

Thursday, January 26, 2023

8:00 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

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|---|--------------------------|
| I. Call to Order and Record of Attendance | Dr. Arthur Bracey 2 min |
| II. Approval of the Minutes of Previous Meeting | Dr. Arthur Bracey 2 min |
| • Board Meeting – December 1, 2022 | |
| III. Announcements / Special Presentations | Dr. Arthur Bracey 19 min |
| A. CEO Report Including Special Announcements – <i>Dr. Esmail Porsa</i> | <i>(10 min)</i> |
| B. Special Announcement <i>Dr. Arthur Bracey</i> , will Recognize Good Catch Recipients | <i>(7 min)</i> |
| C. Board Member Announcements Regarding Board Member Advocacy and Community Engagements | <i>(2 min)</i> |
| • Introduction of New Harris Health Board Member, Ms. Carol Paret | |
| IV. Public Comment | Dr. Arthur Bracey 3 min |
| V. Executive Session | Dr. Arthur Bracey 30 min |
| A. Report Regarding Quality of Medical and Healthcare, 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 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
– <i>Dr. Steven Brass and Dr. Yashwant Chathampally</i> | <i>(10 min)</i> |
| B. 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 – <i>Dr. Martha Mims</i> | <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 and Mr. Michael Hill** (10 min)

- VI. Reconvene to Open Meeting** **Dr. Arthur Bracey 2 min**
- VII. General Action Item(s)** **Dr. Arthur Bracey 10 min**
- A. General Action Item(s) Related to Quality: Medical Staff**
1. Consideration of Approval of Credentialing Changes for Members of the Harris Health System Medical Staff – **Dr. Martha Mims** (2 min)
 2. Consideration of Approval of Harris Health’s Medical Staff Changes in Clinical Privileges – **Dr. Martha Mims** (2 min)
 - Addition of Neurocritical Care (NCC) Privileges to Neurology and Neurosurgery Privileges
- 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)
 2. Consideration of Approval of Interlocal Agreement between Harris Health and Harris County for the Provision of Information Technology Support and Epic EMR System to the Harris County Sherriff’s Office – **Mr. Michael Hill and Ms. Holly Gummert** (2 min)
 3. Consideration of Approval of the Harris Health System Correctional Health Quality Manual – **Ms. Katie Rutherford, Dr. Otis Egins and Dr. Steven Brass** (2 min)
- VIII. New Items for Board Consideration** **Dr. Arthur Bracey 10 min**
- A. Consideration of Approval of the 2023 Board of Trustees Calendar – Dr. Andrea Caracostis and Ms. Olga Rodriguez**
- IX. Strategic Discussion** **Dr. Arthur Bracey 20 min**
- A. Harris Health System Strategic Plan Initiatives**
1. Update Regarding Diversity, Equity, and Inclusion Committee – **Ms. Marcia Johnson, Mr. Derek Holmes and Ms. Karen Tseng** [Strategic Pillar 6: Diversity, Equity and Inclusion]
- X. Consent Agenda Items** **Dr. Arthur Bracey 5 min**
- A. Consent Purchasing Recommendations**
1. Consideration of Approval of Purchasing Recommendations (Items A1 through A82) – **Mr. DeWight Dopslauf and Mr. Jack Adger, Harris County Purchasing Office** (See Attached Expenditure Summary: January 26, 2023)

B. New Consent Agenda Item(s) for Approval

1. Consideration of Approval of a New Lease Agreement between WS/Griffin Loop Central Property, LLC, and Community Health Choice Texas, Inc. for Office Space at 4888 Loop Central Drive, Houston, TX 77081
– **Mr. Louis Smith**
2. Consideration of Approval to Convey a Sidewalk Easement and Right of Way to the City of Houston for the Casa de Amigos Health Center Expansion Project, Houston, Harris County, Texas – **Mr. Louis Smith**
3. Consideration of Approval to Amend the Dedicated Protective Covenants and Restrictions to Allow Multi-Family and Blood Bank Development within a 58 Acre Tract that Includes the Holly Hall and Smith Clinic Sites
– **Mr. Louis Smith**

C. Consent Grant Agreement Recommendations

1. Consideration of Approval of Grant Agreement Recommendations (Item D1)
(See Attached Expenditure Summary: January 26, 2023)

D. Consent Reports and Updates to Board

1. Harris Health System November 2022 and December 2022 Financial Reports Subject to Audit – **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 November Meeting Minutes
– **Dr. Jennifer Small**

{End of Consent Agenda}

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

Dr. Arthur Bracey 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, Ms. Tracey Burdine and Dr. LaResa Ridge****
 - HCHP January 2023 Operational Update
- B. Consideration of Approval of HCHP Consumer Advisory Report (September 22 – November 22) – **Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge****
- C. Consideration of Approval of HCHP’s Changes in Scope – **Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge****
- D. Consideration of Approval of the Amended HCHP Bylaws – **Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge****

(10 min)

(1 min)

(1 min)

(1 min)

- E. Consideration of Approval of HCHP Policies: (1 min)
 – **Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge**

- Referrals of Health Care for the Homeless Program Patients to Harris Health System
- Referral Tracking and Follow-Up Care for Health Care for the Homeless Program
- Health Care for the Homeless Program Financial and Grant Management

- F. Consideration of Approval of Memorandum of Understanding (MOU) by and between Harris County Hospital District D/B/A Harris Health System and Health Care for the Homeless Program (1 min)
 – **Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge**

XII. Executive Session

Dr. Arthur Bracey 60 min

- D. 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)

- E. Consultation with Attorney Regarding Civil Action No. 4:17-CV-2749; Kent Vaughn v. Harris County Hospital District, et al.; in the U.S. District Court, Southern District of Texas, Houston Division, Pursuant to Tex. Gov’t Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session – **Ms. Sara Thomas** (10 min)

- F. Consultation with Attorney Regarding Collaborative Opportunities with The University of Texas M.D. Anderson Cancer Center, Pursuant to Tex. Gov’t Code Ann. §551.071 and Tex. Gov’t Code Ann. §551.085 (5 min)
 – **Ms. Sara Thomas and Mr. Louis Smith**

- G. Consultation with Attorney and Possible Action Regarding the Agreements between Harris County Hospital District Foundation and Harris Health System and Philanthropic Strategies, Pursuant to Tex. Gov’t Code Ann. §551.071 (15 min)
 – **Ms. Sara Thomas**

- H. Consultation with Attorney Regarding Hospital District Police Force Legislation, Pursuant to Tex. Gov’t Code Ann. §551.071 (10 min)
 – **Ms. Sara Thomas, Mr. R. King Hillier, and Mr. Louis Smith**

- I. Consultation with Attorney Regarding Correctional Health Claim; Pending or Contemplated Litigation, Pursuant to Tex. Gov’t Code Ann. Section §551.071, and Possible Action Regarding this Matter Upon Return to Open Session (10 min)
 – **Ms. Ebon Swofford**

XIII. Reconvene

Dr. Arthur Bracey 2 min

XIV. Adjournment

Dr. Arthur Bracey 1 min

MINUTES OF THE HARRIS HEALTH SYSTEM BOARD OF TRUSTEES

Board Meeting

Thursday, December 1, 2022

8:00 am

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
I. Call to Order and Record of Attendance	<p>The meeting was called to order at 8:03 a.m. by Arthur Bracey, MD, Chair. It was noted that a quorum was present and the attendance was recorded. Dr. Bracey 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. The meeting may be viewed online: http://harrishealthtx.swagit.com/live.</p>	<p>A copy of the attendance is appended to the archived minutes.</p>
II. Approval of the Minutes of Previous Meeting	<ul style="list-style-type: none"> • Board Meeting – October 27, 2022 • HRSA Special Called Board Meeting – November 10, 2022 	<p><u>Motion No. 22.12-153</u> Moved by Ms. Jennifer Tijerina, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve the minutes of the previous meeting. Motion carried.</p>
III. Announcements/Special Presentations	<p>A. CEO Report Including Special Announcements</p> <ul style="list-style-type: none"> • ARPA Funding • Harris Health System Received a Silver Badge Award for Health Center Quality Leader from the Health Resources and Services Administration (HRSA), a Division of the U.S. Health and Human Services Department, for the System’s Healthcare for the Homeless Program • Equity at Harris Health <p>Dr. Esmaeil Porsa, President and Chief Executive Officer (CEO), delivered an update regarding COVID-19. He shared that the COVID viral load in waste water continues to increase. He noted that this is now closely associated with increased COVID test positivity rate in the City of Houston. Dr. Porsa stated that Harris Health has seen a slow and steady increase in the COVID-19 hospitalizations across the System. He noted that Commissioners Court has unanimously approved \$45M ARPA Funding in support for patient care related operational and capital expenses at Harris Health. He announced that Harris Health received a silver badge award for Health Center Quality Leader from Health Resources and Services Administration (HRSA), for the System’s Healthcare for the Homeless Program. Dr. Porsa congratulated the Program’s front line workers and leadership for achieving such prestigious recognition.</p>	<p>As Presented.</p>

	<p>Dr. Porsa provided a brief overview of Equity at Harris Health as it relates to patients, employees, and the community. Vizient is a clinical database that helps drive quality, efficiency, and cost performance across the care continuum. Dr. Porsa shared that Harris Health is ranked 1st in the Vizient database compared to 127 other Health Systems in the United States in patient equity. Additionally, Dr. Porsa reported that Harris Health ranked 5th in patient centeredness, 1st in efficiency length of stay and 1st in efficiency direct cost. He mentioned that Harris Health is ranked among the top 1 percent of hospitals nationwide for excellence in advancing equity in the community, according to the Lown Institute. Harris Health ranked 1st in survey of American’s Healthiest Workplace, according to Springbuk. Dr. Porsa noted that CVS Health (#54) and Delta Airlines (#6) were companies also included In the survey. Director Barbie Robinson requested a full list of criteria that Vizient as well as other entities who performed the analysis. Additionally, Director Robinson inquired if any of the entities looked at access in terms of what does the data show related to race and ethnicity. Dr. Porsa stated this information can be provided to the Board members however since the data is protected, it cannot be shared in a public setting. Director Robinson asked to see the data in a public setting and to better understand whether or not Harris Health can share aggregated and de-identified data in this public setting. More specifically, Director Robinson expressed an interest in Harris Health data, to understand its denominator and then outcomes relative to its community. Ms.Carolynn Jones, Executive Vice President & Chief Compliance and Risk Officer, stated that leadership will take her comments into consideration and return with feedback. Professor Johnson requested a deeper dive as it relates to equity in Harris County specifically regarding patient care, illnesses and outcomes. Additionally, Professor Johnson recommended a review of personnel to ensure fair and equitable practices as it relates salary, types of assignments, and promotions. Dr. Porsa stated that leadership is reviewing demographics related to race, gender, and socioeconomic status as well as employee demographics regarding compensation and treatment across the leadership spectrum, and this information is forthcoming. A copy of the presentation and CEO report is available in the permanent record.</p>	
	<p>B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements.</p> <p>Dr. Bracey stated that on behalf of the Board of Trustees, he would like to thank Ms. Mia Mendis for her service on the Board. He shared that Ms. Mendis has resigned due to increased time and travel commitments at her new job. He also noted that the Board is pleased to announce the appointment of Ms. Carol Paret by the Commissioner’s Court and look forward to welcoming Ms. Paret and making a formal introduction at the January Board meeting.</p>	

<p>IV. Public Comment</p>		<p>There were no public speakers registered to appear before the Board.</p>
<p>V. Executive Session</p>	<p>At 8:25 a.m., Dr. Arthur Bracey stated that the Board would enter into Executive Session for Items ‘A through C’ as permitted by law under Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §151.002 and Tex. Occ. Code Ann. §160.007.</p>	
	<p>A. Report Regarding Quality of Medical and Healthcare, 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 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>NO ACTION TAKEN. Dr. Arthur Bracey recused from participating in discussion and voting regarding cases involving care rendered by Baylor College of Medicine (BCM) and credentialing discussions involving BCM.</p>
	<p>B. 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</p>	<p>NO ACTION TAKEN. Dr. Arthur Bracey recused from participating in BCM discussions.</p>
	<p>C. Report Regarding Harris Health System Correctional Health Quality of Medical and Healthcare, Including 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</p>	<p>NO ACTION TAKEN.</p>
<p>VI. Reconvene to Open Meeting</p>	<p>At 8:42 a.m., Dr. Arthur Bracey reconvened the meeting in open session; he noted that a quorum was present and that no action was taken in Executive Session.</p>	
<p>VII. General Action Item(s)</p>	<p>A. 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. John Foringer, Chair, Medical Executive Board, presented the credentialing changes for members of the Harris Health System Medical Staff. There were fifty-two (52) initial appointments, thirty-seven (37) reappointments, one (1) changes in clinical privileges and two (2) resignations. A copy of the credentialing changes is available in the permanent record.</p>	<p><u>Motion No. 22.12-154</u> Moved by Ms. Jennifer Tijerina, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item VII.A.1. Motion carried. Dr. Arthur Bracey recused on this matter related to BCM Credentialing vote.</p>

	<p>2. Approval of Revised Harris Health System Radiology Clinical Privileges</p> <p>Dr. Foringer noted the following revision to the Radiology Clinical Privileges:</p> <p><u>Radiology Clinical Privileges</u></p> <ul style="list-style-type: none"> • Addition of Inari Device to the Vascular and Interventional Radiology Core Procedures List <p>A copy of the revisions to clinical privileges is available in the permanent record.</p>	<p><u>Motion No. 22.12-155</u></p> <p>Moved by Ms. Jennifer Tijerina, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item VII.A.2. Motion carried.</p>
	<p>3. Approval of the Revised Harris Health System Medical Staff Bylaws</p> <p>A copy of the summary of the Medical Staff Bylaws are available in the permanent record.</p>	<p><u>Motion No. 22.12-156</u></p> <p>Moved by Ms. Jennifer Tijerina, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item VII.A.3. Motion carried.</p>
	<p>4. Approval of the 2023 – 2024 Harris Health Utilization Review Plan</p> <p>Dr. Foringer stated that this is a biennial review of the Harris Health Utilization Plan as required by the Centers for Medicare & Medicaid Services (CMS) Conditions of Participation. A copy of the Utilization Review Plan is available in the permanent record.</p> <p>Dr. Porsa expressed his sincere thanks to Dr. Foringer for his leadership and collaboration with Harris Health and the two (2) medical schools, Baylor College of Medicine (BCM) and The University of Health Science Center at Houston (UTHealth).</p>	<p><u>Motion No. 22.12-157</u></p> <p>Moved by Ms. Jennifer Tijerina, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item VII.A.4. Motion carried.</p>
	<p>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 Eging, Chief Medical Officer, Harris Health Correctional Health, presented the credentialing changes for members of the Harris Health System Correctional Health Medical Staff. There were fourteen (14) initial appointments and thirty-seven (37) temporary privileges. A copy of the credentialing changes is available in the permanent record.</p>	<p><u>Motion No. 22.12-158</u></p> <p>Moved by Ms. Jennifer Tijerina, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item VII.B.1. Motion carried.</p>
	<p>2. Approval of New Harris Health System Correctional Health Clinical Privileges</p> <ul style="list-style-type: none"> • Cardiology • Infectious Disease • Neurology 	<p><u>Motion No. 22.12-159</u></p> <p>Moved by Ms. Jennifer Tijerina, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item VII.B.2.</p>

	<ul style="list-style-type: none"> • Obstetrics and Gynecology • Orthopedics <p>Dr. Egin shared that the Medical Executive Committee approved new clinical privileges for Cardiology, Infectious Disease, Neurology, Obstetrics and Gynecology and Orthopedic services specifically for Correctional Health Services. Dr. Egin explained that although services will be largely be primary care, however all of these specialties will be considered. He shared that core privileges coming down the pipeline for the specialties areas to better expand services within the facility as well as the telemedicine platform. A copy of the correctional health clinical privileges is available in the permanent record.</p>	<p>Motion carried.</p>
<p>VIII. New Items for Board Consideration</p>	<p>A. Approval of the Tentative January 2023 Board of Trustees Schedule</p> <ul style="list-style-type: none"> • Quality Committee: - January 10, 2023 • Joint Conference Committee: January 12, 2023 • Board Meeting: January 26, 2023 <p>Dr. Bracey presented the tentative January 2023 Board of Trustees schedule. He shared that the remaining dates for the 2023 calendar year will be reviewed and discussed at the December 8, 2022 Governance Committee meeting. Director Robinson recommended that the Governance Committee consider the time and location of the meetings to allow for transparency, better accessibility and the opportunity to participate in the meetings. A copy of the January 2023 Board of Trustees schedule is available in the permanent record.</p>	<p><u>Motion No. 22.12-160</u> Moved by Ms. Jennifer Tijerina, seconded by Ms. Alicia Reyes, and majority passed that the Board approve agenda item VIII.A. Motion carried. Director Robinson opposed this motion.</p>
	<p>B. Approval of an Interlocal Agreement between the Harris County Hospital District d/b/a Harris Health System and Harris County Public Health that will Support the Community Violence Intervention Program</p> <p>Ms. Amy Smith, Senior Vice President, Transitions & Post-Acute Care, delivered a brief overview regarding the partnership between the Harris Health System and Harris County Public Health (HCPH). Ms. Smith announced Ms. Lupe Washington, Division Director, Community Health and Violence Prevention Services, HCPH. Ms. Smith stated that the Community Violence Interruption Program (CVIP) is a multidisciplinary, community-based solution to reducing violence using a public health approach that operates outside and is complementary to law enforcement. The CVIP Program consists of four (4) components which includes: 1) Credible Messengers, 2) Community Based Outreach, 3) Hospital Based Intervention and 4) Ongoing Community Engagement. Ms. Smith stated that a review was conducted from April 2021 – March 2022 which showed that there were victims of violence at Ben Taub Hospital (BTH) that met the criteria to participate in the program as well as reach potential benefits of the program.</p>	<p><u>Motion No. 22.12-161</u> Moved by Ms. Jennifer Tijerina, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item VIII.B. Motion carried. Director Barbie Robinson recused on this matter related to Harris County Public Health.</p>

	<p>Ms. Smith noted that Harris Health would be responsible for hiring a social worker, utilizing HCPH funds to: 1) identify patients that meet defined program criteria, 2) complete the initial encounter to assess for service needs and obtain patient consent, 3) coordinate and serve as a liaison between the patient and HCPH interventions, engaging HCPH team members. Additionally, Ms. Smith provided an overview of the CVIP process and opened the floor for any questions. Ms. Reyes inquired regarding mortality and morbidity rates for Houston - Harris County. Dr. Porsa shared that the data will be brought back to the Board. Dr. Caracostis inquired regarding the expected outcomes of the project. Ms. Smith mentioned that this is a pilot program and is beneficial to Harris Health patients because it is an intensive care management program for victims of violence. Ms. Washington elaborated by noting additional expected outcomes such as preventing retaliations as well as preventing re-hospitalizations. A copy of the presentation is available in the permanent record.</p>	
	<p>C. Approval of Funding for Performance Incentive Compensation Specified in the Dental Services Agreement with Harris Health System and The University of Texas Health Science Center at Houston (UTHealth) for the Second (July 1, 2021 through June 30, 2022) and Third Contract Years (July 1, 2022 through June 30, 2023)</p> <p>Dr. Jennifer Small, Executive Vice President, Ambulatory Care Services, stated that Harris Health has is entering into the performance year three (3) of its dental service agreement with UTHealth. She shared that the program provides covered dental services at Harris Health dental facilities as well as the homeless program. Dr. Small noted that funding for the performance incentive compensation is for the second contract year (July 1, 2021 through June 30, 2022 and for the third contract year (July 1, 2022 through June 30, 2023). Professor Johnson inquired where the funds are coming from in light of the recent challenges Harris Health is facing. Dr. Small stated that the funds do come from operational dollars and has already been budgeted for. Dr. Small provided an overview of the benchmarks and expected outcomes which merit the performance incentive. The four (4) metrics include: 1) patient satisfaction, 2) patient volumes, 3) improvement of oral health, and 4) continuity of care/bridge between dental services as well oral services. Dr. Small reported that the patient volume target is approximately twelve (12) patients. She also noted that the program has filled more its positions as well as expanded the scope of the program. Director Robinson recommended that in the future, the Administration performs an analysis to determine a baseline need within the community to understand the targets relative to the baseline and how Harris Health has met those targets relative to that baseline need. Additionally, Director Robinson recommended providing an adequate justification or explanation as it relates to the Board’s approval of funding, such as: what is the impact, how does this relate, is this an area already funded, or how does this action fit in the broader financial challenges that we already have when asked to approve a funding request for a particular program or service. Professor Johnson inquired whether the Performance Incentive Compensation payments are being paid to an individual or to UTHealth as well as the payment</p>	<p><u>Motion No. 22.12-162</u> Moved by Dr. Andrea Caracostis, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item VIII.C. Motion carried.</p>

	<p>amounts. Dr. Small stated that the funding is to UTHealth Dental school, in an amount not-to-exceed \$98,699 for the second contract year, and \$144, 079 for the third contract year.</p>	
	<p>D. Approval of a Board Resolution Naming the Facility Formerly Known as Quentin Mease Community Hospital to Quentin Mease Clinic</p>	<p><u>Motion No. 22.12-163</u> Moved by Ms. Jennifer Tijerina, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item VIII.D. Motion carried.</p>
	<p>E. Approval of an Interlocal Agreement between the Harris County Hospital District d/b/a Harris Health System and Texas Workforce Commission</p>	<p><u>Motion No. 22.12-164</u> Moved by Ms. Jennifer Tijerina, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item VIII.E. Motion carried.</p>
<p>IX. Strategic Discussion</p>	<p>A. Harris Health System Strategic Plan Initiatives</p>	
	<p>1. Update and Consideration of Approval of Goals, Objectives and Measurements for Harris Health Strategic Plan Pillar 6: Diversity, Equity and Inclusion</p> <p>Dr. Jobi Martinez, Vice President, Chief Diversity, Equity and Inclusion Officer, delivered an update regarding Harris Health Strategic Plan Pillar 6: Diversity, Equity& Inclusion (DE&I). She touched upon the five (5) key areas of focus which includes: 1) Talent, 2) Health Equity, 3) Minority and Women Owned Business Enterprise (MWBE) Program, 4) Leadership & Governance and 5) Community Engagement. Dr. Martinez delivered a brief overview of the DEI continual process planning, goals and initiatives for 2022 – 2023.</p>	<p><u>Motion No. 22.12-165</u> Moved by Ms. Alicia Reyes, seconded by Dr. Ewan Johnson, and majority passed that the Board approve agenda item IX.A.1. Motion carried. Director Robinson and Professor Johnson opposed this motion.</p>

Diversity, Equity & Inclusion: Building Internal Capacity



Pillar 6 Aim

Harris Health will ensure equitable access to high-quality care for our patients, foster a diverse and inclusive workplace, cultivate and sustain strategic relationships with suppliers and community partners, and broaden our reach and our understanding of the communities we serve.



Pillar 6 Goals



Talent

Enhance the employee and provider experience (from recruitment to retirement) by advancing diversity, equity, and inclusion, through policies, practices, values, and organizational culture.



Health Equity

Advance health equity for employees and patients through promising practices, procedures, and policies that ensure equitable care, benefits, and resources to address disparities through culturally and linguistically appropriate resources and strategies and care that is high value and patient centered.

Pillar 6 Goals



Talent

Enhance the employee and provider experience (from recruitment to retirement) by advancing diversity, equity, and inclusion, through policies, practices, values, and organizational culture.



Health Equity

Advance health equity for employees and patients through promising practices, procedures, and policies that ensure equitable care, benefits, and resources to address disparities through culturally and linguistically appropriate resources and strategies and care that is high value and patient centered.

