requirement.
- ✓ **Continuing Education:** We verified through the Academy website that Mr. Lavender is a member of the American Academy of Actuaries. As such, he must meet minimum continuing education requirements to maintain this designation. This continuing education satisfies this requirement.

## Section 4

### Actuarial Soundness

#### Texas Pension Review Board Pension Funding Guidelines

We have reviewed the HCHD funding policy presented in the January 1, 2023 valuation for compliance with the Texas Pension Review Board (PRB) Pension Funding Guidelines for responsible funding. The Pension Funding Guidelines were adopted January 26, 2017 and effective June 30, 2017. The PRB lists six pension funding guidelines:

- ✓ **The funding of a pension plan should reflect all plan liabilities and assets.** This guideline is satisfied since the valuation reflects all liabilities and assets of the plan.
- ✓ **The allocation of the normal cost portion of contributions should be level or declining as a percent of payroll over all generations of taxpayers, and should be calculated under applicable actuarial standards.** This guideline is satisfied since the normal cost is determined using the Entry Age Normal level percent of pay (EAN) cost method, which allocates the normal cost as a percent of payroll over expected career of active participants.
- ✓ **Funding of the unfunded actuarial accrued liability should be level or declining as a percentage of payroll over the amortization period.** The Unfunded Actuarial Accrued Liability (UAAL) is amortized as a layered, level dollar amount over closed twenty-year amortization periods. However, since the plan is closed to new entrants, total compensation has generally decreased at a faster rate from the reduction in active participants than it has increased from salary increases. As a result, the UAAL amortization has increased as a percentage of plan payroll. We believe that this is acceptable for a closed plan.
- ✓ **Actual contributions made to the plan should be sufficient to cover the normal cost and to amortize the unfunded actuarial accrued liability over as brief a period as possible, but not to exceed 30 years, with 10 - 25 years being a more preferable target range. For plans that use multiple amortization layers, the weighted average of all amortization periods should not exceed 30 years. Benefit increases should not be adopted if all plan changes being considered cause a material increase in the amortization period and if the resulting amortization period exceeds 25 years.** The Unfunded Actuarial Accrued Liability (UAAL) is amortized as a layered, level dollar amount over a closed twenty-year amortization period, thereby satisfying this guideline.
- ✓ **The choice of assumptions should be reasonable, and should comply with applicable actuarial standards.** Our conclusion is that the assumptions are reasonable and comply with applicable actuarial standards. See Section 8 for more information.
- ✓ **Retirement systems should monitor, review, and report the impact of actual plan experience on actuarial assumptions at least once every five years.** The actuary performed a review of the actuarial assumptions in 2012, 2017, and again in 2022, thereby satisfying this guideline.

### Actuarial Standards of Practice

We compared the work performed in the valuation with the Actuarial Standards of Practice (ASOP) prescribed by the Actuarial Standards Board (ASB). In particular, we confirmed that the work done conforms to the ASB's Code of Professional Conduct and the relevant ASOPs:

- ✓ ASOP #4: Measuring Pension Obligations – We believe that USI's work is consistent with this standard. Please note that the ASOP was revised effective for valuations with measurement dates on or after February 15, 2023, to require additional disclosures. The reports we reviewed are not subject to the additional requirements, but we would expect future reports that are measured after the effective date to include them.
- ✓ ASOP #27: Selection of Economic Assumptions for Measuring Pension Obligations – We believe that USI's work is consistent with this standard.
- ✓ ASOP #35: Selection of Demographic and Other Non-Economic Assumptions for Measuring Pension Obligations – We believe that USI's work is consistent with this standard.
- ✓ ASOP #41: Actuarial Communications – We believe that USI's work is consistent with this standard.
- ✓ ASOP #44: Selection and Use of Asset Valuation Methods for Pension Valuations – We believe that USI's work is consistent with this standard.
- ✓ ASOP #51: Assessment and Disclosure of Risk Associated with Measuring Pension Obligations and Determining Pension Plan Contributions – We believe that USI's work is consistent with this standard.
- ✓ ASOP #56: Modeling – We believe that USI's work is consistent with this standard.



**Section 5****Actuarial Value of Assets****Audit Conclusions**

We have confirmed that the actuarial value of the assets calculated for the January 1, 2023 valuation is accurate and reasonable.

**Comments**

The method used to determine the actuarial value of assets is a five-year smoothing of unexpected returns. The asset gains and losses are measured by the difference between the actual market value of assets at the valuation date compared to the expected value of the assets based on the prior year's market value of assets, the actual benefit payments and contributions, and the expected return for the year. The expected investment return is based on the asset return assumption and the market value of assets at the beginning of each year. The actuarial value of assets is limited to be within 80% and 120% of the current year's market value of assets.

An asset valuation method with five-year smoothing, using a 20% corridor, is appropriate for the development of recommended funding of the System. However, GASB 67/68 accounting disclosures rules requires recognition of UAAL based on a fair market value of assets to be shown in the fiscal year end financial statements of HCHD.

Please note that the asset return assumption is reviewed annually for possible updates in connection with each new valuation.

**Section 6****Actuarial Liabilities****Audit Conclusions**

One purpose of this actuarial review is to verify the benefits and liabilities. Although we were not retained to reproduce the total liabilities of the System, we were provided with enough data to check the reasonableness of the valuation liabilities. Included in the information provided to us by USI were the detailed liability calculations for seven active participants. We confirmed the liabilities for these seven active participants based on the plan provisions, the valuation assumptions, and actuarial cost method. We also performed a rough estimate of the liability for all plan participants as commented on below. We are able to come within a reasonably close range of the benefits for all inactive participants as well as for the total plan liabilities.

**Comments**

We received from USI the participant data used in the January 1, 2023 valuation. The employee census data is consistent with the information presented in the January 1, 2023 valuation.

For inactive participants, USI provided us with historical compensation, birth dates and service dates, benefit amounts, and elected forms of benefit payment. We used this information to perform an estimate of the total inactive liability. In addition, we used the 'average' active demographic information presented in the 2023 report to develop estimated plan liabilities and costs for an 'average' active participant. We then summed the estimated inactive liability and the estimated active liabilities based on an 'average' active participant. As a result, we found the total plan liability to be reasonable and consistent with the census data and believe that the Board can have a reasonable degree of confidence that the plan participants are being valued appropriately.

## Section 7

### Funding

#### Audit Conclusions

We reviewed the application of the actuarial cost method and find it is reasonable and that it meets generally accepted actuarial standards. Given the current actuarial cost methods and assumptions, we believe the determination of the employer contribution rate is appropriate.

#### Comments

##### Cost Method

The purpose of any actuarial cost method is to allocate the cost of future benefits to specific time periods. Most public plans follow one of a group of generally accepted actuarial cost methods, which allocate the cost over the participants' working years. In this way, benefits are financed during the time in which services are provided.

The entry age normal (level percent of pay) actuarial cost method is being employed in the valuation of HCHD. Under this method a projected retirement benefit at assumed retirement age is computed for each participant using anticipated future pay increases. The normal cost for each participant is computed as the level percentage of pay which, if paid from each participant's date of employment by the employer or any predecessor employer (thus, entry age) to his assumed retirement date, would accumulate with interest at the rate assumed in the valuation to an amount sufficient to fund his projected retirement benefit. The normal cost for the plan is the total of the individually computed normal costs for all participants including the costs for any death or disability benefits under the plan. The accrued liability at any point in time for an active participant is the theoretical fund that would have been accumulated on his behalf from his normal cost payments and the earnings thereon for all prior years assuming the plan had always been in effect.

For persons receiving benefits or entitled to a deferred vested retirement income, the accrued liability cost is equal to the present value of their future benefit payments. The accrued liability for the plan is the total of the individually computed accrued liability for all participants. The portion of the actuarial present value not provided for at a valuation date by the sum of (a) the actuarial value of the assets, and (b) the actuarial present value of future normal costs is called the unfunded actuarial accrued liability (UAAL). The UAAL, if positive, is amortized as a level percent of compensation or as a level dollar amount.

- ✓ The Texas Pension Review Board has recommended that actuarial costs be determined using a method that allocates the normal cost as a level or declining percentage of payroll and allocates liabilities as a level or declining percentage of pay over the amortization period. The UAAL is amortized as a layered, level dollar amount over closed twenty-year amortization periods. However, since the plan is closed to new entrants, total compensation has generally decreased at a faster rate from the reduction in active participants than it has increased from salary increases. As a result, the UAAL amortization has increased as a percentage of plan payroll. We believe that this is acceptable for a closed plan.

**Appropriate Funding Level**

GASB provides general guidelines on the appropriate funding of a public retirement system. In general, it expects each system to receive contributions equal to the normal cost plus a payment of the amortization of the UAAL or surplus amount.

The PRB guidelines suggest that funding should be adequate to amortize the UAAL over a period not exceed 30 years, with 10 to 25 years being a more preferable target. HCHD has a positive UAAL and the minimum required contribution rate is determined using a layered level dollar amortization method in which each new UAAL amortization base is amortized over a closed 20-year period which satisfies the recommended range. In addition, the plan sponsor has made a contribution approximately 50% higher than the Actuarially Determined Contribution for the past three years.

We believe the contribution rate determined in the actuarial valuation meets the recommendations of the Texas Pension Review Board Pension Funding Guidelines.

## Section 8

### Actuarial Assumptions

#### Audit Conclusion

We believe the actuarial assumptions are consistent and meet the principles prescribed by the ASB in their Standard of Practice No. 27 for economic assumptions and No. 35 for demographic assumptions. Furthermore, we believe the January 1, 2023 actuarial valuation meets the requirements of the Texas Pension Review Board Pension Funding Guidelines.

#### Comments

The purpose of the actuarial valuation is to analyze the resources needed to meet the current and future obligations of the System. To provide the best estimate of the long-term funded status of the System, the actuarial valuation must be predicated on methods and assumptions that will estimate the future obligations of the System in a reasonably accurate manner.

An actuarial valuation utilizes various methods and two different types of assumptions: economic and demographic. Economic assumptions are related to the general economy and its long-term impact on the System, or to the operation of the System itself. Demographic assumptions are based on the emergence of the specific experience of the System's participants.

In reviewing the assumptions currently used by USI, we are guided by the ASB Actuarial Standard of Practice No. 4. The actuary is required by the standard to consider the reasonableness of each actuarial assumption independently on the basis of its own merits, of its consistency with each other assumption, and of the degree of uncertainty and potential for future fluctuations. Although a set of assumptions in the aggregate may appear to reflect the System's experience, failing to isolate the individual assumptions can lead to inappropriate results when a particular aspect of the plan or a change in the plan is under review.

Just as certain investment choices have an associated "investment risk," choices in actuarial assumptions have an associated "actuarial risk." Determining the adequacy of the current contribution rates is dependent on the assumptions used to project the future benefit payments and then to discount the value of future benefits to determine the present values. Thus, it is important that the Board understand the sensitivity of the actuarial calculations to the underlying assumptions.

#### Milliman's Approach to Experience Studies

Similar to an actuarial valuation, the calculation of actual and expected experience is a fairly mechanical process. From one actuary to another, you would expect to see very little difference. However, the setting of assumptions is a different story, as it is more art than science. Our general philosophy in making assumption changes includes the following:

- ✓ **Don't Overreact:** When we see significant changes in experience, we generally do not adjust the rates to reflect the entire difference. We will generally recommend rates somewhere between the old rates and the new experience. If the experience during the next study shows the same result, we will probably recognize this trend at that point. On the other hand, if the experience returns closer to its prior level, we will not have overreacted, possibly causing unnecessary volatility in contribution rates.

- ✓ **Anticipate Trends:** If there is an identified trend that is expected to continue, we believe that this should be recognized. An example of this is the retiree mortality assumption. It is an established trend that people are continuing to live longer; therefore, we usually like to have a higher margin to reflect future expected decreases in mortality rates.
- ✓ **Simplify:** Where there is no material difference in results, we attempt to simplify our assumptions and methods. There is no benefit in adding complexity that does not improve accuracy.

### Comments Regarding USI's Approach

USI performed an experience study in 2022. The study considered investment return, retirement rates, withdrawal rates, mortality rates, and salary increases. As a result of the study, changes were made to most of these assumptions in the January 1, 2023 valuation. The investment return assumption had been changed in earlier valuations due to annual input from financial advisors.

If the assumption changes accurately reflect actual experience, then the Plan should not see a consistent pattern of demographic gains or losses over the next several years. If a pattern does emerge over a four- or five-year period, then another experience study would be warranted. The Texas Pension Review Board recommends that retirement systems should monitor, review, and report the impact of actual plan experience on actuarial assumptions at least once every five years.

Additionally, according to the Texas Pension Review Board Pension Funding Guidelines, the choice of assumptions should be reasonable and should comply with actuarial standards. We believe that the assumptions used by USI are consistent with the Guidelines.

### Economic Assumptions

Based on the information and economic environment present in 2023, we believe the economic assumptions used by USI for the 2023 valuation were reasonable for purposes of funding the Plan's pension benefits.

The ASB has adopted ASOP No. 27, *Selection of Economic Assumptions for Measuring Pension Obligations*. This standard provides guidance to actuaries giving advice on selecting economic assumptions for measuring obligations under defined benefit plans.

As no one knows what the future holds, the best an actuary can do is to use professional judgment to estimate possible future economic outcomes. These estimates are based on a mixture of past experience, future expectations, and professional judgment. The actuary should consider a number of factors, including the purpose and nature of the measurement, and appropriate recent and long-term historical economic data. However, the standard explicitly advises the actuary not to give undue weight to recent experience.

Although ASOP 27 was amended to remove "the best-estimate range"<sup>1</sup> from the selection process, the current version of the Standard recognizes that a range of reasonable assumptions may emerge for both an individual actuary and a larger group of practitioners due to the aforementioned considerations. Each economic assumption should still individually satisfy the standard. Furthermore, with respect to any particular valuation, each economic assumption

<sup>1</sup> Previously, ASOP 27 defined the best-estimate range as "the narrowest range within which the actuary reasonably anticipates that the actual results, compounded over the measurement period, are more likely to fall".

should be consistent with every other economic assumption over the measurement period. The economic assumptions are much more subjective in nature than the demographic assumptions.

The Board should be aware that the Actuarial Liability is directly impacted by these important assumptions. The present value of benefits for participants is impacted by the total return assumption.

In our opinion, the economic assumptions used for the 2023 valuation are reasonable for funding the Plan's benefits. Since economic assumptions are subjective in nature, it is our recommendation that the Board be fully comfortable with the implications of the assumptions. There is an "actuarial risk" associated with the economic assumptions the same as there is an investment risk associated with a given portfolio mix. The assumptions do not affect the actual long-term cost of a plan. The ultimate cost will emerge in accordance with the benefits and expenses that are actually paid.

- **Inflation:** Typically, an inflation assumption is used in the valuation to build the assumptions for investment return and wage growth. In addition, for public plans, the future increases in the IRS Code Section 401(a)(17) compensation limit are typically based on the inflation assumption.

Based on the national Consumer Price Index, US City Average, All Urban Consumers (CPI-U). For the 10-year period ending in 2022, the average CPI-U increase was 2.63%. For the 30- and 50-year periods ending in 2022, the average increases were 2.51% and 4.02%.

In the 4th Quarter 2022 Survey of Professional Forecasters published by the Philadelphia Federal Reserve Bank, the annual increase in the CPI over the next five and ten years under the intermediate cost assumptions was 3.89% and 3.07%, respectively, and the likely range over the ten-year period was 2.80% to 3.30%. Also, the 2022 Social Security Trustees Report assumes 2.4% ultimate CPI in their intermediate forecast.

The experience study was performed at an interesting time for inflation because the United States was coming off of over a decade of historic low inflation and was just entering a year with the highest inflation in almost 40 years. These extremes make it particularly difficult to recommend a long term inflation rate without placing undue weight on the recent past or the current environment.

USI disclosed a general inflation assumption with the January 1, 2023 valuation of 2.50% for increases in the IRS Code Section 401(a)(17) compensation limit. We believe that it falls within a range of reasonable assumptions for the inflation assumption.

- **Investment Return:** The investment return assumption is one of the primary determinants to allocate the expected cost of the benefits, providing a discount of the estimated future benefit payments to reflect the time value of money. The January 1, 2023 assumption for investment return is 5.75% per year, net of expenses. Prior to the 2023 valuation, the investment return assumption had been 5.75% for the 2022 valuation, 6.25% for the 2021 valuation, 6.75% for the 2020 valuation, and 7.00% for the 2019 valuation. The changes were in response to lower expectations by financial advisors and the 2023 rate of 5.75% was confirmed by the 2022 experience study performed by USI.

Milliman performed an independent analysis using the January 1, 2023 target asset allocation and our current capital market assumptions which includes an inflation assumption of 2.33%. Milliman's capital market assumptions model as of January 1, 2023 produces a 20-year investment horizon geometric (mean) return of 6.72%, net of expenses, with a standard deviation of 2.47% and a 20-year reasonable-estimate range of 5.04% to 8.37%. Given the shorter investment horizon inherent in a closed plan, we believe it is appropriate to have the assumption on the conservative side of the range. Note that our analysis finds that the current investment assumption of 5.75% falls inside, and on the lower end of, our reasonable-estimate range, and we believe this assumption is reasonable.

As noted above, the current economic environment is in a state of flux and we recommend monitoring this assumption concurrent with each new measurement date for continued reasonableness.

- **Salary Increases:** Expected salary increases are another economic assumption with material influence on plan liabilities and experience gains and losses. Annual salary increases are a reflection of inflation, productivity, and merit. External influences include national wage and productivity increases, industry trends, and geographic area. Internal employer influences include recent corporate earnings and historical employment practices.

Historically, the valuation has used a salary scale that varies based on service. However, the plan has been closed to new entrants since 2016 and there is limited exposure in the first 10 years when salary changes would normally vary the most. Therefore, the scale was changed to be based on age in the 2022 experience study.

The 2022 experience study reviewed salary increases from 2017 through 2021. However, it was determined that the short-term impact of additional incentive pay due to Covid in 2021 was not appropriate to set the long-term assumption, so 2021 was excluded from the study. The study concluded that after excluding 2021 and analyzing pay by age rather than by service, compensation increases overall had been higher at the younger ages and lower at the older ages than reflected in the previous assumption. Accordingly, the 2023 valuation used a salary scale that varies based on age with age 39 and below increases expected to be 5.25%, and grading down to an ultimate rate of 3.0% at age 50 and later. We believe the assumption is reasonable and recommend ongoing monitoring of this assumption in light of the current volatile inflation environment to make sure that it is consistent with future inflation assumptions.

## Demographic Assumptions

Demographic assumptions relate to the probability of an active member leaving the System. Studies of demographic experience involve a detailed comparison of actual and expected experience. If the actual experience differs significantly from the overall expected results, or if the actual pattern does not follow the expected pattern, new assumptions are considered. Recommended revisions normally are not an exact representation of the experience during the observation period. Judgment is required to predict future experience from past trends and current evidence, including a determination of the amount of weight to assign to the most recent experience.



Since we have not independently performed an experience study, we will make general observations about the experience study and the appropriateness of the assumption changes. Based on this review, we feel that the demographic assumption changes made for the January 1, 2023 valuation are reasonable but should be monitored as future experience emerges and adjusted as deemed appropriate.

- **Mortality:** The mortality assumption was updated with the 2019 valuation to the RP-2014 total data set mortality table with generational projection using MP-2018. It was then changed to the Pri-2012 total data set table with the MP-2019 generational mortality improvement scale with the 2020 valuation. The mortality improvement scale was updated in 2021 and 2022 to the then most recent scales available, MP-2020 and MP-2021. The MP-2021 scale is still the most recent scale available and is a reasonable assumption. The 2022 experience study analyzed mortality for the period 2017-2021. As a result of the study the plan adopted the Pub-2010 General Amount-Weighted Below-Median Table. This table is a result of the most recent experience study performed by the SOA for public pension plans. While the plan is not large enough to have credible experience, it is acceptable to adopt a version of a table that reflects the plan population. The study noted that geographic location as well as plan experience for the five-year period for retirees was considered in selecting the table. Based on these factors, we believe the assumption is reasonable.
- **Retirement:** Plan experience from 2017-2021 as noted in the 2022 experience study supported a decrease in the retirement rates for most ages. We believe this is reasonable based on current trends to later retirement ages.
- **Termination:** USI continues to use an age-based turnover table and has lowered expected turnover by 25% at all ages as a result of the 2022 experience study. In our experience, rates of withdrawal are more highly correlated with service than age. However, age-based tables are commonly used for plans like this that have been closed to new entrants for a significant period of time.

We have four recommendations regarding our review of the actuarial assumptions:

- ✓ We recommend explicitly disclosing the inflation assumption. The 2.5% assumption disclosed in the 2022 report has the caveat of only being used for increasing the 401(a)(17) compensation limit in future years. The inflation assumption would also be the basis for development of the investment return assumption and salary increase assumption.
- ✓ We recommend the plan continue to review the inflation assumption each year as we are currently in a very tumultuous time for inflation and (as noted above) the inflation assumption impacts the other economic assumptions.
- ✓ We recommend USI consider the use of employee mortality during the deferral periods for current deferred vested participants as well as for active termination benefits. The Pub-2010 Public Retirement Plans Mortality Table study did not include deferred vested participants in the study, but such participants generally have terminated from HCHD and are likely to be actively employed with another company until they elect to commence their benefits. The employee mortality used for the active population may be a better fit for this

population during the deferral period (versus the retiree mortality currently being used) until the commencement of benefits.

- ✓ We recommend that all non-accruing actives be valued in a similar fashion. Currently, the actives who opted out of the plan and who are currently frozen run through the active decrements and generate a minimal amount of normal cost for the plan. The other non-accruing actives (part-timers and rehires) appear to be valued like deferred vested participants (resulting in no normal cost) and do not run through active decrements and are instead assumed to commence at Normal Retirement Age. We recommend aligning all these non-accruing actives to be valued in a similar fashion and for the Summary of Actuarial Assumptions in the valuation report to describe the assumptions used for this collective group.

**Section 9****Review of the Actuarial Valuations****Audit Conclusions**

In general, the actuarial reports make full disclosure of the information needed by the System and each of its various stakeholders: the participants, the employers and the public taxpayers. However, see the comments below for a recommendation for additional information we believe would be helpful to include in future valuation reports.

**Comments**

We found that the actuarial reports provide full disclosure of the information needed to determine the actuarial soundness of the System. We were pleased to see that beginning with the 2019 funding valuation report, an additional Risk Discussion section was added to the funding valuation reports to provide information regarding the different types of risks that can affect the actuarial soundness of the System. This is consistent with ASOP #51. As mentioned earlier in this report, ASOP #4 was revised effective for valuations with measurement dates on or after February 15, 2023, to require additional disclosures with respect to the risk of investment returns and their potential impact on the plan's funded status, plan contributions, and the security of participant benefits. The reports we reviewed are not subject to the additional requirements, but we would expect future reports that are measured after the effective date to include them.

**Reasonableness of Valuation Data**

We received files containing the final data used for the valuation as well as the raw data from HCHD for active employees. Based on the information provided, we believe USI followed acceptable and appropriate procedures of data auditing.

We examined the data for general reasonableness and compared the basic census with prior years. We feel the data used in the valuation is accurate and appropriate.

**Section 10****Summary of Recommendations & Considerations****Recommendations and Considerations**

Based upon our review of the January 1, 2023 actuarial valuation, other recent valuation reports covering the 2019 through 2022 plan years, and the 2022 analysis of actuarial assumptions report (based on experience from 2017 through 2021), we found the actuarial work we reviewed was reasonable and appropriate. However, we have summarized below several recommendations and considerations which are addressed in detail in other sections of this report. None of these recommendations would materially impact the valuation results.

- ✓ We recommend explicitly disclosing the inflation assumption. The inflation assumption should be considered for consistency when selecting the salary increase and investment return assumptions.
- ✓ We recommend continuing the annual review of the inflation assumption and associated salary increase and investment return assumptions in the current turbulent economic environment.
- ✓ We recommend USI consider the use of employee mortality during the deferral periods for current deferred vested participants as well as for active termination benefits.
- ✓ We recommend that all non-accruing actives be valued in a similar fashion (either through active decrements or like deferred vested participants).
- ✓ We recommend adding the additional disclosures required by ASOP #4 to future valuation reports. Please note these disclosures were not required for any of the valuation reports under this audit.

***Response from Victoria Nikitin, Executive Vice President and Chief Financial Officer on behalf on the HCHD Retirement System:***

Management has reviewed the draft of the Actuarial Audit Report prepared by Milliman for the Harris County Hospital District Pension Plan, related to the January 1, 2023 actuarial valuation performed by USI Consulting Group (USI). Thank you for the affirmation that the overall methodology used in estimating the pension liability and plan funding is reasonable and appropriate. Management has reviewed the Summary of Recommendations and Considerations as outlined in Section 10 of the draft report and has shared the draft report with the current actuary, USI. Management will work with USI and the Harris County Hospital District d/b/a Harris Health System Board of Trustees to review and address the recommendations.

## Appendix A – Summary of January 1, 2023 Actuarial Valuation Assumptions and Methods

### DEMOGRAPHIC ASSUMPTIONS

#### Mortality Rates

**Healthy Pre-Commencement:** Pub-2010 General Employee Below-Median, Amount-Weighted, with generational mortality improvement projected after year 2010 using Scale MP-2021

**Healthy Post-Commencement:** Pub-2010 General Retiree Below-Median, Amount-Weighted with generational mortality improvement projected after year 2010 using Scale MP-2021

**Disabled:** Pub-2010 General Disabled Retiree, Amount-Weighted with generational mortality improvement projected after year 2010 using Scale MP-2021

**Contingent Survivor:** Pub-2010 Contingent Survivor Below-Median, Amount-Weighted with generational mortality improvement projected after year 2010 using Scale MP-2021

#### Withdrawal Rates

Age-based rates with select ages illustrated below:

Age	Rate
20	17.12%
25	12.05%
30	8.63%
35	6.31%
40	4.73%
45	3.67%
50	2.95%
55	2.46%
60	2.46%
65	0.00%

#### Disability Rates

Age-based rates with select ages illustrated below:

Age	Rate
20	0.08%
25	0.10%
30	0.11%
35	0.13%
40	0.16%
45	0.22%
50	0.29%
55	0.39%
60	0.59%
65	0.00%

## Retirement Rates

For eligible participants; based on age and eligibility for unreduced benefits (i.e., age 55 with 30 years of service) as shown below:

Age	With 30 years of Service	Less than 30 years of Service
55	20%	5%
56	10%	5%
57	10%	5%
58	10%	5%
59	10%	7%
60	10%	7%
61	20%	10%
62	20%	20%
63	20%	20%
64	20%	20%
65	25%	25%
66	25%	25%
67	25%	25%
68	25%	25%
69	25%	25%
70	100%	100%

## Form of Payment

Normal Form is life annuity; all optional forms assumed actuarially equivalent to normal form. Future retirement eligible participants assumed to commence immediately; future terminating participants and deferred participants are assumed to commence at Normal Retirement Age.

## Marriage Assumption

85% of participants assumed married with husbands four years older than wives

## ECONOMIC ASSUMPTIONS

### Discount Rate

5.75% (net of expenses)

### Inflation

2.50%

### Salary Scale

Age-based increases as follows:

Age	Rate
20 to 39	5.25%
40 to 44	4.25%
45 to 49	4.00%
50+	3.00%

### 401(a)(17) Limits

Reflected including governmental limit for employees hired prior to December 31, 1993

## ACTUARIAL COST METHOD

Entry Age Normal level percent of pay with the amortization of the unfunded actuarial liability on a layered basis with each new base amortized over a closed 20-year period as a level dollar amount

## ACTUARIAL ASSET METHOD

5 year smoothing of unexpected returns with a 20% corridor

## Appendix B – Summary of HCHD Pension Plan Provisions as Described in the January 1, 2023 Actuarial Valuation Report

### Plan Year

January 1 - December 31

### Eligibility

Regular full-time employees who have completed one year of service; no new participants or rehires hired after December 31, 2006 are allowed to enter the Plan

### Employee Contributions

None

### Service

Not described

### Vesting

5-year cliff

### Compensation Limits

Compensation is base salary rate before 401(k), 125, or 457 reductions, excluding overtime, longevity, shift differentials, lump sum termination benefits, and all other pay supplements.

Statutory \$330,000 limit in 2023 with higher limit for participants as of December 31, 1993 (\$490,000 for 2023).

### Normal Retirement Age

Age 65

### Early Retirement Age

Age 55 and 10 Years of Vesting Service

### Unreduced Retirement Age

Age 55 and 30 Years of Vesting Service

### Normal Retirement Benefit

Greater of (a) and (b):

- a)  $1.5\% \times \text{Average Monthly Compensation} \times \text{years of service}$ , but not less than the January 1, 1989 (September 26, 1991 for non-highly compensated employees) accrued benefit
- b) The January 1, 1989 accrued benefit plus  $1.5\% \times \text{Average Monthly Compensation} \times \text{years of service earned after January 1, 1989}$

Average Monthly Compensation defined as highest 5 consecutive years of pay out of last 10 years of service.



**Early Retirement Benefit**

Accrued Benefit reduced by 3/12% per month from 62 to 60, and 5/12% from 60 to 55; there is no reduction after age 55 if service equals or exceeds 30 years

**Normal Form of Payment**

Life annuity

**Optional Forms of Payment**

5 year certain and life annuity, 10 year certain and life annuity, 15 year certain and life annuity, 50% joint and survivor annuity

**Disability Benefit**

Projected normal retirement annuity payable at normal retirement; if disabled prior to March 1, 2007, a temporary benefit payable to normal retirement equal to 55 percent of pay less 64 percent of SS benefit

**Death Benefits**

Active or disabled (pre-65) employee with 10 years of service (or disabled by hospital duties) can receive a spousal (married at least one year) annuity equal to ½ of the accrued benefit; other post-employment (or disabled post-65), a \$5,000 lump sum

**Termination Benefit**

100% vested after 5 years of service, payable at age 65; early commencement requires age 55 and 10 years of service, and the benefit is reduced 5/12% per month prior to age 65

## Appendix C – Summary of Census Data used in the January 1, 2023 Actuarial Valuation Report

A summary of participant data for the plan year beginning January 1, 2023 is shown below.