	<p>Discussion ensued regarding the barriers and obstacles associated with DEI implementation. Professor Johnson expressed her concerns regarding measuring and evaluating performance data and how long it has taken Harris Health to show progress towards achieving those goals. Dr. Martinez shared that Harris Health’s DEI dashboard is forthcoming of which the methodology, employee and patient data will be readily available. Several Board members shared similar sentiments on how does Harris Health effectively quantify and measure data within a specified time frame. Director Robinson stated that she believes that the DEI goals, objectives and tactics are more output oriented as opposed to outcome oriented. Additionally, Director Robinson recommended focusing on outcome measures as it relates to reducing disparity. A copy of the presentation is available in the permanent record.</p>	
<p>X. Consent Agenda Items</p>	<p>A. Consent Purchasing Recommendations</p>	
	<p>1. Approval of Purchasing Recommendations (Items A1 through A86)</p> <p>Dr. Bracey noted that purchasing’s transmittals B1 through B25 are not for approval.</p> <p>Mr. Dewight Dopslauf, Purchasing Agent, Harris County Purchasing Office, reported the following revisions to the purchasing agenda:</p> <ul style="list-style-type: none"> • Item A2 was revised to reduce the estimated cost from \$45M to \$3M • Item A12 was revised to reduce the estimated cost from \$2.5M to \$1.5M 	<p><u>Motion No. 22.12-166</u> Moved by Ms. Jennifer Tijerina, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item X.A.1. Motion carried. Dr. Bracey recused on purchasing items A35, A44, A48, B9 related to BCM. Director Robinson recused on purchasing item A82 related to Harris County.</p>
	<p>B. Consent Committee Recommendations</p> <ol style="list-style-type: none"> 1. Approval of Subsidy Payments to Community Health Choice, Inc. for the Health Insurance Marketplace Non-Federal Premium Payments for Eligible Harris Health Patients for Calendar Year 2023 2. Acceptance of the Harris Health System September 2022 Financial Report Subject to Audit 3. Acceptance of the Harris Health System Second Quarter Stub Year 2022 Investment Report 4. Acceptance of the Harris Health System Third Quarter Calendar Year 2022 Pension Plan Report 	<p><u>Motion No. 22.12-167</u> Moved by Dr. Andrea Caracostis, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item X.B.1. through X.D.1. Motion carried.</p>

	<ol style="list-style-type: none"> 5. Approval of Harris Health System Internal Audit Charter 6. Approval of Compliance and Accreditation’s Audit Plans for FY23 and Enterprise Risk Management Plan 7. Approval of FY2023 Internal Audit Plan 	
	C. New Consent Agenda Item(s) for Approval	
	<ol style="list-style-type: none"> 1. Approval of First Amendment to the Interlocal Agreement Between Harris Health System and Harris County for Legal Representation and Related Support Services of the Harris County Attorney’s Office 	Director Barbie Robinson recused on this matter related to Harris County Public Health.
	D. Consent Grant Agreement Recommendations	
	<ol style="list-style-type: none"> 1. Approval of Grant Agreement Recommendations (Item D1) 	
	<p>E. Consent Reports and Updates to Board</p> <ol style="list-style-type: none"> 1. Harris Health System October Financial Report Subject to Audit 2. Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System 3. Harris Health System Council-At-Large October Meeting Minutes 4. Update Regarding the ASC at LBJ Status Report 5. Update Regarding the Riverside Dialysis Center Status Report <p><i>{End of Consent Agenda}</i></p>	INFORMATIONAL PURPOSES ONLY
XI. Item(s) Related to Health Care for the Homeless Program	<p>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</p> <ul style="list-style-type: none"> • HCHP December 2022 Operational Update 	<p><u>Motion No. 22.12-168</u> Moved by Ms. Alicia Reyes seconded by, Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item XI.A. Motion carried.</p>

Dr. Small delivered a presentation regarding the Health Care for the Homeless Program (HCHP) December 2022 Operational Update including Patient Services and HCHP 3rd Quarter Quality Review. Dr. Small shared that there were 377 new adult patients and twenty-nine (29) 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). At the close of month, HCHP served 5,424 unduplicated patients. Dr. Small stated that the program has fell short of meeting their annual target for unduplicated patients seen, however, HCHP is on target to meet is completed visits projection of 21,349 for the year.

She explained that the decrease in unduplicated patients seen is attributed to provider vacancies, staff on medical leave, as well as issues with the programs dental van. Dr. Small stated that HCHP is exploring partnerships with other organizations, based upon the programs needs assessment, to expand the access point of entry throughout Harris County. She shared that HCHP has on boarded new staff and providers and expects to see improvement. Dr. Small reported that the patient visits over the past three months continues to remain steady. However, she shared that there is a slight decline during the winter months of which HCHP expects to see in increase during the month of January.

Dr. LaResa Ridge, Medical Director, Healthcare for the Homeless Program, presented the HCHP Q3 Quarter Quality Report. She shared that there are three (3) areas of focus which includes: 1) Adult Body Mass Index (BMI), 2) Depression Screening and 3) Ishemic Vascular Disease (IVD) and Aspirin. The three (3) quality measures have been identified as opportunities for education and improvement.

Quality Metrics with most opportunity

Quality Measure	UDS Benchmark	HCHP Goal	April	May	June	July	Aug	Sep	Trend
Adult BMI/F/U Plan	>56%	85%	62%*	63%*	61%*	64%*	64%*	67%*	
Depression Screening / F/U	>55%	80%	80%*	82%*	80%*	80%*	75%*	75%*	
IVD & Aspirin	>79%	85%	84%*	86%*	87%*	93%*	72%	74%	

- **Adult BMI & Follow Up:** Per HRSA Manual instructions for Adult BMI, when the BMI is outside of normal parameters, a follow-up plan is documented on or after* the most recent documented BMI. So the requirements has to be repeated for every visit if the Value is out of range 2) Meeting with each provider to discuss their compliance score in this category to identify areas to improve and support in achieving the goal.
- **Depression screening & Follow up:** 30% of the charts were missing a PHQ9 in the flowsheet. 15% should have been excluded based on existing bipolar/depression diagnosis. 10% charts were appropriate candidates with PHQ9 scores above 9, but not follow ups were documented in the chart.
- **IVD & Aspirin:** Out of 24 charts, 5 charts were fallouts. Aspirin was not prescribed to patient who met criteria such as above 7 ASCVD score, diabetes, high blood pressure, high cholesterol and other circulatory diseases.

	<p>Ms. Tracey Burdine, Director, Health Care for the Homeless Program, delivered a brief overview of the HCHP Bylaws. She stated that the HCHP Bylaws are written to adhere to Health Resources and Services Administration (HRSA) guidelines, specifying the responsibilities of the Board, and to ensure that the program operates in compliance with federal and state regulations.</p> <p>Key Responsibilities Includes:</p> <ul style="list-style-type: none"> • Meeting with board monthly • Selection, termination, and annual evaluation of Program Director • Review of financial, operational and quality reports • Adoption and review of all HCHP policies, contracts and Bylaws • Approval of budget, grant applications, and changes in scope <p>A copy of the operational update and Bylaws are available in the permanent record.</p>	
	<p>B. Approval of HCHP 3rd Quarter Quality Report</p>	<p><u>Motion No. 22.12-169</u> Moved by Ms. Alicia Reyes seconded by, Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item XI.B. Motion carried.</p>
	<p>C. Approval of Amended HCHP Bylaws</p>	<p><u>Motion No. 22.12-170</u> Moved by Ms. Alicia Reyes, seconded by, Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item XI.C. Motion carried.</p>
<p>XII. Executive Session</p>	<p>At 10:13 a.m., Dr. Arthur Bracey stated that the Board would enter into Executive Session as permitted by law under Tex. Gov’t Code §418.183, Tex. Gov’t Code §551.071, Tex. Gov’t Code §551.074, Tex. Gov’t Code §551.085, Tex. Gov’t Code §551.089, Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §151.002 and Tex. Occ. Code Ann. §160.007.</p>	
	<p>D. Discussion Regarding the 2023 Operating Budget for Community Health Choice Texas, Inc. and Community Health Choice, Inc.; and Review of the 2022 Financial Performance for the Nine Months Ending September 30, 2022, Pursuant to Tex. Gov’t Code Ann. §551.085 and Tex. Gov’t Code Ann. §551.071, Including Consideration of Approval of the 2023 Operating Budget for Community Health Choice Texas, Inc. and Community Health Choice, Inc. Upon Return to Open Session</p>	<p><u>Motion No. 22.12-171</u> Moved by Ms. Alicia Reyes, seconded by, Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item XII.D. Motion carried.</p>

	<p>E. 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</p>	<p>NO ACTION TAKEN.</p>
	<p>F. Consultation with Attorney Regarding Collaborative Opportunities with The University of Texas M.D. Anderson Cancer Center, Pursuant to Tex. Gov’t Code Ann. §551.071 and Tex. Gov’t Code Ann. §551.085</p>	<p>NO ACTION TAKEN.</p>
	<p>G. Consultation with Attorney and Possible Action Regarding the Agreement between Harris County Hospital District Foundation and Harris Health System Executed in 1998 and Philanthropic Strategies, Pursuant to Tex. Gov’t Code Ann. §551.071, Including Delegation of Authority to Harris Health Administration to Take Any Action Under the Contract Contemplated by the Agreement, Including Article IV and/or Re-negotiation of the 1998 Agreement</p> <p>Motion: <i>Harris Health Board of Trustees Delegates Authority to Harris Health Administration to take any action contemplated by the 1998 Agreement between Harris Health System and the Harris County Hospital District Foundation including the exercise of notice under Article IV and/or re-negotiation of the 1998 agreement with final approval of renegotiation subject to Board of Trustees’ review.</i></p> <p>Note: <i>Roll Call Vote was interrupted with further discussion, with the Board returning to Executive Session. Upon return from Executive Session, the Motion was Amended as follows:</i></p> <p>Amended Motion: <i>Harris Health Board of Trustees Delegates Authority to Harris Health Administration to take any action contemplated by the 1998 Agreement between Harris Health System and the Harris County Hospital District Foundation including the exercise of notice under Article IV and/or re-negotiation of the 1998 agreement with final approval of renegotiation subject to Board of Trustees’ review.</i></p> <p><i>Dr. Bracey motioned for a roll call vote as follows:</i></p> <p><i>Ms. Alicia Reyes – Nay</i> <i>Director Barbie Robinson – Aye</i> <i>Ms. Jennifer Tijerina – Nay</i> <i>Professor Marcia Johnson – Aye</i> <i>Dr. Andrea Caracostis – Aye</i> <i>Dr. Arthur Bracey – Aye</i></p>	<p><u>Motion No. 22.12-172</u> Moved by Dr. Andrea Caracostis, seconded by Ms. Jennifer Tijerina, and majority passed that the Board approve agenda item XI.G. Motion carried.</p> <p><u>Amended Motion No. 22.12-173</u> Moved by Dr. Andrea Caracostis, seconded by Ms. Jennifer Tijerina, and majority passed that the Board approve agenda item XI.G. Motion carried.</p>

	<p>H. Consultation with Attorney Regarding Settlement of a Healthcare Liability Claim, Pursuant to Tex. Gov’t Code Ann. §551.071, and Possible Action Upon Return to Open Session</p> <p><i>Harris Health, by and through its Board of Trustees, approves and hereby authorizes the settlement of a healthcare liability claim brought by Raymond Villareal against Harris Health System in an amount not to exceed \$85,000.00. 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><u>Motion No. 22.12-174</u> Moved by Ms. Alicia Reyes, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item XI.H. Motion carried.</p>
	<p>I. Discussion Related to Planning for LBJ Expansion Strategy, Pursuant to Tex. Gov’t Code Ann. §551.085</p>	<p>NO ACTION TAKEN.</p>
<p>XIII. Reconvene</p>	<p>At 11:42 a.m., Dr. Arthur Bracey reconvened the meeting in open session; he noted that a quorum was present. He shared that the Board will take action on Items “D, E, and H” of the Executive Session agenda.</p>	
<p>XIV. Adjournment</p>	<p>Moved by Dr. Andrea Caracostis, seconded by Ms. Jennifer Tijerina, and unanimously approved to adjourn the meeting. There being no further business to come before the Board, the meeting adjourned at 11:46 a.m.</p>	

I certify that the foregoing are the Minutes of the Harris Health System Board of Trustees Meeting held on December 1, 2022.

Respectfully Submitted,

Arthur Bracey, M.D., Chair

Andrea Caracostis, M.D., Secretary

Minutes transcribed by Cherry Pierson

Thursday, December 1, 2022
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 before close of business the day of the meeting.

BOARD MEMBERS PRESENT	BOARD MEMBERS ABSENT
Dr. Arthur W. Bracey (Chair)	Mr. Lawrence Finder
Dr. Ewan D. Johnson (Vice Chair)	
Dr. Andrea Caracostis (Secretary)	
Ms. Jennifer Tijerina	
Professor Marcia Johnson	
Ms. Alicia Reyes	
Director Barbie Robinson	

EXECUTIVE LEADERSHIP
Dr. Esmail Porsa, President & Chief Executive Officer
Ms. Lisa Wright, President & Chief Executive Officer, Community Health Choice
Ms. Amy Smith, Senior Vice President, Transitions & Post-Acute Care
Ms. Anna Majeta, Chief Financial Officer, Community Health Choice, Inc.
Mr. Anthony Williams, Vice President, Compliance Officer
Ms.Carolynn Jones, Executive Vice President & Chief Compliance and Risk Officer
Mr. Dwight Dopslauf, Purchasing Agent, Harris County Purchasing Office
Dr. Esperanza (Hope) Galvan, Senior Vice President, Chief Health Officer
Dr. Glorimar Medina-Rivera, Executive Vice President, Ben Taub Hospital
Dr. Jackie Brock, Executive Vice President & Chief Nursing Executive
Dr. Jason Chung, Associate Chief Medical Officer & Senior Vice President, Medical Affairs and Utilization
Dr. Jennifer Small, Executive Vice President, Ambulatory Care Services
Dr. Jobi Martinez, Vice President, Chief Diversity, Equity and Inclusion Officer
Dr. John Foringer, Chair, Medical Executive Board
Dr. Joseph Kunisch, Vice President, Quality Programs
Ms. Kari McMichael, Vice President, Controller
Mr. Louis Smith, Senior Executive Vice President & Chief Operating Officer
Ms. Maria Cowles, Senior Vice President, Chief of Staff
Dr. Martha Mims, Vice Chair, Medical Executive Board
Dr. Matasha Russell, Chief Medical Officer, Ambulatory Care Services
Ms. Maureen Padilla, Senior Vice President, Nursing Affairs & Support Services

Mr. Michael Hill, Executive Vice President, Chief Strategy & Integration Officer
Mr. Omar Reid, Executive Vice President, Chief People Officer
Dr. Otis Reggie Ekins, Chief Medical Officer, Harris Health Correctional Health
Ms. Olga Llamas Rodriguez, Vice President, Community Engagement & Corporate Communications
Ms. Patricia Darnauer, Executive Vice President, Lyndon B. Johnson Hospital
Mr. Ron Fuschillo, Senior Vice President and Chief Information Officer
Mr. Sam Karim, Vice President, Project Management Office & Division Planning
Dr. Sandeep Markan, Chief of Staff, Ben Taub Hospital
Ms. Sara Thomas, Vice President Legal Affairs/Managing Attorney, Harris County Attorney's Office
Dr. Steven Brass, Executive Vice President & Chief Medical Executive
Dr. Tien Ko, Chief of Staff, Lyndon B. Johnson Hospital
Ms. Victoria Nikitin, Executive Vice President, Chief Financial Officer

OTHERS PRESENT	
Antoinette (Toni) Cotton	Matthew Reeder
Cherry Pierson	Matthew Schlueter
Daniel Smith	LaResa Ridge, MD
Derek Curtis	Mustafa Tameez (Outreach Strategists)
Ebon Swofford	Nathan Bac
Elizabeth Winn	Nicholas J Bell
Holly Gummert	Paul Lopez
Jennifer Zarate	Randy Manarang
Jerry Summers	Tai Nguyen
Karen Hughes (Burson Cohn & Wolfe)	Tracey Burdine

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH
SYSTEM

Thursday, January 26, 2023

Special Announcement

**HARRIS
HEALTH
SYSTEM** | **ZERO
HARM**

Safety 1st. Always.

**HARRIS HEALTH SYSTEM
FY Q3 2022
GOOD CATCH AWARD**



Ben Taub Hospital

Tammie Mozell, Health Unit Coordinator I

Danielle Adams, Nurse Manager

Theresa Sampson, Director of Nursing

Dr. Glorimar Medina, EVP

WHAT HAPPENED

Tammie Mozell, Health Unit Coordinator I for Ben Taub Unit 5D, noticed a patient stumble in the hallway. She ran to the patient's side to assist him, allowing the patient to sit in her lap and held the side rail until a wheelchair could be obtained. Tammie's quick action prevented the patient from falling, and potentially sustaining injury.

Great job, Tammie!



Lyndon B Johnson Hospital

Yimishia Verrett, Medical Technologist Lead

Lisa Gantt, Laboratory Manager

Priti Patel, Laboratory Director

Patricia Darnauer, EVP

WHAT HAPPENED

Yimishia Verrett, Blood Bank Technologist at Lyndon B. Johnson Hospital identified a Red Blood Cell order that did not include special requirements for a Sickle Cell patient. She noticed the patient's diagnosis and ordered the special units from the blood supplier to ensure safe blood transfusion for the patient.

Great job, Yimishia!

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.
 - 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.

Thursday, January 26, 2023

Executive Session

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 30 - 33 Were Intentionally Left Blank -

Thursday, January 26, 2023

Executive Session

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 - 64 Were Intentionally Left Blank -

Thursday, January 26, 2023

Executive Session

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

- Pages 66 - 72 Were Intentionally Left Blank -

Thursday, January 26, 2023

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

The Harris Health System Medical Executive Board approved the attached credentialing changes for the members of the Harris Health System Medical Staff for December 2022 and January 2023.

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

Thank you.

Board of Trustees Meeting



December 2022 Medical Staff Credentials Report

Medical Staff Initial Appointments: 28

BCM Medical Staff Initial Appointments- 7 -----
UT Medical Staff Initial Appointments - 21 -----

Medical Staff Reappointments: 0

BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Changes in Clinical Privileges: 0

Medical Staff Resignations: 12

BCM Medical Staff Resignations - 3 -----
UT Medical Staff Resignations - 9 -----

BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Files for Discussion: 1

Medical Staff Initial Appointment Files for Discussion - 1

Board of Trustees Meeting



January 2023 Medical Staff Credentials Report

Medical Staff Initial Appointments: 16

BCM Medical Staff Initial Appointments- 6

UT Medical Staff Initial Appointments - 10

Medical Staff Reappointments: 130

BCM Medical Staff Reappointments- 65

UT Medical Staff Reappointments - 54

Harris County Hospital District (Harris Health) Medical Staff Reappointments- 11

Medical Staff Resignations: 1

BCM Medical Staff Resignations - 1

Other Business: Updated Clinical Privileges

Neurology Clinical Privileges

Neurosurgery Clinical Privileges

BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Files for Discussion: 1

Medical Staff Initial Appointment Files for Discussion - 1

Thursday, January 26, 2023

Consideration of Approval of Harris Health's Medical Staff Changes in Clinical Privileges

The Harris Health System Medical Executive Board approved the attached changes in clinical privileges for the members of the Harris Health System Medical Staff:

- Neurocritical Care (NCC)

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

Thank you.

Board of Trustees Meeting

January 2023 Medical Staff Clinical Privileges



**Record of Clinical Privileges Requested and Granted
Neurology Clinical Privileges**

Page 3 of 6

Applicant Name: _____

Neurology Core Privileges (cont.)

9. Botulinum toxin injections
10. Deep Brain Stimulation interrogation and adjustment
11. Transcranial Doppler (TCD) ultrasonography
12. Greater Occipital Nerve Blocks

Neurology Core Privileges Requested

QUALIFICATIONS FOR NEUROCRITICAL CARE (NCC)

To be eligible to apply for core privileges in Neurocritical Care, the initial applicant must meet the following criteria:

1. Current certification or active participation in the examination process leading to certification in Neurology by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry

AND

2. Current certification or active participation in the examination process leading to certification in Neurocritical Care from the United Council for Neurologic Subspecialties (UCNS), Committee on Advanced Subspecialty Training (CAST), or ACGME fellowship boards.

OR

3. Current board certification in Critical Care Medicine and Completion of Emergency Neurologic Life Support (ENLS) course with certificate of completion

Required previous experience: Neurocritical care services to at least 50 inpatients, reflective of the scope of privileges requested, within the past 24 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

**Record of Clinical Privileges Requested and Granted
Neurology Clinical Privileges**

Page 4 of 6

Applicant Name: _____**Reappointment Requirements:** To be eligible to renew privileges in neurocritical care, the applicant must meet the following criteria:

Current demonstrated competence and an adequate volume of experience (10 inpatients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Neurocritical Care Core Privileges (Neurology)**CORE PROCEDURES LIST**

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list, but rather is reflective of the categories/types of procedures included in the core.

1. Privileges to admit, evaluate, diagnose, consult, perform history and physical, and provide treatment to patients presenting with critical illnesses or injuries of the neurologic systems, and to admit patients to the intensive care unit
2. Central venous catheter placement; dialysis catheter placement
3. Pulmonary artery catheterization
4. Management of mechanical ventilation, including CPAP/BiPAP ventilation
5. Administration of vasoactive medications (hemodynamic augmentation and hypertension lysis)
6. Maintenance airway and ventilation in non-intubated, unconscious patients
7. Interpretation and performance of bedside pulmonary function tests
8. Direct laryngoscopy
9. Endotracheal intubation
10. Performance and interpretation of transcranial Doppler
11. Administration of analgesedative medications, including conscious sedation and barbiturate anesthesia
12. Interpretation of continuous EEG monitoring
13. Interpretation and management of ICP and CPP data
14. Jugular venous bulb catheterization
15. Interpretation of S_{ijv}O₂ and P_{bt}O₂ data
16. Management of external ventricular drains
17. Management of plasmapheresis and IVIG
18. Administration of intravenous and intraventricular thrombolysis
19. Interpretation of CT and MR standard neuroimaging and perfusion studies and biplane contrast neuraxial angiography
20. Perioperative and postoperative clinical evaluation of neurosurgical and interventional neuroradiology patients
21. Performance of lumbar puncture and interpretation of cerebrospinal fluid results
22. Induction and maintenance of therapeutic coma and hypothermia
23. Insert arterial and central venous catheters
24. Manage mechanical ventilation and vasopressors
25. Bronchoscopy
26. Thoracentesis
27. Tube thoracostomy
28. Bedside percutaneous tracheostomy
29. Interpretation of electroencephalography (EEG)

Revised: 1/5/23
Effective: 3/1/23

**Record of Clinical Privileges Requested and Granted
Neurology Clinical Privileges**

Page 5 of 6

Applicant Name: _____

30. Goal directed critical care ultrasound

31. Transcranial Doppler

Neurocritical Care Core Privileges (Neurology) Requested

Special Non-Core Privileges (See Specific Criteria)

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and maintenance of clinical competence acceptable to the department chair/chief..

1. _____
2. _____
3. _____

Special Procedures Listed Above Requested

Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Harris County Hospital District, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies, Rules & Regulations applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signature _____ **Date** _____

Applicant Name: _____

Neurological Surgery Procedures (Cont.)

- 23. Spinal cord surgery for decompression of spinal cord or spinal canal, for intramedullary lesion, intradural extramedullary lesion, rhizotomy, cordotomy, dorsal root entry zone lesion, tethered spinal cord or other congenital anomalies (diastematomyelia)
- 24. Stereotactic surgery
- 25. Surgery for intervertebral disc disease
- 26. Surgery on the sympathetic nervous system
- 27. Transcranial Doppler Ultrasonography
- 28. Transsphenoidal procedures for lesions of the sellar or parasellar region, fluid leak or fracture
- 29. Ultrasonic surgery procedures
- 30. Ventricular shunt operation for hydrocephalus, revision of shunt operation, ventriculocisternostomy
- 31. Ventriculography
- 32. Insertion of arterial and central venous catheters
- 33. Insertion of lumbar drain
- 34. Insertion of intracranial catheters/monitoring
- 35. Insertion of dialysis catheter

NEUROLOGICAL SURGERY CORE PRIVILEGES REQUESTED

QUALIFICATIONS FOR NEUROCRITICAL CARE (NCC)

To be eligible to apply for core privileges in Neurocritical Care, the initial applicant must meet the following criteria:

- 1. Current certification or active participation in the examination process leading to certification in Neurosurgery by the American Board of Neurological Surgery or the American Osteopathic Board of Neurological Surgery

AND

- 2. Current certification or active participation in the examination process leading to certification in Neurocritical Care from the United Council for Neurologic Subspecialties (UCNS), Committee on Advanced Subspecialty Training (CAST), or ACGME fellowship boards.

OR

- 3. Current board certification in Critical Care Medicine and completion of Emergency Neurologic Life Support (ENLS) course with certificate of completion

Required previous experience: Neurocritical care services to at least 50 inpatients, reflective of the scope of privileges requested, within the past 24 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

Applicant Name: _____

Reappointment Requirements: To be eligible to renew privileges in neurocritical care, the applicant must meet the following criteria:

Current demonstrated competence and an adequate volume of experience (10 inpatients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Neurocritical Care Core Privileges

CORE PROCEDURES LIST

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list, but rather is reflective of the categories/types of procedures included in the core.

1. Privileges to admit, evaluate, diagnose, consult, perform history and physical, and provide treatment to patients presenting with critical illnesses or injuries of the neurologic systems, and to admit patients to the intensive care unit
2. Pulmonary artery catheterization
3. Management of mechanical ventilation, including CPAP/BiPAP ventilation
4. Administration of vasoactive medications (hemodynamic augmentation and hypertension lysis)
5. Maintenance airway and ventilation in non-intubated, unconscious patients
6. Interpretation and performance of bedside pulmonary function tests
7. Direct laryngoscopy
8. Elective endotracheal intubation
9. Shunt and ventricular drain tap for CSF sampling
10. Performance and interpretation of transcranial Doppler
11. Administration of analgesedative medications, including conscious sedation and barbiturate anesthesia
12. Interpretation of continuous EEG monitoring
13. Interpretation and management of ICP and CPP data
14. Jugular venous bulb catheterization
15. Interpretation of SjvO₂ and PbtO₂ data
16. Management of external ventricular drains
17. Management of plasmapheresis and IVIG
18. Administration of intravenous and intraventricular thrombolysis
19. Interpretation of CT and MR standard neuroimaging and perfusion studies and biplane contrast neuraxial angiography
20. Perioperative and postoperative clinical evaluation of neurosurgical and interventional neuroradiology patients
21. Induction and maintenance of therapeutic coma and hypothermia
22. Manage mechanical ventilation and vasopressors
23. Bronchoscopy
24. Thoracentesis
25. Tube thoracostomy
26. Bedside percutaneous tracheostomy
27. Interpretation of electroencephalography (EEG)

**Record of Clinical Privileges Requested and Granted
Neurosurgery Clinical Privileges**

Page 5 of 12

Applicant Name: _____

28. Goal directed critical care ultrasound

29. Transcranial Doppler

NEUROCRITICAL CARE CORE PRIVILEGES REQUESTED

QUALIFICATIONS FOR ENDOVASCULAR SURGICAL NEURORADIOLOGY

To be eligible to apply for core privileges in endovascular surgical neuroradiology, the initial applicant must meet the following criteria:

As for neurological surgery plus successful completion of an ACGME-accredited fellowship in endovascular surgical neuroradiology.

Required previous experience: Applicants for initial appointment must be able to demonstrate provision of endovascular surgical neuroradiology treatment, reflective of the scope of privileges requested, to at least 10 patients in the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in endovascular surgical neuroradiology, the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience (10 patients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

ENDOVASCULAR SURGICAL NEURORADIOLOGY CORE PRIVILEGES

Diagnose and treat patients of all ages with diseases of the central nervous system by use of catheter technology, radiologic imaging, and clinical expertise. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Endovascular Surgical Neuroradiology Procedures

1. Integrating endovascular surgical therapy into the clinical management of patients with neurological diseases (or diseases of the central nervous system) when performing diagnostic and therapeutic procedures
2. Interpreting preliminary diagnostic studies
3. Participating in short-term and long-term postprocedure follow-up care, including neurointensive care
4. Perform history and physical exam
5. Performing clinical preprocedure evaluations of patient

ENDOVASCULAR SURGICAL NEURORADIOLOGY CORE PRIVILEGES REQUESTED

QUALIFICATIONS FOR ENDOVASCULAR SURGICAL NEURORADIOLOGY

To be eligible to apply for core privileges in endovascular surgical neuroradiology, the initial applicant must meet the following criteria:

As for neurological surgery plus successful completion of an ACGME-accredited fellowship in endovascular surgical neuroradiology.

Thursday, January 26, 2023

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

Board of Trustees Meeting



December 2022 Correctional Health Credentials Report

Medical Staff Initial Appointments: 5

Initial Appointments - Harris Health Medical Staff Services Credentialing-5

Board of Trustees Meeting



January 2023 Correctional Health Credentials Report

Medical Staff Initial Appointments: 48

Files for Discussion: 1

Thursday, January 26, 2023

Consideration of Approval of Interlocal Agreement between Harris Health and Harris County for the Provision of Information Technology Support and Epic EMR System to the Harris County Sheriff's Office

Management requests approval of an amendment to the Interlocal Agreement between the Harris County Hospital District d/b/a Harris Health System and Harris County for the purpose of providing the Harris County Sheriff's Office (HCSO) with information technology support and access to EpicCare. The existing interlocal was executed on February 3, 2020, and outlined Harris Health's obligations to implement EpicCare and related third party modules as well as to offer ongoing support for such software. The proposed amendment further defines the responsibility of each party for support activities -- either Harris Health System, HCSO, or Harris County Universal Services (County IT) -- and would expand Harris Health's obligations to include:

1. Implementation and configuration of additional Epic and 3rd party modules
2. Installation of a virtual network that will facilitate automation particularly in the Pharmacy and Lab areas (Pyxis; Point of Care Testing and Parada (pharmacy packaging system))
3. Deployment of remote access solutions for Harris Health employees, medical staff, and contractors who provide correctional health care within HCSO Detention Facilities

Harris County has budgeted \$3,221,528 to compensate Harris Health for these services through September 30, 2023.

Thursday, January 26, 2023

Consideration of approval of the Harris Health System Correctional Health Quality Manual

1. Outlines the structured process that Harris Health System will use to identify, monitor, and improve the delivery of medical care provided at the Harris County Sheriff's Office detention facilities
2. Established consistent with Harris Health System's duties and responsibilities under the interlocal cooperation contract effective March 1, 2022 with Harris County
3. Establishes the governance structure of Correctional Health Quality Committees and Councils
4. Clearly defines the Correctional Health Quality Committees and Councils as "medical committees" and/or "medical peer review committees" pursuant to state law; establishing confidentiality of proceedings and records

HARRIS HEALTH SYSTEM

CORRECTIONAL HEALTH QUALITY MANUAL

I. PURPOSE

The purpose of this Correctional Health Quality Manual (“CH Quality Manual”) is to outline the structured process that Harris Health System will use to identify, monitor, and improve the delivery of patient care provided by Harris Health System at the Harris County Sheriff’s Office detention facilities (such care, “Correctional Health services”) and to identify and address deficiencies through the implementation of a corrective action plan designed to improve the safety and quality of care.

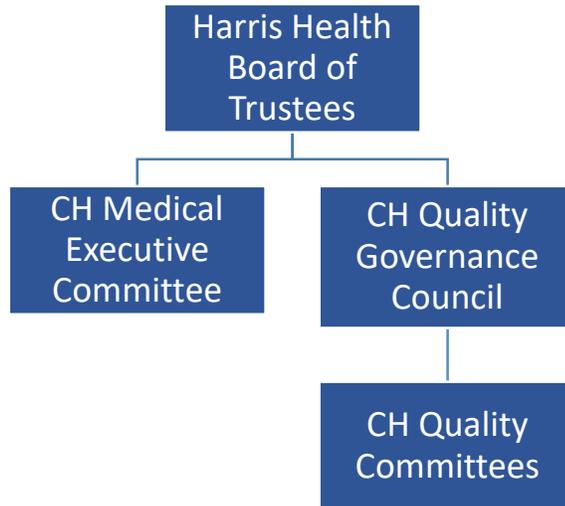
II. SCOPE

The CH Quality Manual applies only to Correctional Health services rendered at the Harris County Sheriff’s Office detention facilities pursuant to an the interlocal cooperation contract effective March 1, 2022, and any future amendments thereof. It does not encompass process quality improvement studies or care rendered to inmates at Harris Health System facilities.

III. GOVERNANCE

1. Board of Trustees. The Harris Health System Board of Trustees (BOT) is the governing body of Harris Health System. It has the ultimate authority and responsibility for contracts and the provision of health care services delivered by contract. The BOT retains responsibility for the review, approval, monitoring, and oversight of the quality of care rendered by contract. The BOT has established medical committees to carry out the oversight of quality of care.
2. Correctional Health Medical Executive Committee. The Correctional Health Medical Executive Committee (CHMEC) is a medical committee established by the BOT with delegated authority to oversee the operations of the Correctional Health Medical Staff. The CHMEC receives quality information and shares Medical Staff quality information at the appropriate Harris Health System quality forum(s).
3. Correctional Health Quality Governance Council (CHQGC). The CHQGC is a medical committee established by the BOT to provide executive oversight for Harris Health System Correctional Health services provided at the Harris County Sheriff’s Office detention facilities and to support and facilitate the continual improvement of quality health care. The CHQGC ensures conformance to the National Commission on Correctional Health Care (NCCHC) standards and other statutory requirements as stipulated by State and Federal agencies, if applicable.
4. Correctional Health Quality Committees (CH Quality Committees). Harris Health System has established multiple committees to support its quality improvement program. These committees each have specific functions and include but are not limited to the following:
 - a. Quality Improvement Committee
 - b. Mortality Review Committee
 - c. Pharmacy and Therapeutics Committee

Correctional Health Quality Organizational Structure:



IV. CONFIDENTIALITY AND PRIVILEGE

BOT Quality Committee

The BOT Quality Committee is a medical peer review committee *only when* it is evaluating the competence of a Medical Staff member or the quality of medical and healthcare services provided by Harris Health System and to the extent that the evaluation involves discussion or records that specifically or necessarily identify an individual patient or Medical Staff member. This committee meets in “executive session” to conduct medical peer review activities, and when the committee is conducting peer review activities, the committee’s proceedings and records, as well as any communication made to the committee are confidential, legally privileged, and protected from disclosure pursuant to Chapter 161 of the Texas Health & Safety Code and Chapters 151 and 160 of the Texas Occupations Code.

PRIVILEGE AND CONFIDENTIALITY OF CORRECTIONAL HEALTH QUALITY MANUAL ACTIVITIES

Correctional Health Quality Committees and Councils, (Quality Committee/Council) described in the CH Quality Manual all function as “medical committees” and/or “medical peer review committees” pursuant to state law. The Quality Committee/Council’s records and proceedings are, therefore, confidential, legally privileged, and protected from disclosure pursuant to Chapter 161 of the Texas Health & Safety Code and Chapters 151 and 160 of the Texas Occupations Code.

The function that the Quality Committee/Council performs determines the protected status of its activities. Information is protected by the privilege if it is sought out or brought to the attention of the medical committee and/or medical peer review committee for purposes of an investigation, review, or other deliberative proceeding. Medical peer review activities include the evaluation of medical and health care services, including the evaluation of the qualifications of professional health care practitioners and of patient care provided by those practitioners. These review activities include evaluating the merits of complaints involving health-care practitioners, and determinations or recommendations regarding those complaints. The medical peer review privilege applies to records and proceedings of the committee, and oral and written communications made to a medical peer review committee when engaged in medical peer

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In order to protect the confidential nature of the quality and peer review activities conducted by the Quality Committee/Council, their records and proceedings must be used only in the exercise of proper medical committee and/or medical peer review functions. Therefore, Quality Committee/Council meetings must be limited to only the Quality Committee/Council members and invited guests who need to attend the meetings. Quality Committees/Councils must meet in executive session when discussing and evaluating the qualifications and professional conduct of professional health care practitioners and patient care provided by those practitioners. At the beginning of each meeting, the Quality Committee/Council members and invited guests must be advised that the records and proceedings must be held in strict confidence and not used or disclosed other than in Quality Committee/Council meetings, without prior approval from the Quality Committee/Council Chair. Documents prepared by or considered by Quality Committees/Councils in these meetings must clearly indicate that they are not to be copied, are solely for use by the Quality Committee/Council, and are privileged and confidential.

The records and proceedings of Harris Health departments *that support* the quality and peer review functions of Quality Committees/Councils, such as Quality and Patient Safety and Quality Programs & Accreditation departments are also confidential, legally privileged, and protected from discovery, if the records are prepared by or at the direction of the Quality Committees/Councils, and are not kept in the ordinary course of business. Routine administrative records prepared by Harris Health System in the ordinary course of business are not legally privileged or protected from discovery.

Documents that are gratuitously submitted to the Quality Committee/Council, or which have been created without Quality Committee/Council impetus and purpose, are also not protected. All work performed pursuant to this CH Quality Manual must comply with state and federal (HIPAA) privacy laws, as well as applicable policies and procedures.

HARRIS HEALTH SYSTEM

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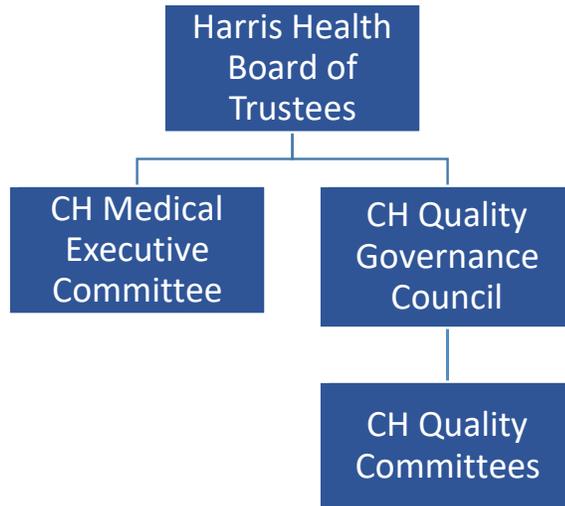
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Correctional Health Quality Organizational Structure:



IV. CONFIDENTIALITY AND PRIVILEGE

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Thursday, January 26, 2023

Consideration of Approval of the Tentative 2023 Board of Trustees Calendar

2023 Board & Board Committee Calendar

BOARD (8:00 AM-12:00 PM)	JANUARY 26, 2023 JULY 27, 2023 FEBRUARY 23, 2023 AUGUST 24, 2023 MARCH 23, 2023 SEPTEMBER 28, 2023 APRIL 27, 2023 OCTOBER 26, 2023 MAY 25, 2023 DECEMBER 7, 2023 JUNE 22, 2023	ASC AT LBJ GOVERNING BODY (9:00-10:30 AM)	FEBRUARY 16, 2023 AUGUST 17, 2023 MAY 18, 2023 NOVEMBER 16, 2023	BUDGET & FINANCE COMMITTEE (9:00-10:00 AM)	FEBRUARY 9, 2023 AUGUST 10, 2023 MAY 11, 2023 NOVEMBER 9, 2023
SPECIAL CALL BOARD	NOVEMBER 9, 2023 (HRSA)	GOVERNANCE COMMITTEE (11:00 AM-12:00 PM)	FEBRUARY 7, 2023 AUGUST 8, 2023 MARCH 7, 2023 SEPTEMBER 12, 2023 APRIL 11, 2023 OCTOBER 10, 2023 MAY 9, 2023 NOVEMBER 7, 2023 JUNE 6, 2023	COMPLIANCE & AUDIT COMMITTEE (10:00-11:30 AM)	FEBRUARY 9, 2023 SEPTEMBER 14, 2023 MAY 11, 2023 NOVEMBER 9, 2023
SPECIAL HHS COMMUNITY TOWN HALL	PLACEHOLDER PLACEHOLDER PLACEHOLDER PLACEHOLDER	QUALITY COMMITTEE (12:00-1:30 PM)	JANUARY 10, 2023 JUNE 6, 2023 FEBRUARY 7, 2023 AUGUST 8, 2023 MARCH 7, 2023 SEPTEMBER 12, 2023 APRIL 11, 2023 OCTOBER 10, 2023 MAY 9, 2023 NOVEMBER 7, 2023	JOINT CONFERENCE COMMITTEE (11:30 AM-12:30 PM)	JANUARY 12, 2023 SEPTEMBER 14, 2023 MARCH 9, 2023 NOVEMBER 9, 2023 MAY 11, 2023
BUDGET WORKSHOP (10:00 AM-12:00 PM)	AUGUST 17, 2023	DEI COMMITTEE (10:00-11:00 AM)	JANUARY 20, 2023 (11-12) JUNE 16, 2023 FEBRUARY 17, 2023 AUGUST 18, 2023 MARCH 17, 2023 SEPTEMBER 22, 2023 APRIL 21, 2023 OCTOBER 20, 2023 MAY 19, 2023 NOVEMBER 17, 2023		

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HARRIS HEALTH HOLIDAY CLOSURES:	01/02/23 (Day After New Year's)	01/16/23 (MLK)	05/29/23 (Memorial Day)	06/19/23 (Juneteenth)	07/04/23 (Independence Day)
	09/04/23 (Labor Day)	11/23/23 (Thanksgiving)	11/24/23 (Fri. After Thanksgiving)	12/25/23 (Christmas)	

Pending Board Approval: 01.26.23 / Revised: 01.06.23

Thursday, January 26, 2023

Harris Health System Strategic Plan Initiatives

Update Regarding Diversity, Equity, and Inclusion Committee

- January 20, 2023



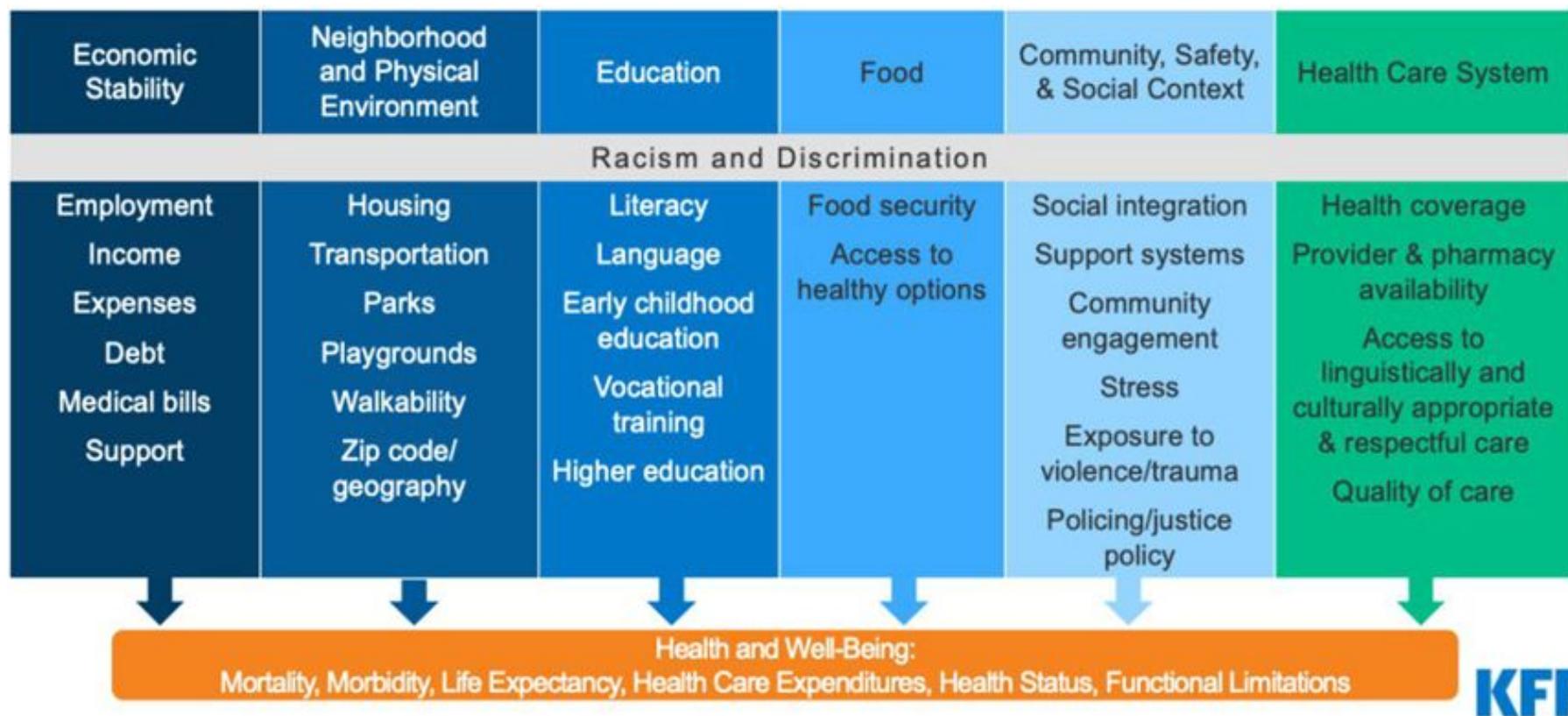
HARRISHEALTH
SYSTEM

Overview of Health Equity Strategic Plan

Board of Trustees DE&I Committee
January 20, 2023

- Understanding Health Equity and Social Determinants of Health
- Role of Healthcare Systems in Advancing Health Equity
- Harris Health Priority Actions to Measure and Address Health Equity

Health Disparities are Driven by Social and Economic Inequities



Essential Role of Healthcare Systems in Advancing Health Equity

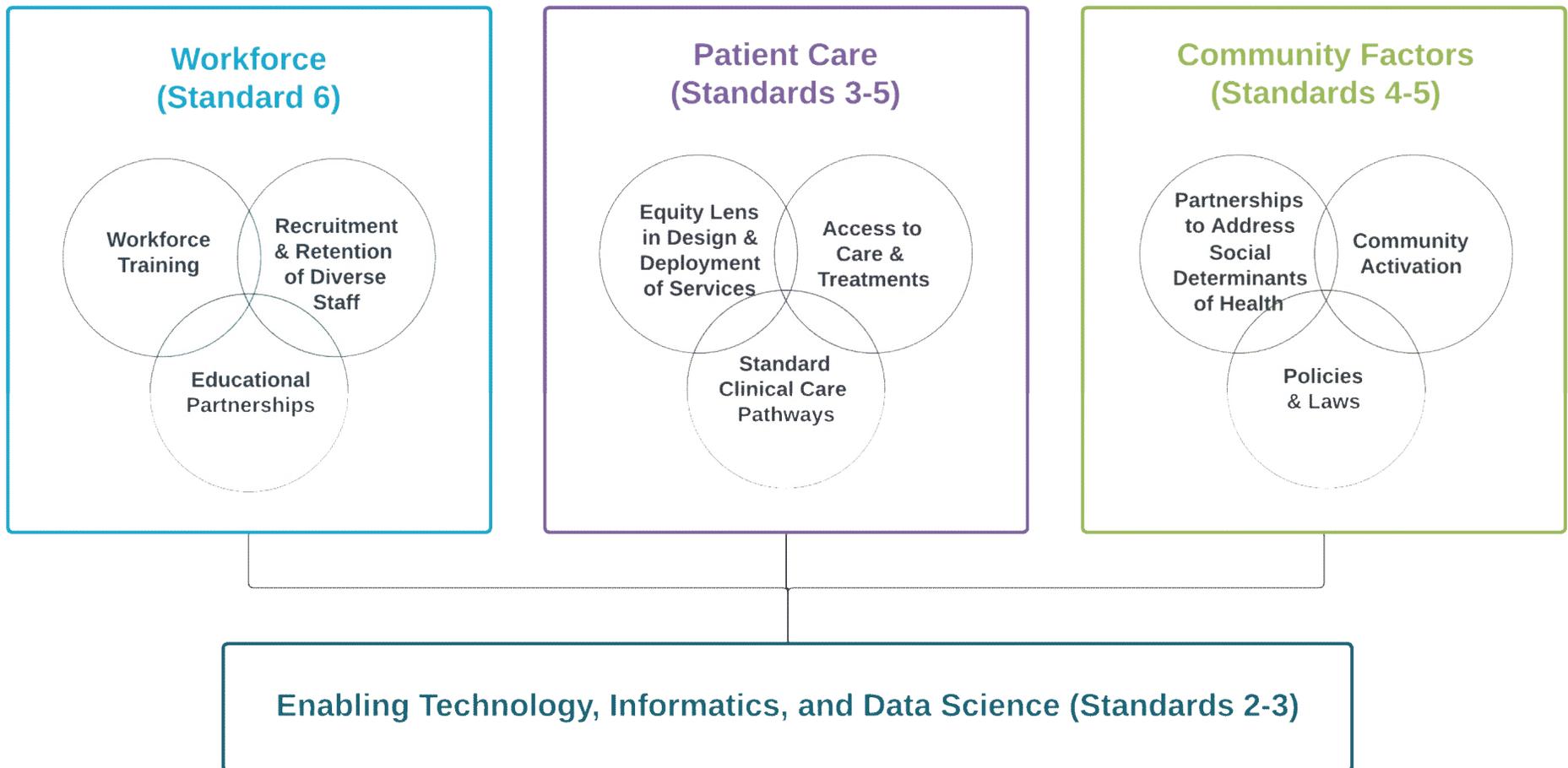


Health Equity Strategic Playbook

Below standards are aligned with and validated by leading national accreditation authorities on the role of healthcare systems in advancing health equity