	1/1/2023
1. Active participants	
a. Accruing benefits	1,306
b. Opted out of plan (frozen)	98
c. Part-Time	9
d. Rehired ineligible	<u>136</u>
e. Total	1,549
2. Receiving benefits	
a. Retired	3,336
b. Disabled receiving	110
c. Survivor	<u>201</u>
d. Total	3,647
3. Deferred vested	1,289
4. Total	6,485

# 2023 Strategic Pillar Reporting Schedule

2023 Board Meeting Strategic Discussion Timeline*													
Strategic Pillar	Executive Owner	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
		2023	2023	2023	2023	2023	2023	2023	2023	2023	2023	2023	2023
Submission Deadline		1/11/23	2/8/23	3/8/23	4/12/23	5/10/23	6/7/23	7/12/23	8/9/23	9/13/23	10/11/23		11/8/23
<b>Pillar 1: Quality &amp; Patient Safety</b>	Dr. Brass												
<i>Just and Accountable Culture</i>	Jackie Brock		X										
<i>HRO and ERM Education</i>													
<i>Medical Staff Engagement Advisory Council (Survey Results) (Presented in May 11 Joint Conference Committee)</i>	Dr. Brass					X							
<i>Rollout of HRO Progress</i>	Dr. Brass												X
<i>HRO Safety Message/Just and Accountable Culture (Presented in Quality Committee)</i>	Dr. Brass/Omar Reid									X			
<b>Pillar 2: People</b>	Omar Reid/Jackie Brock												
<i>Workforce Safety &amp; Violence Prevention</i>	Omar Reid/Jackie Brock			X			X						
<i>HR Overview: Employee Retention, Experience, and Wellness</i>	Omar Reid								X				
<b>Pillar 3: One Harris Health</b>	Louis Smith										X		
<i>Strategic capital funding</i>			X										
<i>Patient Throughput</i>	Trish Darnauer/ Glorimar Medina/ Jennifer Small					X							
<i>Cardiology Service Line (Presented at Quality Committee)</i>	Amineh Kostov									X			
<b>Pillar 4: Population Health Management</b>	Dr. Small/Hope Galvan												
<i>Pillar Progress focused on SDOH</i>	Hope Galvan					X							
<i>Hypertension Remote Patient Monitoring (Presented at Quality Committee)</i>	Hope Galvan									X			
<b>Pillar 5: Infrastructure Optimization</b>	Louis Smith												
<i>New LBJ Hospital and LBJ Campus Planning</i>	Louis Smith/ Trish Darnauer			X	X								X
<i>LBJ Hospital Expansion Exterior Views (Update Only)</i>	Trish Darnauer/ Patrick Casey							X					
<i>Relocation of Thomas Street HC and Riverside Dialysis to Quentin Mease Clinic</i>	Jennifer Small/ Amanda Callaway			X	X								
<b>Pillar 6: Diversity &amp; Inclusion</b>	Omar Reid												
<i>Diversity, Equity, and Inclusion</i>	Jobi Martinez						X						X
<i>Minority Women Owned Business Enterprise</i>	Jobi Martinez		X										
<i>Diversity, Equity, and Inclusion Committee Update</i>	Jobi Martinez	X											

\*Subject to Change  
Revised: 09.21.23

Thursday, September 28, 2023

Presentation and Discussion Regarding 2022 Board Self-Assessment Results

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# Harris Health System

Board Self-Assessment Facilitation

**The Governance Institute**

Elisabeth Hurst, J.D., *Member Success Manager*



**The Governance Institute®**

A SERVICE OF **nrc**  
HEALTH

# Fiduciary Duties & Responsibilities



There are specific requirements for individuals to satisfy during their tenure as board members, some statutory and some best practice:

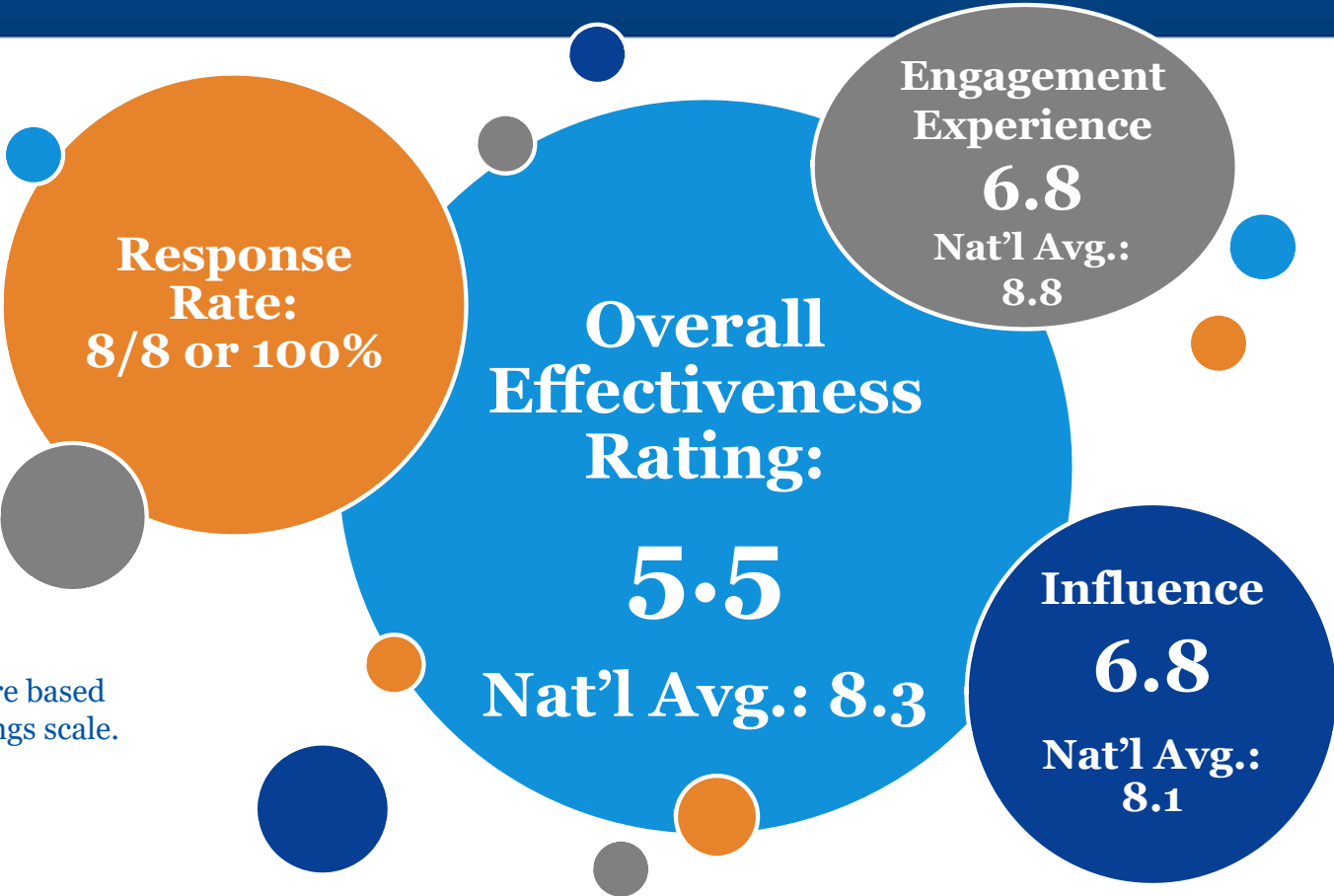
## Fiduciary Duties:

- Duty of Care
- Duty of Obedience
- Duty of Loyalty

## Responsibilities:

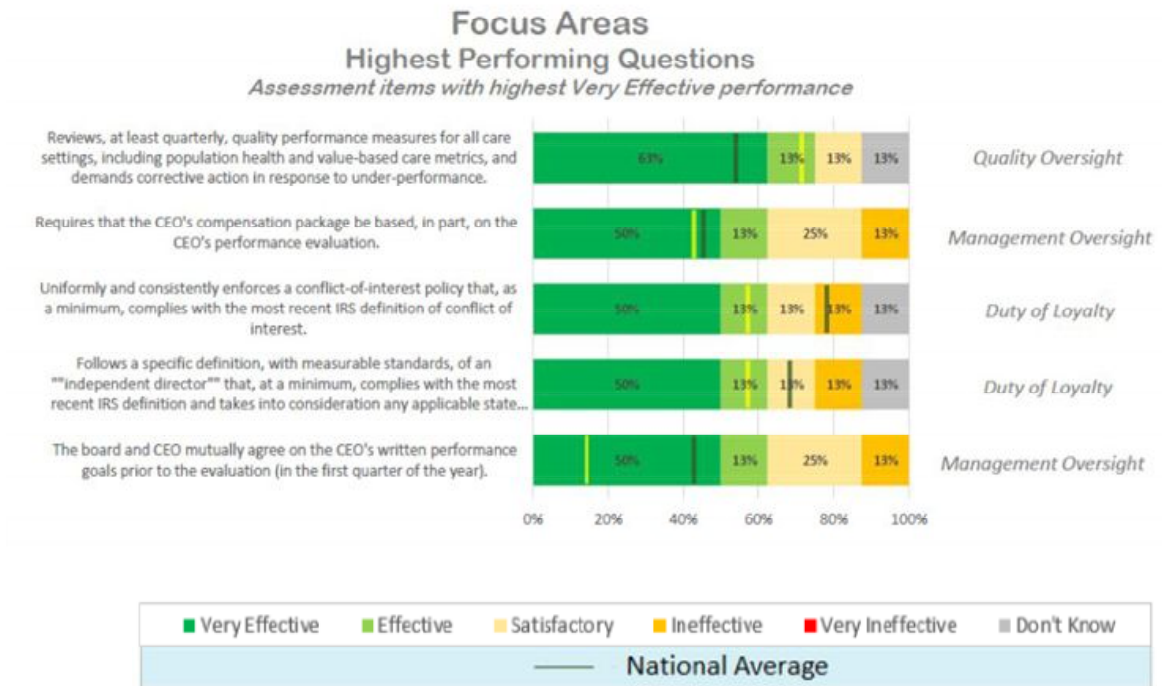
- Quality Oversight
- Financial Oversight
- Strategic Direction
- Board Assessment & Development
- Management Performance
- Community Benefit/Advocacy
- Board Culture

# Overall Participation and Scaled Results of Board Member Responses



These ratings are based upon a 0-10 ratings scale.

# Highest Performing Assessment Items

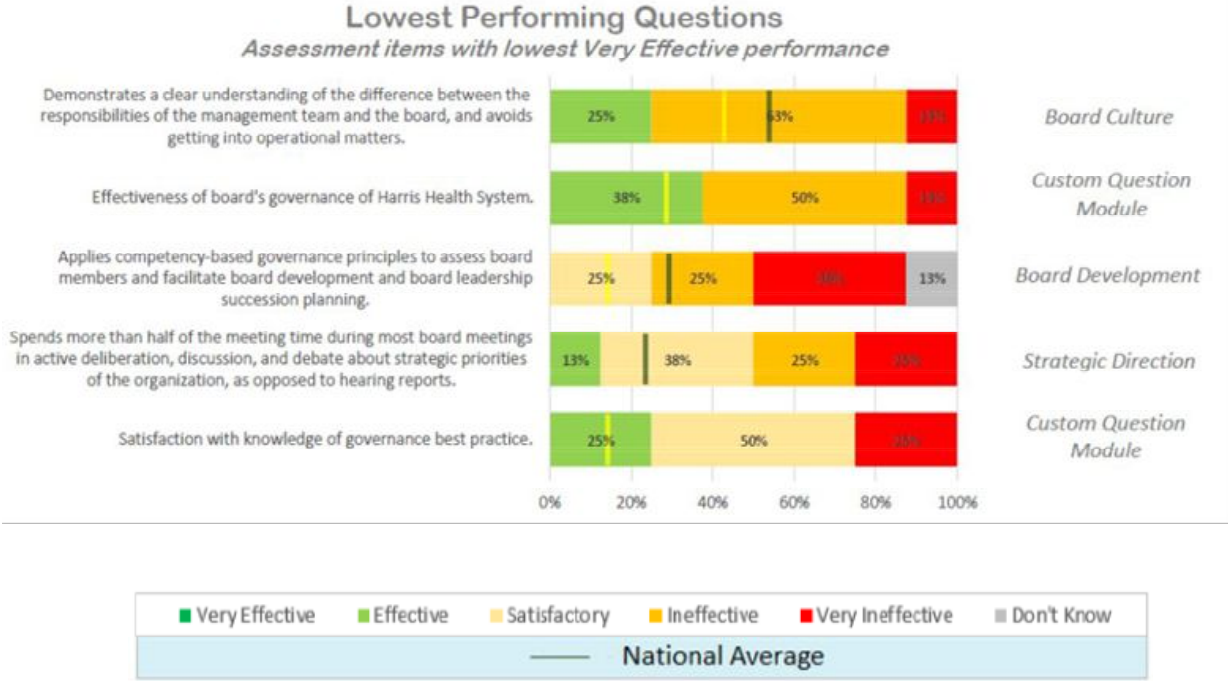


**National Benchmark:**

The dark line on each graph indicates where the average organization began their “Very Effective” response rate on a 100% scale.



# Lowest Performing Assessment Items



**National Benchmark:**

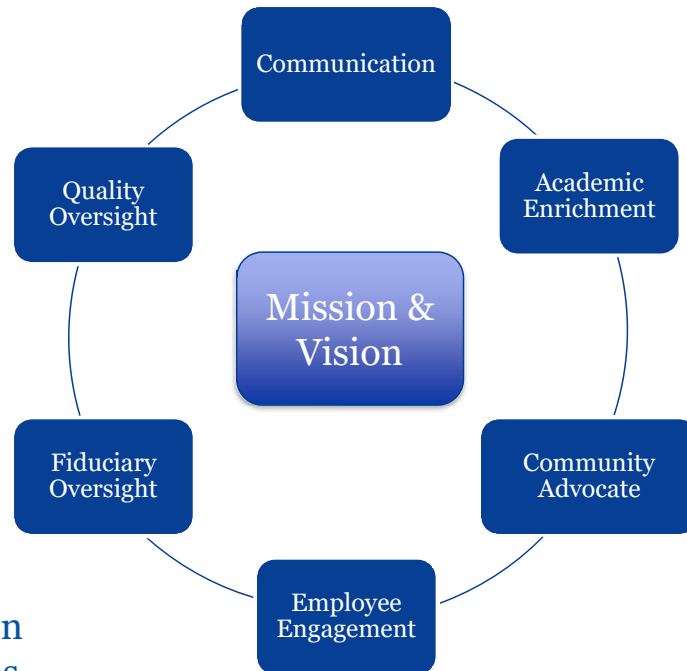
The dark line on each graph indicates where the average organization began their “Very Effective” response rate on a 100% scale.

# Responses to the Open-Ended Question of Board Member Obligations

**QUESTION ASKED:** What do you believe to be your most important obligations as a member of the board?



Themes within the Responses



**Summary:**

The array of topics is themes derived from the open-ended question.

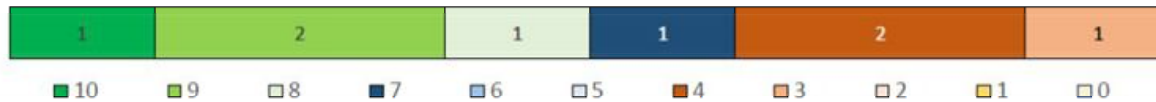
All 8 respondents provided feedback.

## Responses to the Open-Ended Question of Board Members Engagement in Their Roles

**STATEMENT EVALUATED:** My experience on the board is positive, meaningful, and engaging.

**HHS  
Engagement  
Experience  
6.8**

**Nat'l Avg.:  
8.8**



### Open-Ended Responses:

- “The personal experience has been rewarding. My regret is that board churning lends to uncertainty, lack of knowledge re this complex organization and more division among members. That said - groupthink is not the ideal goal. The perfect balance must be sought.”
- “Not all board members are given equal and meaningful opportunities to participate. There is minimal dialogue to allow for the diversity of thought and participation of all members. Something as basic as only 3 individuals are looked to for motions and seconds on agenda items. Conversations on topics that are meaningful and priority are not encouraged they are actually stifled.”

#### Summary:

Respondents were asked to rate their agreement on a given statement (Engagement) on a scale of 0-10.

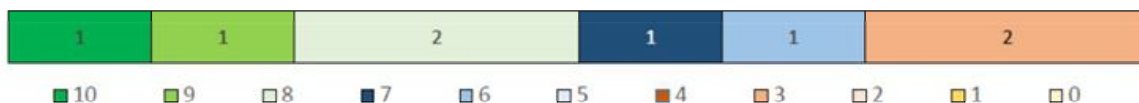
Of the eight (8) respondents who participated in the survey, two (2) board members provided qualitative feedback on Engagement.

## Responses to the Open-Ended Question of Board Members Influence in Their Roles

**STATEMENT EVALUATED:** I have the opportunity to effectively influence the organization’s strategic direction, culture, and/or performance.

**HHS  
Role Influence  
6.8**

**Nat'l Avg.:  
8.1**



### Open-Ended Responses:

- “Need to work on this for all members.”
- “There is a lack of transparency and effectiveness. We should receive robust evidence to support recommended decisions. There should be more time spent with Board members on high priority items.”

#### Summary:

Respondents were asked to rate their agreement on a given statement (Influence) on a scale of 0-10.

Of the eight (8) respondents who participated in the survey, two (2) board members provided feedback on the statement on Influence.

# What is the single most important improvement the board could make to be more effective in the upcoming year?

## Open-Ended Response Themes:

Of the eight (8) respondents who participated in the survey, all eight (8) board members provided feedback.

**The list provided is an external perception of recommendations, not verbatim, of the respondents' feedback.**

- Communication with Committees
- Committee Structure
- Strategic Planning Focus
- Continued Governance Growth
- Transparency
- Board Engagement



# Open-Ended Comments: Suggestions for Education Topics



## Summary:

Respondents were asked to provide suggestions for ongoing board education topics.

Of the eight (8) respondents who participated in the survey, five (5) board members provided feedback.

**The list provided is an external perception of recommendations, not verbatim, of the respondents' feedback.**

Governance Education/Curriculum

Board Retreat

Healthcare Finance

Safety Net Designation

Bond Referendums

Medicaid Expansion

Inclusion

# Development Planning

“Just as the organization does, the board must look for objective standards for its own performance and track whether it is improving and at the right pace. Goals should be clear and specific as to what is to be accomplished, who will lead the effort, the board members involved, tracking mechanism for progress, and the timeline for completion.”

- *Continuous Governance Improvement*  
(Jan. 2017)

**Intentional Governance Spectrum**



# Suggested Next Steps in Governance Planning



Action Item	Strategy	Resources Available
<b>Elevate Strategic Discussion During Board Meetings</b>	<ul style="list-style-type: none"> <li>• Embed discussion topics within meeting agendas allowing for ample discussion/review, identifying and adopting metrics for strategic goals</li> <li>• Leverage Intentional Governance resources to bolster an understanding of strategic planning responsibilities and processes</li> <li>• Utilize executive summaries to streamline meeting materials</li> <li>• Contemplate limiting presentation materials within meetings (e.g., limit to 5 slides)</li> <li>• Seek board member input on Strategic Topics of interest</li> </ul>	<ul style="list-style-type: none"> <li>• Intentional Governance: Strategic Planning</li> <li>• Sample Board Meeting Agenda w/Framing Questions</li> <li>• Governance Notes: Practical Tips for Better Hybrid Board Meetings</li> <li>• Elements of Governance: Effective Board Meetings</li> </ul>
<b>Provide Best Practice Governance Education</b>	<ul style="list-style-type: none"> <li>• Examine the role of board members in governance as a partnership with executive leadership</li> <li>• Specifically focus on needs of the board's role as an effective conduit for change in Harris Health System</li> <li>• Engage with The Governance Institute to implement an educational plan that encompasses governance best practices</li> </ul>	<ul style="list-style-type: none"> <li>• Intentional Governance: Advancing Boards Beyond the Conventional (10 Year Anniversary Edition)</li> <li>• Governance Across the Continuum: Leadership Accountability for Creating Health Communities</li> </ul>
<b>Adopt Competency-Based Governance Strategies</b>	<ul style="list-style-type: none"> <li>• Assess current board competencies and diversity needs to pre-plan recruitment parameters</li> <li>• Utilize a skills and term limit matrix to plan for future board leadership needs and potential candidate identification</li> <li>• Identify, based upon board member feedback and competency assessment, the educational needs of the board</li> <li>• Create an educational board plan that aligns with the annual workplan</li> </ul>	<ul style="list-style-type: none"> <li>• Building a More Diverse Board</li> <li>• Succession Planning</li> <li>• Competency-based governance</li> <li>• Educational Resources</li> </ul>
<b>Use the Board Self-Assessment Results to Establish Board Performance Goals</b>	<ul style="list-style-type: none"> <li>• Share assessment results with full board</li> <li>• Include full board in generative discussion of improvement areas</li> <li>• Identify areas for board and committee performance improvement goals that align with the organization's strategic plan</li> <li>• Full board reviews and finalizes development plan by outlining objectives to meet plan goals</li> <li>• Board monitors plan to ensure goals are being met and presents progress to full board</li> </ul>	<ul style="list-style-type: none"> <li>• Intentional Governance Guide: Board Evaluation &amp; Performance</li> <li>• Elements of Governance: Board Education, Goal Setting, and Work Plans</li> </ul>



# Resources for Next Steps in Governance

## Areas of Focus:

- *Strategic Planning*
- *Fiduciary Duties & Responsibilities*

## Resources Available:

- *Publications, E-Newsletters, Case Studies, White Papers*
- *Leadership Conferences and Webinars*  
*(Virtually & In-Person)*
- *E-Learning Modules*



Thank you for participating in The Governance Institute's Board Self-Assessment Facilitation.



***Elisabeth Hurst, JD***  
***Member Success Manager***  
The Governance Institute  
A service of NRC Health  
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[ehurst@governanceinstitute.com](mailto:ehurst@governanceinstitute.com)

[Thursday, September 28, 2023](#)

[September Board Committee Reports](#)

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September Board Committee Meetings:

- Governance Committee – September 12, 2023
- Quality Committee – September 12, 2023 (Summary attached for your review)
  - HRO Safety Message – Video: Sharing Near Misses - Unsafe Conditions
  - Just and Accountable Culture
  - Cardiology Service Line
  - Population Health – Hypertension Remote Patient Monitoring
  - Harris Health System 2023 Quality Manual
- Compliance & Audit Committee – September 14, 2023
- DEI Committee – September 22, 2023

Board of Trustees – Executive Summary  
Patient Safety & Quality Programs – Open Session  
September 28, 2023

Please refer to reports presented at the Quality Committee Open Session on September 12, 2023 for additional details.

**HRO Safety Message – Video: Sharing Near Misses – Unsafe Conditions**

Steven Brass, MD, MBA

High-reliability Organizations (HROs) are those that successfully complete their missions despite massive complexity and high risk. Examples include the Federal Aviation Administration’s Air Traffic Control system, aircraft carriers, and nuclear power plants. In each case, even a minor error could have catastrophic consequences. Yet, adverse outcomes in these organizations are rare. The key components of High Reliability Organizations (HROs), including leadership, a safety-focused culture, and a dedication to continuous learning and improvement.

**Just and Accountable Culture**

Omar Reid, MBA, IPMA-CP

The key components of High Reliability Organizations (HROs), including leadership, a safety-focused culture, and a dedication to continuous learning and improvement. Creating Psychological Safety must be more than a buzz word for organizational memory. For the past six years Harris Health System has efforted to create a culture that is reflective of our responsibilities to patients and employees.

**Cardiology Service Line**

Amineh Kostov, FACHE, CMAC

The Cardiology Service Line will be working on breaking out our LBJ Chest Pain measures into different patient types to improve the understanding around patient movement (door in door out, and door to door to balloon). We continue work on the development of a systemwide pathway for management of heart failure patients in the outpatient setting, and will also be working on inpatient measures for the Heart Failure Registry, including prescribing of Mineralocorticoid receptor antagonists (MRAs) at Discharge. Other focus areas include the development of a systemwide pathway for high-risk lipid patients, and a clinical pathway to assist with appropriate stress test ordering.

**Population Health – Hypertension Remote Patient Monitoring**


Esperanza Galvan, PhD, MS

Recent progress on Harris Health’s ongoing work to promote health equity and reduce disparities in health outcomes related to blood pressure control is as follows: (1) Remote patient monitoring advances health equity by addressing disparities in access to care, prioritizing populations often facing barriers to care through care navigation and increase patient engagement. HealthyConnect Remote patient monitoring also provides patient education, blood pressure devices and real-time elevated blood pressure alert management with provider engagement and the use of technology.

**CONFIDENTIAL & PRIVILEGED INFORMATION**

Confidential, legally privileged, and protected from disclosure pursuant to Chapter 161 of the Texas Health and Safety Code and Chapters 151 and 160 of the Texas Occupations Code.

Board of Trustees – Executive Summary  
Patient Safety & Quality Programs – Open Session  
September 28, 2023



### **Harris Health System Quality Manual Revisions**

Joseph Kunisch, PhD, RN

The Quality Manual outlines Harris Health System’s organizational approach to monitoring and improving quality of care, patient safety, and overall satisfaction. The manual supports our commitment to our patients in that it supports Harris Health System’s mission, vision, values, and strategic goals. The manual is reviewed annually to make updates to Quality Assessment and Performance Improvement (QAPI) requirements of the CMS Conditions of Participation (COP) and other changes or additions related to strategic goals and operational initiatives.

#### **CONFIDENTIAL & PRIVILEGED INFORMATION**

Confidential, legally privileged, and protected from disclosure pursuant to Chapter 161 of the Texas Health and Safety Code and Chapters 151 and 160 of the Texas Occupations Code.



**De Wight Dopslauf, C.P.M., CPPO  
Harris County Purchasing Agent**

September 8, 2023

Board of Trustees Office  
Harris Health System

**RE: Board of Trustees Meeting – September 28, 2023  
Budget and Finance Agenda Items**

The Office of the Harris County Purchasing Agent recommends approval of the attached procurement actions. All recommendations are within the guidelines established by Harris County and Harris Health System.

Sincerely,

*DeWight Dopslauf*

DeWight Dopslauf  
Purchasing Agent

JA/ea  
Attachments



Budget and Finance Agenda Items for the Harris County Hospital District dba Harris Health System - Board of Trustees Report

Expenditure Summary: September 28, 2023 (Approvals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A1	Cardinal Health LLC  MWBE Goal: N/A Public Health or Safety	<b>Secondary Pharmaceutical Wholesaler for Harris Health System</b> - On December 1, 2022 the Board of Trustees approved an award to Morris & Dickson for prime distributor services for pharmaceutical products. Since that time the Drug Enforcement Agency (DEA) has pursued the revocation of Morris & Dickson's existing control substance license and a supplemental pharmaceutical wholesaler is required to maintain a continued drug supply to meet patient care needs.  <b>HCHD-1065</b>	Approval Best contract	Michael Nnadi		\$ 10,000,000
A2	Sierra7, Inc. (GS-35F-0834R)  MWBE Goal: N/A Specialized or Technical	<b>Virtual Patient Observation (VPO) System for Harris Health</b> - To provide a virtual patient observation (VPO) system used to remotely monitor patients and address all patient safety precautions necessary to mitigate such risks as falls, elopement, self-harm, harm to others, etc.  <b>Public Health or Safety Exemption</b>	Award Public Health or Safety Exemption  One (1) year initial term with four (4) one-year renewal options	Maureen Padilla		\$ 5,820,433
A3	HDR Architecture, Inc. (HCHD-828)  MWBE Goal: 24%	<b>Professional Architectural and Engineering Services for Various Projects for the Harris County Hospital District dba Harris Health System</b> - To provide architectural and engineering services for projects of various size and scope for Harris Health System.  <b>Job No. 220099, Board Motion 22.06-83</b>	Renewal  October 21, 2023 through October 20, 2024	Patrick Casey	\$ 1,500,000	\$ 3,500,000
A4	Resource Corporation of America  MWBE Goal: 0% Minimal MWBE Availability	<b>Certification of Patient Accounts for Harris Health System</b> - To provide revenue enhancement for pending Medicaid, Self Pay or Charity accounts by certifying patients for Medicaid benefits and other third party resources.  <b>Job No. 220154</b>	Award Best proposal meeting requirements  One (1) year initial term with six (6) one-year renewal options	Victoria Wiltz		*
A5	Abbott Laboratories, Inc. (HCHD-758)  MWBE Goal: GPO/CO-OP Sourced	<b>Chemistry and Immunochemistry Analyzers, Reagents, Consumables and Service</b> - To continue providing reagents and consumables to perform HIV and Hepatitis testing on Harris Health owned equipment.  <b>Premier Healthcare Alliance, L.P. Contract, Board Motion 23.06-95</b>	Ratify Renewal  September 16, 2023 through September 15, 2024	Michael Nnadi	\$ 1,988,880	\$ 2,187,768
A6	O'Donnell/Snider Construction  MWBE Goal: 33%	<b>Construction of an Outpatient Rehab/Wound Care Clinic at Ben Taub Hospital for Harris Health System</b> - To provide all labor, materials, equipment and incidentals for the construction of an outpatient rehab/wound care clinic at Ben Taub Hospital. The owner contingency provides for coverage on unanticipated costs throughout the construction project.  <b>Job No. 230265</b>	Lowest priced proposal meeting requirements	Babak Zare		\$ 2,066,877

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A7	CareFusion Solutions, LLC (HCHD-0872)  MWBE Goal: GPO/CO-OP Sourced	<b>IV Therapy Infusion Devices, Dedicated Sets, Infusion Sets, Accessories, and IV Needleless Connectors</b> - To continue providing Harris Health System with large volume infusion therapy pumps, IV therapy pain management pumps, IV syringe pumps, tubing and sets, IV ambulatory pumps, tubing and sets, medication management software, needleless connectors designed to allow connection of intravenous sets, catheter hubs without the use of needles, IV gravity tubing, and extension sets without needleless.  <b>Premier Healthcare Alliance, L.P. Contract, Board Motion 22.09-126</b>	Funding Yr. 2  September 30, 2023 through September 29, 2024	Douglas Creamer	\$ 2,017,201	\$ 2,057,445
A8	GE Healthcare  MWBE Goal: GPO/CO-OP Sourced	<b>Magnetic Resonance Imaging (MRI) Scanning System</b> - To provide an immediate upgrade replacing damaged components due to water damage for an existing MRI system supporting Smith Clinic.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Ratify Award Best Contract(s)	Teong Chai		\$ 1,950,000
A9	The Brandt Companies, LLC  MWBE Goal: N/A Procured Prior to MWBE Program	<b>Job Order Contracting for Small and Large Plumbing and/or Plumbing Related Projects for the Harris County Hospital District dba Harris Health System</b> - The additional funds are required for forecasted projects and any unforeseen projects.  <b>Job No. 200138, Board Motion 22.12.166</b>	Additional Funds  December 13, 2022 through December 12, 2023	Kia Scales	\$ 200,268	\$ 1,750,000
A10	HKS, Inc. (HCHD-830)  MWBE Goal: 24%	<b>Professional Architectural and Engineering Services for Various Projects for Harris Health System</b> - To provide architectural and engineering services for projects of various size and scope for Harris Health System.  <b>Job No. 220099, Board Motion 22.06-83</b>	Renewal  October 14, 2023 through October 13, 2024	Patrick Casey	\$ 1,500,000	\$ 1,500,000
A11	Browne McGregor Architects, Inc. (HCHD - 824)  MWBE Goal: 24%	<b>Professional Architectural and Engineering Services for Various Projects for Harris Health System</b> - To provide architectural and engineering services for projects of various size and scope for Harris Health System.  <b>Job No. 220099, Board Motion 22.06-83</b>	Renewal  October 21, 2023 through October 20, 2024	Patrick Casey	\$ 1,500,000	\$ 1,500,000
A12	Johnston, LLC (HCHD-832)  MWBE Goal: 24%	<b>Professional Architectural and Engineering Services for Various Projects for Harris Health System</b> - To provide architectural and engineering services for projects of various size and scope for Harris Health System.  <b>Job No. 220099, Board Motion 22.06-83</b>	Renewal  October 21, 2023 through October 20, 2024	Patrick Casey	\$ 1,500,000	\$ 1,500,000
A13	Powers Brown Architecture (HCHD-838)  MWBE Goal: 24%	<b>Professional Architectural and Engineering Services for Various Projects for Harris Health System</b> - To provide architectural and engineering services for projects of various size and scope for Harris Health System.  <b>Job No. 220099, Board Motion 22.06-83</b>	Renewal  October 21, 2023 through October 20, 2024	Patrick Casey	\$ 1,500,000	\$ 1,500,000
A14	Government Scientific Source, Inc. (TXMAS-21-49301)  MWBE Goal: 0% Non-Divisible	<b>Quantiferon TB Gold Plus Collection Tubes, Reagents and Controls for Harris Health System</b> - To provide testing supplies required for Tuberculosis testing on the Liaison® XL.  <b>Texas Multiple Award Schedule (TXMAS) Cooperative Program</b>	Purchase Only quote	Michael Nnadi		\$ 1,500,000



No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A15	<b>Jamail &amp; Smith Construction, LP</b>  MWBE Goal: 32%	<b>Construction of Rehabilitation Department at Lyndon B. Johnson Hospital for Harris Health System</b> - To provide all labor, materials, equipment and incidentals for the construction of Rehabilitation Department at Lyndon B. Johnson Hospital. The owner contingency provides for coverage on unanticipated costs throughout the construction project.  <b>Job No. 230217</b>	Best proposal meeting requirements	Babak Zare		\$ 1,403,000
A16	<b>Diamond Drugs, Inc. d/b/a Diamond Pharmacy Services</b>  MWBE Goal: N/A Specialized or Technical	<b>Pharmaceutical Dispensing for Institutionalized Persons of Harris County</b> - To allow Harris Health System to utilize this contract to continue support to Harris County Community Supervision & Corrections Department (CSCD), in accordance with the Interlocal Agreement between Harris Health System and CSCD for provision of health care services and pharmaceuticals to misdemeanor and felony offenders. The amount increase is due to an increase in demand for vendor services.  <b>Job No. 220232, Board Motion 23.03-41</b>	October 01, 2023 through September 30, 2024	Jennifer Small,	\$ 1,357,624	\$ 1,400,000
A17	<b>Medline Industries (PP-NS-1230)</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Exam Gloves</b> - To continue providing Harris Health System with exam gloves used for patient examination, non-surgical diagnostic and therapeutic procedures.  <b>Premier Healthcare Alliance, L.P. Contract, Board Motion 22.04-56</b>	Ratify Funding Yr. 5  May 01, 2023 through April 30, 2024	Douglas Creamer	\$ 1,398,273	\$ 1,398,273
A18	<b>HP, Inc. (DIR-TSO-4159)</b>  MWBE Goal: 0% Dropped Shipped	<b>Purchase of 1,900 Hewlett Packard Personal Computers</b> - This is meant to provide replacement of personal computers seven years of age or older and to provide replacement of defective equipment. The following is the breakdown of the equipment needed: Technology Purchase (1,300), break fix (300) and new projects (300).  <b>State of Texas Department of Information Resources (DIR) Cooperative Contract</b>	Purchase Low quote	Antony Kilty		\$ 1,357,094
A19	<b>Baylor College of Medicine (HCHD-1035)</b>  MWBE Goal: N/A Exempt due to Funding Source	<b>Medical Services to Eligible HIV-Infected Patients of the Harris Health System</b> - Physicians and healthcare practitioners will provide comprehensive outpatient primary health services for eligible HIV-infected patients at Harris Health System.  <b>Public Health or Safety Exemption</b>	Ratify Purchase Public Health or Safety Exemption  One (1) year initial term	Dawn Jenkins		\$ 1,135,739
A20	<b>Philips Healthcare</b>  MWBE Goal: GPO/CO-OP Sourced	<b>General Radiography</b> - To replace four (4) radiographic systems that are past their expected useful life at Harris Health System.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 1,117,800
A21	<b>Jubilant DraxImage, Inc</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Radiopharmaceutical Product Distribution</b> - To provide radiopharmaceutical products for use in Nuclear Medicine department for Harris Health System. Items are ordered as needed for diagnostic imaging and therapeutic procedures.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Best ASCEND Contract  July 01, 2023 through June 30, 2024	Erica White	\$ 717,285	\$ 946,816