1. Ensure equity is a strategic priority for the healthcare system by (a) developing a **health equity strategic plan** and (b) **embedding standing structures** to resource and support health equity work
2. Document valid and reliable **patient demographic data** (REGAL – race, ethnicity, gender, age, language) using EHR technology
3. Stratify key process and outcome metrics within **specific focus areas** by REGAL variables to identify equity gaps
4. Develop a **written action plan** for addressing at least one of the healthcare disparities identified within a **specific population of focus**, with a process to **monitor and report progress**
5. Implement a plan for **addressing the role of SDOH** in driving health disparities, including (a) documenting patient SDOH needs and (b) implementing responsive interventions with community partners
6. Ensure the organization's **internal culture** supports health equity by providing staff training and reviewing recruitment and hiring practices

Spheres of Health Equity Activity



Priority Actions & Initial Focus Areas

Document Valid and Reliable Patient Demographic Data

REGAL – R-Race, E-Ethnicity, G-Gender, A-Age, L-Language
SDOH – Social Determinants of Health

Assess Current Disparities

Stratify key process and outcome metrics within specific focus areas by REGAL

	Diabetes	Maternal Health
Process Measures	Eye Exam Foot Exam	Prenatal Visits Hypertension Monitoring Post-Partum Depression Screening
Outcome Measures	A1c Control Avoidable Hospitalizations (e.g., soft tissue infections, lower extremity amputations)	Maternal Mortality Severe Maternal Morbidity (e.g., hysterectomy, massive transfusion, unplanned ICU admit)
Access Measures	Primary Care Utilization Specialty Care Utilization	

Priority Actions (cont'd)

Document and Analyze SDOH Needs

Universalize SDOH screening and synthesize findings to inform new interventions implemented with community partners

Identify Root Causes and Develop Responsive Action Plans

Investigate significant disparities to assess underlying drivers; leverage evidence-based learnings to develop and deploy written action plans to address the specific root causes of major disparities

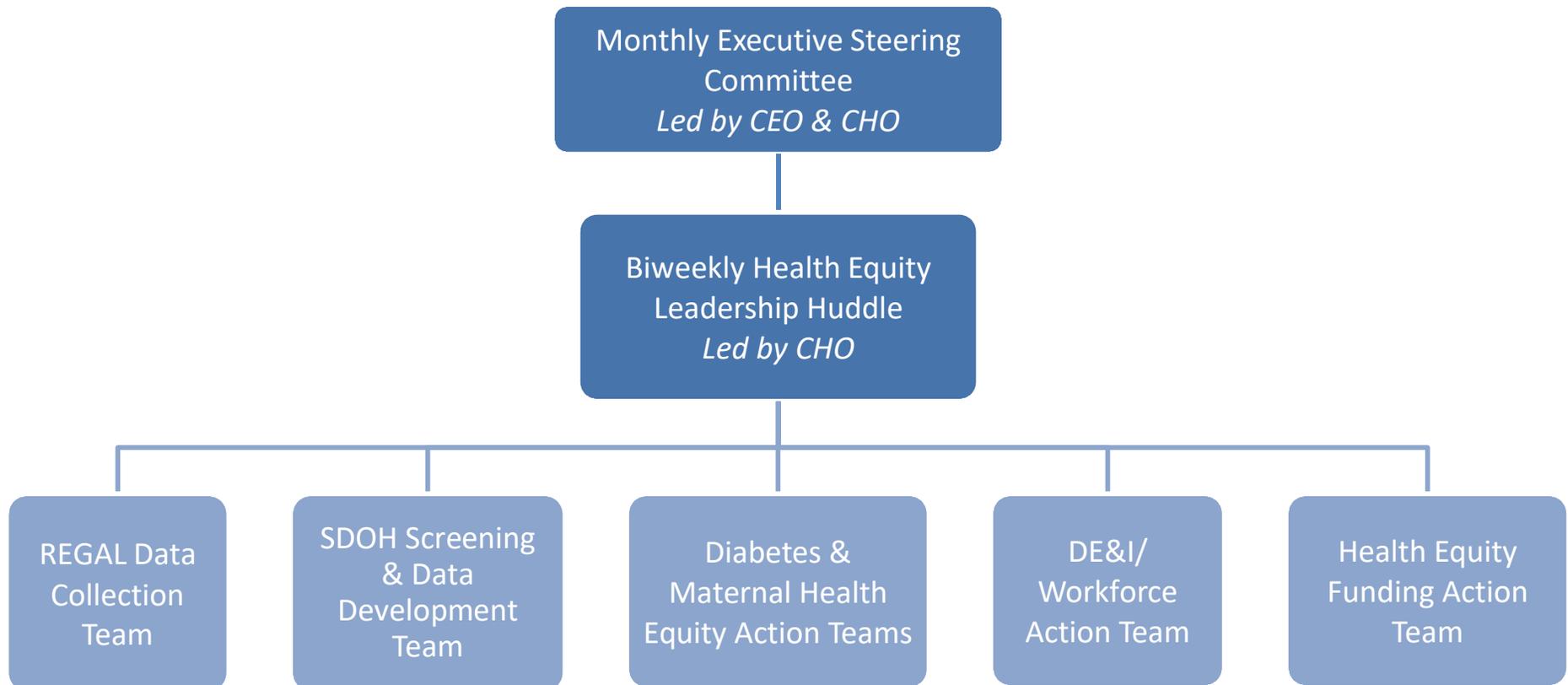
Monitor and Report Progress

Identify “leading indicator” measures to incorporate into an organizational Health Equity Dashboard that is aligned with our Balanced Scorecard

Train Workforce

Ensure workforce is trained in health equity principles, tools, and effective approaches to address unconscious bias, provide culturally-sensitive care, and detect and address disparities in care delivery and outcomes

Health Equity Action Teams

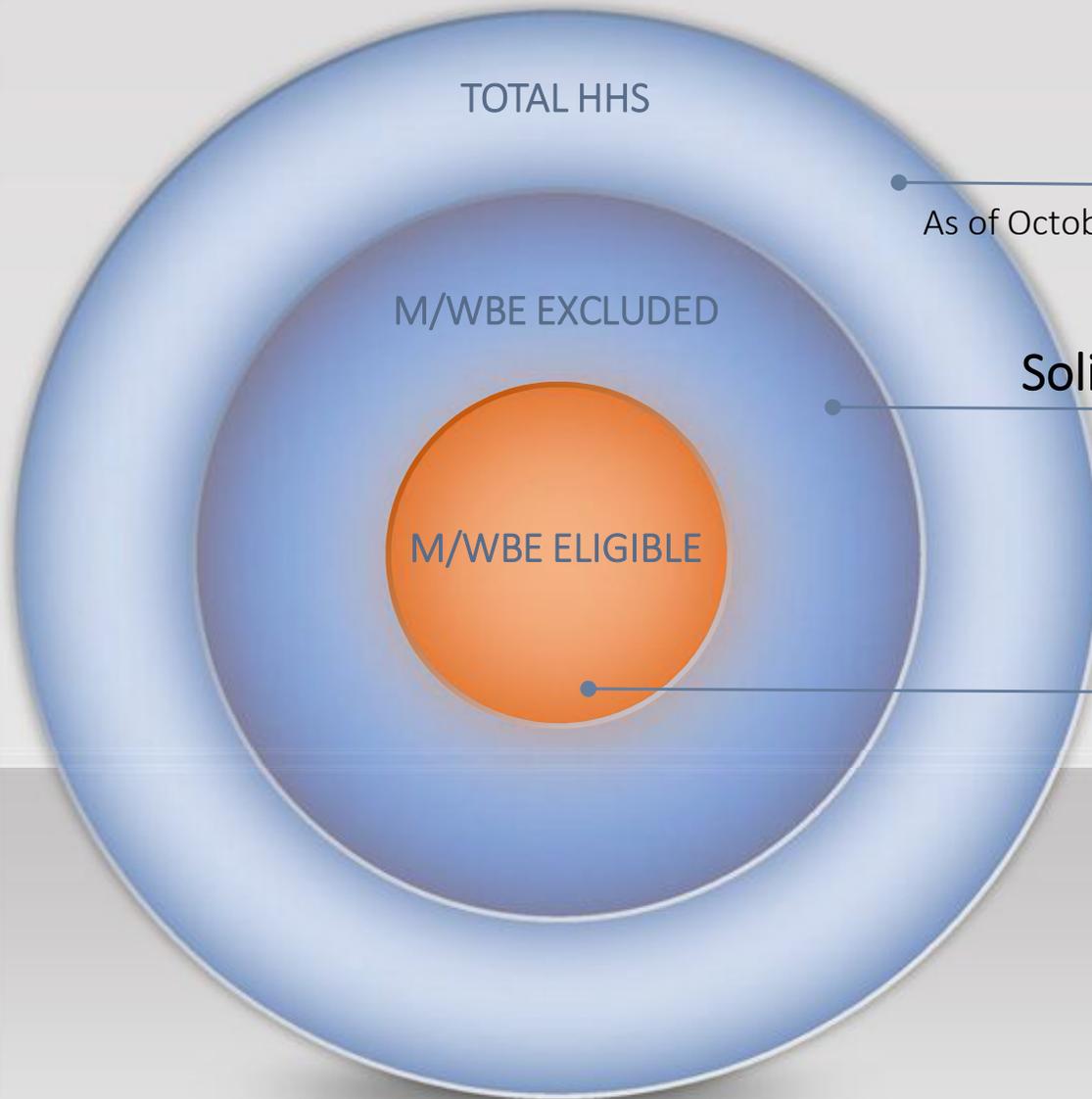


M/WBE Program Update

- M/WBE Goal Overview
- Roadmap for Awards
- Reporting Expectations
- Other Updates



M/WBE Goal Setting Process Flow Diagram



HHS Total Solicitations

As of October 2022 all HHS Solicitations are review for M/WBE Goal Setting

Solicitations Excluded from Goal Setting

- Exempt Purchases per M/WBE Policy
 - Drop Shipped
 - Non-divisible
- Specialized, Technical, or Unique in Nature

Solicitations eligible for Goal Setting

- Divisible
- MWBE Availability

*Processes are being created to ensure all contracts over \$50k are being reviewed by the Admin Director.

**Admin Director attends weekly contracts meeting.

***We are reviewing process for non-advertised contracts.

Roadmap for M/WBE Awards and Monitoring



HHS Procurement Activity	Activity Timeline
M/WBE Policy Approved	September 2022
M/WBE Goal Review	October 2022
HHS Procurement Process (Steps 3 to 5)	3 to 6 Months
Project Start/Kickoff	Projects/Contract Specific

M/WBE Reporting Examples



Harris County Commissioner's Court Agenda

Purchasing

151. Request for approval of a renewal option with Yellowstone Landscape - Central, Inc. for mowing and various maintenance services for the Southeast Region for the Flood Control District for the period of January 1, 2023 - December 31, 2023 at a cost of \$414,878, and for the County Clerk to execute any applicable bonds to be received (200309), MWDBE Contracted [22-6103](#)
Goal: N/A - project was awarded prior to launch of County's M/WBE Program.
152. Request for approval of a renewal option with Yellowstone Landscape for mowing and various maintenance services for the east region for the Flood Control District for the period of January 1, 2023 - December 31, 2023 at a cost of \$869,204, and for the County Clerk to execute any applicable bonds to be received (210325). MWDBE Contracted Goal: 11%. [22-6385](#)

***This example is for demonstration purposes only. The data included in the example above does not reflect HHS activity.*

Sample M/WBE Dashboard



Total Contract Awards by Ethnicity (March - May 2022)

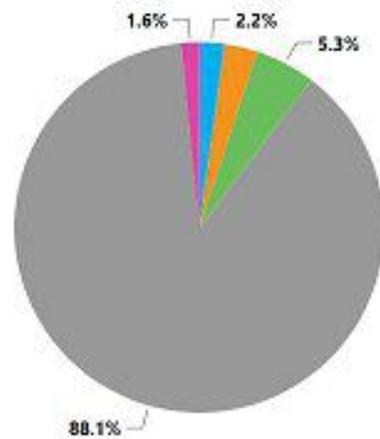
- Certified M/WBE contractors received **11.9%** of the total contract dollars awarded during this period. (**\$9.4M**)
- Hispanic-owned business were awarded the largest portion (**\$4.2M**).

**Hover over the chart to see the actual amount*

Total Contract Awards (\$78.8M)

MWBE Classification

- Asian
- Black
- Hispanic/Latino
- Non-certified
- White Women



Total Awards by Ethnicity

MWBE Classification	Total Amount	Percent
Non-certified	\$69.4M	88.1%
Hispanic/Latino	\$4.2M	5.3%
Black	\$2.3M	2.9%
Asian	\$1.7M	2.2%
White Women	\$1.2M	1.6%
Total	\$78.8M	100.0%

***This example is for demonstration purposes only. The data included in the example above does not reflect HHS activity.*

Utilization Awards Report

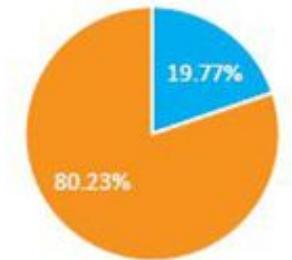
Contract Awards - Total

Total Contract Award
Jun 2021 – Feb 2022
Total: \$966M

Certified M/WBE contractors received 19.77% of the contract dollars awarded during this period. This is a 119% increase compared to the 2020 Disparity Study.

This represented approximately \$190M* awarded to M/WBEs and \$775M awarded to firms not certified as M/WBE.

*The M/WBE award amount does not account for subcontractors under M/WBE Prime contract awards.



■ M/WBEs ■ Not M/WBE

Year	M/WBE						Total M/WBE	Non-M/WBE
	Black	Hispanic	Asian	Native American	White Women	Disabled Veteran ¹		
2020 Disparity Study	0.5%	4.6%	0.6%	0.1%	3.2%	-	9.01%	90.9%
FY21 – 22 (JUN – FEB)	1.95%	11.47%	3.92%	0.10%	2.04%	0.29%	19.77%	80.23%
% Change	290%	149%	553%	0%	-36%	-	119.4%	-11.7%



¹Service-Disabled Veteran is a type of HUB for white male veteran firms.

***This example is for demonstration purposes only. The data included in the example above does not reflect HHS activity.*

Other M/WBE Updates



- Staffing positions approved and interviews to begin soon
- M/WBE Amendments for LBJ Contractors (C/L & HKS)
- B2GNow Purchased and being developed
- Bonding & Capacity Building Program 10-11/22
- Working on Branding and Attended multiple M/WBE Outreach Events



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

January 11, 2023

Board of Trustees Office
Harris Health System

**RE: Board of Trustees Meeting – January 26, 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
JA/ea
Attachments



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

Expenditure Summary: January 26, 2023 (Approvals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A1	Maxim Healthcare Staffing Services, Inc. (HCHD-530) ⁵	Temporary Nursing Personnel for Harris Health System - To continue to provide for temporary staffing of nursing personnel to meet the increase in demand of patient healthcare at various locations throughout Harris Health System. <i>Professional Services Exemption, Board Motion 22.06-83</i>	Ratify Renewal Professional Services Exemption September 12, 2022 through September 11, 2023	Pamela Rhodes Russell	\$ 10,000,000	\$ 16,250,000
A2	GE Healthcare (HCHD-330) ¹	Maintenance Services for Radiological Imaging Equipment for Harris Health System - To provide operational inspections, preventative maintenance and corrective maintenance services, including routine and emergency repairs on radiological imaging equipment throughout Harris Health System. <i>Premier Healthcare Alliance, L.P. Contract, Board Motion 21.12-113</i>	Ratify Renewal December 21, 2022 through December 20, 2023	James Young	\$ 5,018,983	\$ 5,780,598
A3	Metropolitan Life Insurance Company (HCHD-927) ⁵	Basic and Voluntary Life and Accidental Death & Dismemberment (AD&D) Insurance for Harris Health System - To provide Basic and Voluntary Life and AD&D insurance for Harris Health's employees. <i>Job No. 220341</i>	Award Best proposal meeting requirements March 01, 2023 through September 30, 2024 with five (5) one- year renewal options	Amanda Jones		*
A4	Angel Staffing Inc (HCHD-446) ⁵	Temporary Nursing Personnel for Harris Health System - Additional funds cover staffing of additional nurses. <i>Professional Services Exemption, Board Motion 22.03-40</i>	Ratify Additional Funds Professional Services Exemption April 26, 2022 through April 26, 2023	Pamela Russell	\$ 10,000,000	\$ 4,800,000
A5	The University of Texas Health Science Center at Houston (GA-07523) ⁵	Psychiatric Services for Patients of Harris Health System - To continue providing orderly transport and coordinated care of stabilized, psychiatric patients from Ben Taub and Lyndon B. Johnson Hospitals to the Harris County Psychiatric Center, a facility operated by The University of Texas Science Center at Houston. <i>Interlocal Agreement, Board Motion 22.01-06</i>	Renewal March 22, 2023 through March 21, 2024	Ruth Russell	\$ 4,256,430	\$ 4,256,430
A6	Cigna Health & Life Insurance Company (GA-06734) ⁵	Group Medical and Stop Loss Coverage for Harris Health System - The additional funds are required to continue to provide group medical and stop loss insurance coverage for members of Harris Health System's health plans until the Agreement's extension terms gets aligned with the start of Harris Health's fiscal term. <i>Job No. 160065, Board Motion 22.02-20</i>	Additional Funds Extension March 01, 2022 through February 28, 2023	Omar Reid	\$ 5,402,552	\$ 3,291,273

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A7	SHC Services, Inc. d/b/a Supplemental Health Care (HCHD-870) ⁵	Temporary Nursing Personnel for Harris Health System - To provide temporary nursing personnel at Harris Health hospitals. Professional Services Exemption	Ratify Purchase Professional Services Exemption One (1) year initial term with two (2) one-year renewal options	Pamela Russell		\$ 3,050,000
A8	Baxter Healthcare Corporation (GA-07333) ¹	IV Therapy - I.V. Fluids, Bag-Based Drug Delivery and TPN Macronutrients - To continue providing Harris Health System with IV fluids, bag-based drug delivery systems and Total Parenteral Nutrition (TPN) macronutrients. Premier Healthcare Alliance, L.P. Contract, Board Motion 21.12-113	Funding Yr. 10 February 01, 2023 through January 31, 2024	Douglas Creamer	\$ 2,839,602	\$ 2,839,602
A9	A-1 Personnel of Houston (HCHD-631) ⁴ <small>COH-Aelan Female</small> Smarter HR Solutions (HCHD-663) ⁵ The Reserves Network, Inc. (HCHD-488) ⁵	Temporary Staffing for Harris County - To allow Harris Health System utilize the contract for non-clinical support. Job No. 210389, Board Motion 22.05-67	March 01, 2023 through February 29, 2024	Victoria Nikitin	\$ 2,143,211	\$ 2,143,211
A10	Masimo Americas (PP-NS-1470) ¹	Pulse Oximetry and Capnography Devices - To continue providing Harris Health System with disposable sensors and connecting cables for the pulse oximetry devices. Premier Healthcare Alliance, L.P. Contract, Board Motion 22.02-20	Renewal February 19, 2023 through February 18, 2024	Douglas Creamer	\$ 2,142,288	\$ 2,142,288
A11	Steris ¹ Olympus ¹ Cook Medical ¹ Boston Scientific Corporation ¹	Gastrointestinal Endoscopy Products - To continue providing Harris Health System with biliary and esophageal stents, balloon dilators, extractors, baskets, snares, forceps and gastroesophageal reflux disease (GERD) treatments. Premier Healthcare Alliance, L.P. Contract, Board Motion 22.03-40	Funding Yr. 2 February 01, 2023 through January 31, 2024	Douglas Creamer	\$ 1,769,002	\$ 1,769,002
A12	Becton, Dickinson and Company (PP-NS-1626) ¹ ICU Medical Sales, Inc (PP-NS-1628) ¹	Safety IV Catheters - To provide Harris Health System with intravenous (IV) start catheters with a safety device to prevent accidental needlesticks. Premier Healthcare Alliance, L.P. Contract	Best Contract(s) October 01, 2022 through September 30, 2023	Douglas Creamer	\$ 638,826	\$ 638,826
A13	Siemens Industry, Inc. (GA-06735) ⁵	Repair, Maintenance and Testing of the Integrated Security System for Harris Health System - Additional funds are required due to the extended term to provide continued support and repair services for security systems at Harris Health System until the competitive procurement process is completed and a new agreement is in place. Job No. 160196, Board Motion 22.01-06	Additional Funds Extension Best proposal meeting requirements March 01, 2022 through February 28, 2023	Jon Hallaway	\$ 1,145,000	\$ 1,145,000
A14	Enterprise Fleet Management, Inc. (HCHD-377) ⁵	Lease of Vehicles for Harris Health System - To continue providing lease of vehicles for Harris Health System. The Interlocal Purchasing System (TIPS), Board Motion 22.04-56	Renewal January 28, 2023 through January 27, 2024	Tim Brown	\$ 742,888	\$ 1,065,249

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A15	Best Care EMS, LTD (HCHD-659)⁴ <i>HUB - Caucasian Female</i>	Ambulance Services for Harris Health System - To continue providing ambulance services for Correctional Health. Public Health or Safety Exemption, Board Motion 22.12-166	Renewal Public Health or Safety Exemption March 01, 2023 through February 29, 2024	Mike Hill	\$ 900,000	\$ 900,000
A16	Protouch Nurses, Inc dba Protouch Staffing (HCHD-655)⁵	Temporary Nursing Personnel provided to the Harris County Sheriff's Office by Harris Health System - To provide temporary healthcare staffing of nursing personnel to detainees at each of the Harris County Sheriff's Office Detention Facilities. Professional Services Exemption, Board Motion 22.02-20	Renewal Professional Services Exemption March 01, 2023 through February 29, 2024	Mike Hill	\$ 0	\$ 890,916
A17	Dell Marketing LP²	Dell IT Equipment for Harris Health System - To provide replacement of minor IT equipment seven years of age and older and to provide replacement of defective equipment. The minor IT equipment includes printers, BarCo monitors and projectors. State of Texas Department of Information Resources (DIR) Cooperative Contract	Purchase Low quote	Ronald Fuschillo		\$ 883,059
A18	Cardinal Health 200, LLC¹	Third Party Freight Management - To provide OptiFreight freight management services for Harris Health. Premier Healthcare Alliance, L.P. Contract	Single Source ASCEND Contract July 01, 2022 through June 30, 2023	Doug Creamer	\$ 843,093	\$ 765,533
A19	Encompass Group, LLC (PP-NS-1188)¹ Cardinal Health (AD-NS-1187)¹	Disposable Non-Sterile Apparel - To continue to provide Harris Health System with non-sterile disposable apparel. Premier Healthcare Alliance, L.P. Contract	Ratify Funding Yr. 5 December 01, 2022 through November 30, 2023	Douglas Creamer	\$ 717,144	\$ 717,144
A20	BKD LLP (assignor)⁵ Forvis LLP (assignee) (GA-06739)⁵	External Audit Services for Harris Health System - BKD, LLP changed its name to FORVIS, LLP as a result of a merger between the two companies. Job No. 170185, Board Motion 21.12-113	Ratify	Kari McMichael		\$ 715,700
A21	Molnlycke Health Care US, LLC (PP-NS-1597)¹ Medline Industries, Inc (PP-NS-1596)¹	Patient Cleansing and Skin Care Bag Based - To provide Harris Health System with single application products such as disposable wipes, and pre-packaged chlorhexidine (CHG) wipes used in the care of patients for hygiene maintenance. Premier Healthcare Alliance, L.P. Contract, Board Motion 22.05-67	Funding Yr. 2 June 01, 2023 through May 31, 2024	Douglas Creamer	\$ 674,772	\$ 695,015
A22	Medtronic Inc (PP-OR-1803)¹	Perfusion Products - To continue providing Harris Health System cannulas, catheters, connectors, pumps, oxygenators and accessories utilized during cardiopulmonary bypass. Premier Healthcare Alliance, L.P. Contract, Board Motion 22.01-06	Funding Yr. 3 February 01, 2023 through January 31, 2024	Douglas Creamer	\$ 641,101	\$ 673,156
A23	Waste Corporation of Texas LP dba GFL Environmental⁵	Refuse Removal Services for Harris Health System - To continue providing refuse removal services on several locations of Harris Health System. Job No. 210358, Board Motion 22.02-20	Ratify Renewal January 01, 2023 through December 31, 2023	Tim Brown	\$ 455,583	\$ 654,583