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A22	See Attachment  MWBE Goal: See Attached	<b>Paid Placement Services for Harris Health System</b> - To provide digital advertising space on websites and social media platforms for Harris Health System.  <i>Job No. 220164</i>	Award Best proposal meeting requirements  One (1) year initial term with four (4) one-year renewal options	Amanda Callaway		*
A23	<b>Terumo Medical Corporation (GA-07690)</b>  MWBE Goal: N/A Procured Prior to MWBE Program	<b>Diagnostic and Interventional Radiology Products</b> - To continue providing diagnostic and interventional radiology products used primarily for the treatment of peripheral vascular disease at Ben Taub and Lyndon B. Johnson Hospitals.  <i>Job No. 180320, Board Motion 22.06-83</i>	Renewal  October 15, 2023 through October 14, 2024	Douglas Creamer	\$ 876,369	\$ 876,369
A24	<b>Pivot Point Consulting, a Vaco Company (GA-07577)</b>  MWBE Goal: N/A Procured Prior to MWBE Program	<b>Information Technology Consulting, Implementation and Staff Augmentation for Harris Health System</b> - Additional funds are required to cover upcoming IT projects.  <i>Job No. 180274, Board Motion 23.04-57</i>	Additional Funds  May 21, 2023 through May 20, 2024	Antony Kilty	\$ 1,100,000	\$ 850,000
A25	<b>Carco Group, Inc. dba PreCheck, Inc.</b>  MWBE Goal: 0% Non-Divisible	<b>Background Screening Services for Harris Health System</b> - To provide pre- and post-employment background screening services for Harris Health System.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Best Offer(s) Meeting Requirements  One (1) year initial term with six (6) one-year renewal options	Keith Manis		*
A26	<b>CannonDesign (HCHD-825)</b>  MWBE Goal: 24%	<b>Professional Architectural and Engineering Services for Various Projects for the Harris County Hospital District dba Harris Health System</b> - To provide architectural and engineering services for projects of various size and scope for Harris Health System.  <i>Job No. 220099, Board Motion 22.06-83</i>	Renewal  October 21, 2023 through October 20, 2024	Patrick Casey	\$ 1,500,000	\$ 750,000
A27	<b>Fujifilm Healthcare Americas Corporation (GA-05536)</b>  MWBE Goal: N/A Sole Source	<b>License and Maintenance Service Agreement for Harris Health System</b> - To provide continue use of and the maintenance and support for Fujifilm Synapses Radiology Imaging System for Harris Health System.  <i>Sole Source Exemption</i>	Renewal Sole Source Exemption  November 01, 2023 through October 31, 2024	Jean-Jacques, Reginald	\$ 828,675	\$ 730,900
A28	<b>Roche Diagnostics Corporation</b>  MWBE Goal: N/A Sole Source	<b>Liat Product Agreement</b> - To continue providing consumables for existing COBAS Liat equipment at Ben Taub and Lyndon B. Johnson Hospitals.  <i>Sole Source Exemption, Board Motion 22.12-166</i>	Renewal Sole Source Exemption  December 02, 2023 through December 01, 2024	Michael Nnadi	\$ 650,050	\$ 715,375
A29	<b>Becton, Dickinson and Company (PP-NS-1626)</b>  MWBE Goal: GPO/CO-OP Sourced  <b>ICU Medical Sales, Inc (PP-NS-1628)</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Safety IV Catheters</b> - To continue to provide Harris Health System with intravenous (IV) start catheters with a safety device to prevent accidental needlesticks.  <i>Premier Healthcare Alliance, L.P. Contract, Board Motion 23.01-08</i>	Funding Yr. 2  October 01, 2023 through September 30, 2024	Douglas Creamer	\$ 683,726	\$ 683,726

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A30	<b>Sysmex America, Inc. (PP-LA-626)</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Hematology Analyzers, Automation Reagents, Consumables and Service</b> - To continue providing reagents, consumables and supplies for hematology analyzers at Ben Taub and Lyndon B. Johnson Hospitals and Ambulatory Services Clinics.  <b>Premier Healthcare Alliance, L.P. Contract, Board Motion 22.10-141</b>	Ratify Funding Yr. 2  August 01, 2023 through July 31, 2024	Michael Nnadi	\$ 661,975	\$ 661,975
A31	<b>See attached</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Skin Integrity: Primary and Secondary Wound Care and Debridement</b> - To provide Harris Health System with primary wound care products that come in direct contact with wound beds and secondary dressings used to supplement a primary dressing.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Best Contract(s)  April 01, 2023 through March 31, 2024	Douglas Creamer	\$ 646,853	\$ 646,853
A32	<b>O'Donnell/Snider Construction</b>  MWBE Goal: 33%	<b>Construction and Buildout of Security Department at Lyndon B. Johnson Hospital for Harris Health System</b> - To provide all labor, materials, equipment and incidentals for the construction and buildout of Security Department at Lyndon B. Johnson Hospital. The owner contingency provides for coverage on unanticipated costs throughout the construction project.  <b>Job No. 230254</b>	Best proposal meeting requirements	Babak Zare		\$ 611,548
A33	<b>HDR Architecture, Inc.</b>  MWBE Goal: Not Applicable to Request	<b>Professional Architectural and Engineering Services for Various Projects for Harris Health System</b> - To continue to provide professional architectural and engineering services for the completion of various projects with existing purchase orders.  <b>Job No. 160320, Board Motion 21.09-86</b>	Additional Funds	Patrick Casey	\$ 1,000,000	\$ 550,000
A34	<b>CareFusion Solutions, LLC (PPPH28CFS01) [HCHD-294]</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Pharmacy Pyxis Automation &amp; Inventory System Equipment, Maintenance and Support for Harris Health System</b> - The funds are for the purchase, maintenance, and support of the purchased automated supply cabinets and related technology equipment and software for Anesthesia and GI Endoscopy in Quentin Mease Health Center.  <b>Premier Healthcare Alliance, L.P. Contract, Board Motion 22.08-111</b>	Ratify Additional Funds  October 01, 2022 through September 30, 2023	Alice Kohler, Matthew Reeder	\$ 1,312,716	\$ 536,563
A35	<b>A/W Mechanical Services, LP (Primary)</b>  MWBE Goal: N/A Procured Prior to MWBE Program	<b>Job Order Contracting for HVAC and/or HVAC Related Projects for Harris Health System</b> - To provide heating, ventilation and air conditioning (HVAC) repair, renovation, or alteration services at various hospitals and clinics for Harris Health System.  <b>Job No. 180068, Board Motion 23.01-08</b>	Additional Funds  February 15, 2023 through February 14, 2024	Kia Scales	\$ 500,000	\$ 500,000
A36	<b>Spur Design, LLC (HCHD-841)</b>  MWBE Goal: 24%	<b>Professional Architectural and Engineering Services for Various Projects for Harris Health System</b> - To provide architectural and engineering services for projects of various size and scope for Harris Health System.  <b>Job No. 220099, Board Motion 22.06-83</b>	Renewal  October 14, 2023 through October 13, 2024	Patrick Casey	\$ 500,000	\$ 500,000

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A37	<b>PGAL, Inc. (HCHD-837)</b>  MWBE Goal: 24%	<b>Professional Architectural and Engineering Services for Various Projects for Harris Health System</b> - To provide architectural and engineering services for projects of various size and scope for Harris Health System.  <i>Job No. 220099, Board Motion 22.06-83</i>	Renewal  October 21, 2023 through October 20, 2024	Patrick Casey	\$ 500,000	\$ 500,000
A38	<b>AUTOARCH Architects, LLC</b>  MWBE Goal: Not Applicable to Request	<b>Professional Architectural and Engineering Services for Various Projects for the Harris County Hospital District dba Harris Health System</b> - To continue to provide professional architectural and engineering services for the completion of various projects with existing purchase orders.  <i>Job No. 160320, Board Motion 22.06-83</i>	Additional Funds	Patrick Casey	\$ 550,000	\$ 500,000
A39	<b>The University of Texas Health Science at Houston (ADH-509)</b>  MWBE Goal: N/A Public Health or Safety	<b>Ryan White HIV/AIDS Treatment Extension Act of 2009 Part A Primary Medical Care Service</b> - To provide a medical provider services including early intervention, risk assessment, preventive care/screening, physical exams, education and counseling on health issues, and well-baby care services for eligible HIV infected patients at Harris Health System.  <i>ADH-509</i>	Approval Exemption	Dawn Jenkins		\$ 490,172
A40	<b>Remedi8, LLC fka Fire Door Solutions, LLC</b>  MWBE Goal: N/A Procured Prior to MWBE Program	<b>Fire Door Inspections and Related Items for the Harris Health</b> - To continue providing fire doors inspections and related items throughout Harris Health.  <i>Job No. 210067, Board Motion 22.08-111</i>	Ratify Renewal  September 01, 2023 through August 31, 2024	Chip Whitten	\$ 158,590	\$ 469,613
A41	<b>Stryker Craniomaxillofacial (HCHD-547)</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Craniomaxillofacial and Neurosurgical Craniofacial Implants and Related Products</b> - To continue providing craniomaxillofacial and neurosurgical craniofacial implants and related products used for various operating procedures.  <i>Premier Healthcare Alliance, L.P. Contract, Board Motion 22.08-111</i>	Renewal  October 28, 2023 through October 27, 2024	Doug Creamer	\$ 447,238	\$ 447,238
A42	<b>Saba Software, Inc. (HCHD-302)</b>  MWBE Goal: N/A Specialized or Technical	<b>Maintenance and Support for the Learning Management System (LMS) for Harris Health</b> - To continue to provide maintenance and support for the Learning Management System (LMS) for the hospital district. Saba Learning includes learning capabilities, such as catalog, certifications, curriculum, basic testing and assessment authoring, and content management features.  <i>Job No. 190064, Board Motion 22.08-111</i>	Ratify Renewal  September 17, 2023 through September 16, 2024	Ronald Fuschillo	\$ 256,242	\$ 427,335
A43	<b>Urban One, Inc.</b>  MWBE Goal: 100%  <b>Dallas Observer</b>  MWBE Goal: N/A Procured Prior to MWBE Program  <b>NBC Universal Media, LLC</b>  MWBE Goal: N/A Procured Prior to MWBE Program	<b>Paid Placement Services for Harris Health System</b> - To provide television advertisement space for Harris Health System.  <i>Job No. 220164</i>	Award Best proposal meeting requirements  One (1) year initial term with four (4) one-year renewal options	Amanda Callaway		*

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A44	<b>Emergency Care Research Institute, Inc. DBA ECRI</b>  MWBE Goal: N/A Specialized or Technical	<b>Sterilization Processing Assessment</b> - To provide implementation and oversight of recommended improvements for system-wide sterilization and high-level disinfection policy and procedures throughout Harris Health System.  <b>Public Health or Safety Exemption</b>	Ratify Purchase Public Health or Safety Exemption  One (1) year initial term	Jacqueline Brock		\$ 398,117
A45	<b>Carl Zeiss Meditec USA, Inc.</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Surgical Microscopes</b> - To replace two (2) surgical microscopes that are past their expected useful life with new units for Lyndon B. Johnson Hospital.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 371,243
A46	<b>Master's Transportation Inc. (TIPS #230204)</b>  MWBE Goal: 0% Dropped Shipped	<b>Shuttle Buses for Harris Health System</b> - To provide three (3) twenty-five (25) passenger shuttles to support Harris Health Systems employee transportation program.  <b>The Interlocal Purchasing System (TIPS)</b>	Purchase Only quote	Peka Owens		\$ 368,700
A47	<b>Johnson &amp; Johnson Health Care Systems, Inc. (PP-OR-2099)</b>  MWBE Goal: GPO/CO-OP Sourced  Davol Inc. (PP-OR-2097)  MWBE Goal: GPO/CO-OP Sourced	<b>Surgical Mesh Products</b> - To continue providing Harris Health System with mesh products made of synthetic materials, such as polypropylene, polytetrafluoroethylene and polyester.  <b>Premier Healthcare Alliance, L.P. Contract, Board Motion 23.03-41</b>	Funding Yr. 2  October 01, 2023 through September 30, 2024	Douglas Creamer	\$ 305,278	\$ 320,541
A48	<b>Set Solutions, Inc. (DIR-TSO-4361)</b>  MWBE Goal: N/A Specialized or Technical	<b>CyberArk Privileged Account Security Tool License Renewal</b> - Cyber-Ark is security software providing licenses for a security tool that protects, identifies, and monitors privileged accounts to detect potential cyber-attacks on information systems across the entire organization.  <b>State of Texas Department of Information Resources (DIR) Cooperative Contract</b>	Renewal  October 31, 2023 through October 30, 2024	Jeffrey Vinson	\$ 318,422	\$ 318,422
A49	<b>GE Precision Healthcare LLC</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Mobile C-Arms</b> - To replace one (1) mobile c-arm system past its expected useful life and no longer supported by the manufacturer with a new unit for Ben Taub Hospital.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 272,331
A50	<b>Integra Lifesciences Corporation</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Neurosurgical Ablation and Aspiration Products</b> - To replace one (1) ultrasonic aspirator that is past its expected useful life with a new unit for the Operating Room at Lyndon B. Johnson Hospital.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 271,412
A51	<b>Philips Healthcare</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Physiological Monitoring Equipment</b> - To replace two (2) physiological monitoring equipment systems with new units for Ben Taub and Lyndon B. Johnson Hospitals.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 268,382

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A52	<b>Advanced Sterilization Products Services Inc.</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Low Temperature Sterilization Products</b> - To replace two (2) existing hydrogen peroxide plasma low temperature sterilizers past their expected useful life and no longer supported by the manufacturer with new units at Ben Taub Hospital.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 230,000
A53	<b>Coloplast Corp</b>  MWBE Goal: GPO/CO-OP Sourced  <b>Medline Industries</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Skin Integrity: Skin Cleanser, Barrier and Lotion Products</b> - To provide Harris Health System with products used to improve, maintain, protect and promote healing of the patient's dermal and epidermal skin. Products include skin cleansers, moisturizers, lotions, sprays, body washes and barrier wipes.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Best Contract(s)  April 01, 2023 through March 31, 2024	Douglas Creamer	\$ 225,152	\$ 225,152
A54	<b>MIM Software, Inc. (HCHD-945)</b>  MWBE Goal: N/A Sole Source	<b>Molecular Imaging Management or "MIM" Software Purchase, Support, and Licenses</b> - The MIM software is a clinical decision support system used by radiologists to assist in the interpretation of the images, the diagnosis, and the treatment of our patients in Nuclear Medicine and PET/CT. This includes software used on multi-modality workstations.  <i>Sole Source Exemption</i>	Purchase Sole Source Exemption  One (1) year initial term with two (2) one-year renewal options	Antony Kilty		\$ 222,979
A55	<b>ICU Medical (PP-NS-1633)</b>  MWBE Goal: GPO/CO-OP Sourced  <b>Becton, Dickinson and Company (PP-NS-1630)</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Safety Hypodermic Products</b> - To continue to provide Harris Health System with hypodermic products that have an attached safety device to prevent accidental sharp injuries.  <i>Premier Healthcare Alliance, L.P. Contract, Board Motion 23.02-24</i>	Funding Yr. 2  October 01, 2023 through September 30, 2024	Douglas Creamer	\$ 213,257	\$ 213,257
A56	<b>KLS Martin (HCHD-537)</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Craniomaxillofacial and Neurosurgical Craniofacial Implants and Related Products</b> - To continue providing craniomaxillofacial and neurosurgical craniofacial implants and related products used for various operating procedures.  <i>Premier Healthcare Alliance, L.P. Contract, Board Motion 22.08-111</i>	Renewal  November 09, 2023 through November 08, 2024	Doug Creamer	\$ 201,600	\$ 211,680
A57	<b>Medtronic USA, Inc.</b>  MWBE Goal: N/A Sole Source	<b>Electromagnetic Navigation System for Harris Health System</b> - To add one (1) electromagnetic navigation bronchoscopy (ENB) system for Ben Taub Hospital  <i>Sole Source Exemption</i>	Award Sole Source Exemption	Teong Chai		\$ 204,595
A58	<b>AbbVie US LLC (PP-OR-2088)</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Biological Mesh Products</b> - To provide Harris Health System with biological mesh products used for hernia repair and abdominal wall reconstruction.  <i>Premier Healthcare Alliance, L.P. Contract, Board Motion 23.02-24</i>	Funding Yr. 2  October 01, 2023 through September 30, 2024	Douglas Creamer	\$ 191,408	\$ 200,978
A59	<b>Johnson Controls Fire Protection LP</b>  MWBE Goal: 6%	<b>Ben Taub Fire Alarm System Replacement</b> - To replace four (4) fire alarm control panels in Ben Taub Hospital.  <i>Texas Association of School Boards (TASB) BuyBoard Cooperative Program</i>	Award Only quote	Babak Zare		\$ 190,751



No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A60	<b>Insight Direct (USA), Inc. (PP-IT-241)</b>  MWBE Goal: N/A Specialized or Technical	<b>Gytpol Validator – Security Configuration Management Platform. This includes a base license for 1 year subscription with device licenses and Endpoint/Server license for a 1-year subscription.</b> - Information Security partners with the IT department to ensure that the Microsoft systems are properly configured and patched on a regular basis. This solution will provide continuous monitoring and remediation of our current on-premise active directory environment as well as when migrating to the cloud.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Lowest Offer  September 28, 2023 through September 28, 2024	Jeffrey Vinson Tracee Williams		\$ 187,026
A61	<b>Abbott Laboratories Inc.</b>  MWBE Goal: 0% Non-Divisible	<b>Electrophysiology Implantable &amp; Disposable Products</b> - To continue providing electrophysiology implantable and disposable products for the Harris Health System.  <b>Job No. 220071, Board Motion 22.05-67</b>	Renewal  November 18, 2023 through November 17, 2024	Doug Creamer	\$ 173,055	\$ 178,247
A62	<b>Sonosite, Inc.</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Ultrasound</b> - To add two (2) ultrasound machines to meet the increased patient volume at Ben Taub Hospital.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 164,880
A63	<b>Masterword Services, Inc. (GA-06804)</b>  MWBE Goal: N/A Specialized or Technical	<b>Document Translation and Foreign Language Interpretation Services for Harris Health System</b> - To provide document translation and in-person interpreters.  <b>Public Health or Safety Exemption, Board Motion 22.04-56</b>	Ratify Renewal Public Health or Safety Exemption  May 15, 2023 through May 14, 2024	Ingrid Scaroina	\$ 160,000	\$ 160,000
A64	<b>Insight Direct USA, Inc. (PP-IT-241)</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Imprivata Resident Engineering Management (REM) Support Services</b> - To provide Imprivata Resident Engineering Management (REM) services to assist with supporting the Imprivata infrastructure used to support Harris Health's Epic environment, as well as other clinical and business applications. This service also provides Imprivata administration and system configuration, issue escalation and management, service desk support, onsite configuration, assessments, etc.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Lowest Offer  November 10, 2023 through November 09, 2024	Ronald Fuschillo		\$ 158,100
A65	<b>AbbVie US LLC</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Breast Implants, Tissue Expanders and Related Products</b> - To provide silicone and saline breast implants, tissue expanders and sizers for the Harris Health System.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Best Contract(s)  February 01, 2023 through January 31, 2024	Douglas Creamer	\$ 190,681	\$ 156,676
A66	<b>NeoGenomics Laboratories, Inc. (HCHD-346)</b>  MWBE Goal: N/A Specialized or Technical	<b>Clinical Reference Laboratory Testing Services</b> - To continue providing genetic and oncology testing, as well as other esoteric testing, where turnaround times are improved over the primary reference lab.  <b>Premier Healthcare Alliance, L.P. Contract, Board Motion 22.09-126</b>	Renewal  November 01, 2023 through October 31, 2024	Michael Nnadi	\$ 138,945	\$ 152,840
A67	<b>Agilent Technologies, Inc. (GA-06897)</b>  MWBE Goal: N/A Procured Prior to MWBE Program	<b>Immunohistochemistry Staining and Special Staining Systems including Analyzers, Reagents, Consumables and Service for Harris Health System</b> - To provide for continued immunohistochemistry staining and special staining testing on a reagent rental basis.  <b>Job No. 150220, Board Motion 22.08-111</b>	Ratify Renewal  September 05, 2023 through September 04, 2024	Michael Nnadi	\$ 120,000	\$ 135,000

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A68	<b>ConvergeOne Systems Integration, Inc. (GA-04131)</b>  MWBE Goal: N/A Procured Prior to MWBE Program	<b>Maintenance of Telephone and Voice Communication Systems for Harris Health System</b> - To continue providing additional maintenance for the telephone and voice communications system for Harris Health System.  <b>Job No. 100333, Board Motion 22.05-67</b>	Ratify Additional Funds Extension  June 01, 2023 through May 31, 2024	Ronald Fuschillo	\$ 502,586	\$ 125,156
A69	<b>Sanofi Aventis U.S LLC (PPPH18SNA01)</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Resorbable Adhesion Barrier</b> - To provide Septrafilm® adhesion barrier used to reduce internal scarring after abdominal or pelvic surgery.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Ratify Funding Yr. 9  July 01, 2023 through June 30, 2024	Douglas Creamer	\$ 122,642	\$ 122,642
A70	<b>Letourneau Interests, Inc. (Premier GPO PP-FA-861)</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Waiting Room Seating for Harris Health System</b> - To provide tandem seating and drum tables for waiting rooms for Harris Health System as part of the Quentin Mease Renovation.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Lowest Offer	Cindy Perez		\$ 121,002
A71	<b>General Datatech, L.P. (HCHD-456)</b>  MWBE Goal: N/A Specialized or Technical	<b>SpinSci Patient Engagement Solution Maintenance and Support</b> - This is to provide for the SpinSci Patient Engagement Solution Maintenance and Support. This solution increases the call handling efficiency and provides a channel diversion to allow for patient self-service management of appointment confirmations, and cancellations through an automated self-service portal.  <b>State of Texas Department of Information Resources (DIR) Cooperative Contract</b>	Renewal  October 22, 2023 through October 21, 2024	Eric Hidalgo	\$ 106,271	\$ 113,870
A72	<b>Clinisys, Inc. (HCHD-266)</b>  MWBE Goal: N/A Sole Source	<b>Software Maintenance Renewal for Clinisys SQ Laboratory™ and CoPathPlus™ and associated modules for Clinisys Software</b> - This will provide Maintenance and support services that are offered under Client's software maintenance agreement, establishing provisions for maintenance and support to ensure assistance and updates to the Clinisys Software will be available, while clinicians can still access old data that still resides in Clinisys.  <b>Sole Source Exemption</b>	Renewal Sole Source Exemption  October 01, 2023 through September 30, 2024	David Layman Antony Kilty	\$ 98,866	\$ 104,208
A73	<b>Hettich Instruments, LP</b>  MWBE Goal: GPO/CO-OP Sourced	<b>General Laboratory Products, Equipment and Service</b> - To replace eleven (11) tabletop laboratory centrifuges that are past their expected useful life with new units for Harris Health System.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 100,687
A74	<b>Soft Computer Consultants (CID GA-06924)</b>  MWBE Goal: N/A Specialized or Technical	<b>Maintenance and Support for the Blood Bank Inventory Management System for Harris Health System</b> - To continue to provide annual software maintenance for the blood management system. This software does extensive compatibility checks between patients and blood products to insure the proper utilization of blood products.  <b>Job No. 160187, Board Motion 22.05-67</b>	Ratify Renewal Additional Funds  June 01, 2023 through May 31, 2024	Ronald Fuschillo	\$ 144,939	\$ 75,950



No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A75	<b>Geisinger Pharmacy Services dba ISS Solutions, Inc.</b>  MWBE Goal: 5%	<b>Consulting Services for Pharmacy Infusion Services &amp; Sterile Compounding for Harris Health System</b> - To provide consulting services to conduct an assessment of Infusion Services and Centralized Sterile Compounding for Harris Health System.  <i>Job No. 230120</i>	Award Best proposal meeting requirements  One (1) year initial term with five (5) one-year renewal options	Michael Nnadi		*
					Total Expenditures	\$ 68,992,881
					Total Revenue	\$ (0)

Budget and Finance Agenda Items for the Harris County Hospital District dba Harris Health System - Board of Trustees Report

Expenditure Summary: September 28, 2023 (Transmittals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B1	<b>Sorrellco, LLC (HCHD-1082)</b>  MWBE Goal: N/A Personal Services	<b>Executive Recruitment Services for Harris Health System</b> - To provide candidates for the SVP - Chief Dev Officer role which will be the principal executive providing philanthropic leadership and carrying out all of the affairs and business of the Harris Health Strategic Fund, reporting to the Harris Health Strategic Fund's Board of Directors, and as an Executive Vice President to the CEO for day-to-day activities.  NA	Transmittal Personal Services Exemption	Keith Manis		\$ 95,000
B2	<b>Masterword Service, Inc (HCHD-1054)</b>  MWBE Goal: 100%	<b>Translation and Interpretation Services for Harris County</b> - To translate SIG (prescription labels) written in English to Spanish or Vietnamese for non-English speaking patients.  210374	Transmittal Utilization	Sunny Ogbonnaya		\$ 100,000
B3	<b>Connection (PP-IT-238)</b>  MWBE Goal: N/A Specialized or Technical	<b>Fast Read software (Decoder Scanners) for Clinical Communication project</b> - The Fast Read is a camera based scanning software that facilitates the use of the iPhone camera as a barcode reader for scanning patient wristbands and corresponding barcodes on medications and blood draw vials. This will eliminate the need for separate hand held bar code scanners used today.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Lowest Offer	William Bowker Antony Kilty		\$ 99,810
B4	<b>Tegsys, Inc. (DIR-TSO-4356)</b>  MWBE Goal: N/A Specialized or Technical	<b>Enterprise Vault Cloud Folder Sync</b> - This subscription will migrate Harris Health System's archived email that is currently hosted in our data centers to the cloud.  <i>State of Texas Department of Information Resources (DIR) Cooperative Contract</i>	Purchase Low quote	Antony Kilty Jin Lee		\$ 98,124
B5	<b>GE Precision Healthcare LLC</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Ultrasound Machine</b> - To replace three (3) maternal fetal medicine ultrasound machines that are past their expected useful life with new units for Harris Health System.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 92,768
B6	<b>SHI Government Solutions (Omnia Partners - IT Solutions, Contract #2018011-02)</b>  MWBE Goal: 100%	<b>Purchase of Media Tapes</b> - These media tapes are needed to store IT data, which is an inexpensive way to store vast amounts of data. Awarded vendor will label tape media according to Harris Health's specifications.  <i>OMNIA Partners, Public Sector Cooperative Purchasing Program</i>	Purchase Best quote meeting specifications	Emeka Okoli Antony Kilty		\$ 87,606
B7	<b>Philips Healthcare</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Ultrasound</b> - To add one (1) ultrasound machine for Ben Taub Hospital.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 79,578
B8	<b>Draeger Inc.</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Anesthesia Equipment, Accessories and Supplies</b> - To add six (6) anesthesia gas vaporizer units at Quentin Mease Health Center.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Best Contract(s)	Teong Chai		\$ 76,417

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B9	<b>Elsevier, Inc. (GA-07280)</b>  MWBE Goal: N/A Sole Source	<b>ExitCare Software and support for the Hospital at Home program at Harris Health System</b> - To provide patient facing text education content provided for use in MyChart Bedside Mobile for the Hospital at Home program.  <b>Sole Source Exemption, Board Motion 23.05-73</b>	Additional Funds Sole Source Exemption  August 31, 2023 through June 14, 2025	Ronald Fuschillo	\$ 123,960	\$ 75,588
B10	<b>Gowan Incorporated (22/049MF)</b>  MWBE Goal: 0% Non-Divisible	<b>Fire and Smoke Damper Testing for Harris Health System.</b> - To provide function testing and inspection of fire and smoke dampers at Ben Taub Hospital.  <b>Choice Partners, a division of Harris County Department of Education Cooperative Program</b>	Award Only quote	Benny Stansbury		\$ 75,131
B11	<b>Biotronik, Inc. (HCHD000708)</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Drug Eluting Coronary Stents</b> - To provide the consignment of tubular metallic scaffolds coated with antiproliferative drugs placed during a percutaneous coronary intervention.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Renewal  August 22, 2022 through August 21, 2023	Douglas Creamer	\$ 74,085	\$ 74,085
B12	<b>Philips Healthcare</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Physiological Monitoring Equipment</b> - To add six (6) anesthesia gas modules for Quentin Mease Health Center.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 70,422
B13	<b>Boston Scientific Corporation</b>  MWBE Goal: N/A Sole Source	<b>Peripheral Intervention Products</b> - To provide cryoablation needles to be used with cryoablation consoles that are used to destroy tissue (including prostate and kidney tissue, liver metastases, tumors, and skin lesions) by the application of extremely cold temperatures.  <b>Sole Source Exemption</b>	Award Sole Source Exemption  One-year initial term with three (3) one-year renewal options	Douglas Creamer		\$ 68,050
B14	<b>Key Solutions, Inc. (GA-07067)</b>  MWBE Goal: N/A Sole Source	<b>Annual Renewal for the eProtocol IRB Software System (Information Technology Tracking System for Human Research Operations)</b> - This will continue to provide maintenance and support for eProtocol Institutional Review Board (IRB) software which is a web-based platform for creating, managing, and reviewing human subject research (HSR) protocols in an efficient and timely manner.  <b>Sole Source Exemption</b>	Renewal Sole Source Exemption  October 01, 2023 through September 30, 2024	Julia A Thompson Jessey Thomas	\$ 64,272	\$ 66,200
B15	<b>Cervey, LLC</b>  MWBE Goal: N/A Sole Source	<b>Split-Bill Software for Harris Health System</b> - To provide split-bill software for Harris Health Pharmacy, split-bill software (formerly Morris & Dickson 340B Accumulator) is a web-based software that serves to maintain compliance with the Federal 340B Drug Pricing Program.  <b>Sole Source Exemption</b>	Renewal Sole Source Exemption  September 09, 2023 through September 08, 2024	Michael Nnadi	\$ 65,552	\$ 65,552
B16	<b>Integra LifeSciences Sales, LLC</b>  MWBE Goal: N/A Sole Source	<b>Preventative Maintenance and Repair Services for Harris Health System</b> - To provide preventative maintenance and repair services for Integra's Licox brain tissue oxygen monitoring system located at Ben Taub Hospital.  <b>Sole Source Exemption</b>	Award Sole Source Exemption  Three-year initial term	Tim Tatum		\$ 62,204

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B17	Insight Direct (USA), Inc. (PP-IT-241)  MWBE Goal: N/A Specialized or Technical	Technical Relationship Manager - Premier Subscription - This premier subscription is needed for the Bring Your Own Device or "BYOD" project.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Lowest Offer  July 31, 2023 through July 31, 2024	William Bowker Antony Kilty		\$ 61,638
B18	Insight Direct USA, Inc. (PPT-IT-241)  MWBE Goal: GPO/CO-OP Sourced	Equipment Hardware, Software and Services - To provide a resume database and sponsored job postings through Indeed.com.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Only Offer Received  November 01, 2022 through October 31, 2023	Elle Pallugna		\$ 60,000
B19	The Houston Chronicle (HCHD-17)  MWBE Goal: N/A Procured Prior to MWBE Program	Advertising Space in Publications for Harris Health System - Additional funds cover purchases for the Human Resources department.  <i>Job No. 190026, Board Motion 23.05-73</i>	Additional Funds  July 26, 2023 through July 25, 2024	Elle Pallugna	\$ 469,000	\$ 60,000
B20	Davol Inc. (PP-OR-2100)  MWBE Goal: GPO/CO-OP Sourced	Synthetic Bioabsorbable Mesh Products - To continue providing Harris Health System with Synthetic bioabsorbable mesh products, including biologic mesh with reinforcement.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Funding Yr. 2  October 01, 2023 through September 30, 2024	Douglas Creamer	\$ 56,823	\$ 59,664
B21	Environmental Testing Services, Inc  MWBE Goal: N/A Procured Prior to MWBE Program	Piped Medical Gas/Vacuum System Assessment and Preventive Maintenance, Gas Monitoring and Ventilation Assessment, and Minor and Emergency Repairs for facilities throughout Harris Health System - To continue providing assessment, maintenance, and repairs of piped medical gas and vacuum system throughout Harris Health System.  <i>Job No. 150253, Board Motion 22.08-111</i>	Additional Funds Extension  September 01, 2023 through November 30, 2023	Terry Elliot	\$ 208,000	\$ 51,141
B22	Carnes Funeral Home, Inc. (HCHD-500)  MWBE Goal: N/A Procured Prior to MWBE Program	Transport of Decedents - To continue providing transport of decedents for Harris Health System.  <i>Job No. 220252</i>	Renewal  August 13, 2023 through August 12, 2024	Jamie Hons	\$ 50,000	\$ 51,000
					Total Expenditures	\$ 1,534,978
					Total Revenue	\$ (0)

Thursday, September 28, 2023

Consideration of Approval of Grant Recommendations (Items C1 through C5)

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Grant recommendations:

C1. Be Well Texas (Office-based Addiction Treatment Program Services)

- Term: September 1, 2023 – August 31, 2024
- Award Amount: \$301,150.00
- Project Owner: Dr. Jennifer Small

C2. Texas Health and Human Services Commission (Epilepsy Program Services)

- Term: September 1, 2023 – August 31, 2024
- Award Amount: \$145,952.00
- Project Owner: Dr. Jennifer Small

C3. Texas Health and Human Services Commission (Title V Child Health and Dental Services)

- Term: September 1, 2023 – August 31, 2024
- Award Amount: \$152,295.00
- Project Owner: Dr. Jennifer Small

C4. Texas Health and Human Services Commission (Woman's Health Program Services)

- Term: September 1, 2023 – August 31, 2024
- Award Amount: \$6,062,315
- Project Owner: Dr. Jennifer Small

C5. Texas Workforce Commission (Pharmacy Tech Training Program)

- Term: September 1, 2023 – August 31, 2024
- Award Amount: \$349,999
- Project Owner: Dr. Michael Nnadi

**Grant Agenda Items for the Harris County Hospital District dba Harris Health System, Board of Trustees Report**  
**Grant Agreement Summary: September 28, 2023**

No.	Grantor	Description/Justification	Action, Basis of Recommendation	Term	Project Owner	Award Amount
C1	Be Well Texas	Consideration of Approval to Ratify a Grant Agreement between the Harris County Hospital District d/b/a Harris Health System and Be Well Texas to fund Office-based Addiction Treatment Program Services to 90 Clients.	<b>Grant Agreement</b>	September 1, 2023 through August 31, 2024	Dr. Jennifer Small	\$ 301,150
C2	Texas Health and Human Services Commission	Consideration of Approval to Ratify a Grant Agreement between the Harris County Hospital District d/b/a Harris Health System and the Texas Health and Human Services Commission to Fund Epilepsy Program Services to 700 Clients.	<b>Ratification of a Grant Agreement</b>	September 1, 2023 through August 31, 2024	Dr. Jennifer Small	\$ 145,952
C3	Texas Health and Human Services Commission	Consideration of Approval to Ratify an Amendment to a Grant Agreement between Harris County Hospital District d/b/a Harris Health System and the Texas Health and Human Services Commission to Fund Title V Child Health and Dental Services to 1,336 Clients.	<b>Amendment of a Grant Agreement</b>	September 1, 2023 through August 31, 2024	Dr. Jennifer Small	\$ 152,295
C4	Texas Health and Human Services Commission	Consideration of Approval to Ratify an Amendment of a Grant Agreement between Harris County Hospital District d/b/a Harris Health System and the Texas Health and Human Services Commission Fund Women's Health Program Services: <ul style="list-style-type: none"> <li>• Breast and Cervical Cancer Services – \$1,156,381.00 to serve 6,184 clients</li> <li>• Family Planning Program – \$4,796,879.00 to serve 17,820 clients</li> </ul>	<b>Ratification of an Amended Grant Agreement</b>	September 1, 2023 through August 31, 2024	Dr. Jennifer Small	\$ 6,062,315
C5	Texas Workforce Commission	Consideration of Approval to Ratify a Grant Agreement between the Harris County Hospital District d/b/a Harris Health System and the Texas Workforce Commission to Fund the Pharmacy Tech Training Program.	<b>Ratification of a Grant Agreement</b>	September 1, 2023 through August 31, 2024	Dr. Michael Nnadi	\$ 349,999
<b>TOTAL AMOUNT:</b>						<b>\$ 7,011,711.00</b>

Thursday, September 28, 2023

Consideration of Acceptance of the Harris Health System August 2023 Financial  
Report Subject to Audit

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# Financial Statements

As of August 31, 2023





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# Financial Highlights Review

As of August 31, 2023

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Operating income for August was \$95.5 million compared to a budgeted income of \$344 thousand.

Total net revenue for August of \$302.2 million was \$110.9 million or 58.0% more than budget. Improved investment returns added \$6.0 million to the favorable variance. The Foundation contribution of \$9.5 million received in January 2023 was released from deferred revenue. Medicaid Supplemental programs income was \$93.9 million more than budget due to much anticipated Uncompensated Care (UC) funding increase. As communicated during the FY 2024 budget presentations, HHSC updated the UC program rules effective FY 2023, adding what they describe as the High Impecunious Charge Hospital (HICH) sub-pool. Eligibility to receive funds from the HICH sub-pool is restricted to rural hospitals, state-owned hospitals, and hospitals that have at least 30% of their charges from serving uninsured persons. Harris Health falls into the last category, and will receive funding from the UC HICH sub-pool. Total UC funding for the System for FY 2023 is expected to be \$440.3 million, and is projected at approximately \$470.3 million in FY 2024.

In August, total expenses of \$206.7 million were \$15.8 million or 8.2% more than budget. Staff costs were \$11.4 million greater than budget due to the actuarially calculated adjustment attributed to an increase in pension expense which impacts both FY 2023 and FY 2024, and increases in health insurance claims. Purchased services decreased \$3.3 million primarily for medical insurance subsidies due to the Marketplace plan pricing effective for calendar year 2023. The change in the Community Health Choice plan pricing, and a corresponding decrease in subsidy, was discussed with the Board of Trustees in November 2022.

Harris Health System adopted Governmental Accounting Standards Board (GASB) Statement No. 96 – Subscription-Based Information Technology Arrangements (GASB 96) for all subscription-based information technology (SBIT) contracts in place and not yet completed at the beginning of the earliest period of the fiscal year, which was October 1, 2022. The statement requires subscribers to recognize a SBIT liability, measured at the present value of payments expected to be made during the subscription term, and an intangible right-to-use SBIT asset. Depreciation and interest expense was \$2.7 million more than budget due to the adoption of GASB 96.

Also in August, total patient days and average daily census increased 5.5% compared to budget. Inpatient case mix index, a measure of patient acuity, was 2.0% lower than planned with length of stay 1.3% greater than budget. Emergency room visits were 6.9% higher than planned for the month. Total clinic visits, including telehealth, were 1.6% higher compared to budget. Births were up 10.7% for the month and 10.9% higher year-to-date.

Total cash receipts for August were \$113.3 million. The System has \$1,323.1 million in unrestricted cash, cash equivalents and investments, representing 221.8 days cash on hand. Harris Health System has \$156.6 million in net accounts receivable, representing 79.7 days of outstanding patient accounts receivable at August 31, 2023. The August balance sheet reflects a combined net receivable position of \$265.1 million under the various Medicaid Supplemental programs.

# Income Statement

As of August 31, 2023 (In \$ Millions)

	MONTH-TO-MONTH			YEAR-TO-DATE				
	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	PRIOR YEAR	PERCENT VARIANCE
<b>REVENUE</b>								
Net Patient Revenue	\$ 60.6	\$ 61.2	-1.0%	\$ 658.1	\$ 663.7	-0.8%	\$ 678.5	-3.0%
Medicaid Supplemental Programs	144.9	51.0	184.0%	712.3	561.2	26.9%	482.4	47.7%
Other Operating Revenue	10.6	9.4	12.6%	111.8	104.0	7.5%	74.9	49.3%
<b>Total Operating Revenue</b>	<b>\$ 216.1</b>	<b>\$ 121.6</b>	<b>77.7%</b>	<b>\$ 1,482.1</b>	<b>\$ 1,328.9</b>	<b>11.5%</b>	<b>\$ 1,235.8</b>	<b>19.9%</b>
Net Ad Valorem Taxes	70.2	69.3	1.4%	765.8	761.8	0.5%	354.3	116.2%
Net Tobacco Settlement Revenue	-	-	0.0%	15.2	13.3	14.2%	16.7	-9.3%
Capital Gifts & Grants	9.5	-	0.0%	9.5	-	0.0%	45.9	-79.3%
Interest Income & Other	6.4	0.4	1426.5%	71.5	5.6	1180.9%	46.1	55.0%
<b>Total Nonoperating Revenue</b>	<b>\$ 86.1</b>	<b>\$ 69.7</b>	<b>23.5%</b>	<b>\$ 862.0</b>	<b>\$ 780.7</b>	<b>10.4%</b>	<b>\$ 463.1</b>	<b>86.1%</b>
<b>Total Net Revenue</b>	<b>\$ 302.2</b>	<b>\$ 191.3</b>	<b>58.0%</b>	<b>\$ 2,344.1</b>	<b>\$ 2,109.6</b>	<b>11.1%</b>	<b>\$ 1,698.8</b>	<b>38.0%</b>
<b>EXPENSE</b>								
Salaries and Wages	\$ 76.9	\$ 76.1	-1.1%	\$ 804.4	\$ 831.6	3.3%	\$ 776.3	-3.6%
Employee Benefits	34.8	24.2	-43.8%	288.1	266.5	-8.1%	242.9	-18.6%
<b>Total Labor Cost</b>	<b>\$ 111.7</b>	<b>\$ 100.3</b>	<b>-11.4%</b>	<b>\$ 1,092.5</b>	<b>\$ 1,098.1</b>	<b>0.5%</b>	<b>\$ 1,019.2</b>	<b>-7.2%</b>
Supply Expenses	26.6	23.7	-12.1%	263.9	257.5	-2.5%	252.9	-4.3%
Physician Services	36.6	35.8	-2.2%	391.9	405.1	3.2%	365.8	-7.2%
Purchased Services	21.5	24.0	10.4%	225.5	257.7	12.5%	246.3	8.4%
Depreciation & Interest	10.3	7.1	-44.0%	80.2	81.5	1.7%	72.5	-10.5%
<b>Total Operating Expense</b>	<b>\$ 206.7</b>	<b>\$ 190.9</b>	<b>-8.2%</b>	<b>\$ 2,054.0</b>	<b>\$ 2,099.8</b>	<b>2.2%</b>	<b>\$ 1,956.6</b>	<b>-5.0%</b>
<b>Operating Income (Loss)</b>	<b>\$ 95.5</b>	<b>\$ 0.3</b>		<b>\$ 290.1</b>	<b>\$ 9.8</b>		<b>\$ (257.8)</b>	
<b>Total Margin %</b>	<b>31.6%</b>	<b>0.2%</b>		<b>12.4%</b>	<b>0.5%</b>		<b>-15.2%</b>	

# Balance Sheet

August 31, 2023 and 2022 (in \$ Millions)

	<u>CURRENT</u> <u>YEAR</u>	<u>PRIOR</u> <u>YEAR</u>
<b><u>CURRENT ASSETS</u></b>		
Cash, Cash Equivalents and Short Term Investments	\$ 1,323.1	\$ 1,096.3
Net Patient Accounts Receivable	156.6	119.2
Net Ad Valorem Taxes, Current Portion	2.3	0.6
Other Current Assets	339.4	160.5
<b>Total Current Assets</b>	<b>\$ 1,821.4</b>	<b>\$ 1,376.6</b>
<b><u>CAPITAL ASSETS</u></b>		
Plant, Property, & Equipment, Net of Accumulated Depreciation	\$ 467.3	\$ 419.2
Construction in Progress	182.7	149.0
Right of Use Assets	49.0	46.0
<b>Total Capital Assets</b>	<b>\$ 698.9</b>	<b>\$ 614.1</b>
<b><u>ASSETS LIMITED AS TO USE &amp; RESTRICTED ASSETS</u></b>		
Debt Service & Capital Asset Funds	\$ 41.3	\$ 46.3
LPPF Restricted Cash	66.8	91.6
Capital Gift Proceeds	47.3	45.2
Other - Restricted	1.0	1.2
<b>Total Assets Limited As to Use &amp; Restricted Assets</b>	<b>\$ 156.4</b>	<b>\$ 184.4</b>
Other Assets	40.2	24.0
Deferred Outflows of Resources	252.8	152.7
<b>Total Assets &amp; Deferred Outflows of Resources</b>	<b>\$ 2,969.7</b>	<b>\$ 2,351.8</b>
<b><u>CURRENT LIABILITIES</u></b>		
Accounts Payable and Accrued Liabilities	\$ 313.7	\$ 284.0
Employee Compensation & Related Liabilities	143.4	133.4
Estimated Third-Party Payor Settlements	16.9	13.5
Current Portion Long-Term Debt and Capital Leases	21.5	20.2
<b>Total Current Liabilities</b>	<b>\$ 495.6</b>	<b>\$ 451.3</b>
Long-Term Debt	320.5	334.2
Net Pension & Post Employment Benefits Liability	741.1	596.8
Other Long-Term Liabilities	7.5	17.8
Deferred Inflows of Resources	153.5	218.7
<b>Total Liabilities</b>	<b>\$ 1,718.1</b>	<b>\$ 1,618.8</b>
<b>Total Net Assets</b>	<b>\$ 1,251.6</b>	<b>\$ 733.0</b>
<b>Total Liabilities &amp; Net Assets</b>	<b>\$ 2,969.7</b>	<b>\$ 2,351.8</b>

# Cash Flow Summary

As of August 31, 2023 (In \$ Millions)

	MONTH-TO-MONTH		YEAR-TO-DATE	
	CURRENT YEAR	PRIOR YEAR	CURRENT YEAR	PRIOR YEAR
<b>CASH RECEIPTS</b>				
Collections on Patient Accounts	\$ 64.5	\$ 65.3	\$ 636.9	\$ 645.2
Medicaid Supplemental Programs	19.0	16.1	876.8	615.5
Net Ad Valorem Taxes	2.3	1.5	825.5	806.6
Tobacco Settlement	-	-	15.2	16.7
Other Revenue	27.6	25.8	259.4	152.9
<b>Total Cash Receipts</b>	<b>\$ 113.3</b>	<b>\$ 108.7</b>	<b>\$ 2,613.8</b>	<b>\$ 2,237.0</b>
<b>CASH DISBURSEMENTS</b>				
Salaries, Wages and Benefits	\$ 98.4	\$ 96.1	\$ 1,176.0	\$ 1,023.3
Supplies	21.1	24.1	277.5	260.1
Physician Services	33.9	47.3	376.7	371.0
Purchased Services	18.2	15.7	212.9	198.0
Capital Expenditures	15.4	7.9	127.4	90.7
Debt and Interest Payments	0.2	4.9	20.3	24.5
Other Uses	(0.7)	(11.3)	(77.3)	25.5
<b>Total Cash Disbursements</b>	<b>\$ 186.5</b>	<b>\$ 184.6</b>	<b>\$ 2,113.5</b>	<b>\$ 1,993.2</b>
<b>Net Change</b>	<b>\$ (73.2)</b>	<b>\$ (75.9)</b>	<b>\$ 500.3</b>	<b>\$ 243.8</b>
Unrestricted Cash, Cash Equivalents and Investments - Beginning of year			\$ 822.8	
Net Change			500.3	
<b>Unrestricted Cash, Cash Equivalents and Investments - End of period</b>			<b>\$ 1,323.1</b>	

# Performance Ratios

As of August 31, 2023 (In \$ Millions)

	MONTH-TO-MONTH		YEAR-TO-DATE		
	CURRENT YEAR	CURRENT BUDGET	CURRENT YEAR	CURRENT BUDGET	PRIOR YEAR
<b><u>OPERATING HEALTH INDICATORS</u></b>					
Operating Margin %	31.6%	0.2%	12.4%	0.5%	-15.2%
Run Rate per Day (In\$ Millions)	\$ 6.4	\$ 6.0	\$ 5.9	\$ 6.1	\$ 5.7
Salary, Wages & Benefit per APD	\$ 2,526	\$ 2,561	\$ 2,374	\$ 2,637	\$ 2,484
Supply Cost per APD	\$ 601	\$ 605	\$ 573	\$ 618	\$ 616
Physician Services per APD	\$ 828	\$ 915	\$ 852	\$ 973	\$ 891
<b>Total Expense per APD</b>	<b>\$ 4,673</b>	<b>\$ 4,875</b>	<b>\$ 4,463</b>	<b>\$ 5,042</b>	<b>\$ 4,768</b>
Overtime as a % of Total Salaries	3.5%	1.9%	3.5%	1.9%	3.4%
Contract as a % of Total Salaries	4.4%	7.4%	5.1%	7.4%	8.5%
Full-time Equivalent Employees	10,224	10,098	9,969	10,162	9,514
<b><u>FINANCIAL HEALTH INDICATORS</u></b>					
Quick Ratio			3.6		3.0
Unrestricted Cash (In \$ Millions)			\$ 1,323.1	\$ 628.9	\$ 1,096.3
Days Cash on Hand			221.8	107.9	194.1
Days Revenue in Accounts Receivable			79.7	54.4	58.9
Days in Accounts Payable			51.6		46.7
Capital Expenditures/Depreciation & Amortization			184.9%		145.5%
Average Age of Plant(years)			11.5		12.0

# Harris Health System Key Indicators



# Statistical Highlights

As of August 31, 2023 (In \$ Millions)

	MONTH-TO-MONTH			YEAR-TO-DATE				
	CURRENT YEAR	CURRENT BUDGET	PERCENT CHANGE	CURRENT YEAR	CURRENT BUDGET	PERCENT CHANGE	PRIOR YEAR	PERCENT CHANGE
Adjusted Patient Days	44,229	39,165	12.9%	460,665	416,486	10.6%	410,341	12.3%
Outpatient % of Adjusted Volume	63.0%	61.1%	3.1%	60.9%	61.6%	-1.1%	62.2%	-2.0%
Primary Care Clinic Visits	48,298	46,335	4.2%	485,522	451,867	7.4%	440,762	10.2%
Specialty Clinic Visits	21,986	22,725	-3.3%	225,278	219,493	2.6%	216,323	4.1%
Telehealth Clinic Visits	11,176	11,124	0.5%	117,714	119,307	-1.3%	148,190	-20.6%
<b>Total Clinic Visits</b>	<b>81,460</b>	<b>80,184</b>	<b>1.6%</b>	<b>828,514</b>	<b>790,667</b>	<b>4.8%</b>	<b>805,275</b>	<b>2.9%</b>
Emergency Room Visits - Outpatient	11,767	11,020	6.8%	121,879	123,524	-1.3%	120,364	1.3%
Emergency Room Visits - Admitted	1,813	1,687	7.5%	20,138	18,089	11.3%	16,670	20.8%
<b>Total Emergency Room Visits</b>	<b>13,580</b>	<b>12,707</b>	<b>6.9%</b>	<b>142,017</b>	<b>141,613</b>	<b>0.3%</b>	<b>137,034</b>	<b>3.6%</b>
Surgery Cases - Outpatient	964	918	5.0%	10,150	11,833	-14.2%	9,244	9.8%
Surgery Cases - Inpatient	890	815	9.2%	8,852	10,143	-12.7%	8,314	6.5%
<b>Total Surgery Cases</b>	<b>1,854</b>	<b>1,733</b>	<b>7.0%</b>	<b>19,002</b>	<b>21,976</b>	<b>-13.5%</b>	<b>17,558</b>	<b>8.2%</b>
<b>Total Outpatient Visits</b>	<b>134,101</b>	<b>129,919</b>	<b>3.2%</b>	<b>1,367,398</b>	<b>1,343,534</b>	<b>1.8%</b>	<b>1,392,300</b>	<b>-1.8%</b>
Inpatient Cases (Discharges)	2,672	2,520	6.0%	28,859	26,695	8.1%	25,601	12.7%
Outpatient Observation Cases	999	1,101	-9.3%	9,281	13,085	-29.1%	12,446	-25.4%
<b>Total Cases Occupying Patient Beds</b>	<b>3,671</b>	<b>3,621</b>	<b>1.4%</b>	<b>38,140</b>	<b>39,780</b>	<b>-4.1%</b>	<b>38,047</b>	<b>0.2%</b>
Births	496	448	10.7%	4,986	4,494	10.9%	4,707	5.9%
Inpatient Days	16,356	15,232	7.4%	179,891	159,732	12.6%	155,147	15.9%
Outpatient Observation Days	3,280	3,388	-3.2%	30,180	39,761	-24.1%	39,834	-24.2%
<b>Total Patient Days</b>	<b>19,636</b>	<b>18,620</b>	<b>5.5%</b>	<b>210,071</b>	<b>199,493</b>	<b>5.3%</b>	<b>194,981</b>	<b>7.7%</b>
Average Daily Census	633.4	600.6	5.5%	627.1	595.5	5.3%	582.0	7.7%
Average Operating Beds	696	681	2.2%	685	681	0.6%	683	0.3%
Bed Occupancy %	91.0%	88.2%	3.2%	91.5%	87.4%	4.7%	85.2%	7.4%
Inpatient Average Length of Stay	6.12	6.04	1.3%	6.23	5.98	4.2%	6.06	2.9%
Inpatient Case Mix Index (CMI)	1.672	1.706	-2.0%	1.704	1.706	-0.1%	1.762	-3.3%
<b>Payor Mix (% of Charges)</b>								
Charity & Self Pay	42.7%	46.2%	-7.6%	44.1%	46.7%	-5.5%	46.4%	-4.9%
Medicaid & Medicaid Managed	21.6%	23.5%	-7.9%	23.0%	22.7%	1.2%	22.1%	4.0%
Medicare & Medicare Managed	11.5%	11.6%	-0.5%	11.4%	11.0%	3.3%	11.6%	-1.9%
Commercial & Other	24.1%	18.7%	29.0%	21.5%	19.5%	10.4%	19.9%	8.0%
<b>Total Unduplicated Patients - Rolling 12</b>				<b>249,539</b>			<b>247,554</b>	<b>0.8%</b>
<b>Total New Patient - Rolling 12</b>				<b>88,047</b>			<b>82,431</b>	<b>6.8%</b>



# Harris Health System

## Statistical Highlights

August FY 2023

### Cases Occupying Beds - CM

Actual	Budget	Prior Year
3,671	3,621	3,599

### Cases Occupying Beds - YTD

Actual	Budget	Prior Year
38,140	39,780	38,047

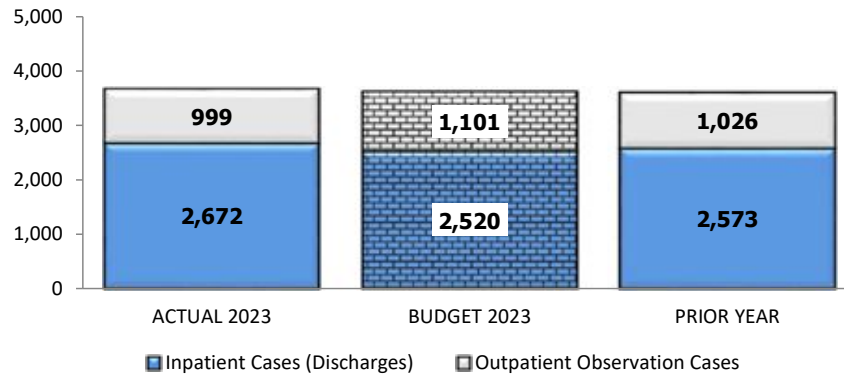
### Emergency Visits - CM

Actual	Budget	Prior Year
13,580	12,707	14,186

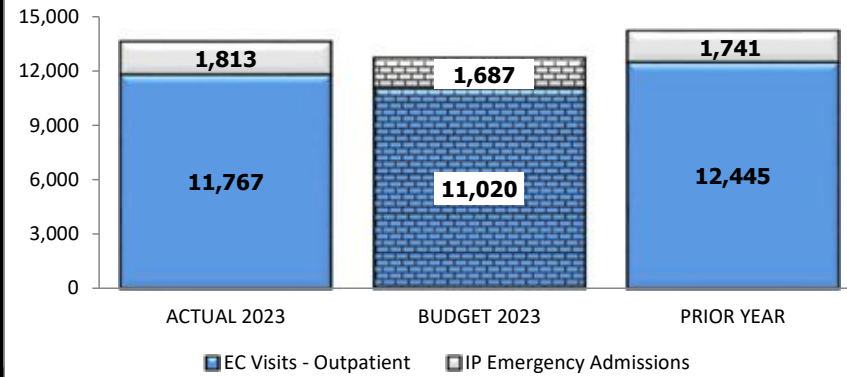
### Emergency Visits - YTD

Actual	Budget	Prior Year
142,017	141,613	137,034

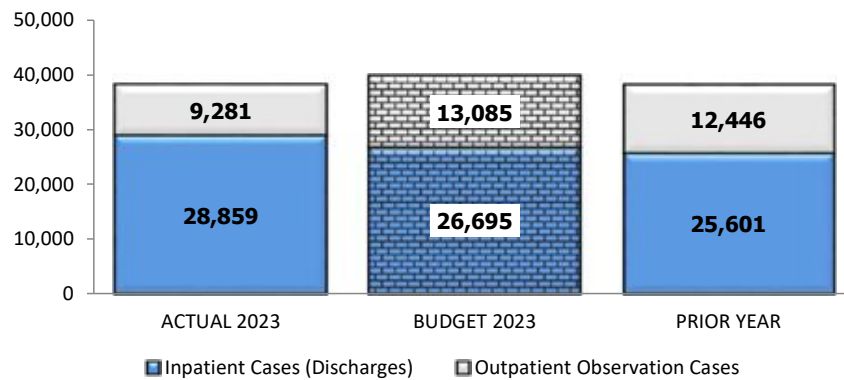
### Cases Occupying Beds - Current Month



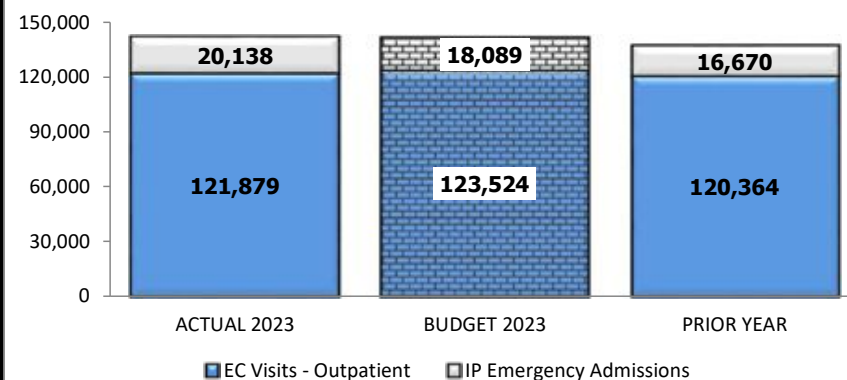
### Emergency Visits - Current Month



### Cases Occupying Beds - YTD



### Emergency Visits - YTD



# Harris Health System

## Statistical Highlights

August FY 2023

### Surgery Cases - CM

Actual	Budget	Prior Year
1,854	1,733	1,807

### Surgery Cases - YTD

Actual	Budget	Prior Year
19,002	21,976	17,558

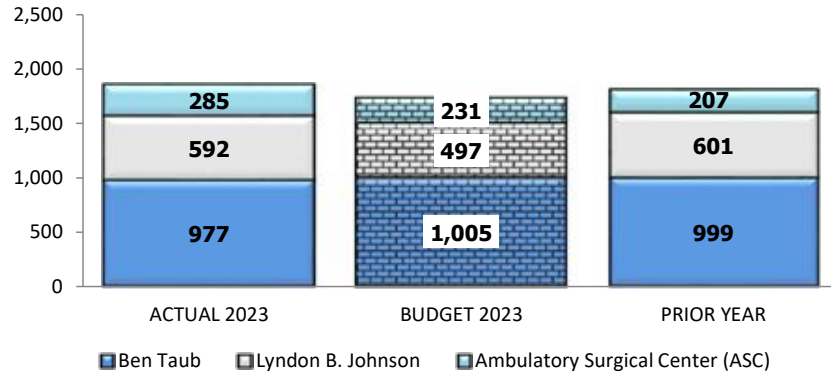
### Clinic Visits - CM

Actual	Budget	Prior Year
81,460	80,184	80,542

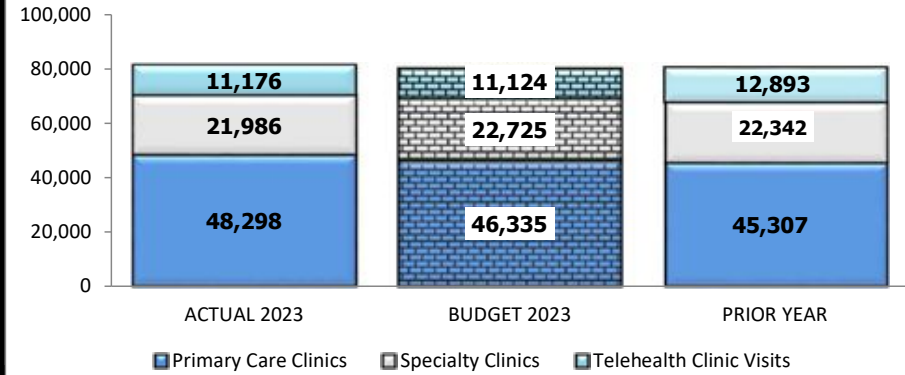
### Clinic Visits - YTD

Actual	Budget	Prior Year
828,514	790,667	805,275

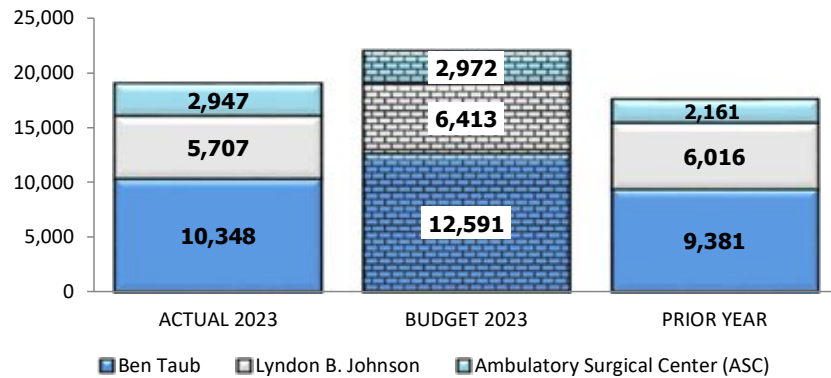
### Surgery Cases - Current Month



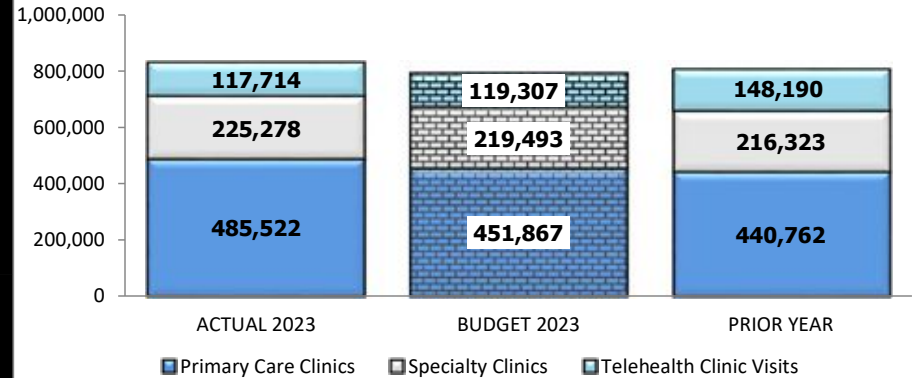
### Clinic Visits - Current Month



### Surgery Cases - YTD



### Clinic Visits - YTD



# Harris Health System

## Statistical Highlights

August FY 2023

### Adjusted Patient Days - CM

44,229

### Adjusted Patient Days - YTD

460,665

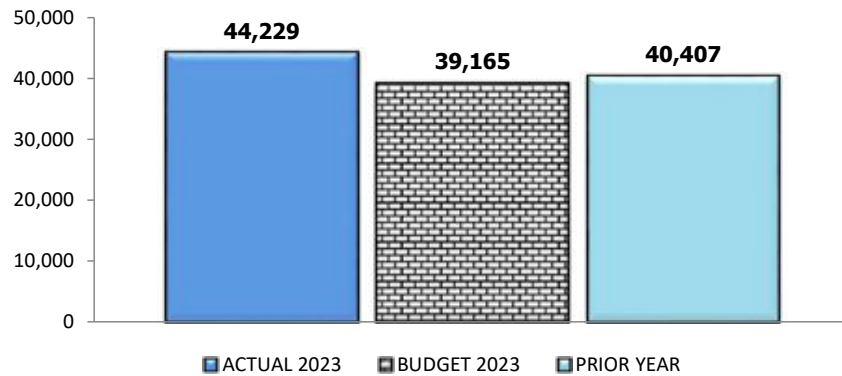
### Average Daily Census - CM

633.4

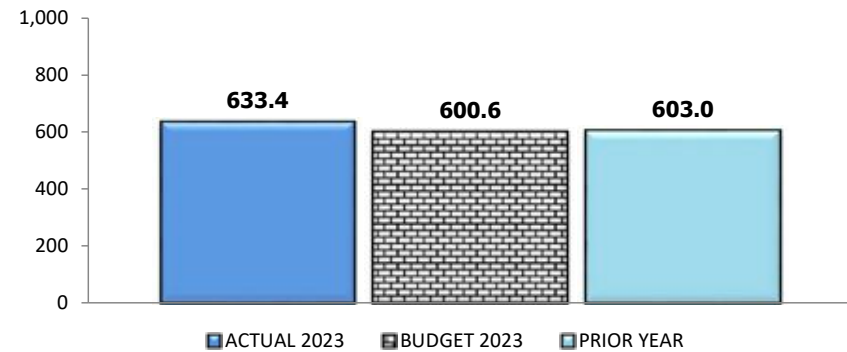
### Average Daily Census - YTD

627.1

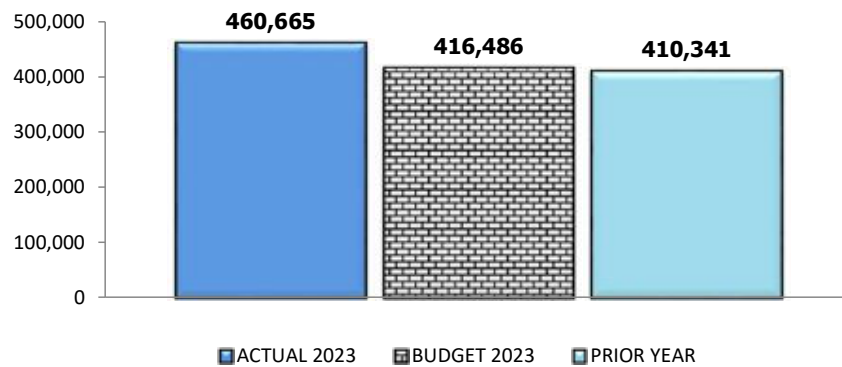
### Adjusted Patient Days - Current Month