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A24	ICU Medical Inc.(PP-IV-126) ¹	Infusion Sets and Accessories – Closed Chemotherapy System - To continue providing Harris Health System with specialized IV tubing, needles connectors and accessories utilized specifically in chemotherapy treatment. Premier Healthcare Alliance, L.P. Contract, Board Motion 22.01-06	Funding Yr. 10 February 01, 2023 through January 31, 2024	Douglas Creamer	\$ 570,511	\$ 599,036
A25	Stryker Sales Corporation ¹	Surgical Endoscopy Equipment - In September 2022, the Board of Trustees approved an award to Karl Storz Endoscopy to provide general surgery rigid endoscopes and video endoscopy systems for the Ambulatory Surgery Center OR. Since that time, it was determined that the equipment selection required additional stakeholder review. Premier Healthcare Alliance, L.P. Contract	Rescind and Award Standardization	Louis Smith	\$ 913,450	\$ 597,863
A26	Praxair Distribution Incorporated (HCHD-480) ¹	Bulk Liquid Oxygen, Tanks and Various Gases - To continue providing bulk liquid oxygen, tanks and various gases throughout Harris Health System Premier Healthcare Alliance, L.P. Contract, Board Motion 21.12-113	Ratify Renewal November 15, 2022 through November 14, 2023	Douglas Creamer	\$ 440,467	\$ 501,016
A27	BKD LLP (assignor) ⁵ Forvis LLP (assignee) (GA-06739) ⁵	Multi-year Strategic Financial Planning for Harris Health System - To complete the strategic long-range financial plan for Harris Health System. The vendor merged and changed its name from BKD, LLP to Forvis LLP. Board Motion 21.05-55	Ratify Renewal June 06, 2022 through June 05, 2023	Victoria Nikitin		\$ 500,000
A28	AMN Healthcare, Inc. (HCHD-888) ⁵	Temporary Nursing Personnel for Harris Health System - To provide nursing personnel in support of Correctional Health. Professional Services Exemption	Ratify Purchase Professional Services Exemption One (1) year initial term with two (2) one-year renewal options	Dena Villanueva		\$ 500,000
A29	FleetCor Technologies Operations Company LLC. dba Fuelman ⁵	Fleet Fuel Cards, Monitoring & Dispensing System and Related Items - To allow Harris Health System to utilize this contract for mobile fueling services during emergency and non-emergency conditions. Job No. 190136, Board Motion 22.04-56	January 28, 2023 through January 27, 2024	Tim Brown	\$ 500,000	\$ 500,000
A30	A/W Mechanical Services, LP (Primary) ⁵ Gray Mechanical Contractors, LLC (Secondary) ⁵	Job Order Contracting for HVAC and/or HVAC Related Projects for Harris Health System - To provide heating, ventilation and air conditioning (HVAC) repair, renovation, or alteration services at various hospitals and clinics for Harris Health System. Job No. 180068, Board Motion 22.01.06	Renewal February 15, 2023 through February 14, 2024	Kia Scales	\$ 500,000	\$ 500,000
A31	Community Health Choice, Inc. (GA-05831) ⁵	Third Party Administration of Healthcare Claims from Non-Affiliated Providers for the Harris Health System - Community Health Choice, Inc. (Community) will continue providing Harris Health System access to its network of healthcare providers. Harris Health System will pay Community an administrative fee for providing access and will utilize the network to refer patients and thereby increase patient access to providers. Interlocal Agreement, Board Motion 22.02-20	Renewal March 01, 2023 through February 29, 2024	Amy Smith	\$ 450,000	\$ 450,000

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A32	3M Health Information System (HCHD-479)³	3M Software Maintenance for Harris Health System - Converting the integration between Epic and 3M 360 Encompass to use Epic Hyperdrive instead of Epic Hyperspace is required to maintain compatibility between the two applications. Also, cloud-hosting subscription for Year 2 is required for continued use of the 3M 360 Encompass coding and reimbursement system by the coding, clinical documentation improvement and HIM teams. Sole Source Exemption, Board Motion 22.09-126	Ratify Additional Funds Sole Source Exemption October 28, 2022 through October 27, 2023	Ronald Fuschillo	\$ 1,132,616	\$ 430,000
A33	Linbeck Group, LLC⁵	Construction Manager at Risk for the Renovation and Build-Out of the Inpatient Outpatient Pharmacy and Compounding Suite at Lyndon B. Johnson Hospital for Harris Health System - The increase of the owners contingency to ensure capacity to support the remaining construction activities for the LBJ project. The County Attorney's Office is preparing the First Amendment for the additional funds. This purchase is subject to the execution of the Amendment. 190011	Approve Additional Funds Approve Additional Funds	Babak Zare	\$ 13,693,509	\$ 410,805
A34	Change Healthcare Solutions, LLC (HCHD-478)⁵	Web-Based Electronic Claims and Insurance Verification System for Harris Health System - To continue providing Harris Health System with web-based electronic claims and insurance verification. Job No. 180008, Board Motion 21.12-113	Ratify Renewal October 18, 2022 through October 17, 2023	Tina Straw	\$ 640,929	\$ 410,000
A35	Ecolab USA, Inc (AD-NS-1459)¹	Soap, Lotions Waterless Hand Rinses - To continue to provide Harris Health with cleansing products, such as alcohol rubs, hand rinses, foams, sprays and lotions. Premier Healthcare Alliance, L.P. Contract, Board Motion 22.03-40	Funding Yr. 3 May 01, 2023 through April 30, 2024	Douglas Creamer	\$ 397,798	\$ 409,732
A36	Advanced Air Ambulance Corporation (HCHD-685)⁵	Air Transportation Services for Harris Health System - To continue providing air ambulance services for patient repatriation throughout Harris Health System. Professional Services Exemption, Board Motion 22.12-166	Renewal Professional Services Exemption February 24, 2023 through February 23, 2024	Ruth Russel	\$ 145,880	\$ 400,000
A37	Accudata Systems, Inc.²	Citrix Software Maintenance Renewal for Harris Health System - To provide maintenance and support for the Citrix software, which provides virtual application services across Harris Health System and to accommodate the Work From Home initiative. Maintenance and support includes technical support, patch fixes and version upgrades. Government Services Administration (GSA) Cooperative Purchasing Program	Purchase Low quote March 26, 2023 through March 25, 2024	Ronald Fuschillo		\$ 368,046

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A38	Insight Health Corporation dba RAYUS Radiology (HCHD-687) ⁵	Lease of Mobile Magnetic Resonance Imaging (MRI) System for Harris Health System - A lease extension is required for the mobile MRI unit to continue accommodating the backlog of outpatient MRI services at Ben Taub Hospital and Smith Clinic and also provide relief for the inpatient redundancy for the existing Ben Taub MRI unit for tertiary care at the Level I Trauma Center while allowing adequate time for the delivery of the permanent mobile MRI unit. <i>Public Health or Safety Exemption, Board Motion 22.02-20</i>	Additional Funds Extension Public Health or Safety Exemption February 14, 2022 through February 13, 2023	Glorimar Medina	\$ 359,850	\$ 359,850
A39	Fisk Electric Company ⁵ Walker Engineering, Inc. ⁵ Network Cabling Services, Inc. ⁵	Structured Cabling, Audio/Visual Installations and Related Items for Harris Health System - To provide labor and materials for telephone and data infrastructure throughout Harris Health System <i>Job No. 190290, Board Motion 21.10-101</i>	Ratify Renewal November 01, 2022 through October 31, 2023	David Chou	\$ 1,200,000	\$ 350,000
A40	Incredible Health, Inc. (HCHD-402) ⁵	Nursing Recruitment Services for Harris Health System - To utilize the Incredible Health Platform and Services to recruit and hire permanent registered nurses and nurse practitioners to provide patient care to Harris Health System's patient population. <i>Public Health or Safety Exemption, Board Motion 22.04-56</i>	Renewal Public Health or Safety Exemption March 04, 2023 through March 03, 2024	Keith Manis	\$ 310,000	\$ 350,000
A41	SHI Government Solutions, Inc. (DIR-TSO-4356) (HCHD-616) ⁴ <i>HUB - Asian-Pacific Male</i>	Symantec Veritas Cloud Enterprise Vault Software for Harris Health System - To provide for Symantec Veritas Cloud Enterprise Vault email management software used for archiving and legal discovery process. <i>State of Texas Department of Information Resources (DIR) Cooperative Contract, Board Motion 22.03-40</i>	Renewal March 29, 2023 through March 28, 2024	Ronald Fuschillo	\$ 340,230	\$ 0
A42	Mayo Collaborative Services, LLC, d/b/a Mayo Clinic Laboratories (HCHD-534) ⁵	Clinical Reference Laboratory Services for Harris Health System - Additional funds are required to pay outstanding invoices as well as continue clinical reference testing services through the initial term. A purchase order has been issued. <i>Professional Services Exemption, Board Motion 22.02-20</i>	Ratify Additional Funds Professional Services Exemption July 01, 2022 through June 30, 2023	Michael Nnadi	\$ 120,000	\$ 320,000
A43	CyberOne, LLC. ²	Rapid7 Suite Security Vulnerability Scanner Solution for Harris Health System - To provide for continuous security vulnerability monitoring of Harris Health enterprise systems. Rapid7 Suite provides vulnerability security scanners and behavior analysis software used to reduce the risk of exploitation by cyber threats. <i>State of Texas Department of Information Resources (DIR) Cooperative Contract</i>	Purchase Low quote February 27, 2023 through February 26, 2024	Jeffrey Vinson		\$ 312,421
A44	Womble Bond Dickinson (US) LLP (GA-07768) ⁵	Special Counsel for Harris Health System - To provide special counsel services in connection with the drafting and negotiating of affiliation, support, and medical education agreements for Harris Health. <i>Professional Services Exemption, Board Motion 21.12-113</i>	Ratify Renewal Professional Services Exemption January 22, 2023 through January 21, 2024	Sara Thomas	\$ 37,000	\$ 300,000

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A45	VPG LLC dba Vision Production Group (HCHD-935) - Primary ⁴ <i>COH - Caucasian Female</i> Rogy Productions (HCHD-936) ⁵ - Secondary JankovicMedia LLC dba Cutto Create (HCHD-937) ⁵ - Tertiary	Video Production Services for Harris Health System - To provide video production services to shoot, edit, and finalize video content on an as needed basis for Harris Health System. <i>Job No. 220305</i>	Award Best proposal meeting requirements One (1) year initial term with six (6) one-year renewal options	Bryan McLeod		*
A46	ECRI Institute ⁵	Sterile Processing Assessment - To provide assessment services of sterilization processes performed throughout Harris Health System. <i>Public Health or Safety Exemption</i>	Award Public Health or Safety Exemption	Louis Smith,		\$ 274,031
A47	Tipton Communications Group Inc. ⁵	Consulting Service for Nursing Designation for the Harris Health System - To provide consulting services to assist Harris Health achieve the goal of re-designation in the Magnet Recognition Program® with American Nurse Credentialing Center (ANCC). <i>HCHD-940</i>	Approval Award	Pamela Russell		*
A48	CrowdStrike, Inc. through Set Solutions, Inc. (Choice Partners# 21/031KN-55) (HCHD-193) ²	Advanced Malware Threat Intelligence Platform for Harris Health System - To provide for CrowdStrike advanced malware threat intelligence platform that protects the organization from phishing attacks and ransomware with fewer network resources. <i>Choice Partners, a division of Harris County Department of Education Cooperative Program, Board Motion 22.02-20</i>	Renewal March 26, 2023 through March 25, 2024	Jeffrey Vinson	\$ 272,563	\$ 278,666
A49	Covidien Sales LLC (PP-OR-1811) ¹	Specialty Women's Health Surgical Products - To continue providing Harris Health System products used primarily for the treatment of specific women's health issues. <i>Premier Healthcare Alliance, L.P. Contract, Board Motion 22.01-06</i>	Funding Yr. 3 February 01, 2023 through January 31, 2024	Douglas Creamer	\$ 269,708	\$ 269,708
A50	Integra LifeScience Sales, LLC (PP-NS-1441) ¹	Regenerative Skin Grafting - To continue providing Harris Health System with various technologies that enhance the biological principles of tissue response to injury, focusing on tissue regeneration and skin replacement. <i>Premier Healthcare Alliance, L.P. Contract, Board Motion 22.01-06</i>	Funding Yr. 3 April 01, 2023 through March 31, 2024	Douglas Creamer	\$ 243,658	\$ 255,841
A51	SHI Government Solutions, Inc. (DIR-TSO-4092) (HCHD-566) ⁴ <i>HUB - Asian Pacific -Female</i>	Microsoft Enterprise Agreement Software Maintenance Renewal - To continue to provide software maintenance and licenses for the Microsoft software running on Harris Health System's computer workstations and servers. The previous Board of Trustees letter submitted to the December 2022 board was not inclusive of all annual costs. <i>State of Texas Department of Information Resources (DIR) Cooperative Contract, Board Motion 22.12-166</i>	Additional Funds Only quote January 01, 2023 through December 31, 2023	Ronald Fuschillo	\$ 2,534,694	\$ 255,267

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A52	Gowan, Inc. (Choice Partners No. 22/049MF-10) ⁵ CFI Mechanical, Inc. (Choice Partners No. 18/036MC-02) ⁵ The Brandt Companies, LLC (BuyBoard No. 631-20) ⁵	Water Softener for Ben Taub Hospital for Harris Health System - Installation of two (2) new water softener systems at Ben Taub Hospital. <i>Choice Partners, a division of Harris County Department of Education Cooperative Program</i>	Award Low quote	Teong Chai		\$ 221,547
A53	SHI Government Solutions, Inc. ⁴ HUB - Asian Pacific - Female	Tableau Server License for Harris Health System - To provide the Tableau server license that allows users to gain better data visualization insights into various data sets and gives the users unlimited Viewers and Explorer licenses. This supports the strategic Tableau project roadmap by various service lines within Harris Health System. <i>State of Texas Department of Information Resources (DIR) Cooperative Contract</i>	Purchase Only quote	Ronald Fuschillo		\$ 251,107
A54	Jubilant DraxImage Radiopharmacies, Inc. d/b/a Triad Isotopes (AD-IM-397) ¹	Radiopharmaceutical Products - Additional funds are needed to cover the term extended by Premier Healthcare Alliance, L.P. <i>Premier Healthcare Alliance, L.P. Contract, Board Motion 21.12-113</i>	Additional Funds Extension January 01, 2022 through December 31, 2022	Bradley Jennings	\$ 900,000	\$ 250,000
A55	PartsSource, Inc.(HCHD-386) ¹	Biomedical Equipment Parts and Services for Harris Health System - To continue providing the PartsSource PRO Managed Service Platform to assist in procuring medical equipment parts and services for Harris Health System Biomedical Engineering. <i>Premier Healthcare Alliance, L.P. Contract, Board Motion 22.02-20</i>	Renewal February 28, 2023 through February 27, 2024	James Young	\$ 240,000	\$ 240,000
A56	Lepow Podiatric Medical Associates LLP (GA-06573) ⁵	Podiatry Services for Harris Health System - To provide podiatry services to Harris Health facilities until a new contract is in place. <i>Job No. 160114</i>	Additional Funds February 01, 2023 through May 31, 2023	Chris Dewey	\$ 832,069	\$ 235,542
A57	Carahsoft Technology Corporation (DIR-TSO-4288) ²	SAP Business Objects Software Maintenance for Harris Health System - To provide maintenance for the Business Objects software that assists in performance and information management, planning, reporting, query, and analysis used in organizational decision-making. <i>State of Texas Department of Information Resources (DIR) Cooperative Contract</i>	Purchase Only quote March 16, 2023 through March 15, 2024	Ronald Fuschillo		\$ 231,741
A58	Deborah R. Mohr dba Mohr Creative (GA-07118) ⁴ HUB - Caucasian Female	Creative Services for Harris Health System - To continue to provide Harris Health System with creative design related services including project management and proof-reading, to assist with marketing, communication, and educational materials. <i>Personal Services Exemption, Board Motion 21.02-22</i>	Renewal Personal Services Exemption February 08, 2023 through February 07, 2024	Amanda Calloway	\$ 150,000	\$ 220,000

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A59	Cardinal Health 200, LLC (PP-DI-1964) ¹ with Avanos Medical (PP-DI-1963) ¹	Feeding Pumps, Devices, Sets and Tubes - To provide Harris Health System feeding pumps, tubes, and devices used for delivery of hydration or nutrition through the digestive tract. <i>Premier Healthcare Alliance, L.P. Contract, Board Motion 22.06-83</i>	Funding Yr. 2 March 01, 2023 through February 29, 2024	Douglas Creamer	\$ 204,674	\$ 208,767
A60	Harris County (HCHD-78) ⁵	Mental Healthcare Transportation Services for Harris Health System - For the Harris County Precinct One Constable Mental Health Unit to coordinate the transfer of psychiatric patients from Harris Health Emergency Centers to various inpatient psychiatric facilities. <i>NA</i>	Ratify Interlocal Renewal October 01, 2022 through September 30, 2023	Ruth Russell	\$ 207,294	\$ 207,294
A61	Advanced Sterilization Products (PP-OR-1820) ¹ Olympus America Inc. (PP-OR-1822) ¹	Automated Endoscopic Reprocessor - To provide consumables for cleaning, disinfection or sterilization by chemical immersion of heat-sensitive medical instruments of complex design, such as flexible endoscopes, camera heads or cables. <i>Premier Healthcare Alliance, L.P. Contract</i>	Funding Yr. 3 March 01, 2023 through February 29, 2024	Douglas Creamer	\$ 200,421	\$ 200,421
A62	Welch Allyn Inc. ¹	Cardiac Stress Test System - To replace cardiac stress test systems that are past their expected useful life and no longer supported by the manufacturer at Ben Taub and Lyndon B. Johnson Hospitals. <i>Premier Healthcare Alliance, L.P. Contract</i>	Ratify Award Lowest Offer	Teong Chai		\$ 193,636
A63	Gartner, Inc. (DIR-TSO-4099) ²	Information Technology and Business Strategy Research Services for Harris Health System - To provide Harris Health System's IT management to one (1) Gartner Leader Executive Programs Leadership Team and four (4) Cross Function Member Executive Programs Leadership Team levels of access. <i>State of Texas Department of Information Resources (DIR) Cooperative Contract</i>	Purchase Only quote February 01, 2023 through January 31, 2024	Antony Kilty		\$ 188,746
A64	Becton, Dickinson and Company (AD-OR-2006) ¹ Becton, Dickinson and Company (AD-OR-2006) ¹	Surgical Instruments - To provide reusable surgical instruments to facilitate a surgical operation. <i>Premier Healthcare Alliance, L.P. Contract</i>	Best ASCEND Contract February 01, 2023 through January 31, 2024	Douglas Creamer		\$ 182,351
A65	Advanced Sterilization Products (PP-OR-1818) ¹	Low Temperature Sterilization Products - To provide low temperature gas sterilizers and sterilization consumables for the Harris Health System. <i>Premier Healthcare Alliance, L.P. Contract</i>	Funding Yr. 3 March 01, 2023 through February 29, 2024	Douglas Creamer	\$ 178,632	\$ 178,632
A66	Facility Interiors Inc. (PP-FA-861) ¹	Furniture and Systems, Casegoods, Seating and Accessories - To provide furniture for Ben Taub Emergency Center Renovation. <i>Premier Healthcare Alliance, L.P. Contract</i>	Ratify Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 167,041
A67	Bard Peripheral Vascular, Inc. (GA-07727) ⁵	Peripheral Vascular Products for Harris Health System - To continue providing Harris Health System with peripheral vascular products used primarily for the prevention and treatment of in-stent restenosis. <i>Job No. 180180, Board Motion 21.10-101</i>	Ratify Renewal November 13, 2022 through November 12, 2023	Douglas Creamer	\$ 131,105	\$ 165,038

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A68	OptumRx Inc. (GA-06851) ⁵	Pharmacy Benefit Manager Services for Harris Health System - To continue to provide employee and retiree medical and pharmacy benefits. <i>Job No. 160065, Board Motion 22.03-40</i>	Renewal March 01, 2023 through September 30, 2023	Amanda Jones-Duncan	\$ 220,000	\$ 165,000
A69	Baxter Healthcare Corporation ¹	IV Therapy Products – Pharmacy Compounding Equipment and Admixture Supplies - To provide Ben Taub and Lyndon B. Johnson Hospitals with pharmacy compounding equipment, such as automated total parental nutrition (TPN) compounders and accessories, automated filling devices, and software. <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Best Contract(s)	Michael Nnadi		\$ 163,944
A70	Karen C. Tseng (HCHD-885) ⁵	Consulting Services Related to Population Health, Care Innovation & Health Equity Platforms for Harris Health System - To provide strategic, technical and expert advisement and support for Harris Health's Population Health, Care Innovation & Health Equity Platforms. <i>Personal Services Exemption</i>	Purchase Personal Services Exemption One (1) year initial term with four (4) one-year renewal options	Deborah Boswell		\$ 161,000
A71	Shipcom Wireless, Inc. (GS-35F-464DA) (HCHD-150) ²	Information Technology (IT) Professional Services for Harris Health System - To provide temperature monitoring and data analysis to track the temperature/humidity of patient medical samples, pharmaceuticals, and medical devices, transported by HHS staff within HHS refrigerated vehicles and insulated containers. The solution analyzes the operational status of the HVAC equipment and provides a wireless connection that automates assigning coolers. <i>Government Services Administration (GSA) Cooperative Purchasing Program, Board Motion 22.02-20</i>	Renewal March 27, 2023 through March 26, 2024	Christopher Okezie	\$ 158,136	\$ 136,579
A72	Belimed Inc. (GA-07471) ⁵	Repair Service and Software Support for Cart Washer Equipment for Harris Health System - To provide on demand repair services and software support for cart washing equipment for Ben Taub and Lyndon B. Johnson Hospitals. <i>Public Health or Safety Exemption, Board Motion 22.01-06</i>	Renewal Public Health or Safety Exemption January 28, 2023 through January 27, 2024	Tim Tatum	\$ 136,504	\$ 136,504
A73	SHI Government Solutions, Inc. ⁴ <i>Asian-Pacific Female</i>	SolarWinds Software Maintenance for Harris Health System - To provide for SolarWinds software maintenance that allows IT support staff to monitor the Oracle and Microsoft SQL databases used in Epic, PeopleSoft, and Business Intelligence databases. <i>State of Texas Department of Information Resources (DIR) Cooperative Contract</i>	Purchase Low quote	Ronald Fuschillo		\$ 135,149
A74	Acadian Ambulance Services, Inc. (HCHD-677) ⁵	Ambulance Services for Harris Health System - To continue providing patient transportation services for Correctional Health. <i>Public Health or Safety Exemption, Board Motion 22.02-20</i>	Renewal Public Health or Safety Exemption March 01, 2023 through February 29, 2024	Mike Hill	\$ 120,000	\$ 120,000

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A75	Marriott Marquis Houston (GA-07501) ⁵	Venue for Annual Nurses Recognition Event for Harris Health System - To continue providing venue space and services for Harris Health System's annual nurses recognition event in celebration of National Nurses Week. <i>Job No. 180307, Board Motion 22.03-40</i>	Renewal February 21, 2023 through February 20, 2024	Maureen Padilla	\$ 98,650	\$ 120,000
A76	Enterprise Fleet Management, Inc.(HCHD-377) ⁵	Lease of Vehicles for Harris Health System - Additional funds are required due to a potential increase of vehicles leased and maintainance on those vehicles. <i>The Interlocal Purchasing System (TIPS), Board Motion 22.04-56</i>	Additional Funds January 28, 2022 through January 27, 2023	Timothy Brown	\$ 632,000	\$ 110,888
A77	Motorola Solutions, Inc.(DIR-TSO-4101) ²	Wireless Logging Recording System For Harris Health System - To meet Harris Health System Department of Public Safety radio communication recording needs. <i>State of Texas Department of Information Resources (DIR) Cooperative Contract</i>	Award Best quote meeting specifications	Jon Hallaway		\$ 107,863
A78	Guidehouse LLP (GA-07215) ⁵	Project Administration, Project Management and Financial Services for the Development and Implementation of Hurricane Restoration Projects for Harris County - To support Harris Health with the tracking, submission and management of disaster recovery projects funded through the Federal Emergency Agency Public Assistance (FEMA PA) Program. The decreased amount is due the extended term being less than a year. The County Attorney's Office prepared an Amendment to the Agreement to cover the extended term. Extension is subject to execution of the Amendment. <i>Job No. 170260, Board Motion 22.03-40</i>	April 26, 2023 through December 31, 2023	Kari McMichael	\$ 1,875,000	\$ 100,000
A79	Guidehouse LLP (HCHD-226) ⁵	Recovery, Strategy and Technical Assistance and Program Management Services for Harris Health System - The extension is to coincide the term of the agreement with the extended reporting deadlines for the Coronavirus Aid, Relief, and Economic Security (CARES) Act. No additional funds are needed for the extended term. <i>Public Health or Safety Exemption, Board Motion 21.12-113</i>	Ratify Extension Public Health or Safety Exemption January 01, 2022 through December 31, 2022	Kari McMichael	\$ 600,000	\$ 0
A80	TiER1 Holdings PBC, Inc. (HCHD-519) ⁵	Leadership Development Consulting Services for Harris Health System - To continue to provide consulting services to facilitate leadership development. The Agreement is being extended for six months to allow for completion of the services. No additional funds are needed. <i>Public Health or Safety Exemption, Board Motion 21.10-101</i>	Ratify Extension Public Health or Safety Exemption December 06, 2021 through December 05, 2022	Norma Lemon-Pearson	\$ 221,400	\$ 0
A81	Harris County ⁵	Cooperative Purchasing Program to share competitive selection results - To allow Harris County and Harris Health System utilization of each other's competitive selection results. <i>NA</i>	Approval Cooperative Purchasing Program Participation	L. Sara Thomas		\$ 0