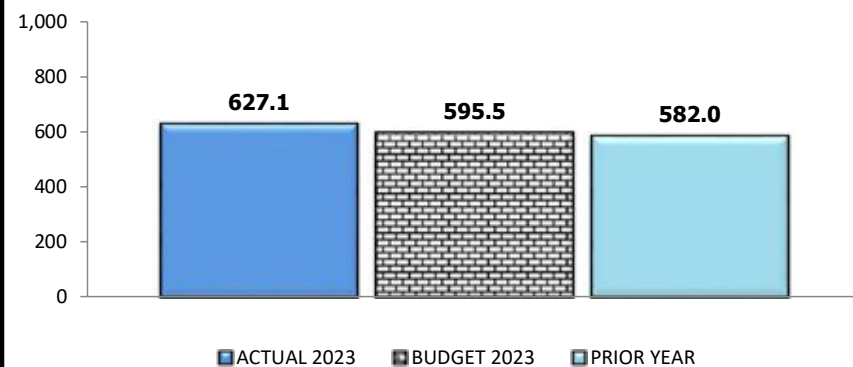
### Average Daily Census - Current Month



### Adjusted Patient Days - YTD



### Average Daily Census - YTD



# Harris Health System

## Statistical Highlights

August FY 2023

### Inpatient ALOS - CM

6.12

### Inpatient ALOS - YTD

6.23

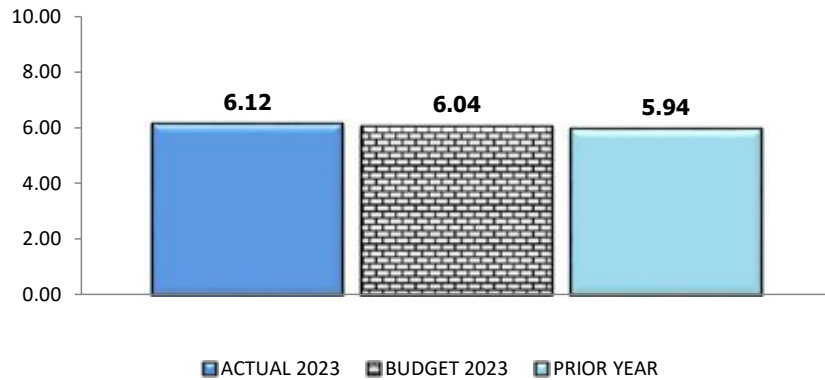
### Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.672	1.853

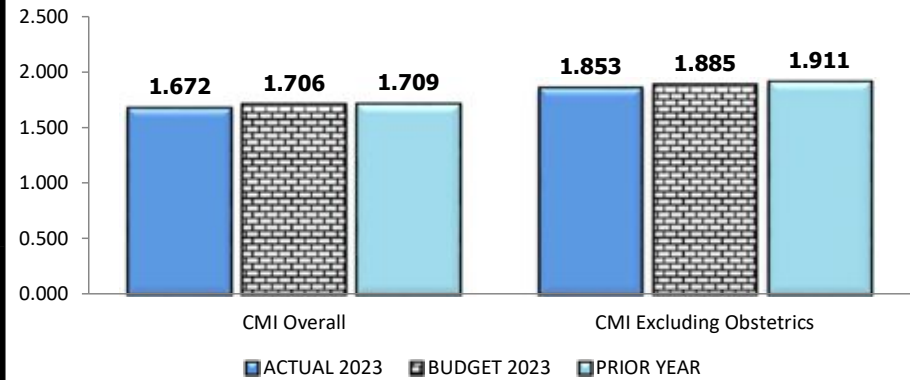
### Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.704	1.879

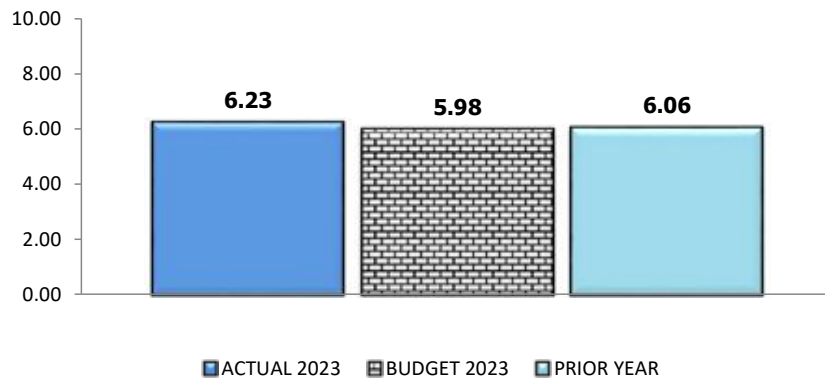
### Inpatient ALOS - Current Month



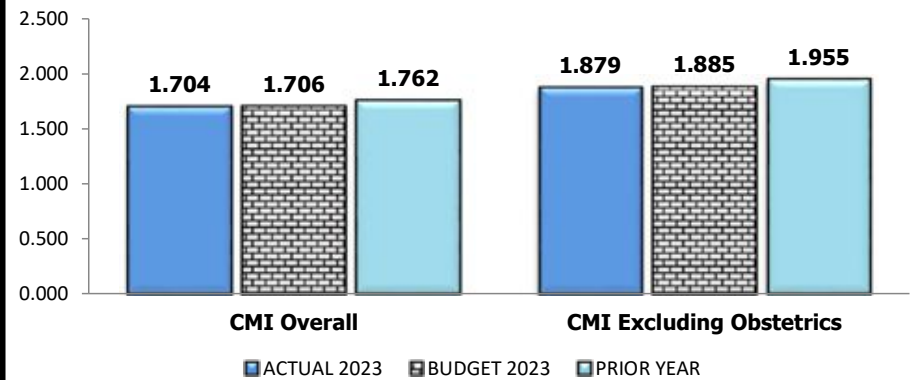
### Case Mix Index - Current Month



### Inpatient ALOS - YTD



### Case Mix Index - YTD



# Harris Health System

## Statistical Highlights - Cases Occupying Beds

August FY 2023

### BT Cases Occupying Beds - CM

Actual	Budget	Prior Year
2,258	2,163	2,178

### BT Cases Occupying Beds - YTD

Actual	Budget	Prior Year
22,751	23,411	22,610

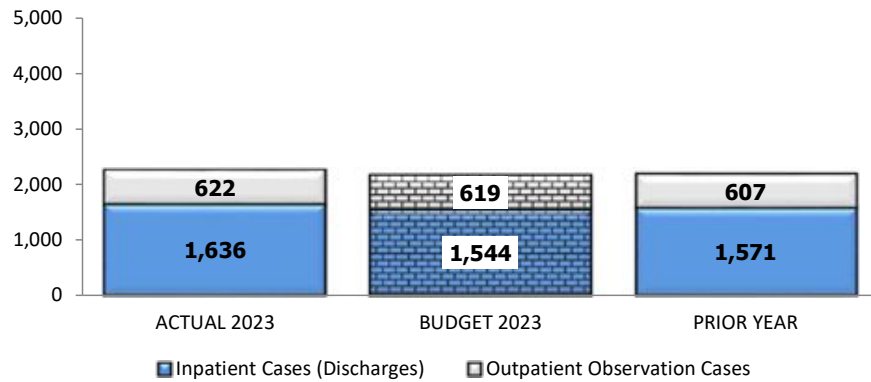
### LBJ Cases Occupying Beds - CM

Actual	Budget	Prior Year
1,413	1,458	1,421

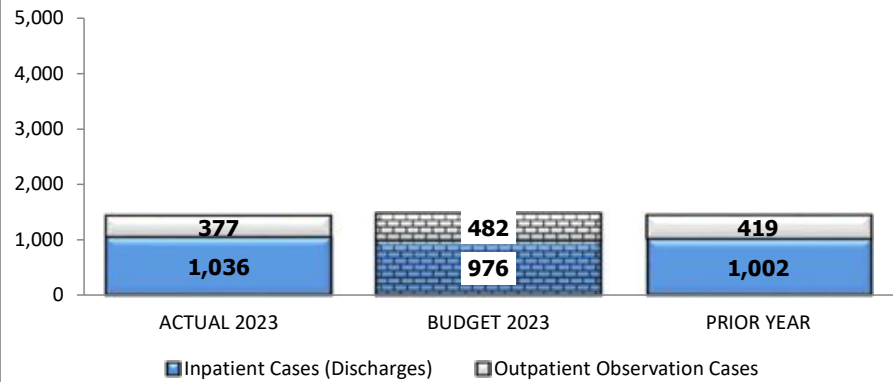
### LBJ Cases Occupying Beds - YTD

Actual	Budget	Prior Year
15,389	16,369	15,437

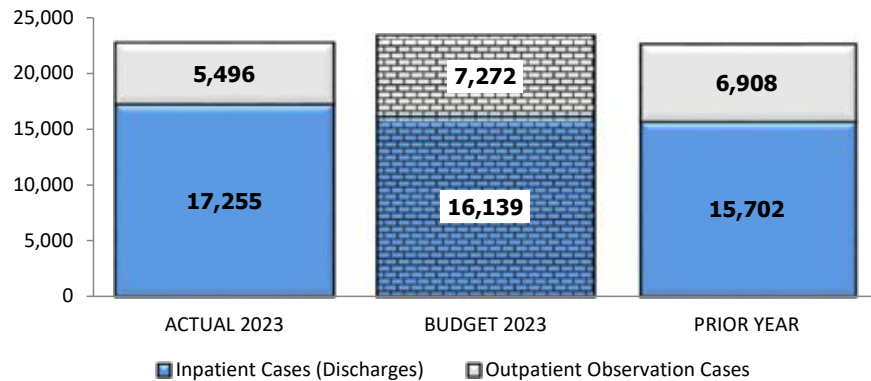
### Ben Taub Cases - Current Month



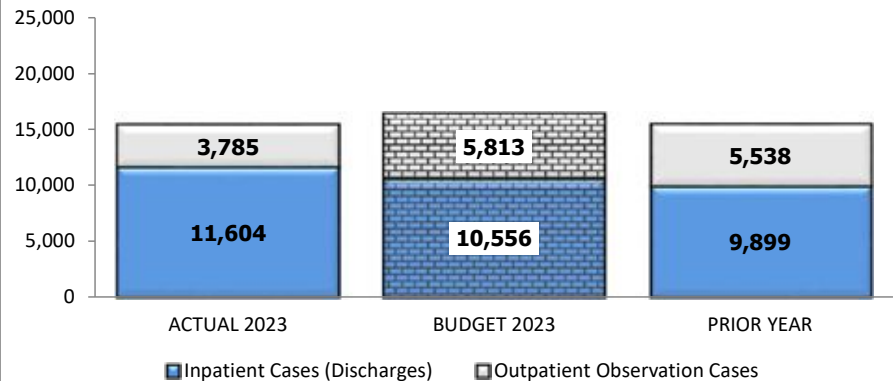
### Lyndon B. Johnson Cases - Current Month



### Ben Taub Cases - YTD



### Lyndon B. Johnson Cases - YTD

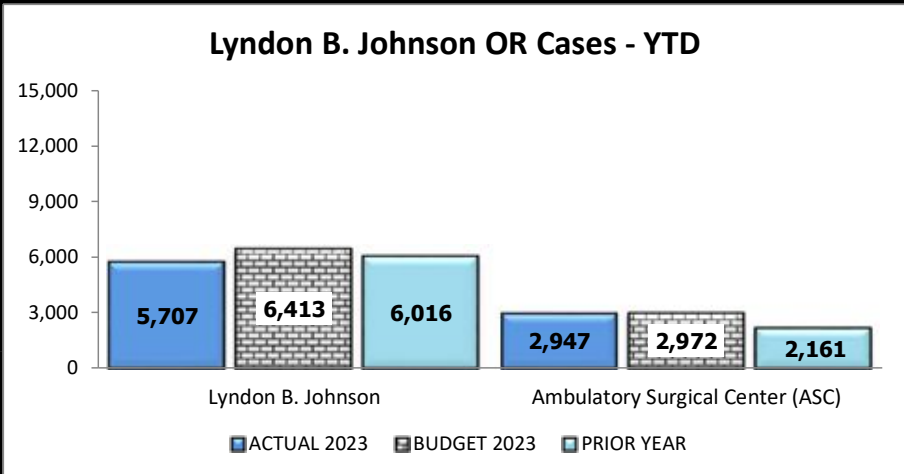
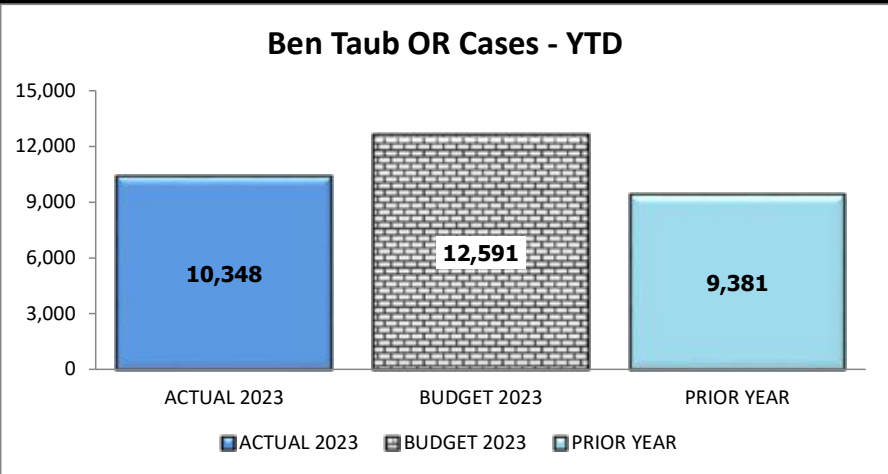
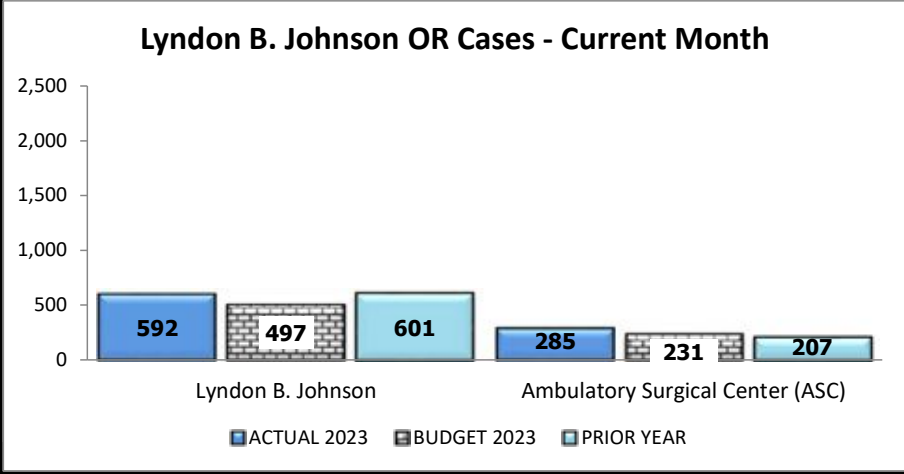
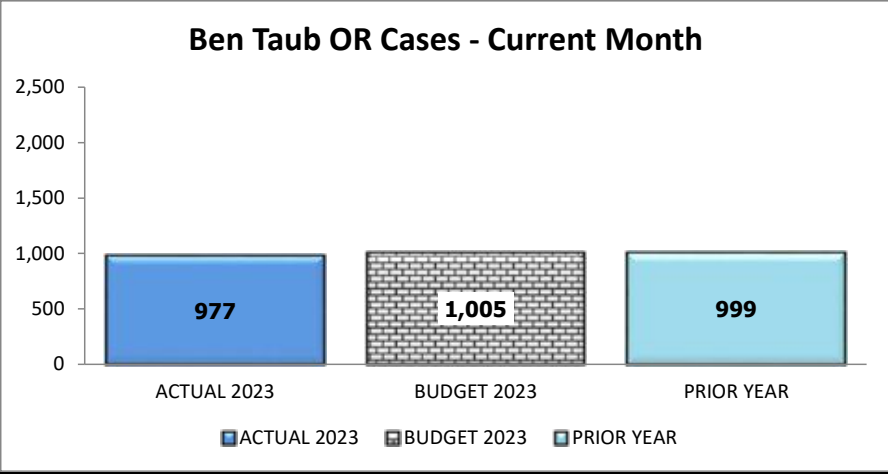


# Harris Health System

## Statistical Highlights - Surgery Cases

August FY 2023

<u>BT Surgery Cases - CM</u>			<u>BT Surgery Cases - YTD</u>			<u>LBJ Surgery Cases - CM</u>			<u>LBJ Surgery Cases - YTD</u>		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
977	1,005	999	10,348	12,591	9,381	877	728	808	8,654	9,385	8,177



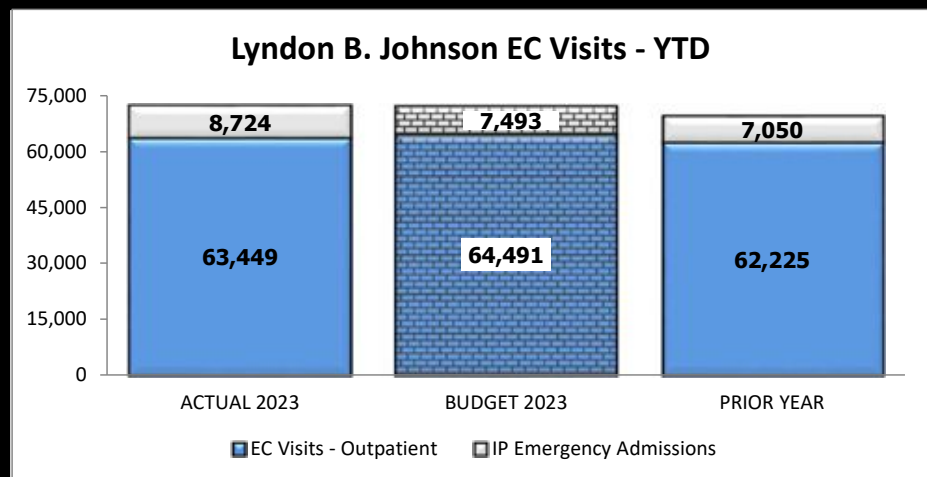
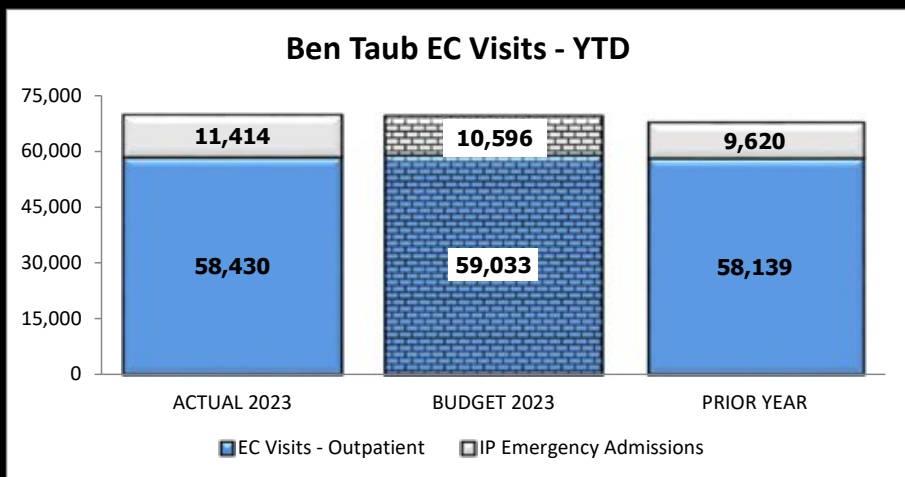
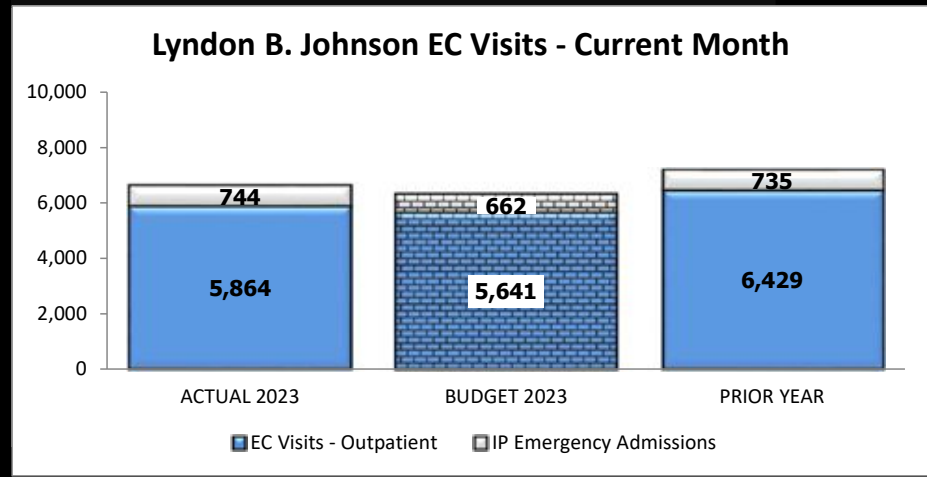
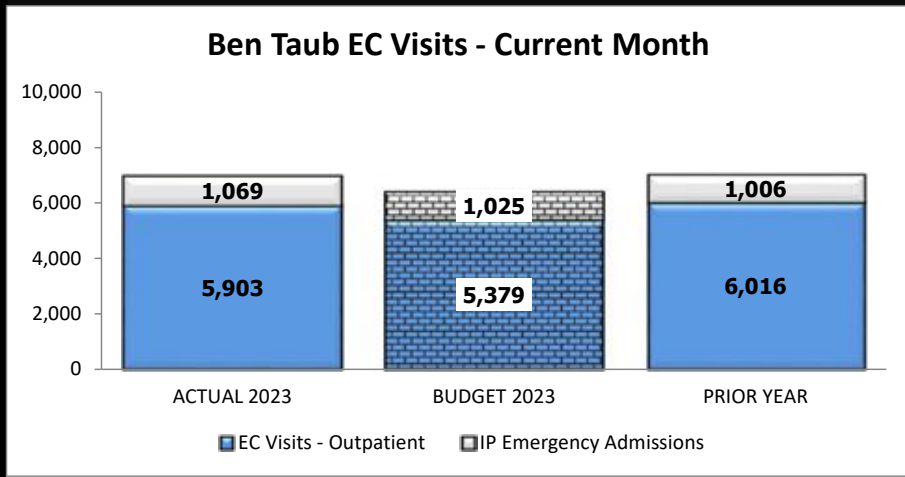


# Harris Health System

## Statistical Highlights - Emergency Room Visits

August FY 2023

<u>BT Emergency Visits - CM</u>			<u>BT Emergency Visits - YTD</u>			<u>LBJ Emergency Visits - CM</u>			<u>LBJ Emergency Visits - YTD</u>		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
6,972	6,404	7,022	69,844	69,629	67,759	6,608	6,303	7,164	72,173	71,984	69,275

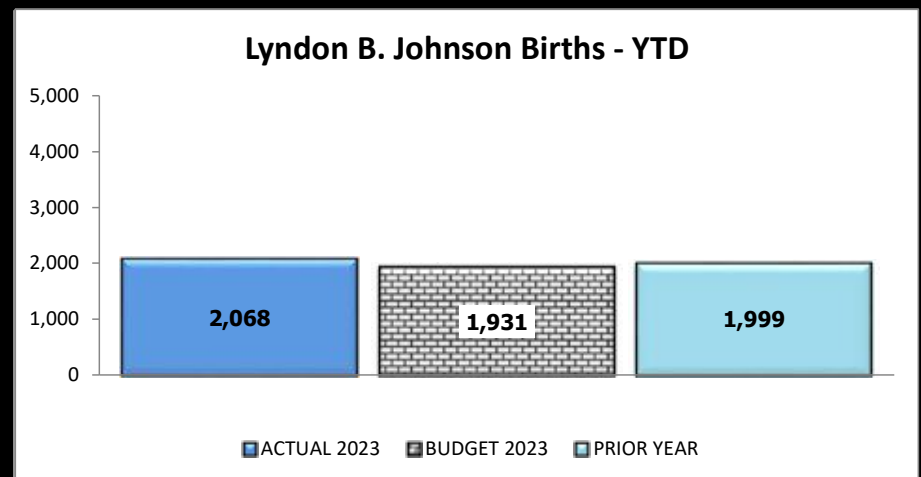
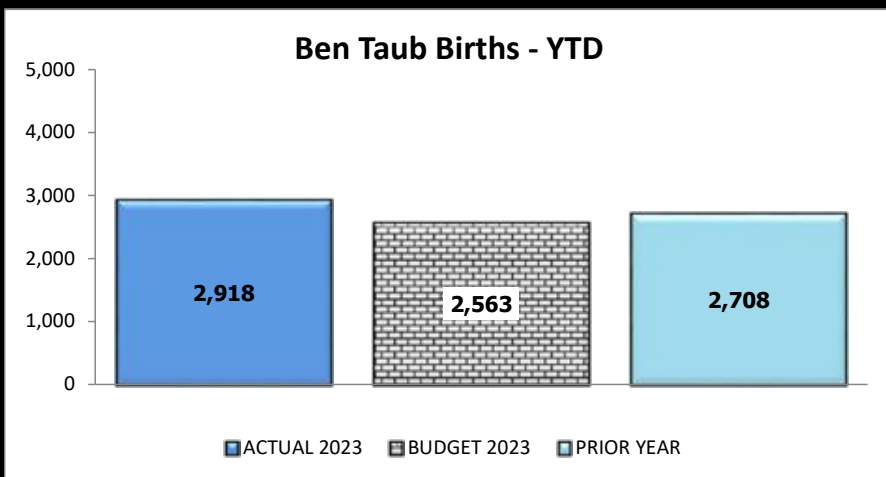
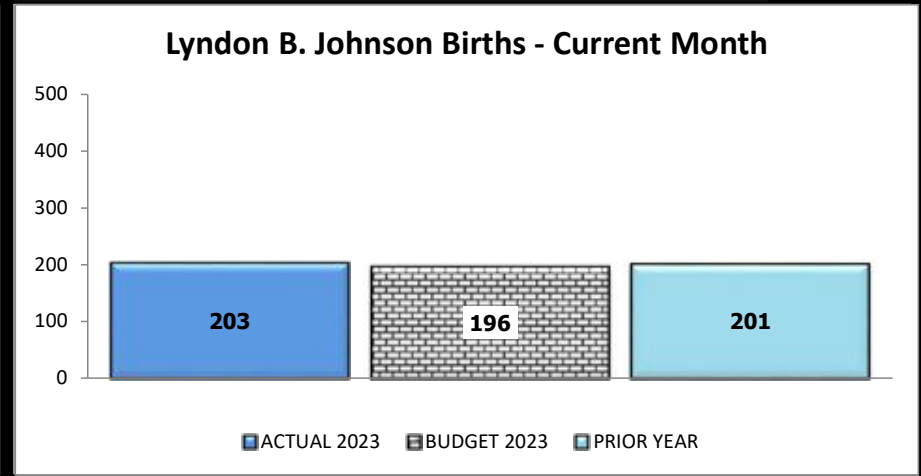
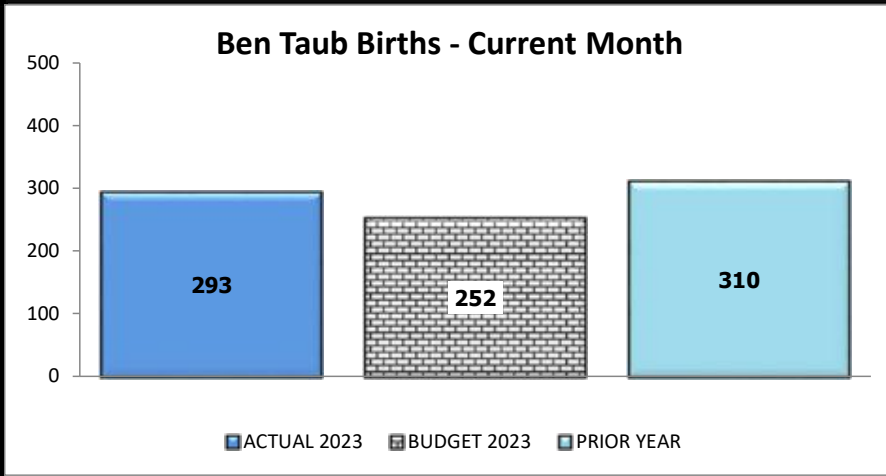


# Harris Health System

## Statistical Highlights - Births

August FY 2023

<u>BT Births - CM</u>			<u>BT Births - YTD</u>			<u>LBJ Births - CM</u>			<u>LBJ Births - YTD</u>		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
293	252	310	2,918	2,563	2,708	203	196	201	2,068	1,931	1,999





# Harris Health System

## Statistical Highlights - Adjusted Patient Days

August FY 2023

**BT Adjusted Patient Days - CM**

21,767

**BT Adjusted Patient Days - YTD**

227,900

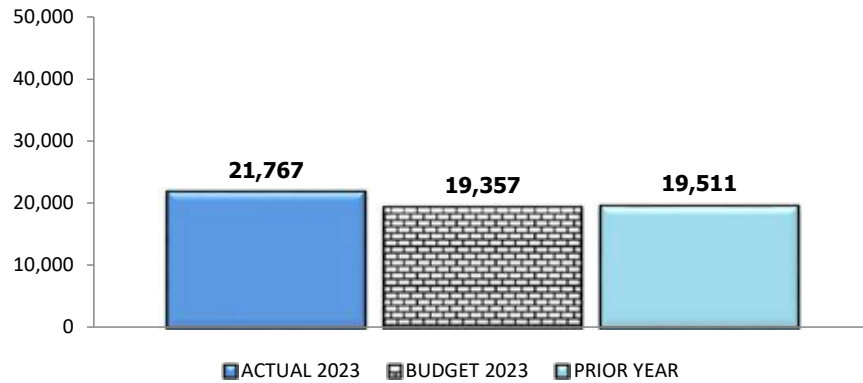
**LBJ Adjusted Patient Days - CM**

13,782

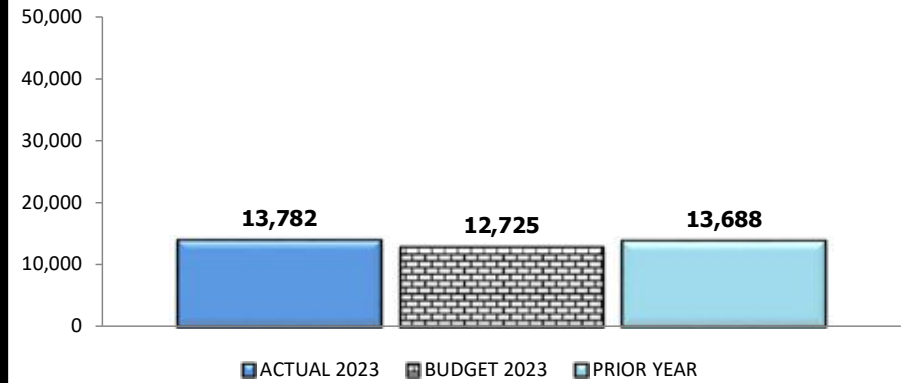
**LBJ Adjusted Patient Days - YTD**

145,315

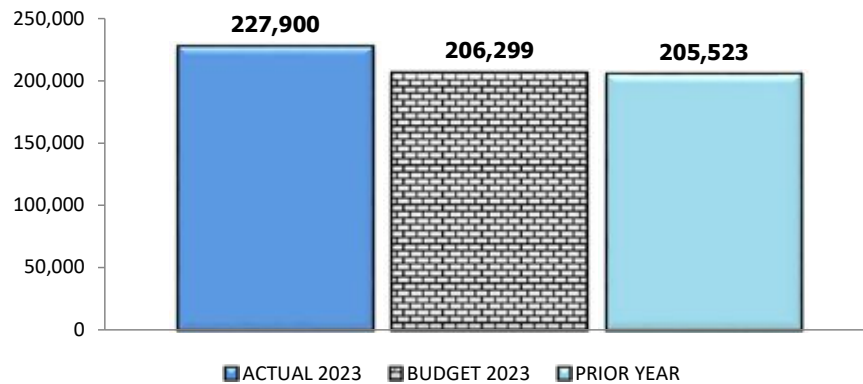
**Ben Taub APD - Current Month**



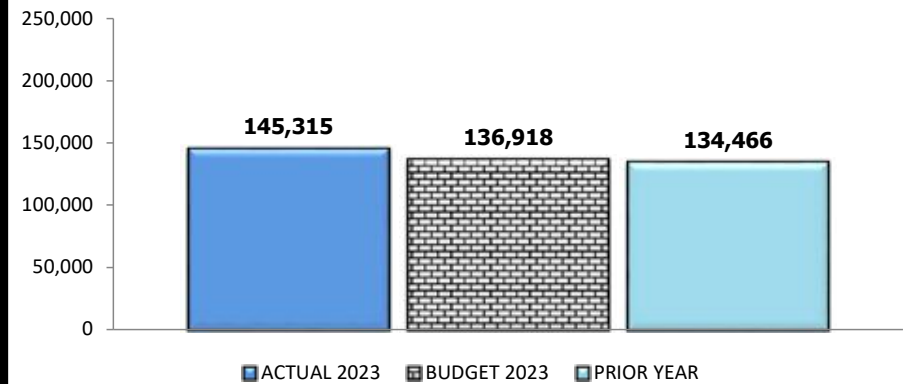
**Lyndon B. Johnson APD - Current Month**



**Ben Taub APD - YTD**



**Lyndon B. Johnson APD - YTD**



# Harris Health System

## Statistical Highlights - Average Daily Census (ADC)

August FY 2023

**BT Average Daily Census - CM**

408.5

**BT Average Daily Census - YTD**

403.2

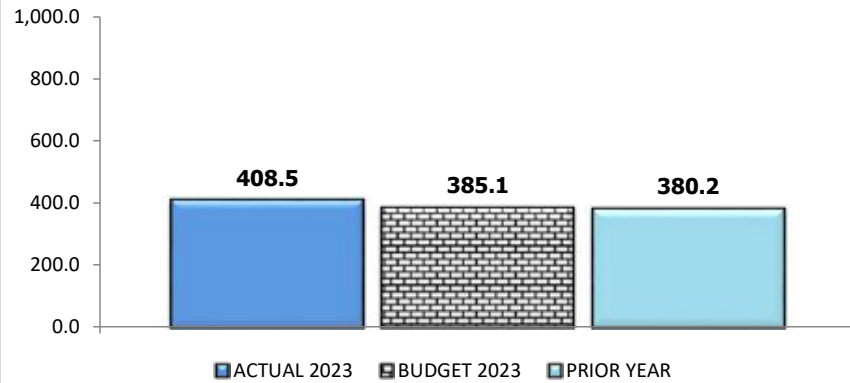
**LBJ Average Daily Census - CM**

224.9

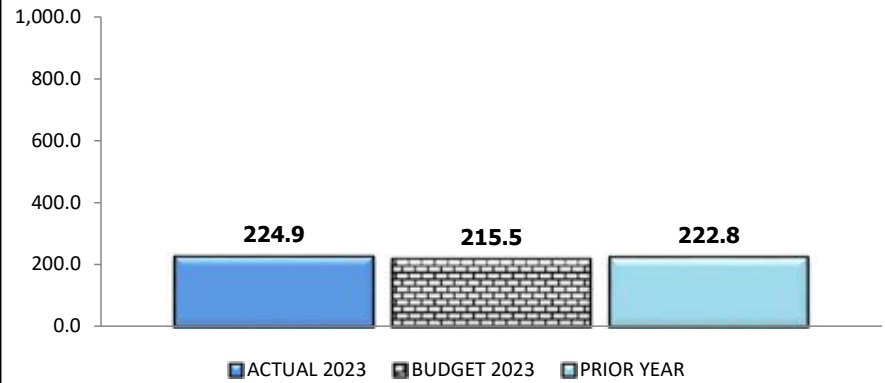
**LBJ Average Daily Census - YTD**

223.9

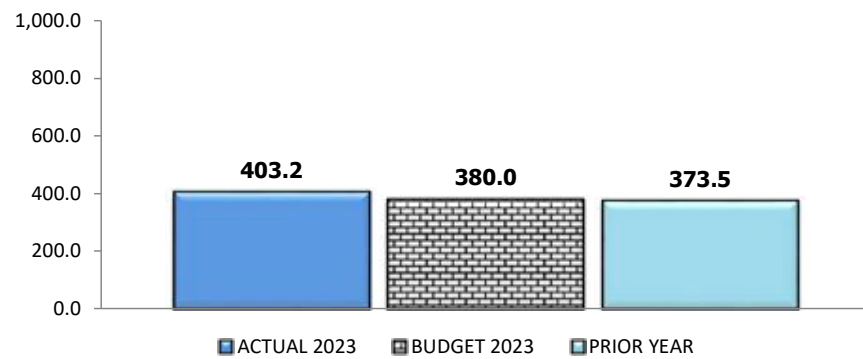
**Ben Taub ADC - Current Month**



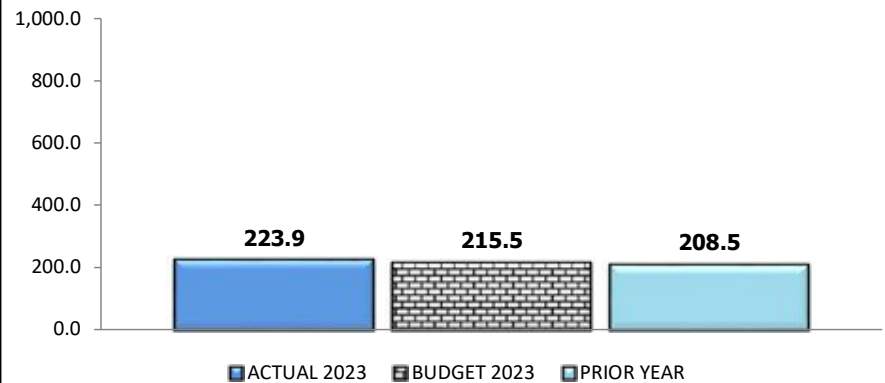
**Lyndon B. Johnson ADC - Current Month**



**Ben Taub ADC - YTD**



**Lyndon B. Johnson ADC - YTD**



# Harris Health System

## Statistical Highlights - Inpatient Average Length of Stay (ALOS)

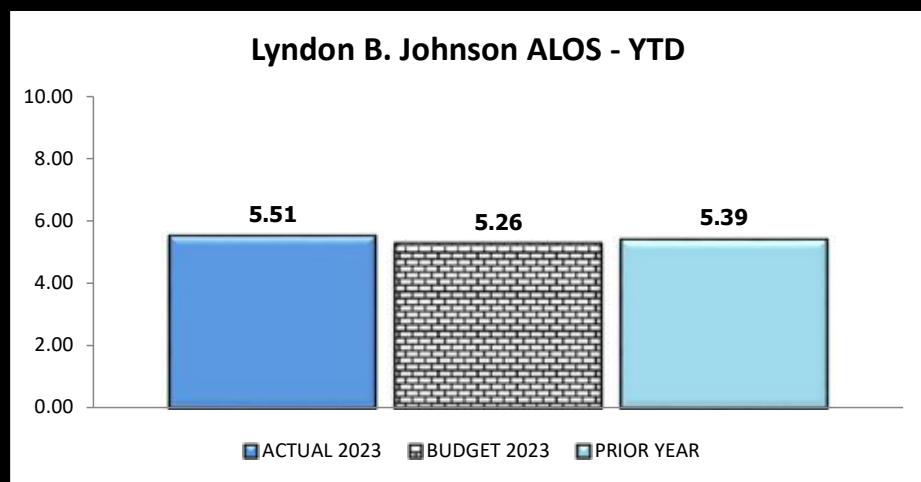
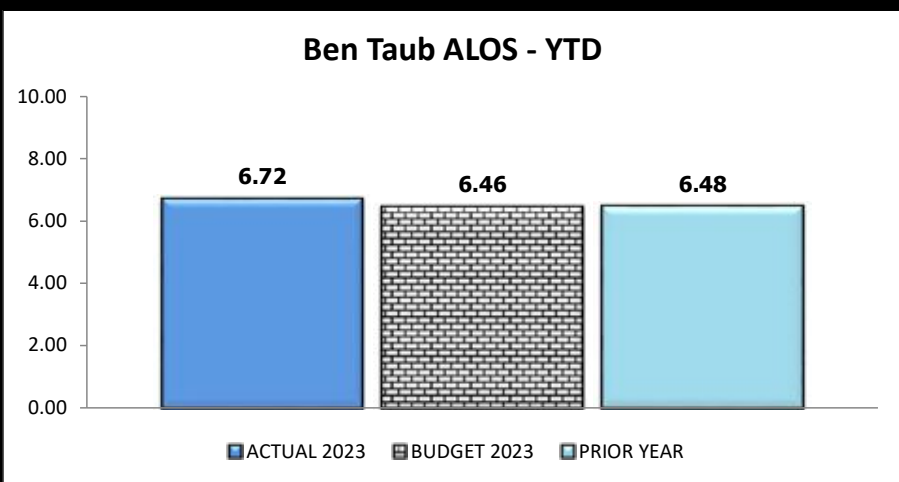
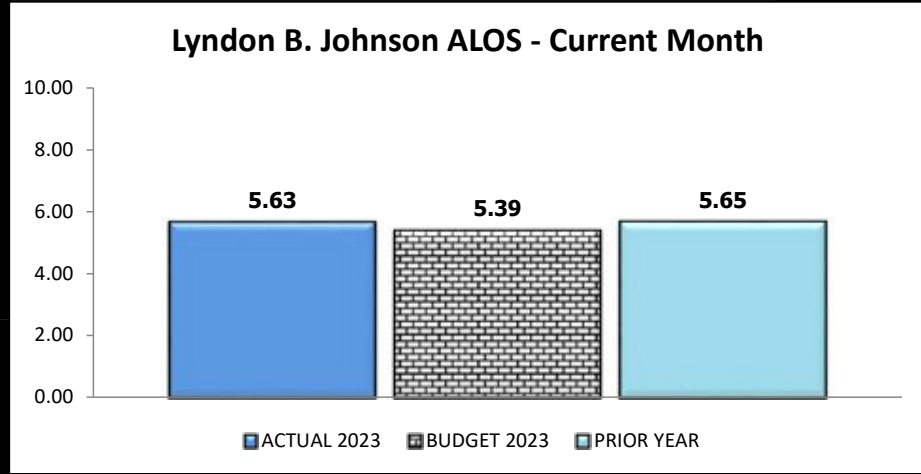
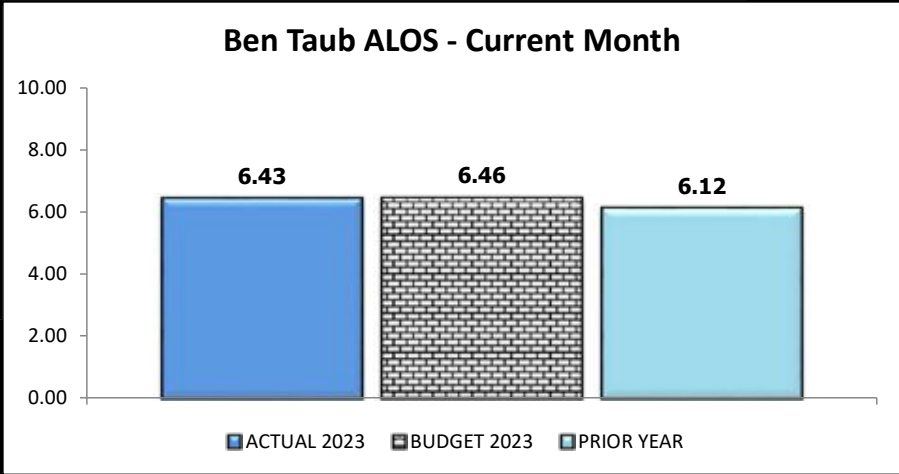
August FY 2023

**BT Inpatient ALOS - CM**  
6.43

**BT Inpatient ALOS - YTD**  
6.72

**LBJ Inpatient ALOS - CM**  
5.63

**LBJ Inpatient ALOS - YTD**  
5.51



# Harris Health System

## Statistical Highlights - Case Mix Index (CMI)

August FY 2023

### BT Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.732	1.916

### BT Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.816	2.004

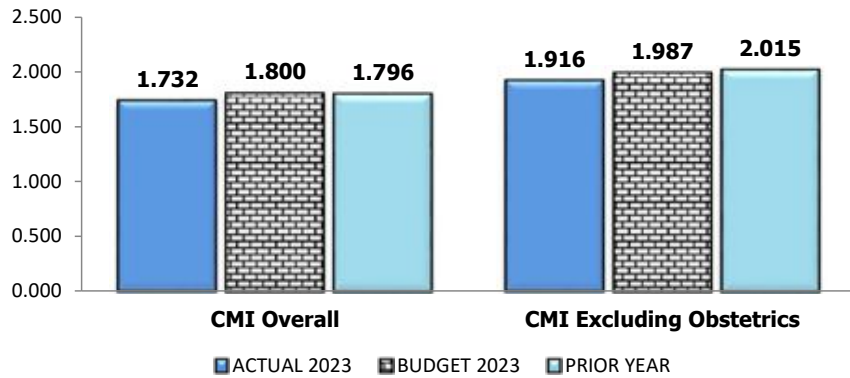
### LBJ Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.576	1.752

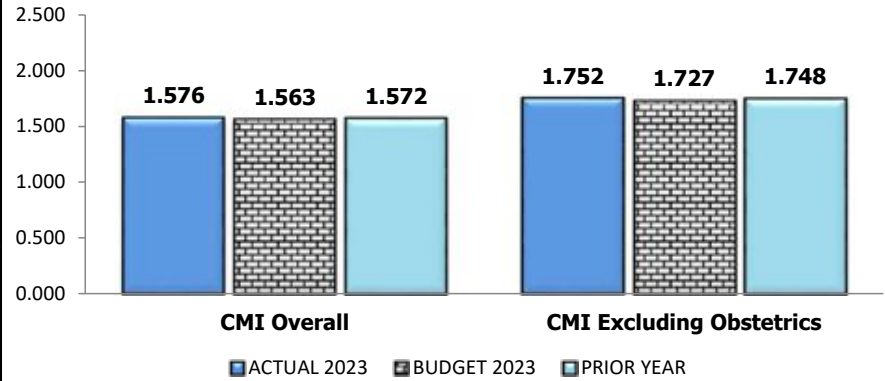
### LBJ Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.537	1.691

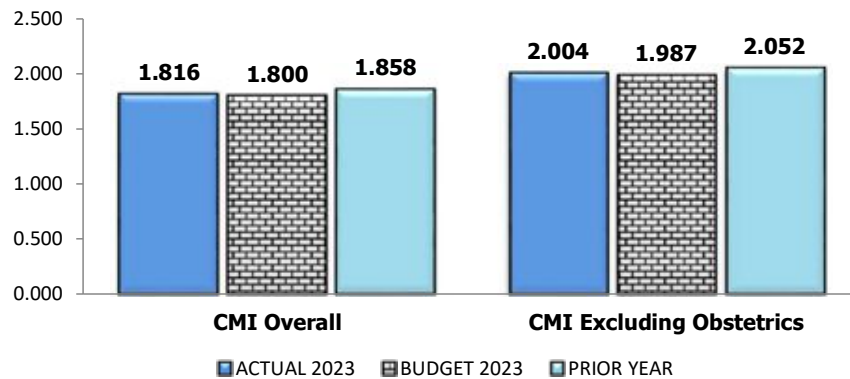
#### Ben Taub CMI - Current Month



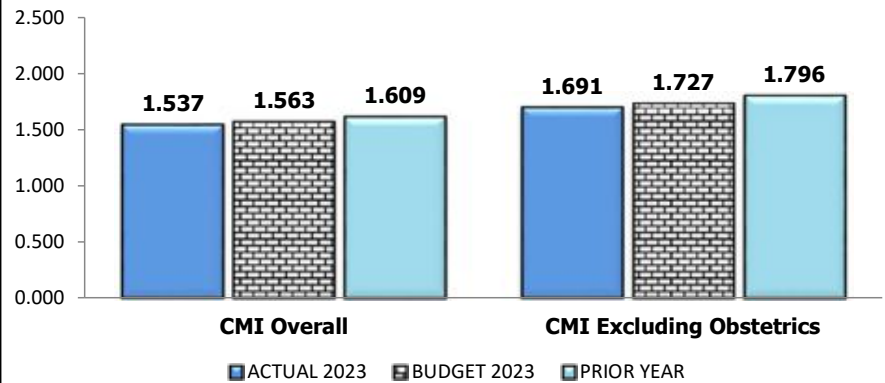
#### Lyndon B. Johnson CMI - Current Month



#### Ben Taub CMI - YTD



#### Lyndon B. Johnson CMI - YTD



Thursday, September 28, 2023

Consideration of Approval to Renew and Amend the Interlocal Agreement Between Harris Health System and Harris County, Texas for Legal Representation and Related Support Services Provided by the Harris County Attorney's Office

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For your consideration is a renewal and second amendment to the Interlocal Agreement between the Harris County Hospital District d/b/a Harris Health System ("Harris Health") and Harris County, Texas, for Legal Representation and Related Support Services provided by the Harris County Attorney's Office. The underlying Interlocal Agreement was executed in 2021 and amended in 2022 with the approval of the Board of Trustees and Commissioners Court.

The Board's approval of this item will permit Harris Health to renew the Interlocal Agreement and to allocate an amount not-to-exceed \$3,700,000 for services rendered during Fiscal Year 2024. This amount is used to fund the salary of 11 attorneys, 2 paralegals, 2 investigators, an administrative assistant, and project coordinator.

Thursday, September 28, 2023

Consideration of Approval for a New Interlocal Agreement between the Harris County Hospital District d/b/a Harris Health System and Harris County Public Health (HCPH) for the Exchange of Data for the Accessing Coordinated Care and Empowering Self Sufficiency (ACCESS) Harris program.

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Management requests approval of an Interlocal Agreement for the Exchange of Patient Data between Harris County Hospital District d/b/a Harris Health System and Harris County Public Health (HCPH) for the ACCESS Harris Program.

The purpose of this agreement is to identify the mechanism through which the exchange of patient data will occur and the obligations that Harris Health and HCPH assumes when receiving or disclosing data in furtherance of providing care coordination to patients who participate in the ACCESS Harris program. This agreement will include Harris Health's participation in the HCPH data hub known as IBM Watson Care Manager.

The ACCESS Harris program is a County program that is expected to improve the health, well-being, sustained recovery, and self-sufficiency of up to 700 County residents, including certain Harris Health patients with complex needs. The ACCESS Harris program will focus its initial efforts on minors who are involved with the juvenile justice system or enrolled in HCPH's Community Violence Prevention Program. These minors will be eligible to receive comprehensive case management services and appropriate referrals from a care coordination team that is composed of professionals from various County departments and local government agencies, including Harris Health System and The Harris Center.

Thursday, September 28, 2023

Consideration of Approval to Enter into a Third Amendment to Dental Services Agreement with The University of Texas Health Science Center at Houston (UTHealth) covering the fourth Contract Year (July 1, 2023 through June 30, 2024).

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Harris Health System and UTHealth entered into a Dental Services Agreement effective October 1, 2020 to jointly provide Covered Dental Services (Services) at Harris Health System dental facilities to residents of Harris County, Texas.

The Third Amendment to the Dental Services Agreement includes changes to the Total Compensation Amount for the fourth Contract Year.

On June 22, 2023, the Board of Trustees previously approved payment of the Total Compensation Amount not to exceed \$4,946,739.22 for the fourth Contract Year.

Harris Health and UTHealth agreed to increase the Total Compensation Amount for the fourth Contract Year by a sum not to exceed \$193,767.19.

Administration requests approval for Harris Health System to enter into a Third Amendment to Dental Services Agreement for continued support of UTHealth's provision of Services to Harris Health patients in an amount not to exceed \$ 5,140,506.41.

Thursday, September 28, 2023

Consideration of Approval of an Updated Mission Statement of Community Health Choice, Inc. (CHCI) and Community Health Choice Texas, Inc. (CHCT).

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Pursuant to the Bylaws of Community Health Choice, Inc. and Community Health Choice Texas, Inc. (collectively, Community), approval is requested for Community's updated Mission Statement which more accurately reflects the scope of individuals served by Community while recognizing Community's focus on the underserved.

To improve the health and well-being of all Texans, particularly the underserved, by opening doors to healthcare and health-related services.



Thursday, September 28, 2023

Annual Interest Rate Management Agreement Disclosure

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Texas Government Code 1371.061 requires an annual Management Report regarding any interest rate management agreement (swap) that the governing body has authorized. The requirement applies to the swap agreement that is associated with the Series 2010 Variable Rate Demand Bonds issued by the Hospital District.

**Harris Health System  
Interest Rate Management Agreement (Swap) Management Report  
September 30, 2022**

Texas Government Code 1371.061 requires an annual Management Report regarding any interest rate management agreement (swap) that the governing body has authorized. The requirement applies to the swap agreement that is associated with the Series 2010 Variable Rate Demand Bonds issued by the Hospital District.

On September 25, 2007, the System entered into an interest rate swap agreement in connection with the Series 2007B Bonds with the settlement date on October 3, 2007. When the System refunded and refinanced the Series 2007B Bonds by issuing Series 2010 Bonds, the interest rate swap was redesignated and associated with the new debt. The derivative contained an off market element equal to the value of the swap associated with the Series 2007B Bonds on August 12, 2010. This off-market element is recorded as a borrowing payable and is amortized as an adjustment to interest expense over the life of the swap agreement. No collateral is required under the agreement.

The intention of the swap was to effectively reduce the impact of the System's variable interest rate exposure on the related bonds to a synthetic fixed rate of 4.218 percent. The termination date of the swap is February 15, 2042; the same as the Series 2010 Bonds. The District pays the Counterparty, Deutsche Bank (current credit ratings – Moody's A3, S&P and Fitch BBB+), the difference between the fixed interest rate of 4.218% and the floating SIFMA Municipal Swap Index, on the 15th calendar day of every month. The effectiveness of the interest rate swap has been measured using the regression analysis method. The System has concluded that the transactions are effective.

The redesignated swap had a zero fair value at its inception date and a fair value of \$(385) thousand at September 30, 2022, and is reported as a derivative liability in the statements of net position. The fair value of the swap was determined by calculating the present value of the anticipated future cash flows for both the floating portion and the stated fixed rate portion using discount factors derived from the London Interbank Offered Rate (LIBOR) swap curve.

The System's swap agreement does not contain any out-of-the-ordinary termination events that would expose it to significant termination risk. In keeping with market standards, the System or the counterparty may terminate the swap if the other party fails to perform under the terms of the contract. In addition, the swap documents allow either party to terminate in the event of a significant loss of creditworthiness. If at the time of the termination the swap has a negative value, the System would be liable to the counterparty for a payment equal to the fair value of such swap. As of September 30, 2022, termination of the original swap agreement would create a liability of \$8 million and would result in a reversal of the derivative liability, the borrowing payable amount and the unamortized loss on refunding. Any resulting net change would be recorded through nonoperating expenses.

At September 30, 2022 the swap counterparty was rated A- by Standards & Poor's, A2 by Moody's Investor Services, and BBB+ by Fitch.

The continuation of the transaction is in compliance with the District's interest rate management policy which is included in the Investment Policy.

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Victoria Nikitin, Chief Financial Officer

[Thursday, September 28, 2023](#)

[Harris Health System Legislative Initiatives](#)

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Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System.

## September 28, 2023 Board of Trustees Monthly Report

### Federal Update

**Fiscal Year 2024 Budget Update:** The House and the Senate have both returned to Washington, DC following the August recess. Government funding expires on September 30<sup>th</sup>, leaving just over two weeks to avert a shutdown. Passing appropriations bills and preventing cuts to Medicaid disproportionate share hospital (DSH) payments will be the top legislative priority for both chambers.

Congressional leaders have expressed interest in a short-term continuing resolution (CR) to keep the government open; President Joe Biden has asked that any stopgap funding measure include \$4 billion in disaster relief, but a number of House Freedom Caucus members have expressed their opposition to the CR as well as any additional spending

Speaker [Kevin McCarthy](#) (R-Calif.) proposed to House Republicans a “minibus” of government funding bills to move forward on appropriations as tensions in the Republican conference threaten a government shutdown.

The plan was to package the regular appropriations bills covering military construction and Veteran’s Affairs (MilCon-VA), the Pentagon, and the Department of Homeland Security along with disaster relief funding together, but it was rejected by Freedom Caucus members. In the month ahead, Congress will consider a number of pressing issues, including the scheduled \$8 billion cut to Medicaid DSH funding on Oct. 1; funding for community health centers; and reauthorizing the Pandemic and All Hazards Preparedness Act, the farm bill, and the FAA bill, among other items.

Congress also will consider site-neutral payment policies, which would require hospitals to charge a standard price for a service regardless of where it is performed. Harris Health along with other public hospitals will be traveling to DC in late September and late October to educate lawmakers about how site-neutral policies would harm essential hospitals and access to care for low-income and marginalized patients.

Attached is a matrix of legislation and a summary of The Lower Cost, More Transparency Act under consideration in the House Energy and Commerce Committee, Ways and Means Committee and the Committee on Education & The Workforce that would reduce the types of services and facility fees that Harris Health could be reimbursed for in our outpatient setting.

Similar legislation recently defeated in the state legislature was projected to cost over \$30 million in lost reimbursement for Harris Health's outpatient settings.

The House has [proposed legislation](#) to avert two years of Medicaid disproportionate share hospital (DSH) funding cuts but the package contains other measures, including proposals for site-neutral payments and increased transparency.

The package would eliminate \$16 billion of cuts to Medicaid DSH funding in fiscal years 2024 and 2025. It also would boost community health center funding and increase pharmacy benefit manager regulations, paying for all these measures with the \$7 billion Medicaid Improvement Fund.

However, it also includes onerous provisions for hospital price transparency and site-neutral payments, including a provision that would require covered entities receiving Medicaid managed care payments for 340B Drug Pricing Program drugs that exceed the 340B purchase price to submit annual reports to the government detailing this payment spread.

It is unclear whether or how lawmakers will proceed on the package, though the House is expected to vote on it this Fall. House sponsors include Energy and Commerce Chair Cathy McMorris Rodgers (R-WA), Ways and Means Chair Jason Smith (R-MO), and Education and the Workforce Chair Virginia Foxx (R-NC). Energy and Commerce members Dan Crenshaw and Lizzy Fletcher have both been briefed regarding Harris Health's position on this proposed legislative package

#### **State Update:**

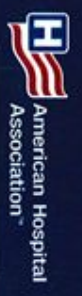
**Harris Health Hosted a Legislative Bond Education Forum:** On August 30<sup>th</sup> Harris Health hosted a legislative educational forum regarding the November bond proposal. 13 House and Senate offices participated either in person or virtually, including 6 House members. Garnet Coleman organized the meeting with Dr. Porsa presenting. Overall participation represented almost a third of the Harris County delegation.

**Legislative Updates:** After June and July special session and legislative hearings, August vacations and the Attorney General impeachment proceedings over most of September, all legislative related activities and hearings have halted with nothing new to report.

The Governor will likely call a special session to cover school choice and voucher issues could occur as soon as October. Issues related to health care and hospitals are not anticipated to be on the legislative agenda.

# Highlights of Legislation under Consideration by Congress that could Affect Hospitals and Health Systems

<p><b>Proposed Legislation</b></p>	<p><b>H.R. 3561</b> "PATIENT Act of 2023"</p>	<p><b>H.R. 4509</b> "Transparency in Billing Act"</p>	<p><b>H.R. 4822</b> "Healthcare Price Transparency Act"</p>	<p><b>Discussion Draft</b> "Primary Care and Health Workforce Expansion Act"</p>	<p><b>[S. 1869]</b> "The Site-based Invoicing and Transparency Enhancement (SITE) Act"</p>	<p><b>[H.R. 4473]</b> The Medicare Patient Access to Cancer Treatment (MPACT) Act</p>
<p><b>Site-neutral Payment</b></p>	<ul style="list-style-type: none"> <li>Cuts Medicare payments for drug administration services at off-campus hospital outpatient departments (HOPDs)</li> <li>\$3.8 billion cut over 10 years</li> </ul>	<p>n/a</p>	<ul style="list-style-type: none"> <li>Cuts Medicare payments for drug administration services at off-campus HOPDs (delays implementation for rural and cancer hospitals by one year)</li> <li>More than \$3 billion cut over 10 years</li> </ul>	<ul style="list-style-type: none"> <li>Prohibits hospitals from charging facility fees in the commercial market for all services in off-campus HOPDs and many services in on-campus HOPDs</li> <li>Estimated cuts of hundreds of billions of dollars over 10 years</li> </ul>	<ul style="list-style-type: none"> <li>Cuts Medicare payments to services furnished in grandfathered off-campus HOPDs, other than evaluation and management (E&amp;M) services, which are already paid at a site-neutral rate, beginning in 2025</li> <li>Estimated cut of \$34.3 billion over 10 years</li> </ul>	<ul style="list-style-type: none"> <li>Cuts Medicare payments to services related to cancer diagnosis and treatment at off-campus HOPDs beginning in 2025</li> <li>Estimated cut of \$11.8 billion over 10 years</li> </ul>
<p><b>Outpatient Department Identifier</b></p>	<ul style="list-style-type: none"> <li>Requires each off-campus HOPD be assigned a separate unique health identifier and submit an attestation of compliance for each off-campus HOPD as a condition of payment in Medicare</li> </ul>	<ul style="list-style-type: none"> <li>Requires each off-campus HOPD to obtain a separate unique health identifier and include it on all claims for services billed to commercial group health plans</li> </ul>	<ul style="list-style-type: none"> <li>Requires each off-campus HOPD be assigned a separate unique health identifier and submit an attestation of compliance for each off-campus HOPD as a condition of payment in Medicare</li> </ul>	<ul style="list-style-type: none"> <li>Requires each off-campus HOPD to obtain a separate unique health identifier and include it on all claims for services billed to commercial group health plans</li> </ul>	<ul style="list-style-type: none"> <li>Requires each off-campus HOPD to have a separate NPI to submit a claim for outpatient services to Medicare (including Medicare Advantage), a group health plan or health insurance issuer. Further, requires each off-campus HOPD to use a physician bill type to submit a claim to a group health plan or health insurance issuer.</li> </ul>	<p>n/a</p>
<p><b>Hospital Price Transparency</b></p>	<ul style="list-style-type: none"> <li>Codifies Hospital Price Transparency Rule</li> <li>Standardizes display formats</li> <li>Phases out use of price estimator tools</li> <li>Sets civil monetary penalties at \$5 million</li> </ul>	<p>n/a</p>	<ul style="list-style-type: none"> <li>Codifies Hospital Price Transparency Rule</li> <li>Standardizes display formats</li> <li>Gives HHS Secretary discretion to include negotiated rates in the machine-readable file</li> <li>Phases out use of price estimator tools</li> <li>Sets civil monetary penalties at \$2 million</li> </ul>	<p>n/a</p>	<p>n/a</p>	<p>n/a</p>
<p><b>Rate Setting</b></p>	<p>n/a</p>	<p>n/a</p>	<p>n/a</p>	<ul style="list-style-type: none"> <li>Limits providers from changing more than the qualifying payment amount (QPA) for items and services provided in an office setting</li> <li>References the QPA that was codified as part of the No surprises Act</li> </ul>	<p>n/a</p>	<p>n/a</p>
<p><b>Legislative Activity</b></p>	<p>Passed out of Energy and Commerce Committee on 5/24/23 Awaiting further action by the House</p>	<p>Passed out of Education and Workforce Committee on 7/12/23 Awaiting further action by the House</p>	<p>Passed out of Ways and Means Committee on 7/26/23 Awaiting further action by the House</p>	<p>Introduced by Senate HELP Chair Bernie Sanders (I-VT); potential markup in September</p>	<p>Introduced by Sens. Mike Braun (R-IN) and Maggie Hassan (D-NH)</p>	<p>Introduced by Reps. Jodey Arrington (R-TX), Debbie Lesko (R-AZ), Michael Burgess (R-TX)</p>



American Hospital Association



## **THE LOWER COSTS, MORE TRANSPARENCY ACT**

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### **Title I – Improving Health Care Transparency**

#### **Sec. 101. Hospital Price Transparency Requirements.**

- Introduced as H.R. 3561 by Reps. Rodgers (R-WA-5) and Pallone (D-NJ-6) and H.R. 4839 by Rep. Steel (R-CA-45), this section requires hospitals to make public all standard charges for all items and services through machine-readable files as well as payer-specific negotiated charges, including for cash-paying patients, for at least 300 shoppable services.