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A82	Covidien Sales LLC ⁵	Used Product Collection Services - To provide collection services for specific used medical products as part of Covidien's recycling and reprocessing program. Harris Health will receive credits for all applicable products collected. Public Health or Safety Exemption	Purchase Public Health or Safety Exemption One (1) year initial term with two (2) one-year renewal options	Douglas Creamer		\$ (60,000)
					Total Expenditures	\$ 77,689,533
					Total Revenue	\$ (60,000)

1 Premier GPO - Diversity vendor not available for award

2 Technology purchase

3 Sole Source procurement

4 MWBE participation awarded

5 MWBE participation N/A

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

Expenditure Summary: January 26, 2023 (Transmittals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B1	Flexible Benefit Administrators, Inc.(GA-06705)⁵	Group Flexible Spending Accounts for Harris Health System - To provide pre-tax health benefit spending accounts and tuition reimbursement services for Harris Health System employees <i>Job No. 160068</i>	Renewal March 01, 2023 through February 29, 2024	Amanda Jones-Duncan	\$ 100,000	\$ 100,000
B2	Ateb, Inc. (GA-04561)²	Pharmacy Interactive Voice Response (IVR) Software Maintenance and Support for Harris Health System - To provide for the maintenance and support to the expanded patient care solution for pharmacy prescription refills through increased call port capacity allowing patients access to prescriptions by telephone. <i>Public Health or Safety Exemption, Board Motion 21.12-113</i>	Renewal Public Health or Safety Exemption January 01, 2023 through December 31, 2023	Michael Nnadi	\$ 84,000	\$ 97,830
B3	Plus Technologies, LLC (GA-06162)⁵	OM Plus Software Maintenance and Support for Harris Health System - To provide continued software support for OM Plus software. The software allows information within the Epic environment to route to Harris Health printers. <i>Sole Source Exemption</i>	Renewal Sole Source Exemption March 01, 2023 through February 28, 2024	Ronald Fuschillo	\$ 92,887	\$ 96,120
B4	IDN ACME⁵	Locksmith Supplies and Related Items for Harris Health System - To provide locksmith supplies and related items for Harris Health System <i>Job No. 190383</i>	Renewal February 01, 2023 through January 31, 2024	Jon Hallaway	\$ 60,000	\$ 93,000
B5	Becton Dickinson (HCHD-886)⁵	Flow Cytometry Maintenance Agreement for Harris Health System - To provide maintenance and repair services to flow cytometry analyzers at Ben Taub and Lyndon B. Johnson Hospitals. <i>Public Health or Safety Exemption</i>	Award Public Health or Safety Exemption October 01, 2022 through September 30, 2023	James Young		\$ 90,394
B6	Carahsoft Technology Corporation (DIR-TSO-4288)²	DocuSign E-Signature Solution for Harris Health System - To provide 150 seats for DocuSign E-Signature Solution. DocuSign provides a streamlined signature collection for approvals and documents, with a robust audit trail. <i>State of Texas Department of Information Resources (DIR) Cooperative Contract</i>	Purchase Only quote January 20, 2023 through January 19, 2024	Ronald Fuschillo		\$ 89,822
B7	Philips Healthcare¹	Invasive Cardiology Equipment - To provide a hemodynamic monitoring system required for use in interventional transcatheter valve replacement (TAVR) procedures at Ben Taub Hospital. <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Lowest Offer	Teong Chai		\$ 86,701
B8	Bluetriton Brands Inc. dba ReadyRefresh⁵	Steam distilled and drinking water and rental of water coolers for Harris Health System - To continue providing steam distilled and drinking water and rental of water coolers at various locations for Harris Health System. <i>Job No. 180347</i>	Renewal January 01, 2023 through December 31, 2023	Douglas Creamer	\$ 72,304	\$ 82,990

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B9	Cactus Software, LLC. (GA-06599) ³	Visual CACTUS Software License Maintenance for Harris Health System - To provide for maintenance for the Visual CACTUS Software products which include the Credentialing and Application Manager Software applications. This software is a credentialing, privileging, and payer enrollment system. Sole Source Exemption	Renewal Sole Source Exemption December 05, 2022 through December 04, 2023	Ronald Fuschillo	\$ 61,103	\$ 81,691
B10	Stryker Corporation (PP-OR-1839) ¹	Orthopedic Bone Cement - To provide Harris Health System with orthopedic bone cement products used to affix implants and remodel lost bone. Premier Healthcare Alliance, L.P. Contract	Funding Yr. 3 April 01, 2023 through March 31, 2024	Douglas Creamer	\$ 80,182	\$ 80,182
B11	Getinge USA Sales, LLC (AD-OR-1805) ¹	Chest Drainage Products - To continue providing Harris Health System with thoracic catheters, wet suction drainage, dry suction drainage, autotransfusion (ATS) blood bags, pleural effusion catheters and accessories. Premier Healthcare Alliance, L.P. Contract	Funding Yr. 3 March 01, 2023 through February 29, 2024	Douglas Creamer	\$ 75,259	\$ 79,022
B12	Spok, Inc. fka Amcom Software (GA-05723) ³	Maintenance and Support for the Paging System and Single Sign-On Software for Harris Health System - To provide for continued support to the Spok paging system and single sign-on software, which provides critical emergency paging for patient care, code alerts, and IT major incidents. Sole Source Exemption	Renewal Sole Source Exemption March 01, 2023 through February 28, 2024	Ronald Fuschillo	\$ 71,942	\$ 75,339
B13	Cervey LLC (GA-07546) ²	Pharmaceutical Tracking Software for Harris Health System - To provide for continued use of pharmaceutical tracking software (Trackit). The tracking software enables verification of the legitimacy of drug product identifiers, enhances detection and notification of illegitimate products, and facilitates more efficient recalls of drug products in Harris Health System pharmacies. Public Health or Safety Exemption, Board Motion 21.10-101	Renewal Public Health or Safety Exemption November 09, 2022 through November 08, 2023	Michael Nnadi	\$ 73,800	\$ 73,800
B14	Stryker Corporation (AD-OR-1680) ¹	Surgical Automatic Tourniquet Systems and Accessories - To provide reusable and disposable cuffs, tourniquet systems and accessories used to monitor and control the cuffs pressure. Premier Healthcare Alliance, L.P. Contract	Best ASCEND Contract November 01, 2022 through October 31, 2023	Douglas Creamer		\$ 72,695
B15	Letourneau Interests Inc. (PP-FA-859) ¹	Furniture and Systems, Casegoods, Seating and Accessories - To provide Ben Taub with furniture for Level 1 Emergency Center-Phase 6.1 Premier Healthcare Alliance, L.P. Contract	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 71,473
B16	FEI Behavioral Health, Inc. ⁵	Employee Assistance Program for Harris Health System - To provide an employee assistance program for Harris Health System's employees. Job No. 220362	Award Best proposal meeting requirements March 01, 2023 through February 29, 2024 with six (6) one- year renewal options	Michele Hunnicutt		*

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B17	Depuy Synthes Sales Inc. (HCHD000801) ⁵	Neurovascular Care Products for the Harris Health System - To provide the consignment of EmboTrap III used for Neuro Interventional procedures. <i>Public Health or Safety Exemption</i>	Award Public Health or Safety Exemption One (1) year initial term with two (2) one-year renewal options	Douglas Creamer		\$ 64,979
B18	EBSCO Information Services ⁵	Nursing Reference Database Access for the Harris Health System. - To continue to provide access to information through the Nursing Reference Database. It provides support for evidence-based practice, point of care research and reference. <i>Public Health or Safety Exemption</i>	Renewal Public Health or Safety Exemption January 01, 2023 through December 31, 2023	Maureen Padilla	\$ 62,878	\$ 64,764
B19	CHG Medical Staffing Inc. (HCHD-905) ⁵	Physician Locum Tenens Coverage for Harris Health System - To provide physician locum tenens staffing services for Harris Health System's telemedicine program at its Correctional Health facilities. <i>Professional Services Exemption</i>	Purchase Professional Services Exemption One (1) year initial term with four (4) one-year renewal options	Kiki Teal		\$ 64,176
B20	O'Donnell Snider Construction ⁵	Renovation of 3rd Floor Lab (Phases 3-6) at Lyndon B. Johnson Hospital for Harris Health System - The increase of the owners contingency to support an immediate need to provide a plumber to tie in a new replacement Deionized water system due to failure of the existing system. <i>Job No. 190349, Board Motion 20.01.02</i>	Additional Funds	Babak Zare	\$ 2,105,363	\$ 62,879
B21	Capital Inventory, Inc. (PPPH25CII01) (HCHD-131) ¹	Pharmacy Physical Inventory Services for Harris Health System - To provide for inventory of pharmacy drugs and devices in Harris Health System pharmacies and at Harris County jail pharmacies. <i>Premier Healthcare Alliance, L.P. Contract</i>	Renewal December 19, 2022 through December 18, 2023	Sunny Ogbonnaya	\$ 62,500	\$ 62,500
B22	IMEG, Corp. (HCHD- 853) ⁵	Security Engineering Services for Harris Health System - To perform security engineering services including master planning, facility security assessments, design, procurement assistance, construction management and commissioning, security standards development, and other security related services for Harris Health System. <i>Professional Services Exemption</i>	Award Professional Services Exemption One (1) year initial term with two (2) one-year renewal options	Jon Hallaway		\$ 60,000
B23	Accurate Methods Consulting, LP by ER Ventures Inc. ⁵	Bookkeeping and Financial Consultation Services for the Harris County Hospital District (HCHD) Foundation - To provide bookkeeping services and financial reviews as needed. <i>NA</i>	Transmittal AdHoc	Jeffrey Baker, Exec Dir - HCHD Foundation		\$ 60,000
B24	Saniglaze(assignor) (HCHD-293) ⁵ SterlingServicesof Texas LLC (assignee) ⁵	Surface restoration Services for Harris Health System - To provide ChromGLAZE surface restoration services for Harris Health System.	Assignemnt Transmittal January 13, 2023 through January 12, 2024	Steven Williams	\$ 80,000	\$ 60,000
B25	Aramark (PP-FA-830) ¹ Cintas (PP-FA-831) ¹ Standard Textile (PP-FA-833) ¹	Uniforms - To provide Harris Health Systems with uniforms. <i>Premier Healthcare Alliance, L.P. Contract</i>	Best Contract(s) February 01, 2023 through January 31, 2024	Douglas Creamer		\$ 59,276

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B26	Chris Traylor dba Chris Traylor LLC (HCHD-724) ⁵	Consulting Services Related to Health Care Regulatory and Compliance Matters - To provide a consultant to serve as an intergovernmental liaison between Harris Health System and the Texas Health and Human Services Commission (HHSC), the Centers for Medicare and Medicaid Services (CMS), and other regulatory bodies as necessary. The eight-month initial term costs \$40,000. Subsequent months cost \$4,166 per month. The amount is based on the cost for the initial 12 months. <i>Personal Services Exemption</i>	Purchase Personal Services Exemption February 03, 2022 through October 02, 2022 with one (1) one- year renewal options	Vicky Branch		\$ 56,664
B27	Medisolv, Inc. (HCHD-688) ⁵	Electronic Clinical Quality Measures Software for Harris Health System - To provide for ENCOR software, which allows real-time visibility of quality metrics that assists in increasing the quality of patient care and their health outcomes by addressing any deficiencies in a proactive manner. <i>Public Health or Safety Exemption</i>	Renewal Public Health or Safety Exemption March 31, 2023 through March 30, 2024	Steven Brass	\$ 56,580	\$ 56,580
B28	The StayWell Company, LLC (GA-06947) ⁵	Healthcare Content Library for Harris Health System - To provide a license for access to The StayWell Company, LLC's content library which includes a variety of health topics including wellness and prevention. <i>Job No. 160075</i>	Renewal November 30, 2022 through November 29, 2023	Amanda Callaway	\$ 54,500	\$ 54,500
B29	ICU Medical Inc.(PP-IV-118) ¹	IV Therapy - Infusion Devices - To continue providing Harris Health System with infusion therapy pumps, IV therapy pain management pumps, IV syringe pumps, tubing and sets, IV ambulatory pumps, and medication management software including adverse drug event tracking and management systems. <i>Premier Healthcare Alliance, L.P. Contract</i>	Funding Yr. 10 February 01, 2023 through January 31, 2024	Douglas Creamer	\$ 51,396	\$ 52,938
B30	Medline Industries, Inc (PP-NS-1557) ¹	Suture Removal and Laceration Tray - To continue providing Harris Health System with suture removal kits, laceration trays, staple removal kits and minor procedure trays such as incision, drainage and nosebleed trays. <i>Premier Healthcare Alliance, L.P. Contract</i>	Funding Yr. 2 February 01, 2023 through January 31, 2024	Douglas Creamer	\$ 52,357	\$ 52,357
B31	Cardinal Health 200, LLC ¹	Integrated Diagnostic Sets - To replace wall mounted integrated diagnostic sets past their expected useful life for exam rooms at Acres Home Clinic. <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Lowest Offer	Teong Chai		\$ 50,580
B32	Deroyal Industries Inc. (AD-OR-1938) ¹	Temperature Monitoring Products - To provide devices that monitor a patient's temperature during surgery and post-operatively. <i>Premier Healthcare Alliance, L.P. Contract</i>	Funding Yr. 2 January 01, 2023 through December 31, 2023	Douglas Creamer	\$ 50,237	\$ 50,237
B33	Intuitive Surgical, Inc. ³	Surgical Video Endoscope - To provide two (2) additional video endoscopes to be used with the da Vinci Xi general-purpose surgical robot at Lyndon B. Johnson Hospital. <i>Sole Source Exemption</i>	Purchase Sole Source Exemption	Louis Smith		\$ 50,000
					Total Expenditures	\$ 2,323,489
					Total Revenue	\$ (0)

Thursday, January 26, 2023

**Consideration of Approval for a New Lease Agreement between
WS/Griffin Loop Central Property, LLC, and Community Health Choice Texas, Inc.
for office space at 4888 Loop Central Drive, Houston, TX 77081**

Administration recommends approval of a new 11-year lease agreement between WS/Griffin Loop Central Property, LLC, and Community Health Choice Texas, Inc. (CHC) for 82,706 square feet of office space at 4888 Loop Central Drive, Houston, TX 77081 with renewal options to extend the lease an additional 10 years. The initial annual rate will be \$2,254,565.52/yr including the tenant's share of operating expenses due under the lease terms as approved by CHC Board Motion **HMO 22-08.o**.

Meeting of the Board of Trustees

WS/Griffin Loop Central Property, LLC
 4888 Loop Central Drive
 Houston, TX 77081
 January 26, 2023
 Page 2

Fact Sheet

Purpose of Lease: Community Health Choice Office Space

Lessor: SLS-South Loop, LLC

Lessee: Harris Health System

Location of Lease Space: 4888 Loop Central Drive
Houston, Texas 77081

Lease Space: Approximately 82,706 square feet

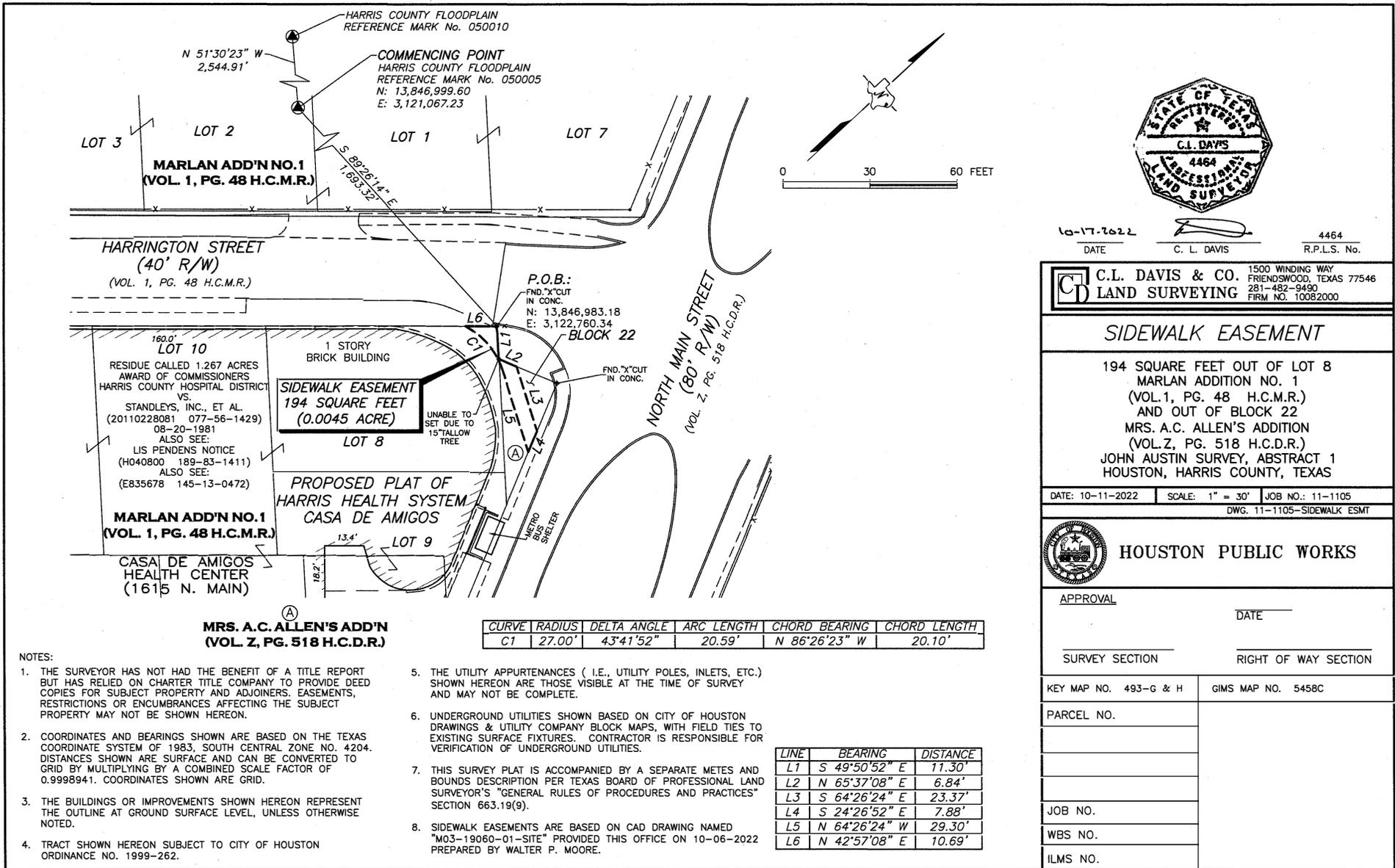
Lease Term: 11-years; with options to extend for an additional 10 years
 Estimated Commencement Date: August 1, 2023

Lease Terms	Monthly Base Rent	*Est. Monthly Operating Expenses	Est. Annual Payment	Est. Annual Lease Rate/SF
Months 01 to 18	\$103,382.50	\$84,497.96	\$2,254,565.52	\$27.26
Months 19 to 30	\$106,828.58	TBD	TBD	TBD
Months 31 to 42	\$ 110,274.67	TBD	TBD	TBD
Months 43 to 54	\$ 113,720.75	TBD	TBD	TBD
Months 55 to 66	\$ 117,166.83	TBD	TBD	TBD
Months 67 to 78	\$ 120,612.92	TBD	TBD	TBD
Months 79 to 90	\$ 124,059.00	TBD	TBD	TBD
Months 91 to 102	\$ 127,505.08	TBD	TBD	TBD
Months 103 to 114	\$ 130,951.17	TBD	TBD	TBD
Months 115 to 126	\$ 134,397.25	TBD	TBD	TBD
Months 127 to 132	\$ 137,843.33	TBD	TBD	TBD

Thursday, January 26, 2023

**Consideration of Approval to Convey a Sidewalk Easement and Right of Way
to The City of Houston for the Casa de Amigos Health Center Expansion Project,
Houston, Harris County, Texas**

Administration recommends Board of Trustees approval to convey to The City of Houston a 194 square foot sidewalk easement to include without limitation, access to, across, along, under and upon the easement for the Casa de Amigos Health Center Expansion Project. The easement is identified as "194 square feet out of Lot 8, Marlan Addition No. 1 and out of Block 22 Mrs.A.C. Allen's addition of the John Austin Survey, Abstract 1, Houston, Harris County, TX" as detailed in the attached exhibit and survey.



MRS. A.C. ALLEN'S ADD'N (VOL. Z, PG. 518 H.C.D.R.)