#### **Sec. 102. Increasing Price Transparency of Clinical Diagnostic Laboratory Tests Under Medicare.**

- Introduced as H.R. 3248 by Reps. Miller-Meeks (R-IA-1) and DeGette (D-CO-1) and H.R. 4882 by Rep. Miller (R-WV-1), this section extends certain price transparency requirements to diagnostic labs. Specifically, this section requires labs to make publicly available the cash price and publish cash prices as well as the de-identified minimum and maximum insurer-negotiated rates for clinical diagnostic laboratory tests offered by the lab that are included on the list of shoppable services specified by the Centers for Medicare and Medicaid Services (CMS).

#### **Sec. 103. Imaging Transparency.**

- Introduced as H.R. 4828, by Rep. Carey (R-OH-15), this section requires providers of certain imaging services to publish cash prices as well as de-identified minimum and maximum insurer-negotiated rates.

#### **Sec. 104. Ambulatory Surgical Center Price Transparency Requirements.**

- Introduced as H.R. 4839 by Rep. Steel (R-CA-45), this section requires ambulatory surgical centers (ASCs) owned by hospitals to publish cash prices and insurer-negotiated rates for all items and services and requires publication of prices for at least 300 shoppable services or a consumer-friendly price estimator tool.

#### **Sec. 105. Promoting Health Coverage Price Transparency.**

- Introduced as H.R. 3561 by Reps. Rodgers (R-WA-5) and Pallone (D-NJ-6), H.R. 4905 by Reps. Fitzpatrick (R-PA-1) and Lee (D-NV-3), and H.R. 4507 by Reps. Good (R-VA-5) and DeSaulnier (D-CA-10), this section requires group health plans to make personalized pricing information available to enrollees and to post publicly machine-readable files containing in-network negotiated rates, prescription drug prices, and out-of-network allowed amounts.



**Sec. 111. Implementation Funding.**

- This section provides HHS, Treasury, and Department of Labor \$25 million to implement Title I of the legislation with reporting to Congress annually.

**Title II – Reducing Health Care Costs for Patients**

**Sec. 201. Increasing Transparency in Generic Drug Applications.**

- Introduced as H.R. 3839 by Reps. Dunn (R-FL-2) and Kuster (D-NH-2), requires the Food and Drug Administration (FDA) to disclose to new generic drug applicants what ingredients, if any, cause a drug to be quantitatively or qualitatively different from the listed “brand” drug for purposes of establishing sameness in formulation.
- For generic drug applications that include quantitative differences in an ingredient, the FDA would be required to provide directional guidance (i.e., whether the amount of the ingredient should be higher or lower) to establish sameness.

**Sec. 202. Improving Transparency and Preventing the Use of Abusive Spread Pricing and Related Practices in Medicaid.**

- Introduced as H.R. 1613 by Reps. Carter (R-GA-1), Gonzalez (D-TX-34), Stefanik (R-NY-21), Ross (D-NC-2), Allen (R-GA-12), and Auchincloss (D-MA-4), this section would ban spread pricing in Medicaid and ensure the accuracy of the National Average Drug Acquisition Cost (NADAC) survey in Medicaid.
- Specifically, this section would prohibit PBMs that contract with Medicaid Managed Care Organizations (MCOs) from spread pricing.
- In lieu of spread pricing, the language would clarify that states should reimburse PBMs contracting with MCOs for an administrative fee for managing the pharmacy benefit for Medicaid beneficiaries.
- Additionally, this section supports NADAC pricing in Medicaid. Many states use the NADAC price survey to determine actual acquisition costs, with accuracy of the survey contingent on pharmacies filling out the data requested by the survey.
- The policy would require pharmacies to complete the survey and report actual acquisition costs for drugs.

**Sec. 203. Parity in Medicare Payments for Hospital Outpatient Department Services Furnished Off-Campus.**

- Introduced as part of H.R. 3561 by Reps. Rodgers (R-WA-5) and Pallone (D-NJ-6), this section ensures that Medicare beneficiaries and Medicare are paying the same rates for physician-administered drugs in off-campus hospital outpatient departments as beneficiaries and Medicare do in physician offices.





## **Title IV – Increasing Access to Quality Health Data and Lowering Hidden Fees**

### **Sec. 401. Increasing Plan Fiduciaries' Access to Health Data.**

- Introduced as H.R. 4527 by Reps. Chavez-DeRemer (R-OR-5), Takano (D-CA-39), and Manning (D-NC-6), this section ensures health plan fiduciaries are not contractually restricted from receiving cost or quality of care information about their plan.

### **Sec. 402. Hidden Fees Disclosure Requirements.**

- Introduced as H.R. 4508 by Reps. Courtney (D-CT-2) and Houchin (R-IN-9), this section strengthens requirements that PBMs and Third-Party Administrators disclose compensation to plan fiduciaries.

### **Sec. 403. Information on Prescription Drugs.**

- This section confirms that existing law banning gag clauses applies to all private health plans. (Gag clauses prevent pharmacists from communicating lower-cost drug options to patients.)



[Thursday, September 28, 2023](#)

[Harris Health System Council-At-Large July Meeting Minutes](#)

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Harris Health System Council-At-Large Meeting Minutes

- July 10, 2023

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE  
July 10, 2023**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
<b>I. Call to Order</b>	<p>The WebEx meeting was called to order by Fadine Roquemore at 5:00pm.</p> <p><b>Council Members in Attendance:</b></p> <ul style="list-style-type: none"> <li>• Acres: Sheila Taylor</li> <li>• Casa: Daniel Bustamante</li> <li>• Gulfgate: Teresa Recio, Patricia Shepherd</li> <li>• LBJH: Velma Denby</li> <li>• MLK: Fadine Roquemore</li> <li>• Thomas St: Josh Mica</li> <li>• Vallbona: Cynthia Goodie</li> </ul> <p><b>Harris Health System Attendees:</b> Esmaeil Porsa, Louis Smith, Binta Baudy, Jon Hallaway, Sunny Ogbonnaya, Patrick Casey, Omar Reid, Dr. Fareed Khan, Lydia Rogers, Lady Barrs, Melvin Prado, Gloria Glover, Collin Bentley, Leslie Gibson, Sarah Rizvi, Robin Luckett, Nina Jones</p> <p><b>Board Members in Attendance:</b> Alicia Reyes</p>	
<b>II. Moment of Silence</b>	<p>Moment of Silence observed.</p>	
<b>III. Approval of Minutes</b>	<p>Motion granted and second to approve minutes as written.</p>	
<b>IV. Council Reports</b>	<p><b>Acres Home – Sheila Taylor</b></p> <ul style="list-style-type: none"> <li>• Excellent in person council meeting today. We are proud of Harris Health as a whole. The Lab and Education department won 1<sup>st</sup> place in the Hello Board contest. This was a clinic wide departmental poster board contest that focused on patient awareness.</li> <li>• Dental is up and running.</li> <li>• Security is working on getting badge access entry for the gate. There was an issue with someone driving in and was fired upon while in their car. A report was filed with HPD and they are going to start policing the area on a regular basis.</li> <li>• Nursing is almost fully staffed.</li> </ul>	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE  
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AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p><b>Council Reports (continued)</b></p> <ul style="list-style-type: none"> <li>• There is an intern working, in two weeks she will complete her course and become a Medical Assistant.</li> <li>• Operations is doing well helping people fill out forms and the turnaround is 3 days.</li> <li>• Met the head of Medical Records, Ms. Bunmi and they are doing fantastic.</li> </ul> <p><b>Baytown – No representative</b></p> <p><b>Casa de Amigos – Daniel Bustamante</b></p> <ul style="list-style-type: none"> <li>• The Council met June 27<sup>th</sup> and had a successful meeting.</li> <li>• Construction has been a challenge. Staff seems to be adjusting pretty well through it. There have been some power outages but they’re trooping along through it.</li> <li>• I expressed concern about the heat but was informed the construction workers are taking breaks.</li> <li>• Security is still an issue. Theft of tools and materials occurring. Security had to deal with an aggressive person who was near the clinic. The individual threw a rock at hit the security guard who had to be treated. Metro Police responded to that incident.</li> <li>• Patient Satisfaction scores is a concern but we understand the challenges.</li> <li>• One provider out on maternity leave.</li> <li>• Pharmacy is doing well. MyHealth is doing well considering all the obstacles we have.</li> <li>• Some members of the clinic and myself were attendance at the Town Hall meeting.</li> <li>• Spoke with the Social Worker and one of the providers concerning Mental Health resources. It is a big concern in the area.</li> </ul> <p><b>Gulfgate – Patricia Shepherd &amp; Theresa Recio</b></p> <ul style="list-style-type: none"> <li>• The clinic has a new A1 machine.</li> <li>• We scored 4 out of 10 on patient satisfaction goal.</li> <li>• As of May 2023, Gulfgate is 11.66% under budget</li> <li>• Two vacancies: 1 Family Practices and 1 Podiatry.</li> </ul>	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE  
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AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p><b>Council Reports (<i>continued</i>)</b></p> <ul style="list-style-type: none"> <li>• The clinic is participating in Health Center Week between August 6 -12.</li> <li>• The council will be hosting Health Center Week we as council continue to recruit members as the period of 2 year term ends September 30th. We will begin the two year term in October 2023 to September 2025. So far, we’ve been gradually getting people to sign up.</li> </ul> <p><b>Homeless – No representative</b></p> <p><b>MLK – Fadine Roquemore</b></p> <ul style="list-style-type: none"> <li>• Met our goals for Medical Home, No Show, Cycle Time, OB and Appointment Availability. Overall No Show Rate goals were not met and we will continue to work on that.</li> <li>• Pharmacy 1,959 RX filled by mail.</li> <li>• Laboratory collection: Blood draw 1752 non blood draw was 1101.</li> <li>• Patient Access Management has one vacancy and currently interviewing.</li> <li>• We are currently recruiting five possible candidates to serve on MLK’s council.</li> </ul> <p><b>Thomas Street – Josh Mica</b></p> <ul style="list-style-type: none"> <li>• Thomas Street Advisory Board once again would like to thank everyone who volunteered. We just receive the check from Bunnies on the Bayou on Sunday. We received \$12,500. That money goes toward the Sandwich Program which is provided on Tuesdays and Thursdays for people in the community.</li> <li>• Thomas Street numbers aren’t in yet. But for May, facility was 95.5, provider was 90.9 and viral load suppression was 87.0. So, I would like to see how that compares to last month.</li> <li>• Thanksgiving date is November 16<sup>th</sup> and the Toy Drive giveaway will be December 19<sup>th</sup>. Please add these dates to your calendar. If anyone would like to volunteer, please let me know.</li> </ul> <p><b>Vallbona – Cynthia Goodie</b></p> <ul style="list-style-type: none"> <li>• There is no report at this time. The Council will meet on July 20<sup>th</sup>.</li> </ul>	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE  
July 10, 2023**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p><b>Council Reports (continued)</b></p> <p><b>Ben Taub Hospital – No Representative</b></p> <p><b>Lyndon B. Johnson Hospital – Velma Denby</b></p> <ul style="list-style-type: none"> <li>The Council did not have a meeting, we will meet on next week.</li> </ul> <p><i>Mrs. Roquemore thanked everyone for their reports.</i></p>	
<p><b>V. Old Business</b></p>	<p>No Old Business</p>	
<p><b>VI. Community Medicine</b></p>	<p><b>Dr. Fareed Khan</b></p> <p>Dr. Khan expressed, he is an immigrant to the United States and his family and many others have relied on Harris Health in the community. He expressed shocked that for 60 years there has not been a bond. He stated, I want to commend Harris Health for taking on an infrastructure that hasn't grown and needs to grow to commiserate with the population growth.</p> <p><b>Primary Care Operations Scorecard:</b></p> <p>We have very robust goals for our no show rate and our cycle time for our physicians to be efficient. We expect patients to not come less than 20% of the time. We are averaging 18 to 19 % no show. Settegast and Casa have some problems. Cypress is really taking care of their patients. At an average ACS clinics are doing very well with Medical Home established patients overall. We are meeting most of our goals.</p> <p><b>HEDIS Scorecard Data Reporting Period:</b></p> <ul style="list-style-type: none"> <li>The blue line is the best line. The next best line is the green line, yellow line means we are okay and red line indicates needs improvement. As you can see, we have no red lines. National Benchmark shows improvement, greater than 10%. We are trending better and reaching all of our goals. Hemoglobin A1C we are doing better than last year. Blood Pressure Control our goal was 715 and stretch goal 77%. In May we broke that barrier at 78.1%. Almost 80% of our patients are blood pressure controlled.</li> </ul> <p><i>Continued review of report.</i></p>	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE  
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AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
Administration	<p><b>Community Medicine (continued)</b></p> <p><b>Questions/Comments:</b></p> <p>Mrs. Reyes asked do we track pediatric patients on the scorecard. <i>Dr. Khan replied, yes we do. We are developing a Pediatric Scorecard. I can bring that information back to the council.</i></p> <p>Cynthia Goodie commented she has seen a lot of improvement in Harris Health System. Everything is looking great.</p> <p><b>Dr. Esmaeil Porsa, President/CEO</b></p> <ul style="list-style-type: none"> <li>Discussed the Harris Health Strategic Facilities Financing Plan bond proposal presented to Commissioners court on June 6<sup>th</sup> and was approved by the board in 2021. <i>Copy of proposal previously sent to members (via mail/email) for review in the July meeting packet.</i></li> </ul> <p><b>The Projects:</b> <i>New LBJ Hospital</i> (Increase capacity in multiple areas, position for Trauma, economic boost for NE Harris County). <i>Old LBJ Renovations</i> (Transform facility to address critical service gaps, provides for outpatient access as part of campus master plan). <i>Ben Taub</i> (Extend facility lifespan, address existing capacity limitations, improve clinical inefficiencies, new inpatient tower adding 120 incremental patient rooms). <i>Ambulatory Care Services</i> (3 new facilities, transition low volume sites to larger comprehensive sites).</p> <p><b>Questions/Comments:</b></p> <ul style="list-style-type: none"> <li>Mr. Bustamante congratulated Dr. Porsa and staff for a very well received presentation.</li> </ul> <p><b>Binta Baudy, VP of Operations on behalf of Dr. Jennifer Small, Executive Vice President, Ambulatory Care Service</b></p> <ul style="list-style-type: none"> <li>Regarding the Pediatric Scorecard, we do have that information in place and can ensure we bring that for presentation in our next meeting. We monitor very closely our pediatric access. I can report, we use a metric called the 3<sup>rd</sup> availability that provides us with what our true availability is after you look at 2 to 3 appointment slots.</li> </ul>	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE  
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	<p><b>Administration (<i>continued</i>)</b></p> <p>For pediatrics, were averaging about 36 days over the last 6 months. So it takes about 35 to 36 days to get a new patient in to see a pediatric provider. We were trending up in May and June.</p> <ul style="list-style-type: none"> <li>• Quentin Mease update: 2 months ago Thomas Street moved to Quentin Mease. Last month Riverside Dialysis opened and everyone transitioned. Our teams are settling in and patients are settling in. We want to thank you all for your continued support. Next, is the opening of the GI Endoscopy, we’re targeting for a Fall opening and in Spring 2024 we will be targeting for additional specialty clinics opening on the 5<sup>th</sup> floor. In the upcoming months, we will provide information on those Specialty’s.</li> <li>• Nursing: Our amazing team have been working on Pathway to Excellence Program through our American Nurses Credentialing Center. This is to recognize healthcare organizations and their commitment to creating a positive practice environment that empowers and engages our staff, especially nursing staff. To date, they have finalize the documentation and plan on submitting that information in about two weeks (early August). This marks the furthest Harris Health ACS has gotten in our history with pursuing this pathway to excellence designation. So, it’s a big deal, a lot of work has gone into this.</li> <li>• Security: We have been working very closely with our system’s security leadership to really look at assessing all of our community clinics. Reviewing assessments that were done a few years ago and making sure that we are making progress with the recommendations from those assessments. We’ve also identified that it’s time to engage another vendor to see if there are any new opportunities to further secure our facilities. As we make headway and progress with that, you will definitely hear about it in your specific council meetings and updates in this forum as well.</li> </ul> <p><b>Questions/Comments:</b> None</p>	



**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE  
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	<p><b>Administration (continued)</b></p> <p><b>Dr. Sunny Ogonnaya, Admin. Director Outpatient Pharmacy &amp; Pharmacy Business</b></p> <ul style="list-style-type: none"> <li>In June, we became a participating provider of the Gilead Patient Assistance Program at Quentin Mease and Northwest Pharmacy. This program offers ten eligible prescription products to our eligible uninsured and underinsured patients at no charge.</li> <li>In the month of June, we filled 155,359 prescriptions. 69% of them, a total of 107,041 prescriptions were delivered to our patient’s home. We thank our patients for the opportunity to provide this home delivery service. We received and process 39,653 refill request from My Health. This number represents 69% of all refill request received in the month of June.</li> </ul> <p><i>We thank all of our patients for using My Health to request prescription refills. We wish to encourage all our patients to take advantage of our prescription home delivery service and to please use my health when requesting prescription refills 7 to 10 days before your medicine runs out.</i></p> <p><b>Questions/Comments: None</b></p> <p><b>Jon Hallaway, Program Director, Department of Public Safety(DPS)</b></p> <ul style="list-style-type: none"> <li>Mr. Hallaway expressed he appreciates the comments and concerns everyone have made about the incident at Acres Home Clinic. He stated, it was very unfortunate and we are working with the police department. On the matter itself, we are reviewing that campuses security and doing everything we need to do to improve. Obviously at Casa we have had some problems that were spoken on in the past. If a patient acts up, we do flag them and reach out to them. Unfortunately, the incident at Casa did involve a patient (the one that through the brick). We will be following up with that patient and dealing with them appropriately.</li> </ul>	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE**  
**July 10, 2023**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p><b>Administration (continued)</b></p> <p><b>Questions/Comments:</b> Mr. Bustamante commented, I believe the patient was having a mental health crisis. The Social Worker expressed to me the need for more resources in that area. If there’s any way to work as best with Metro Police, I think that would be very helpful.</p> <p><b>Patrick Casey, SVP Facilities, Construction &amp; Systems Engineering</b></p> <ul style="list-style-type: none"> <li>• Quentin Mease: Completing construction on Level 5. The work is in progress and no change in terms of completion (Mid December).</li> <li>• Casa De Amigos: Work is more extensive. We’re acquiring the adjacent parcel in order to expand. The first phase will be completed in October of this year. Final completion scheduled to the end of November 2024.</li> </ul> <p><b>Questions/Comments:</b> Mr. Bustamante commented on the stealing of products from the construction site. Is there anything that you can tell me has been done to prevent this? <i>Mr. Casey responded, it is difficult, but it’s the responsibility of the contractors to secure material.</i> <i>Mr. Hallaway shared the last incident in June, temporary cameras were installed. Some roof decking was stole off property, but it really wasn’t on Casa’s property and didn’t get picked up on video.</i></p> <p><b>Omar Reid, Executive Vice President, Chief People Officer, Human Resources</b></p> <ul style="list-style-type: none"> <li>• Employee turnover continues to trend in the right direction. We are continuing to see decreases in our employee turnover and we are really excited about that.</li> </ul> <p><b>Questions/Comments:</b> None</p>	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE  
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AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
<p><b>VII. New Business</b></p>	<p>Mr. Bustamante expressed concern about the young people not eating healthy and the lack of food in our community and the lack of parks and walking trails. The new proposed expansion through the referendum and everything we are doing, how is this going to work out? Are we looking at more food pharmacies, more access to healthy eating, and more effort to educate young people about diabetes.</p> <p><i>Louis Smith responded, the bond referendum can only be specific to capital investments which is physical construction. Related to food pharmacy, we are in the process of expanding access of food strategies throughout the clinics. Which is involving expansion of food pharmacies and other manners depending on the clinics need, in coordination with Population Health and Ambulatory Care Service. Specifically with Diabetes, there is significant effort that we are working with both schools to put focus on Diabetes. It probably more for the adult population since they are what we are managing at this point. I think we would have to look at other strategies from an operational perspective.</i></p> <p>Mrs. Reyes inquired about mental health services. Do we provide mental health at that site?</p> <p><i>Mrs. Rogers responded, yes we provide mental health services at Casa, Behavioral Health and Psychiatry.</i></p> <p>Mr. Bustamante commented we get a lot of releases from Harris County jail, that walk pass the clinic and there’s a historical problem with people on the streets who enter the clinic or hang out near the clinic.</p> <p><i>Ms. Baudy responded, thank you and I think that is one of the assessments Mr. Hallaway mention and working with local authorities staying proactive with engaging our community partners. Also doing internal assessments to ensure we have appropriate staffing and security structural measures in place. We will continue to review previous assessments and do newer assessments to ensure we’re staying consistent with what’s occurring with similar institutions.</i></p> <p>Ms. Goodie commented a lot of people hurting, stressed and going though problems. I would like to donate a quilt and have a drawing at one of the clinic.</p>	
<p><b>VIII. Adjournment</b></p>	<p>Motion to adjourn the meeting granted at 6:06pm.</p>	<p><b>Next Meeting: September 11, 2023</b></p>

Thursday, September 28, 2022

Review and Acceptance of the Following Report for the Healthcare for the Homeless Program as Required by the United States Department of Health and Human Services Which Provides Funding to the Harris County Hospital District d/b/a/Harris Health System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act

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Attached for review and acceptance:

- **HCHP September 2023 Operational Update**

Administration recommends that the Board accept the Healthcare for the Homeless Program Report as required by the United States Department of Health and Human Services which provides funding to the Harris County Hospital District d/b/a/ Harris Health System to provide health services to persons experiencing homelessness under Section 330 (h) of the Public Health Service Act.

# HARRIS HEALTH SYSTEM

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## **Health Care for the Homeless Monthly Update Report – September 2023**

**Jennifer Small AuD, MBA, CCC-A, Executive Vice President, Ambulatory Care Services**  
**Tracey Burdine, Director, Health Care for the Homeless Program**

# Agenda

- Operational Update
  - Patient Services
  - H80 Carryover Budget
  - H80 2024 Budget
  - Primary Care HIV Prevention Grant
  - Patient Satisfaction Report
  - Quality Management Report

# Patients Served

## Telehealth Visits

- Telehealth New Patients: 0
- Telehealth Return Patients: 30

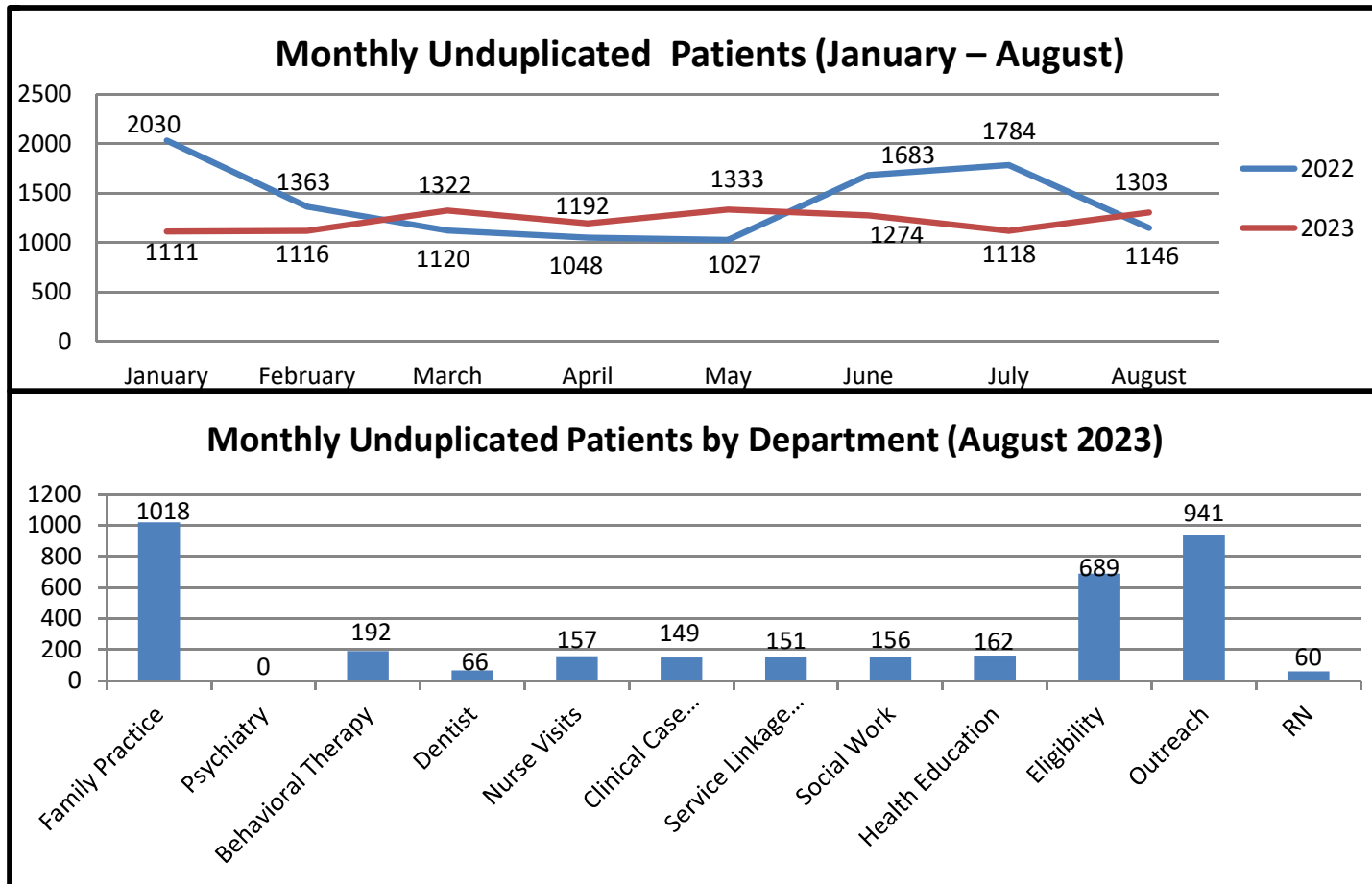
## New Patient Visits

- Adult New Patients: 480
- Pediatric New Patients: 16

## HRSA Target: 9775

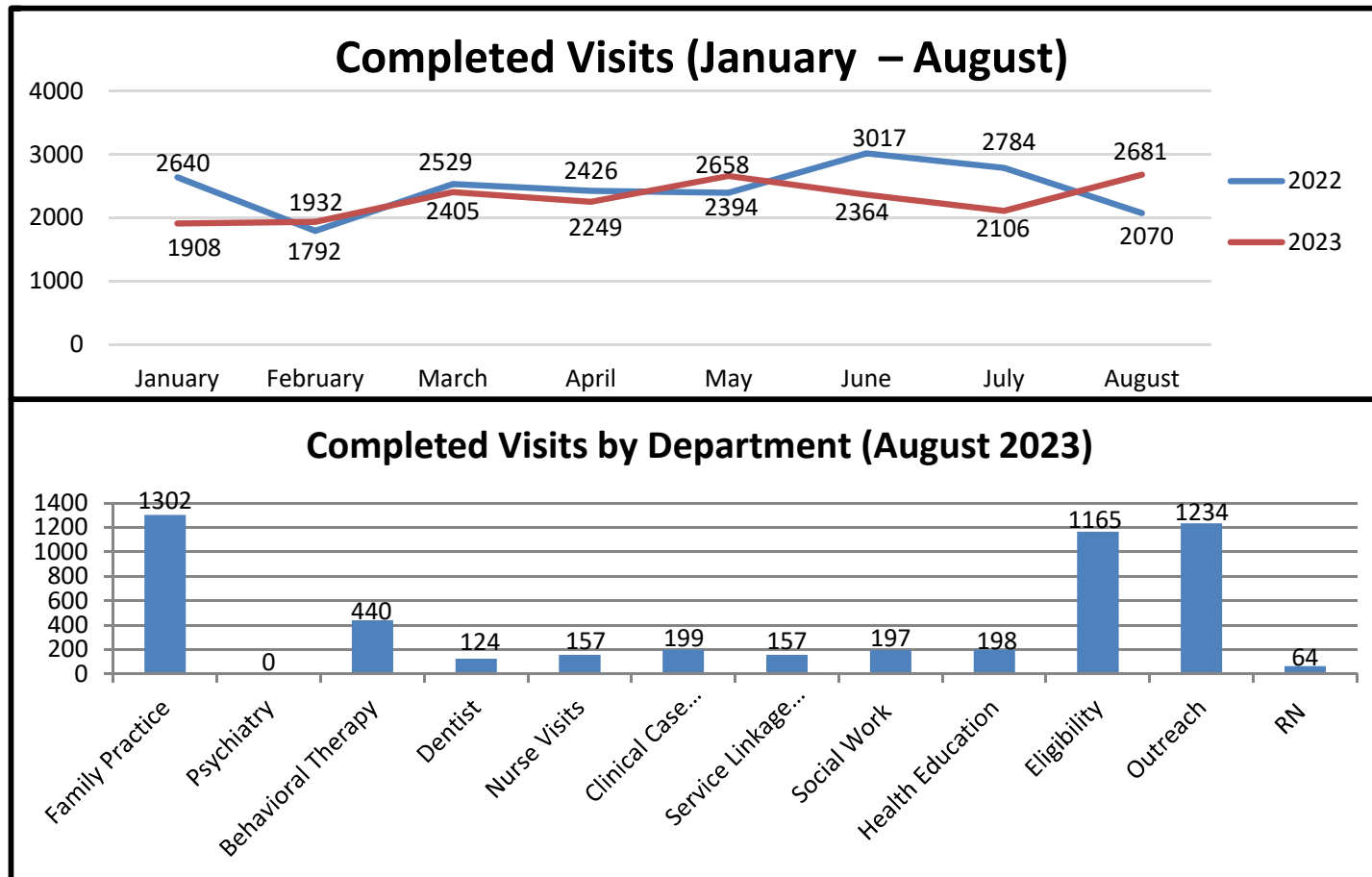
- Unduplicated Patients: 5153
- Total Complete Visits: 18,547