NOTES:

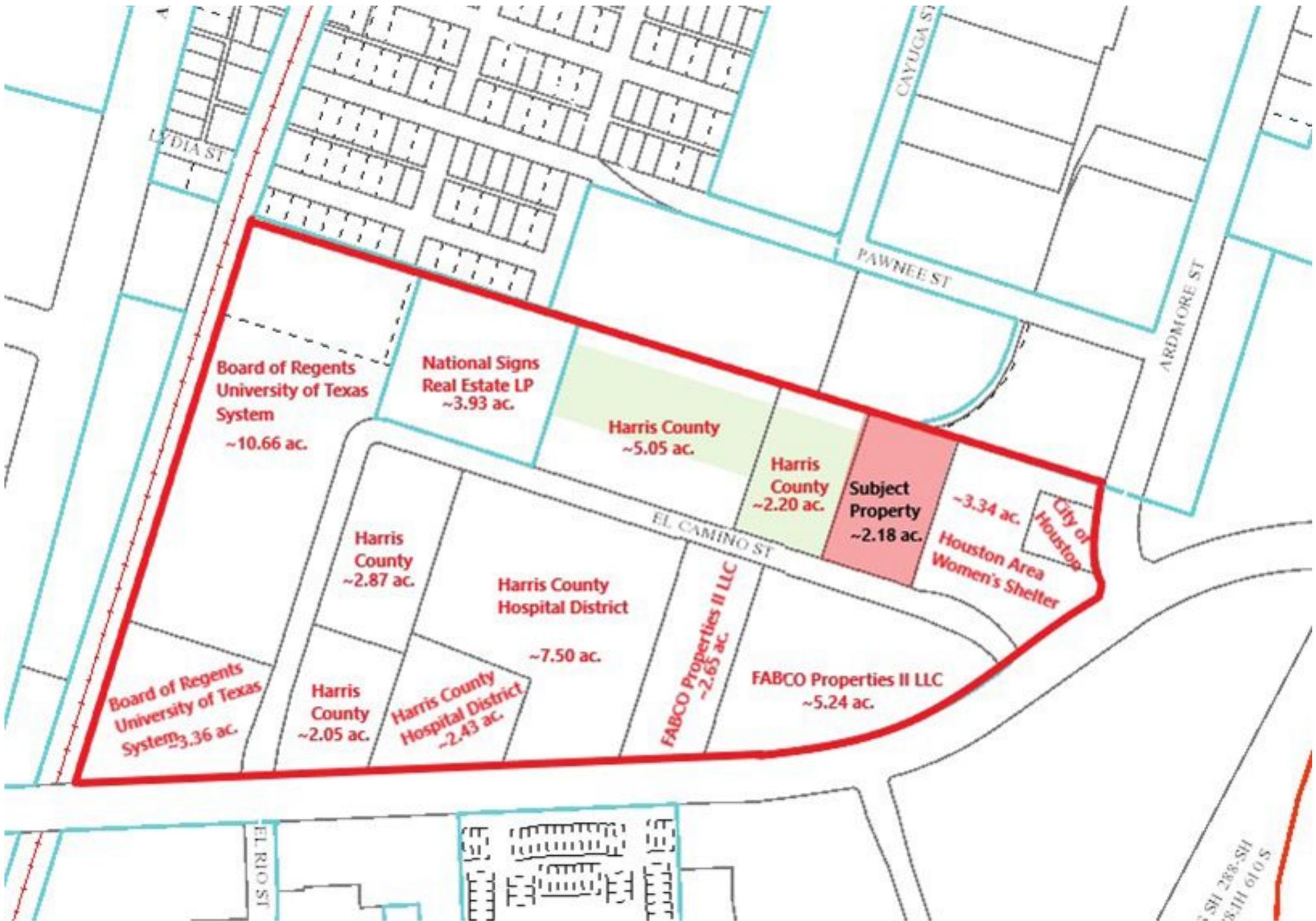
- THE SURVEYOR HAS NOT HAD THE BENEFIT OF A TITLE REPORT BUT HAS RELIED ON CHARTER TITLE COMPANY TO PROVIDE DEED COPIES FOR SUBJECT PROPERTY AND ADJOINERS. EASEMENTS, RESTRICTIONS OR ENCUMBRANCES AFFECTING THE SUBJECT PROPERTY MAY NOT BE SHOWN HEREON.
- COORDINATES AND BEARINGS SHOWN ARE BASED ON THE TEXAS COORDINATE SYSTEM OF 1983, SOUTH CENTRAL ZONE NO. 4204. DISTANCES SHOWN ARE SURFACE AND CAN BE CONVERTED TO GRID BY MULTIPLYING BY A COMBINED SCALE FACTOR OF 0.9998941. COORDINATES SHOWN ARE GRID.
- THE BUILDINGS OR IMPROVEMENTS SHOWN HEREON REPRESENT THE OUTLINE AT GROUND SURFACE LEVEL, UNLESS OTHERWISE NOTED.
- TRACT SHOWN HEREON SUBJECT TO CITY OF HOUSTON ORDINANCE NO. 1999-262.
- THE UTILITY APPURTENANCES (I.E., UTILITY POLES, INLETS, ETC.) SHOWN HEREON ARE THOSE VISIBLE AT THE TIME OF SURVEY AND MAY NOT BE COMPLETE.
- UNDERGROUND UTILITIES SHOWN BASED ON CITY OF HOUSTON DRAWINGS & UTILITY COMPANY BLOCK MAPS, WITH FIELD TIES TO EXISTING SURFACE FIXTURES. CONTRACTOR IS RESPONSIBLE FOR VERIFICATION OF UNDERGROUND UTILITIES.
- THIS SURVEY PLAT IS ACCOMPANIED BY A SEPARATE METES AND BOUNDS DESCRIPTION PER TEXAS BOARD OF PROFESSIONAL LAND SURVEYOR'S "GENERAL RULES OF PROCEDURES AND PRACTICES" SECTION 663.19(9).
- SIDEWALK EASEMENTS ARE BASED ON CAD DRAWING NAMED "M03-19060-01-SITE" PROVIDED THIS OFFICE ON 10-06-2022 PREPARED BY WALTER P. MOORE.

Thursday, January 26, 2023

**Consideration of Approval to Amend the Dedicated Protective Covenants and Restrictions
to allow Multi-Family and Blood Bank development within a 58 acre tract
that includes the Holly Hall and Smith Clinic sites**

The Houston Area Women's Center has plans to develop a new facility on a 2+ acre site near El Camino and Ardmore St. in Houston, Texas. This site is part of a 58 acre tract called Plaza del Oro whose existing Covenants and Restrictions would prohibit the use unless 100% of the owners within the tract agree to an amendment allowing it. Harris Health's Holly Hall and Smith Clinic sites fall within the boundaries of this larger development, thereby making Harris Health one of the owners needed to approve and execute an amendment.

Therefore, Administration recommends approval to amend the Dedication of Protective Covenants and Restrictions to allow "multi-family residential" and "blood donation center" as permitted uses within the 58.094 acres of land out of Tract 12 as identified in the attached map and Exhibit. This amendment will allow short-term or long-term multi-family and/or transitional residential housing complexes and blood banks as permitted uses within the boundaries of the development.



SH 288-SH
8/11/05

Thursday, January 26, 2023

Consideration to Ratify a Third Amendment of an Interlocal Agreement Between the Harris County Hospital District d/b/a Harris Health System and Harris County Public Health Funded by Ryan White HIV/AIDS Treatment Extension Act of 2009 Part A To Provide Primary Medical Care, Psychiatric Services, Obstetric and Gynecological Care, and Local Pharmacy Assistance Program to HIV Positive Patients of Harris Health System

This 3rd amendment between the Harris County Hospital District d/b/a Harris Health System and Harris County Public Health (HCPH) is funded by Ryan White HIV/AIDS Treatment Extension Act of 2009 Part A provides primary medical care, psychiatric services, obstetric and gynecological care and local pharmacy assistance program to HIV positive patients of Harris Health System.

- This amendment in the amount of \$1,366,486.58 increases the current award for a new total award of \$10,555,244.05.
- The additional award provides funding for the Ending the HIV Epidemic: Test and Treat Outpatient Medical Care with Emergency and Pharmacy Assistance Services.
- The term of this agreement is March 1, 2022 through February 28, 2023.

Administration recommends approval of this Third Amendment between the Harris County Hospital District d/b/a Harris Health System and Harris County Public Health funded under Ryan White HIV/AIDS Treatment Extension Act Part A to provide primary medical care, psychiatric, obstetric and gynecological services, and local pharmacy assistance program to HIV positive patients. The amendment of \$1,366,486.58 increases the current agreement for a total of \$10,555,244.05 for the term of March 1, 2022 through February 28, 2023.

Thank you.

**Grant Agenda Items for the Harris County Hospital District dba Harris Health System, Board of Trustees Report
Grant Agreement Summary: January 26, 2023**

No.	Grantor	Description/Justification	Action, Basis of Recommendation	Term	Project Owner	Award Amount
D1	Harris County Public Health	<p>Consideration of Approval to Ratify a Third Amendment of an Interlocal Agreement between the Harris County Hospital District d/b/a Harris Health System and Harris County Public Health Funded by Ryan White HIV/AIDS Treatment Extension Act of 2009 Part A to Provide Primary Medical Care, Psychiatric Services, Obstetric and Gynecological Care, and Local Pharmacy Assistance Program to HIV Positive Patients of Harris Health System</p> <p>Increased Award Amount: \$1,366,486.58 Total Award: \$10,555,244.05</p>	<p>Ratification of a Third Amendment</p>	<p>March 1, 2022 through February 28, 2023</p>	<p>Dr. Jennifer Small</p>	<p>\$ 1,366,486.58</p>
TOTAL AMOUNT:						\$ 1,366,486.58

Thursday, January 26, 2023

Consent Reports and Updates to Board

Harris Health System Financial Reports Subject to Audit:

- November 2022
- December 2022



Financial Statements

As of November 30, 2022



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Statistical Highlights Graphs.....10 – 21

Financial Highlights Review

As of November 30, 2022

Operating income for November was \$6.9 million compared to budgeted income of \$7.2 million.

Total net revenue for November of \$186.3 million was \$5.8 million or 3.0% less than budget. Net patient revenue contributed \$6.9 million to the negative variance offset by improved investment returns of \$3.5 million. Medicaid Supplemental programs were \$2.6 million lower than expected primarily due to timing.

In November, total expenses of \$179.4 million were \$5.4 million or 2.9% less than budget. Staff costs were \$3.0 million under budget as a result of a reduction in contract labor utilization and decreases in benefits expense.

Also in November, total patient days and average daily census increased 6.5% compared to budget. Inpatient case mix index, a measure of patient acuity, was 0.3% lower while length of stay was 9.6% higher than budget. Emergency room visits were 2.0% lower than planned for the month. Total clinic visits, including telehealth, were 2.6% higher compared to budget. Births were up 16.9%.

Total cash receipts for November were \$108.1 million. The System has \$1,068.9 million in unrestricted cash, cash equivalents and investments, representing 184.6 days cash on hand. Harris Health System has \$131.1 million in net accounts receivable, representing 67.4 days of outstanding patient accounts receivable at November 30, 2022. The November balance sheet reflects a combined net receivable position of \$96.8 million under the various Medicaid Supplemental programs.

Income Statement

As of November 30, 2022 (In \$ Millions)

	MONTH-TO-MONTH			YEAR-TO-DATE				
	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	PRIOR YEAR	PERCENT VARIANCE
REVENUE								
Net Patient Revenue	\$ 55.3	\$ 62.2	-11.1%	\$ 118.6	\$ 122.7	-3.4%	\$ 138.2	-14.2%
Medicaid Supplemental Programs	48.4	51.0	-5.1%	95.5	102.0	-6.4%	62.4	53.0%
Other Operating Revenue	9.4	9.1	3.0%	18.9	18.4	2.6%	4.3	338.6%
Total Operating Revenue	\$ 113.1	\$ 122.4	-7.6%	\$ 233.1	\$ 243.2	-4.2%	\$ 204.9	13.7%
Net Ad Valorem Taxes	69.3	69.3	0.0%	138.5	138.5	0.0%	131.0	5.8%
Net Tobacco Settlement Revenue	-	-	0.0%	-	-	0.0%	-	0.0%
Capital Gifts & Grants	-	-	0.0%	-	-	0.0%	-	0.0%
Interest Income & Other	3.9	0.4	834.5%	6.0	0.8	620.2%	17.0	-64.8%
Total Nonoperating Revenue	\$ 73.2	\$ 69.7	5.0%	\$ 144.5	\$ 139.3	3.7%	\$ 148.0	-2.4%
Total Net Revenue	\$ 186.3	\$ 192.1	-3.0%	\$ 377.6	\$ 382.6	-1.3%	\$ 352.9	7.0%
EXPENSE								
Salaries and Wages	\$ 69.8	\$ 71.6	2.5%	\$ 141.9	\$ 143.5	1.1%	\$ 141.3	-0.5%
Employee Benefits	23.1	24.4	5.2%	45.3	48.8	7.2%	49.9	9.3%
Total Labor Cost	\$ 92.9	\$ 95.9	3.2%	\$ 187.2	\$ 192.2	2.6%	\$ 191.2	2.1%
Supply Expenses	22.6	23.0	1.9%	47.8	46.3	-3.2%	44.1	-8.5%
Physician Services	35.5	36.0	1.3%	70.8	71.9	1.5%	58.6	-20.9%
Purchased Services	21.8	22.2	1.8%	43.5	44.7	2.7%	46.7	6.8%
Depreciation & Interest	6.6	7.7	13.4%	13.6	15.4	11.4%	12.3	-11.0%
Total Operating Expense	\$ 179.4	\$ 184.9	2.9%	\$ 363.0	\$ 370.6	2.1%	\$ 352.8	-2.9%
Operating Income (Loss)	\$ 6.9	\$ 7.2		\$ 14.6	\$ 12.0		\$ 0.1	
Total Margin %	3.7%	3.8%		3.9%	3.1%		0.0%	

Balance Sheet

HARRISHEALTH
SYSTEM

November 30, 2022 (In \$ Millions)

	<u>CURRENT</u> <u>YEAR</u>	<u>PRIOR</u> <u>YEAR</u>
<u>CURRENT ASSETS</u>		
Cash, Cash Equivalents and Short Term Investments	\$ 1,068.9	\$ 831.8
Net Patient Accounts Receivable	131.1	108.4
Net Ad Valorem Taxes, Current Portion	136.7	579.4
Other Current Assets	193.1	172.9
Total Current Assets	\$ 1,529.8	\$ 1,692.6
<u>CAPITAL ASSETS</u>		
Plant, Property, & Equipment, Net of Accumulated Depreciation	\$ 416.4	\$ 440.5
Construction in Progress	175.7	99.6
Right of Use Assets	45.3	-
Total Capital Assets	\$ 637.3	\$ 540.1
<u>ASSETS LIMITED AS TO USE & RESTRICTED ASSETS</u>		
Debt Service & Capital Asset Funds	\$ 40.2	\$ 50.4
LPPF Restricted Cash	15.5	28.3
Capital Gift Proceeds	45.6	-
Other - Restricted	1.0	1.1
Total Assets Limited As to Use & Restricted Assets	\$ 102.4	\$ 79.8
Other Assets	25.4	7.8
Deferred Outflows of Resources	188.5	179.3
Total Assets & Deferred Outflows of Resources	\$ 2,483.4	\$ 2,499.6
<u>CURRENT LIABILITIES</u>		
Accounts Payable and Accrued Liabilities	\$ 186.8	\$ 192.0
Employee Compensation & Related Liabilities	126.6	112.9
Estimated Third-Party Payor Settlements	13.5	8.6
Current Portion Long-Term Debt and Capital Leases	20.4	12.2
Total Current Liabilities	\$ 347.4	\$ 325.7
Long-Term Debt	332.1	307.8
Net Pension & Post Employment Benefits Liability	599.1	737.4
Other Long-Term Liabilities	8.0	24.2
Deferred Inflows of Resources	218.7	112.4
Total Liabilities	\$ 1,505.4	\$ 1,507.6
Total Net Assets	\$ 978.0	\$ 992.0
Total Liabilities & Net Assets	\$ 2,483.4	\$ 2,499.6

Cash Flow Summary

As of November 30, 2022 (In \$ Millions)

	MONTH-TO-MONTH		YEAR-TO-DATE	
	CURRENT YEAR	PRIOR YEAR	CURRENT YEAR	PRIOR YEAR
CASH RECEIPTS				
Collections on Patient Accounts	\$ 50.9	\$ 70.2	\$ 103.2	\$ 134.9
Medicaid Supplemental Programs	6.6	13.0	459.3	226.1
Net Ad Valorem Taxes	0.0	6.7	0.0	6.7
Tobacco Settlement	-	-	-	-
Other Revenue	50.6	2.7	57.0	(16.4)
Total Cash Receipts	\$ 108.1	\$ 92.7	\$ 619.5	\$ 351.4
CASH DISBURSEMENTS				
Salaries, Wages and Benefits	\$ 102.3	\$ 79.0	\$ 204.8	\$ 189.6
Supplies	23.9	20.1	45.1	45.0
Physician Services	30.9	29.4	65.0	59.4
Purchased Services	19.6	12.8	33.9	33.8
Capital Expenditures	9.6	5.2	22.4	17.3
Debt and Interest Payments	0.3	0.3	0.6	0.6
Other Uses	(5.9)	17.8	1.7	26.3
Total Cash Disbursements	\$ 180.8	\$ 164.7	\$ 373.5	\$ 372.1
Net Change	\$ (72.7)	\$ (72.1)	\$ 246.1	\$ (20.7)

Unrestricted Cash, Cash Equivalents and Investments - September 30, 2022

\$ 822.8

Net Change

246.1

Unrestricted Cash, Cash Equivalents and Investments - November 30, 2022

\$ 1,068.9

Performance Ratios

As of November 30, 2022

	MONTH-TO-MONTH		YEAR-TO-DATE		
	CURRENT YEAR	CURRENT BUDGET	CURRENT YEAR	CURRENT BUDGET	PRIOR YEAR
<u>OPERATING HEALTH INDICATORS</u>					
Operating Margin %	3.7%	3.8%	3.9%	3.1%	0.0%
Run Rate per Day (In\$ Millions)	\$ 5.8	\$ 5.9	\$ 5.8	\$ 5.9	\$ 5.6
Salary, Wages & Benefit per APD	\$ 2,280	\$ 2,564	\$ 2,253	\$ 2,506	\$ 2,571
Supply Cost per APD	\$ 555	\$ 616	\$ 576	\$ 604	\$ 593
Physician Services per APD	\$ 871	\$ 961	\$ 852	\$ 938	\$ 788
Total Expense per APD	\$ 4,405	\$ 4,940	\$ 4,369	\$ 4,831	\$ 4,744
Overtime as a % of Total Salaries	3.7%	1.6%	3.8%	1.6%	3.1%
Contract as a % of Total Salaries	6.1%	7.2%	6.1%	7.3%	6.4%
Full-time Equivalent Employees	10,004	10,165	9,912	10,039	9,282
<u>FINANCIAL HEALTH INDICATORS</u>					
Quick Ratio			4.3		5.1
Unrestricted Cash (In \$ Millions)			\$ 1,068.9	\$ 603.8	\$ 831.8
Days Cash on Hand			184.6	107.0	148.0
Days Revenue in Accounts Receivable			67.4	54.1	47.9
Days in Accounts Payable			45.4		40.0
Capital Expenditures/Depreciation & Amortization			192.5%		165.1%
Average Age of Plant(years)			11.6		12.4

Harris Health System Key Indicators



Statistical Highlights

As of November 30, 2022

	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	40,737	37,420	8.9%	83,081	76,712	8.3%	74,365	11.7%
Outpatient % of Adjusted Volume	59.3%	62.4%	-5.0%	60.2%	62.5%	-3.7%	63.3%	-4.9%
Primary Care Clinic Visits	43,076	41,224	4.5%	91,626	82,544	11.0%	80,476	13.9%
Specialty Clinic Visits	19,755	19,313	2.3%	41,222	39,130	5.3%	38,723	6.5%
Telehealth Clinic Visits	10,761	11,201	-3.9%	21,651	23,462	-7.7%	31,757	-31.8%
Total Clinic Visits	73,592	71,738	2.6%	154,499	145,136	6.5%	150,956	2.3%
Emergency Room Visits - Outpatient	10,346	10,881	-4.9%	22,323	22,194	0.6%	20,436	9.2%
Emergency Room Visits - Admitted	1,819	1,538	18.3%	3,613	3,127	15.5%	2,793	29.4%
Total Emergency Room Visits	12,165	12,419	-2.0%	25,936	25,321	2.4%	23,229	11.7%
Surgery Cases - Outpatient	834	1,058	-21.2%	1,669	2,110	-20.9%	1,532	8.9%
Surgery Cases - Inpatient	797	891	-10.5%	1,587	1,772	-10.4%	1,428	11.1%
Total Surgery Cases	1,631	1,949	-16.3%	3,256	3,882	-16.1%	2,960	10.0%
Total Outpatient Visits	125,226	121,474	3.1%	252,038	245,219	2.8%	273,953	-8.0%
Inpatient Cases (Discharges)	2,659	2,473	7.5%	5,510	5,006	10.1%	4,459	23.6%
Outpatient Observation Cases	724	1,214	-40.4%	1,664	2,389	-30.3%	2,307	-27.9%
Total Cases Occupying Patient Beds	3,383	3,687	-8.2%	7,174	7,395	-3.0%	6,766	6.0%
Births	484	396	22.2%	1,007	810	24.3%	879	14.6%
Inpatient Days	16,589	14,083	17.8%	33,085	28,791	14.9%	27,306	21.2%
Outpatient Observation Days	2,329	3,681	-36.7%	5,162	7,245	-28.7%	6,870	-24.9%
Total Patient Days	18,918	17,764	6.5%	38,247	36,036	6.1%	34,176	11.9%
Average Daily Census	630.6	592.1	6.5%	627.0	590.8	6.1%	560.3	11.9%
Average Operating Beds	681	681	0.0%	681	681	0.0%	680	0.1%
Bed Occupancy %	92.6%	87.0%	6.5%	92.1%	86.7%	6.1%	82.4%	11.7%
Inpatient Average Length of Stay	6.24	5.69	9.6%	6.00	5.75	4.4%	6.12	-1.9%
Inpatient Case Mix Index (CMI)	1.701	1.706	-0.3%	1.657	1.706	-2.9%	1.818	-8.9%
Payor Mix (% of Charges)								
Charity & Self Pay	47.0%	46.2%	1.8%	47.4%	46.7%	1.6%	46.6%	1.8%
Medicaid & Medicaid Managed	22.0%	23.5%	-6.3%	22.3%	22.7%	-2.0%	20.3%	9.9%
Medicare & Medicare Managed	10.7%	11.6%	-7.8%	10.9%	11.0%	-1.3%	12.1%	-10.5%
Commercial & Other	20.3%	18.7%	8.3%	19.5%	19.5%	-0.2%	21.0%	-7.5%
Total Unduplicated Patients - Rolling 12				245,092			260,062	-5.8%
Total New Patient - Rolling 12				84,712			83,648	1.3%