# Operational Update





# Operational Update



# Operational Update

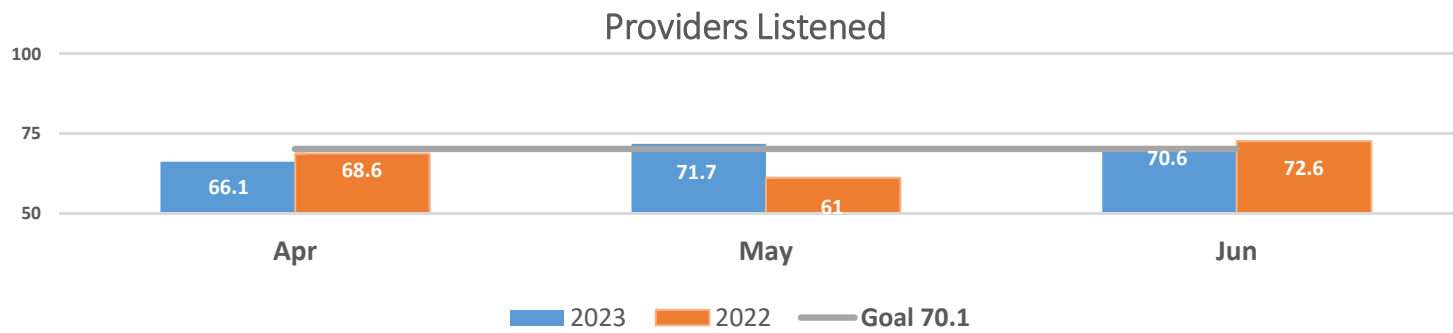
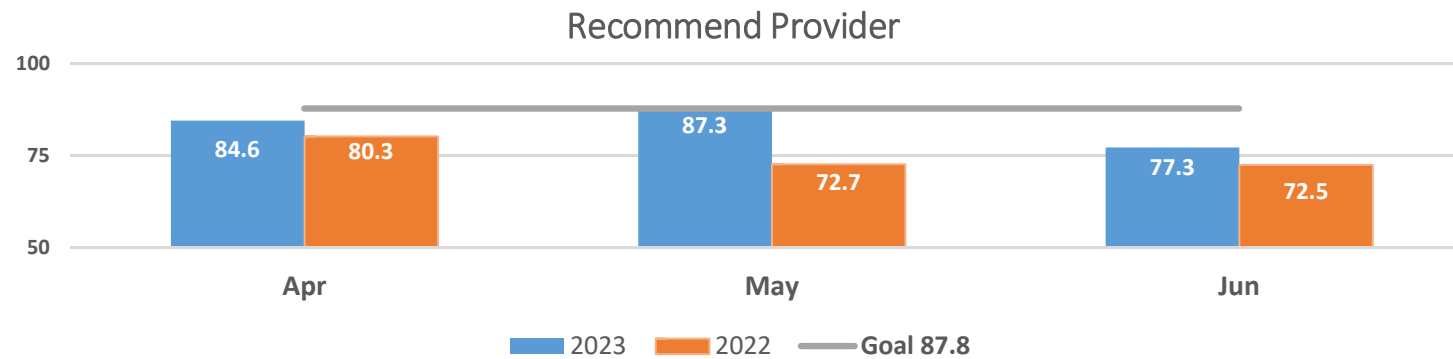
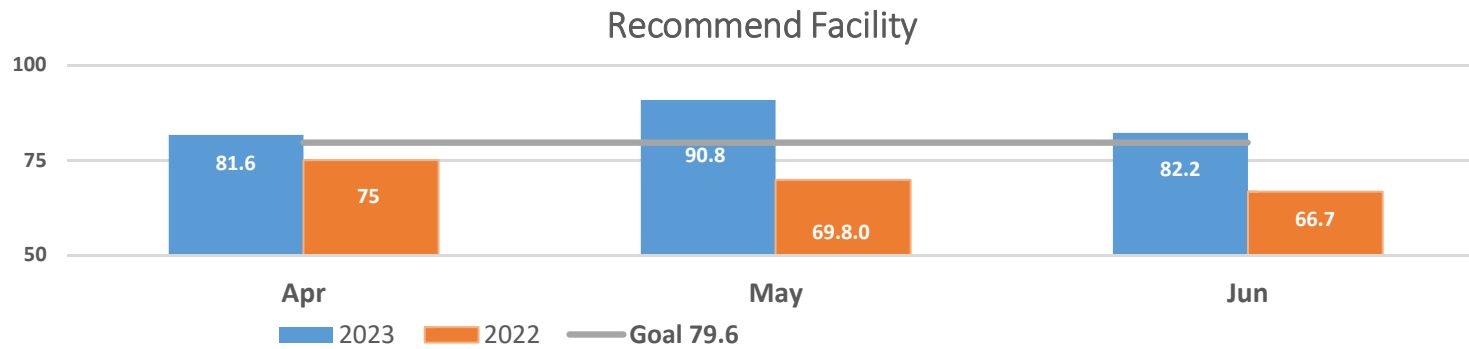
	H80 Carryover Budget	H80 2024 Budget
	Jul 1, 2023 – Dec 31, 2023	Jan 1, 2024 – Dec 31, 2024
<b>PERSONNEL</b>	\$118,134	\$4,602,702
<b>TOTAL FRINGE @ 24%</b>	\$28,352	\$1,104,647
<b>TRAVEL</b>	\$8,793	\$11,895
<b>SUPPLIES</b>	\$519,305	\$124,800
<b>EQUIPMENT</b>	\$40,000	-
<b>CONTRACTUAL</b>	-	\$362,845
<b>OTHER</b>	\$178,297	\$70,200
<b>TOTAL CHARGES</b>	<b>\$892,881</b>	<b>\$6,277,089</b>

# Operational Update

HARRIS COUNTY HOSPITAL DISTRICT  
H80CS00038  
BUDGET NARRATIVE  
Ending the HIV Epidemic – Primary Care HIV Prevention  
September 1, 2023 through August 31, 2024

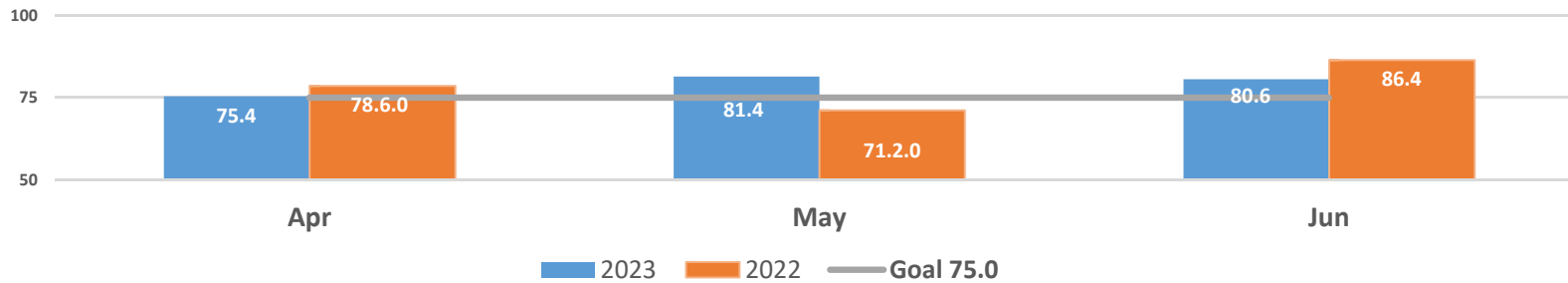
SUPPLIES (MEDICAL)	FEDERAL REQUEST	TOTAL
OraSure HIV test kits	\$28,600	\$28,600
HIV Control Kits	\$596	\$596
Male condoms	\$4,788	\$4,788
Female condoms	\$4,416	\$4,416
Lubricant	\$6,600	\$6,600
	<b>REQUEST</b>	<b>TOTAL</b>
Other	\$12,114	\$12,114
<b>TOTAL DIRECT CHARGES</b>	<b>\$57,114</b>	<b>\$57,114</b>

# HCHP Patient Satisfaction Trending Data Q2

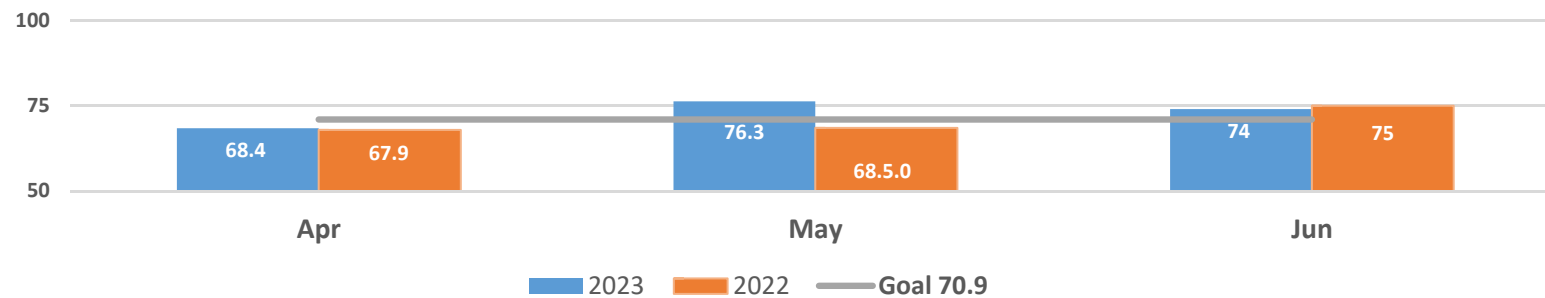


# HCHP Patient Satisfaction Trending Data Q2

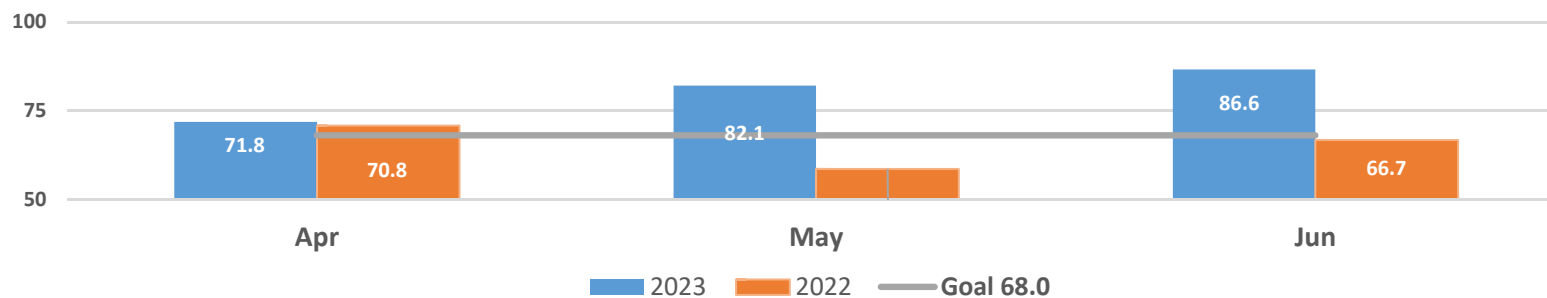
Nurses Listened



Good Communication Providers/Nurses



Wait Time



# HARRIS HEALTH SYSTEM

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**Health Care for the Homeless**

**Quality Management Report – September 2023**

**LaResa A. Ridge MD, MBA, Health Care for the Homeless Medical Director,  
Ambulatory Care Services**

# Data Trending 2023 Q1-Q2

Health Care for the Homeless Program Quality Report 2023						
Quality Measure - 2023	UDS Benchmark	HCHP Goal	2023 Q1	2023 Q2	2023 Q3	2023 Q4
Cervical Cancer Screening	> 43%	70%	71%	69%*		
Colorectal Cancer Screening	> 32%	50%	31%**	41%		
Breast Cancer Screening	> 42%	50%	29%**	26%		
Adult BMI/F/U Plan	> 54%	85%	98%	98%		
Depression Screening / F/U	> 62%	80%	74%*	80%		
HIV Screening	> 53%	85%	96%	95%		
Tobacco Screening/Counseling/ Pharmacotherapy	> 75%	90%	97%	97%		
Child BMI % Diet & Physical Activity Counseling	> 62%	85%	87%	88%		
IVD & Aspirin	> 71%	85%	85%	86%		
Statin Therapy	> 73%	80%	82%	81%		
Diabetes A1C > 9	< 38%	40%	51%**	49%		
Hypertension BP < 140/90	> 56%	65%	66%	65%		
Childhood Immunization Status	>40%	50%	12%**	0%		
Depression Remission at 12 months	>20%	20%	4%**	0%		
Maternal Care (Early Entry into Prenatal Care)	>71%	50%	57%***	-		
Low Birth Weight: <2500 grams	>10%	5%	100%	-		
HIV Linkage to Care	>81%	85%	100%	-		

• = Metrics that are not meeting HCHP goal but meeting the UDS Benchmark (National Average)  
 \*\* = Metrics that are not meeting both the UDS Benchmark and HCHP goal  
 \*\*\* = Metrics that are not meeting the UDS Benchmark but are meeting the HCHP goal

Problem Statement: The following metrics did not meet either the program' internal goal or the UDS benchmark goals for the SECOND quarter of 2023.

Quality Measures			Q4 (2022)		Q1 (2023)			Q2 (2023)			Q3 (2023)		
Quality Measures	HHS Goal	UDS Goal	November	December	January	February	March	April	May	June	July	August	September
Breast Cancer Screening	50%	42%	46%	39%	30%	28%	26%	27%	25%	27%	23%	14%	
Diabetes A1C>9	40%	38%	39%	40%	52%	52%	50%	51%	53%	45%	46%	39%	
Childhood Immunization	50%	40%	0%	0%	20%	14%	0%	0%	0%	0%	25%	25%	
Depression Remission	20%	20%	78%	78%	0%	4%	0%	0%	0%	0%	0%	0%	
Cervical Cancer Screening	70%	43%	73%	66%*	73%	70%	67%*	70%	71%	66%*	67%*	67%	

Plan (Root Cause-Based on analysis of the problem)-WHY?	Do-(Action, Responsible Person, Implementation Date)
<p><b>1. Breast Cancer Screening</b> Fall outs due to 1) Mammograms not ordered 2) Ordered mammograms not scheduled 3) Patient failing to keep appointments</p> <p><b>2. Diabetes A1C&gt;9</b> Fall out due to 1) Inclusion of non-clinical provider stats 2) Inclusion of non-clinical visits 3) A1C results not obtained due to provider and patient factors</p> <p><b>3. Childhood Immunization</b> Fall outs due to 1) Failure to adequately assess immunization status 2) Failure to adequately immunize patient 2) Patients presenting beyond qualified age</p> <p><b>4. Depression Remission</b> Fall outs due to 1)Failing to reassess PHQ9 within assessment period. 2) Failure to achieve adequate remission of depression</p> <p><b>5. Cervical Cancer Screening:</b> Fall out due to 1) Patients electing to refuse/defer screening 2)A new appointment for the screening not made at time of discharge</p>	<p><b>Responsible Persons:</b> LaResa Ridge, MD, James Ronk ,RN Jaden Jacobs , QAC</p> <p><b>1. Breast Cancer Screening:</b> 1) Nursing will consistently perform PVP with screening inquires and order generation if deficient 2) Case Manager will track and assist patients with appointments 3) Targeted monthly chart reviews by Medical Direct to monitor process (Implementation date: 08/14/2023)</p> <p><b>2. Diabetes A1C&gt;9:</b> 1)QAC to coordinate with IT to ensure only clinical providers and visits are included 2) Standardized means of communicating orders (NP to Nursing Staff) to ensure A1C is ordered and appointment made prior to patient discharge 3) Targeted monthly chart reviews by Medical director to monitor progress (Implementation date: 08/14/2023)</p> <p><b>3. Childhood Immunization:</b> 1) Nursing will consistently perform PVP with screening inquires and order generation if deficient 2) (Implementation date: 08/14/2023)</p> <p><b>4. Depression Remission:</b> 1)MD reviewed standard at last staff meeting (08/16/2023) 2) NP Champion will work with IT to create alerts when the assessment window opens (Implementation date: TBA)</p> <p><b>5. Cervical Cancer Screening:</b> 1) Nursing staff will consistently perform PVP which inquires about screening status and triggers an order if needed 2) Standardized means of communicating orders (NP to Nursing Staff) to ensure gyn appointment is scheduled at discharge 3) 3) Targeted monthly chart reviews by Medical Direct to monitor progress (Implementation date: 08/14/2023)</p>
<p><b>Check (How will you measure effectiveness)</b></p> <p>Via the monthly UDS Dashboard Report and targeted monthly chart reviews by Medical Director.</p>	<p>ACT– Quarterly compliance percentage since Q3/2022</p> <p>Cervical cancer: 68/64/66/68</p> <p>Breast cancer: 49/39/26/25</p> <p>Childhood immun.: 0/0/8/0</p>



Thursday, September 28, 2022

Consideration of Approval of the Following Report for the Healthcare for the Homeless Program as Required by the United States Department of Health and Human Services Which Provides Funding to the Harris County Hospital District d/b/a/Harris Health System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act

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Attached for consideration of approval:

- **HCHP H8o 2023 Carryover Request from 2022 Funds for Use in July 1, 2023 - December 31, 2023**

Administration recommends that the Board approve the Healthcare for the Homeless Program Report as required by the United States Department of Health and Human Services which provides funding to the Harris County Hospital District d/b/a/ Harris Health System to provide health services to persons experiencing homelessness under Section 330 (h) of the Public Health Service Act.

**HARRIS COUNTY HOSPITAL DISTRICT dba Harris Health System**  
**H80CS00038**  
**BUDGET NARRATIVE**  
**2023 Carryover Request from 2022 funds for use in July 1, 2023 - December 31, 2023**

**REVENUE:**

	Carryover
	Federal
<b>FEDERAL GRANT REQUEST</b>	\$ 892,881
<b>TOTAL REVENUE</b>	<b>\$ 892,881</b>

**EXPENSES:**

	Carryover
	Federal
<b>PERSONNEL</b>	
<b>MENTAL HEALTH STAFF</b>	\$ 118,134
<b>TOTAL PERSONNEL</b>	<b>\$ 118,134</b>

	Carryover
	Federal
FICA @ 7.65%	\$ 9,037
Retirement/401K match @ 5%	\$ 5,907
Insurance @ 11.35%	\$ 13,408
<b>TOTAL FRINGE @ 24%</b>	<b>\$ 28,352</b>

	Carryover
	Federal
<b>TRAVEL</b>	
Flights to attend Mobile Health Clinics Conference at \$777 for three persons = \$2,331	\$ 2,331
Hotel at \$403 per night for 4 nights for three = \$4,836	\$ 4,836
Meal costs at \$65 per day for 5 days for three staff = \$975	\$ 975
Mileage to airport at 0.655 cents per mile at 40 miles for three staff each way = \$156	\$ 156
Airport parking at \$15 per day for 5 days for three persons = \$225	\$ 225
Taxi at \$45 per trip for two trips per three persons = \$270	\$ 270
<b>TOTAL TRAVEL</b>	<b>\$ 8,793</b>

	Carryover
	Federal
<b>SUPPLIES</b>	
Office Supplies: For clinics, mobile units, and admin -- \$8,500/month x 6 months = \$51,000	\$ 51,000
Medical Supplies: \$14,000/month x 6 months = \$84,000	\$ 84,000
Dental Supplies: \$40,000/month x 6 months = \$240,000	\$ 240,000
Pharmaceuticals: \$7,000/month x 6 months = \$42,000	\$ 42,000
Titan Blis-sonic SW Scaler = 2 units x \$1,065 = \$2,130	\$ 2,130
Solara turbine replacement dental handpiece: 4 units x \$621 = \$2,484	\$ 2,484
Cavitron Plus Ultrasonic Scaler Complete Package: 2 units x \$3,546 = \$7,092	\$ 7,092
Titan Blis-sonic Replacement Replacement Grip Blue 4/Pk: 5 units x \$88 = 440	\$ 440
Dental Little Guy Low Speed Air Handpiece 5000 rmp: 10 units x \$821 = \$8,210	\$ 8,210
HESSAIRE Portable Evaporative Cooler 17 in Blade, 3,100 cfm, 10 gal water capacity: 2 units x \$473 = \$946	\$ 946
BPBIO 320S Blood Pressure Kiosk Package = \$3,200	\$ 3,200
6855 Detecto Digital Bariatric Scale = \$2,300	\$ 2,300
Microsoft LifeCams: 26 units x \$78 = \$2,028	\$ 2,028

Cisco 532 Wired Dual Computer headset: 20 units x \$163 = \$3,260	\$ 3,260
24" Computer Flat Panel Monitors: 25 units x \$180 = \$4,500	\$ 4,500
Steel frame for canopy: 2 units x \$250 = \$500	\$ 500
Window walls for canopy: 2 units x \$140 = \$280	\$ 280
Portable electric heater: 2 units x \$200 = \$400	\$ 400
Document scanner: 15 units x \$914 = \$13,710	\$ 13,710
Biometric palm scanner: 10 units x \$700 = \$7,000	\$ 7,000
E-signature pads: 10 units x \$185 = \$1,850	\$ 1,850
PC - HP EliteDesk 800 G2DM: 10 units x \$515 = \$5,150	\$ 5,150
Printer Medium volume B/W: 10 units x \$194 = \$1,940	\$ 1,940
Table top printer, low/medium volume printer, B/W, Color = \$300	\$ 300
Lab Intermec printer: 1 unit x \$1,378 = \$1,378	\$ 1,378
Office desk single pedestal: 2 units x \$1,200 = \$2,400	\$ 2,400
Wall mounts for computers: 3 units x \$509 = \$1,527	\$ 1,527
Wireless keyboard and mouse: 3 units x \$161 = \$483	\$ 483
HP Elite Mini Desktop, w/ keyboard and mouse = \$706	\$ 706
Logitech HD Pro Webcam C922 = \$100	\$ 100
HIV prevention supplies for patients such as condoms and lubricant: \$600/month x 6 months = \$3,600	\$ 3,600
HIV Orasure test kits: 20 kits x \$1,100 = \$22,000	\$ 22,000
HIV control test kits: 27 kits X \$25 = \$675	\$ 675
Tall supply cabinet = \$1,000	\$ 1,000
Chargers for Verizon JetPacks: 5 units x \$12 = \$60	\$ 60
Jabra Speaker: 2 units \$328 = \$656	\$ 656
<b>TOTAL SUPPLIES</b>	<b>\$ 519,305</b>

<b>EQUIPMENT</b>	<b>Carryover</b>
	<b>Federal</b>
Mobile Telemedicine Examination Kit (MobilTEK) for \$8,000 x 5 = \$40,000	\$ 40,000
<b>TOTAL EQUIPMENT</b>	<b>\$ 40,000</b>

<b>OTHER</b>	<b>Carryover</b>
	<b>Federal</b>
Transportation for clients to include bus cards = \$ 1,000 per month X 6 months = \$6,000	\$ 6,000
Transportation for clients to include cab vouchers = \$1,000 per month X 6 months = \$6,000	\$ 6,000
Conference fee for the Mobile Health Clinics Conference is \$799 and three managers will attend = \$2,397	\$ 2,397
Cost of CEU training for 12 staff X \$650 = \$7,800	\$ 7,800
Shipping charges for supplies = \$250 per month x 6 months = \$1,500	\$ 1,500
Internet connectivity at shelter site: \$600 per month x 6 months x 8 clinic sites = \$28,800	\$ 28,800
Educational materials homeless patients and/or family members. \$ 400 per month x 6 months = \$2,400	\$ 2,400
Staff cell phones: \$1,300 per month x 6 months = \$7,800	\$ 7,800
Telephone/Fax Services: \$550 per month x 6 months x 7 clinics = \$23,100	\$ 23,100
Copy Allocations: \$1,000 per month x 6 months x 7 clinic sites = \$42,000	\$ 42,000
Repair sink countertop and add leg = \$2,000	\$ 2,000
Millwork for front desk with plexiglass for clinic = \$3,500	\$ 3,500
Repairs to mobile units = \$45,000	\$ 45,000
<b>TOTAL OTHER</b>	<b>\$ 178,297</b>

TOTAL DIRECT CHARGES	\$ 892,881
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Thursday, September 28, 2022

Consideration of Approval of the Following Report for the Healthcare for the Homeless Program as Required by the United States Department of Health and Human Services Which Provides Funding to the Harris County Hospital District d/b/a/Harris Health System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act

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Attached for consideration of approval:

- **HCHP H8o 2024 Budget**

Administration recommends that the Board approve the Healthcare for the Homeless Program Report as required by the United States Department of Health and Human Services which provides funding to the Harris County Hospital District d/b/a/ Harris Health System to provide health services to persons experiencing homelessness under Section 330 (h) of the Public Health Service Act.

**HARRIS COUNTY HOSPITAL DISTRICT  
H80CS00038  
BUDGET NARRATIVE  
JANUARY 1, 2024 TO DECEMBER 31, 2024**

**REVENUE:**

<b>REVENUE</b>	<b>Federal Resources</b>	<b>Non-Federal Resources</b>	<b>Total</b>
<b>BPR Funding Request</b>	\$ 4,412,560		\$ 4,412,560
<b>Applicant Organization</b>		\$ 1,833,795	\$ 1,833,795
<b>Local Funds</b>			
<b>Other Support</b>			
<b>Program Income</b>		\$ 30,734	\$ 30,734
<b>TOTAL REVENUE</b>	\$ 4,412,560	\$ 1,864,529	\$ 6,277,089

**EXPENSES:**

<b>PERSONNEL</b>	<b>Federal Request</b>	<b>Non-Federal Resources</b>	<b>Total</b>
<b>ADMINISTRATION</b>	\$ 561,414	\$ 231,315	\$ 792,729
<b>NOTE: Sarath Roy</b> - The operations manager is a 1.00 FTE position that will be 75% funded for 2024 from the H80 grant. For the first three months, this position will be funded from the H8F/ARP grant, 25% for the year.			
<b>NOTE: Freda Timmons</b> - The Financial Analyst II is a 1.00 FTE position that will be 75% funded for 2024 from the H80 grant. For the first three months, this position will be funded from the H8F/ARP grant, 25% for the year.			
<b>MEDICAL STAFF</b>	\$ 1,560,220	\$ 677,880	\$ 2,238,100
<b>DENTAL STAFF</b>	\$ 98,624	\$ 11,000	\$ 109,624
<b>MENTAL HEALTH STAFF</b>	\$ 238,211		\$ 238,211
<b>SUBSTANCE USE DISORDER STAFF</b>	\$ 65,707		\$ 65,707
<b>ENABLING STAFF</b>	\$ 753,526		\$ 753,526
<b>FACILITY PERSONNEL</b>		\$ 72,421	\$ 72,421
<b>NOTE: Darren Ross</b> - The Security Officer is a 1.00 FTE position that will be 75% funded for 2024 by Harris Health from non-federal funds. For the first three months, this position will be funded from the H8F/ARP grant, 25% for the year.			
<b>PATIENT SERVICES SUPPORT PERSONNEL</b>		\$ 155,357	\$ 155,357
<b>SALARY INCREASES</b>		\$ 177,027	\$ 177,027

<b>TOTAL PERSONNEL</b>	\$ 3,277,702	\$ 1,325,000	\$ 4,602,702
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<b>FRINGE</b>	<b>Federal Request</b>	<b>Non-Federal Resources</b>	<b>Total</b>
FICA @ 7.65%	\$ 250,744	\$ 101,362	\$ 352,106
Retirement/401K match @ 5%	\$ 163,885	\$ 66,250	\$ 230,135
Insurance @ 11.35%	\$ 372,019	\$ 150,387	\$ 522,406
<b>TOTAL FRINGE @ 24%</b>	\$ 786,648.00	\$ 317,999	\$ 1,104,647

<b>TRAVEL</b>	<b>Federal Request</b>	<b>Non-Federal Resources</b>	<b>Total</b>
Local - all staff = .655/mile X 9,572 miles = \$6,270	\$ 6,270		\$ 6,270
Airfare to National Health Care for the Homeless Council Conference for 2 staff members. \$780 per individual X 2 individuals = \$1,560		\$ 1,560	\$ 1,560
Hotel for National Healthcare for the Homeless Council Conference for 2 staff members. \$400 per night X 4 nights X 2 individuals = \$3,200		\$ 3,200	\$ 3,200
Travel related meals for National Healthcare for the Homeless Council Conference for 2 staff members. \$60 per day X 5 days X 2 individuals = \$600		\$ 600	\$ 600
Mileage to airport for travel to National Health Care for the Homeless Council Conference for 2 staff members. 40 miles x 2 ways X .655 cents per mile x 2 staff =		\$ 105	\$ 105
Airport transfers for travel in conference city for National Health Care for the Homeless Council Conference for 2 staff members. \$40 per trip X 2 trips X 2 individuals = \$160.		\$ 160	\$ 160
<b>TOTAL TRAVEL:</b>	\$ 6,270	\$ 5,625	\$ 11,895

<b>SUPPLIES</b>	<b>Federal Request</b>	<b>Non-Federal Resources</b>	<b>Total</b>
Office Supplies: \$1,400 per month X 12 months- non-federal=\$16,800		\$ 16,800	\$ 16,800
Medical & Dental Supplies: \$4000 per month X 12 months-non-federal=\$48,000		\$ 48,000	\$ 48,000

Pharmaceuticals: \$ 5,000 per month X 12 months = \$ 60,000		\$ 60,000	\$ 60,000
<b>TOTAL SUPPLIES</b>	\$ -	\$ 124,800	\$ 124,800

<b>CONTRACTUAL</b>	<b>Federal Request</b>	<b>Non-Federal Resources</b>	<b>Total</b>
Residential substance abuse services provided by Cenikor Foundation. Salary \$13,000 + Benefits \$3,120 + Residential costs \$28,880 = Total of \$45,000. This is a fixed agreement to be paid at \$3,750 per month to include reimbursement for residential services (including meals), counseling, and other services and supplies related to substance abuse treatment. \$3,750 per month X 12 months = \$45,000	\$ 45,000		\$ 45,000
Psychiatry Services - Contractor for this service to be determined. Services to be provided in the shelter-based clinics. Federal Request = \$127,260. Harris Health will provide \$13,740 to cover the over the cap amount. Total = \$141,000	\$ 127,260	\$ 13,740	\$ 141,000
Dental services provided by UTHealth School of Dentistry to homeless individuals on the mobile dental unit. Reimbursement at \$106.28 per hour of service. The position is a .80 FTE and the federal request is \$169,680. Harris Health will provide \$7,165 to cover the over the cap amount. Total = \$176,845	\$ 169,680	\$ 7,165	\$ 176,845
<b>TOTAL CONTRACTUAL</b>	\$ 341,940	\$ 20,905	\$ 362,845

<b>OTHER</b>	<b>Federal Request</b>	<b>Non-Federal Resources</b>	<b>Total</b>
Cab vouchers/Lyft for patients - \$1,300 per month X 12 months = \$15,600		\$ 15,600	\$ 15,600
Bus tokens for patients - \$750 per month X 12 months = \$9,000		\$ 9,000	\$ 9,000
Copier Lease - \$300 X 12 months = \$3,600		\$ 3,600	\$ 3,600



Registration fee for 2 staff members to attend the National Healthcare for the Homeless Council conference. \$600 per individual X 2 individuals = \$1,200.		\$ 1,200	\$ 1,200
Internet connectivity fees for access to Harris Health server from homeless sites. \$300 per month X 12 months = \$3,600.		\$ 3,600	\$ 3,600
Membership - National Health Care for the Homeless Council - annual membership fee - \$4,200		\$ 4,200	\$ 4,200
Meeting Meals & Incentives for Staff		\$ 3,000	\$ 3,000
Insurance for mobile units		\$ 30,000	\$ 30,000
<b>TOTAL OTHER:</b>	\$ -	\$ 70,200	\$ 70,200
<b>TOTAL DIRECT CHARGES</b>	<b>\$ 4,412,560</b>	<b>\$ 1,864,529</b>	<b>\$ 6,277,089</b>

Thursday, September 28, 2022

Consideration of Approval of the Following Report for the Healthcare for the Homeless Program as Required by the United States Department of Health and Human Services Which Provides Funding to the Harris County Hospital District d/b/a/Harris Health System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act

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Attached for consideration of approval:

- **HCHP Primary Care HIV Prevention Grant**

Administration recommends that the Board approve the Healthcare for the Homeless Program Report as required by the United States Department of Health and Human Services which provides funding to the Harris County Hospital District d/b/a/ Harris Health System to provide health services to persons experiencing homelessness under Section 330 (h) of the Public Health Service Act.

**Harris Health System**  
**H80CS00038**  
**BUDGET NARRATIVE**  
**Ending the HIV Epidemic – Primary Care HIV Prevention**  
**September 1, 2023 through August 31, 2024**

**EXPENSES:**

<b>SUPPLIES (Medical)</b>	<b>Federal Request</b>	<b>Total</b>
OraSure HIV test kits: 26 kits (100 tests in each kit) X \$1,100 = \$28,600	\$ 28,600	\$ 28,600
HIV Control Kits: 25 x \$23.84 = \$596	\$ 596	\$ 596
Male condoms: \$79.80/case x 5 cases x 12 months = \$4,788	\$ 4,788	\$ 4,788
Female condoms: \$46 /box x 8 boxes/month x 12 months = \$4,416	\$ 4,416	\$ 4,416
Lubricant: \$110.00/case x 5 cases x 12 months = \$6,600	\$ 6,600	\$ 6,600
<b>Total Supplies</b>	<b>\$ 45,000</b>	<b>\$ 45,000</b>

<b>OTHER</b>	<b>Request</b>	<b>Total</b>
Other	\$ 12,114	\$ 12,114
<b>Total Supplies</b>	<b>\$ 12,114</b>	<b>\$ 12,114</b>

<b>TOTAL DIRECT CHARGES</b>	<b>\$ 57,114</b>	<b>\$ 57,114</b>
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OraSure HIV test kits will be used to provide HIV testing to people experiencing homelessness.

Condoms and lubricant will be used to encourage safer sex practices.

PCHP funds will be used separately and distinctly from other health center awards.

Thursday, September 28, 2022

Executive Session

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Review of the Community Health Choice Texas, Inc. and Community Health Choice, Inc. STAR+Plus Program and the 2023 Financial Performance for the Seven Months Ending July 31, 2023, Pursuant to Tex. Gov't Code Ann. §551.085.

- Pages 230 – 238 Were Intentionally Left Blank -

Thursday, September 28, 2022

Executive Session

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Consultation with Attorney, Pursuant to Tex. Gov't Code Ann. §551.071 and Possible Action Upon Return to Open Session for Approval of a Settlement with Amerigroup Texas, Inc. d/b/a Amerigroup Community Care for Payment of Medicaid Claims Owed to Harris Health System.

- Pages 240 – 243 Were Intentionally Left Blank -

Thursday, September 28, 2022

Executive Session

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Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Healthcare Program Requirements and a Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Gov't Code §418.183, Tex. Gov't Code §551.089, Tex. Occ. Code Ann. §160.007, Tex. Occ. Code Ann. §151.002, and Tex. Gov't Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session.



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