Harris Health System

Statistical Highlights

November FY 2023

Cases Occupying Beds - CM

Actual	Budget	Prior Year
3,383	3,687	3,343

Cases Occupying Beds - YTD

Actual	Budget	Prior Year
7,174	7,395	6,766

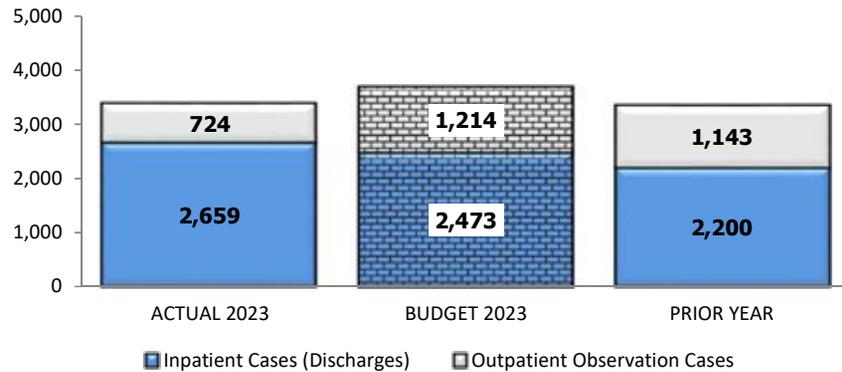
Emergency Visits - CM

Actual	Budget	Prior Year
12,165	12,419	11,787

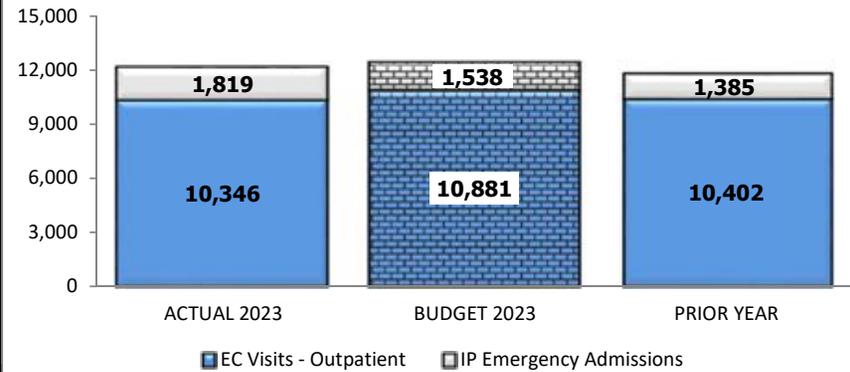
Emergency Visits - YTD

Actual	Budget	Prior Year
25,936	25,321	23,229

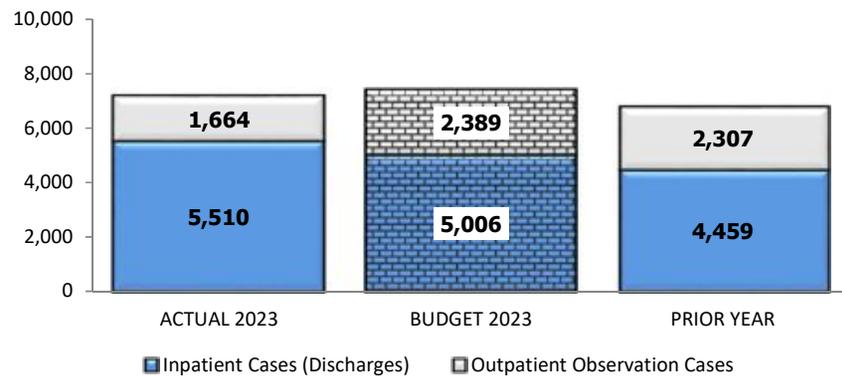
Cases Occupying Beds - Current Month



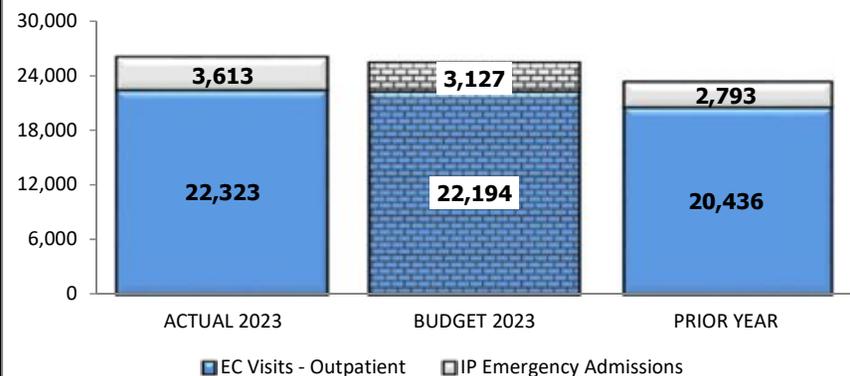
Emergency Visits - Current Month



Cases Occupying Beds - YTD



Emergency Visits - YTD



Harris Health System

Statistical Highlights

November FY 2023

Surgery Cases - CM

Actual	Budget	Prior Year
1,631	1,949	1,512

Surgery Cases - YTD

Actual	Budget	Prior Year
3,256	3,882	2,960

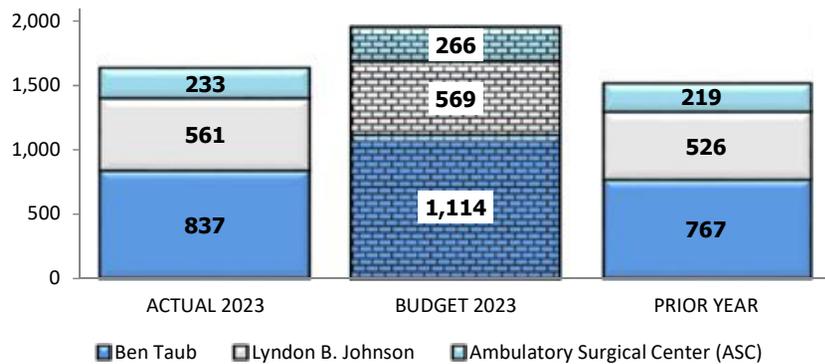
Clinic Visits - CM

Actual	Budget	Prior Year
73,592	71,738	74,214

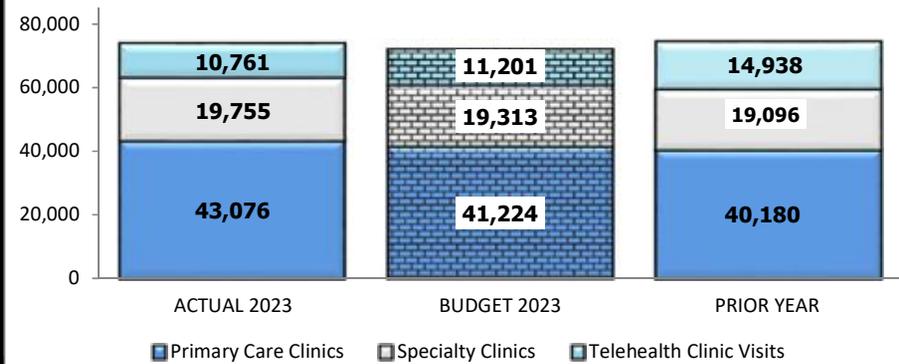
Clinic Visits - YTD

Actual	Budget	Prior Year
154,499	145,136	150,957

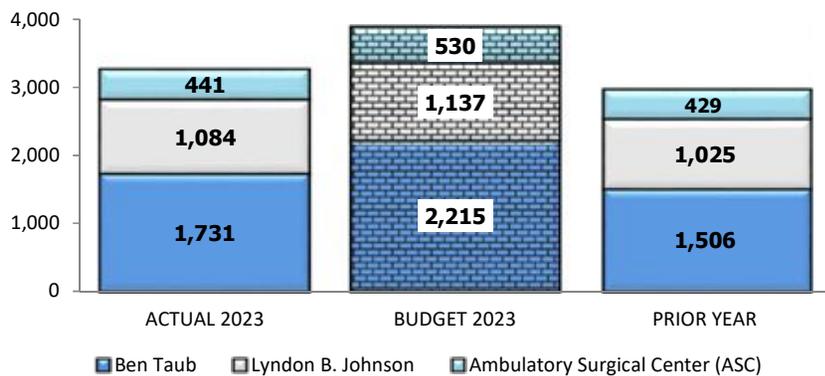
Surgery Cases - Current Month



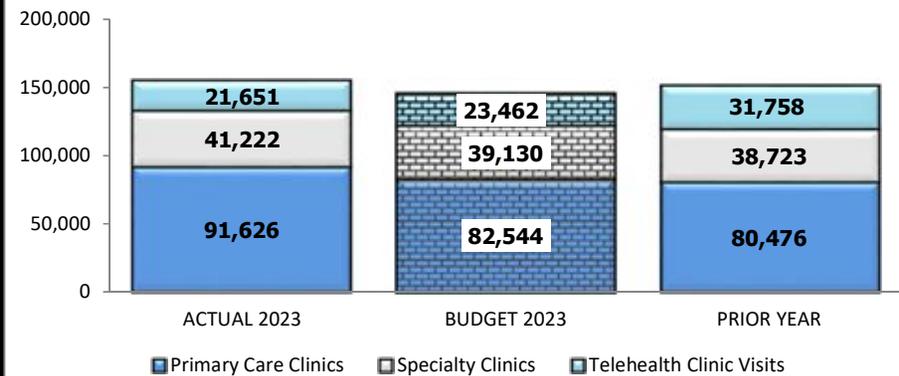
Clinic Visits - Current Month



Surgery Cases - YTD



Clinic Visits - YTD



Harris Health System

Statistical Highlights

November FY 2023

Adjusted Patient Days - CM

40,737

Adjusted Patient Days - YTD

83,081

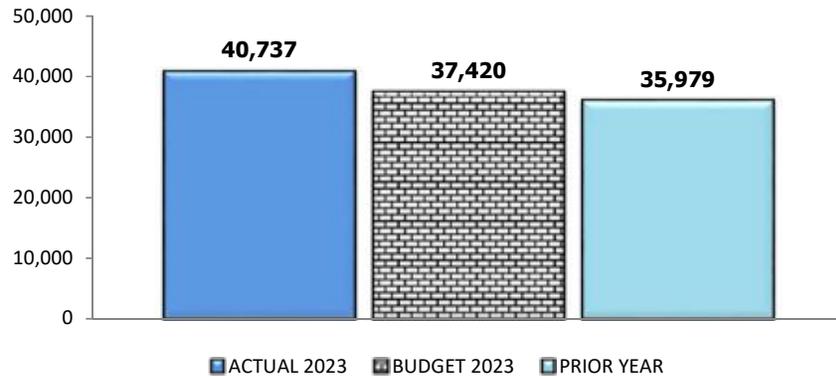
Average Daily Census - CM

630.6

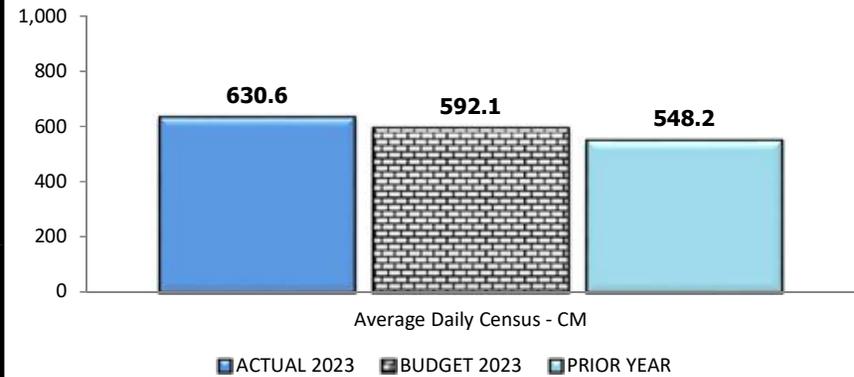
Average Daily Census - YTD

627.0

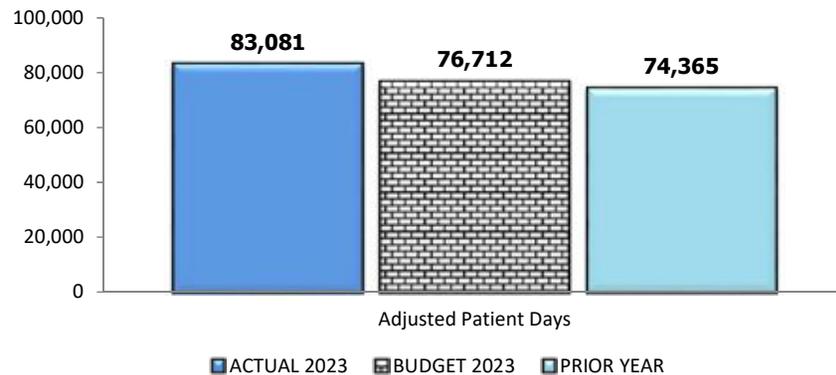
Adjusted Patient Days - Current Month



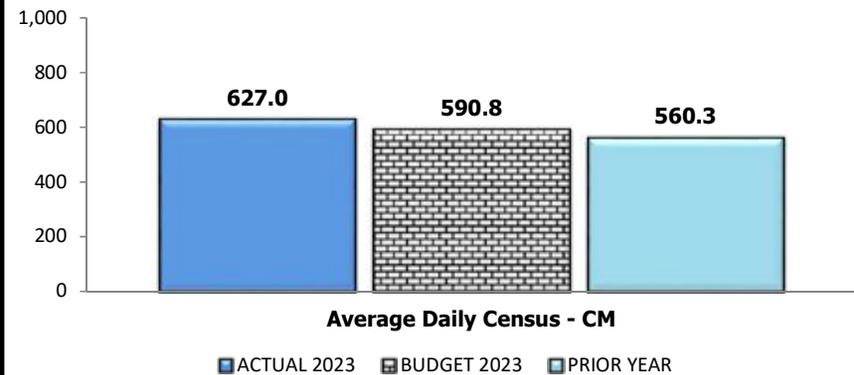
Average Daily Census - Current Month



Adjusted Patient Days - YTD



Average Daily Census - YTD



Harris Health System

Statistical Highlights

November FY 2023

Inpatient ALOS - CM

6.24

Inpatient ALOS - YTD

6.00

Case Mix Index (CMI) - CM

Overall

Excl. Obstetrics

1.701

1.989

Case Mix Index (CMI) - YTD

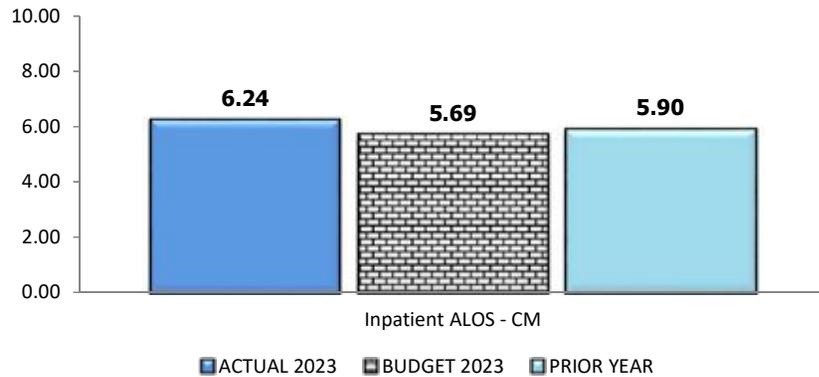
Overall

Excl. Obstetrics

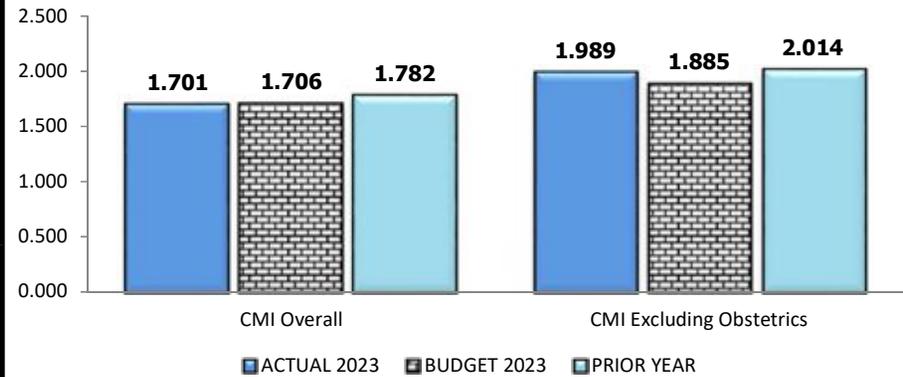
1.657

1.836

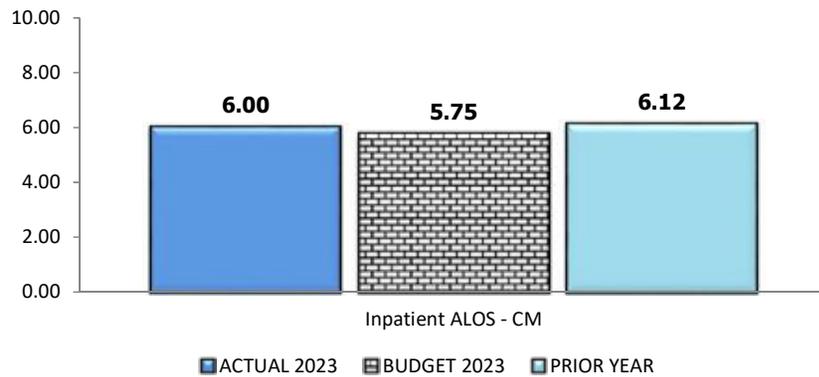
Inpatient ALOS - Current Month



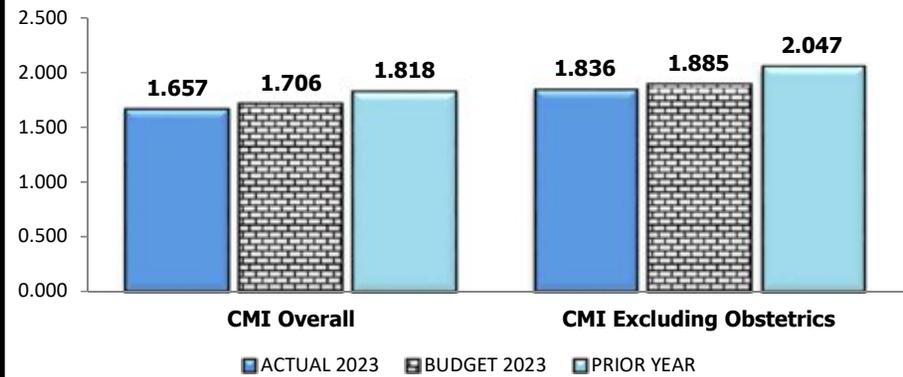
Case Mix Index - Current Month



Inpatient ALOS - YTD



Case Mix Index - YTD



Harris Health System

Statistical Highlights - Cases Occupying Beds

November FY 2023

BT Cases Occupying Beds - CM

Actual	Budget	Prior Year
1,983	2,108	2,021

BT Cases Occupying Beds - YTD

Actual	Budget	Prior Year
4,193	4,278	4,112

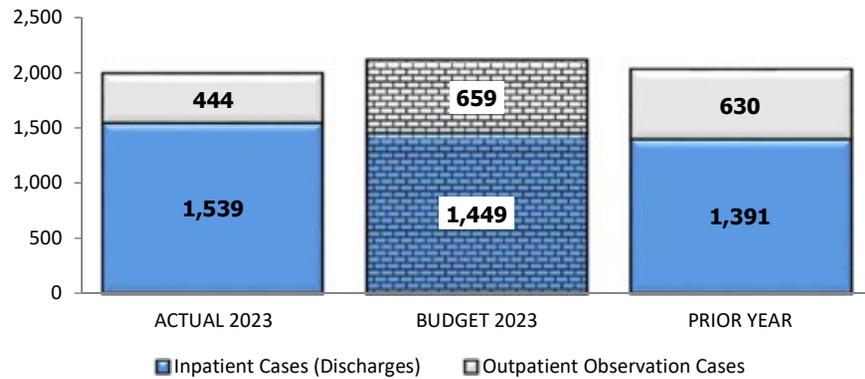
LBJ Cases Occupying Beds - CM

Actual	Budget	Prior Year
1,400	1,579	1,322

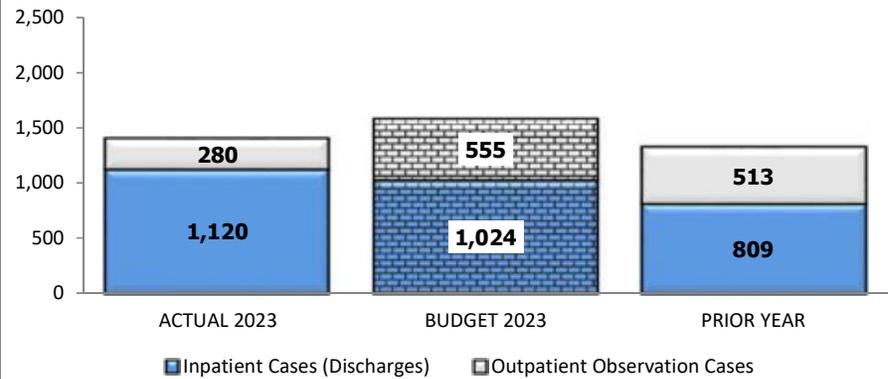
LBJ Cases Occupying Beds - YTD

Actual	Budget	Prior Year
2,981	3,117	2,654

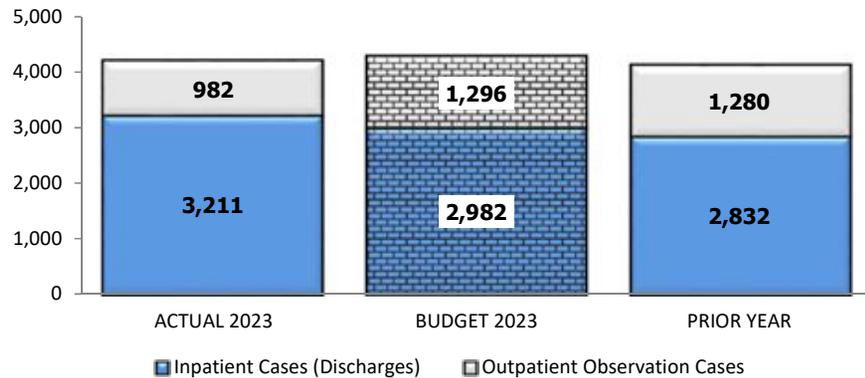
Ben Taub Cases - Current Month



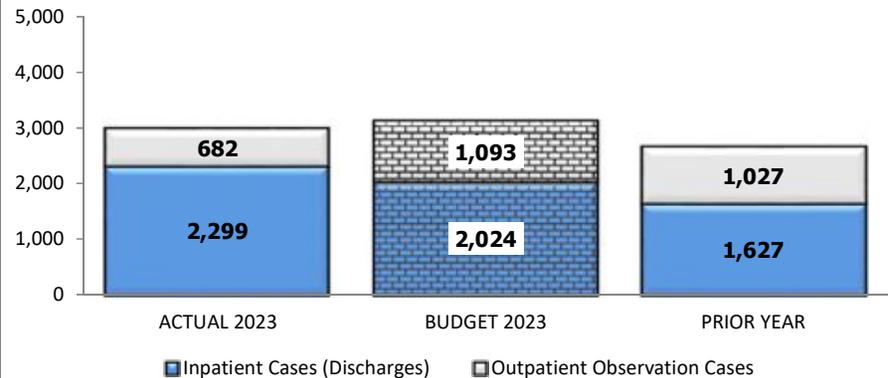
Lyndon B. Johnson Cases - Current Month



Ben Taub Cases - YTD



Lyndon B. Johnson Cases - YTD



Harris Health System

Statistical Highlights - Surgery Cases

November FY 2023

BT Surgery Cases - CM

Actual	Budget	Prior Year
837	1,114	767

BT Surgery Cases - YTD

Actual	Budget	Prior Year
1,731	2,215	1,506

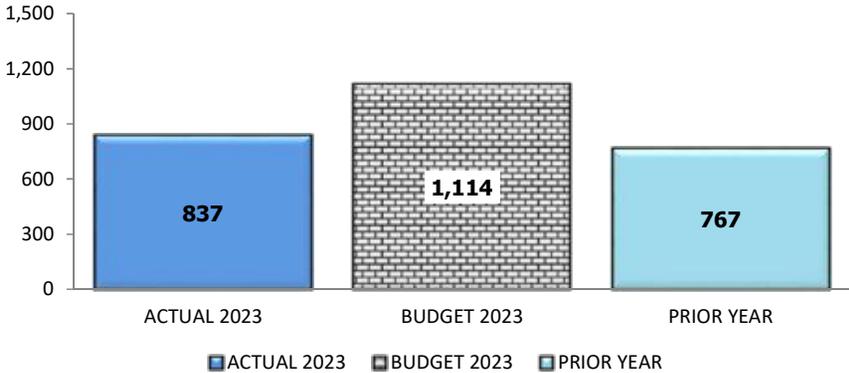
LBJ Surgery Cases - CM

Actual	Budget	Prior Year
794	835	745

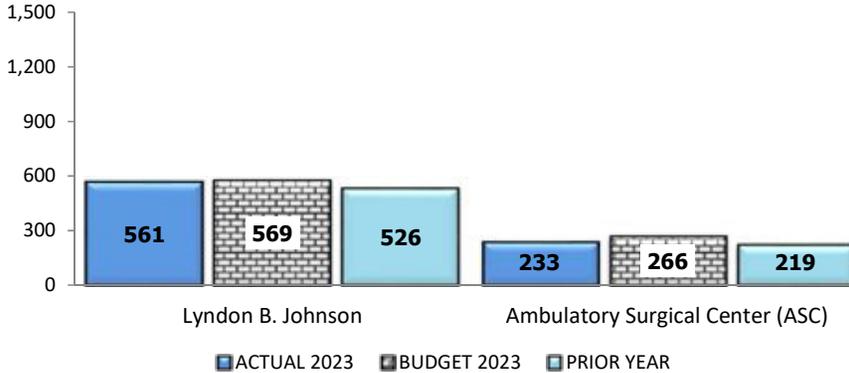
LBJ Surgery Cases - YTD

Actual	Budget	Prior Year
1,525	1,667	1,454

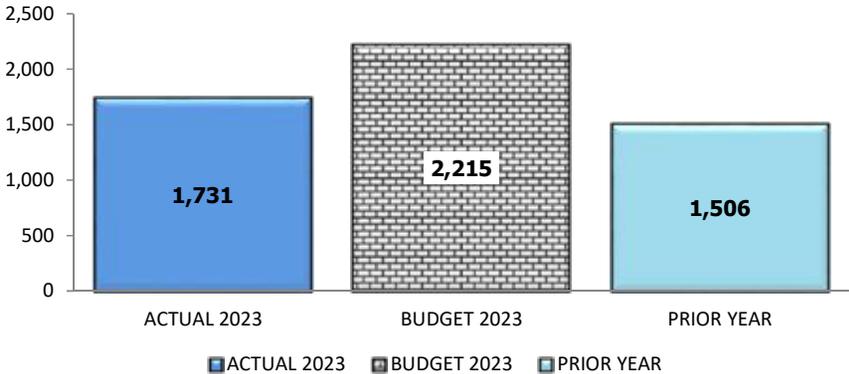
Ben Taub OR Cases - Current Month



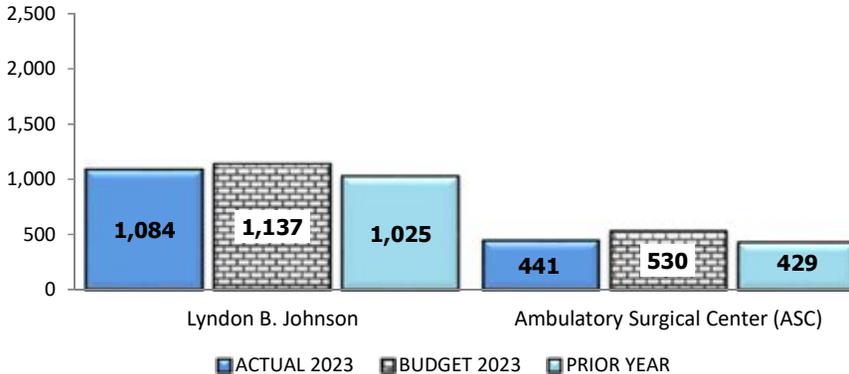
Lyndon B. Johnson OR Cases - Current Month



Ben Taub OR Cases - YTD



Lyndon B. Johnson OR Cases - YTD

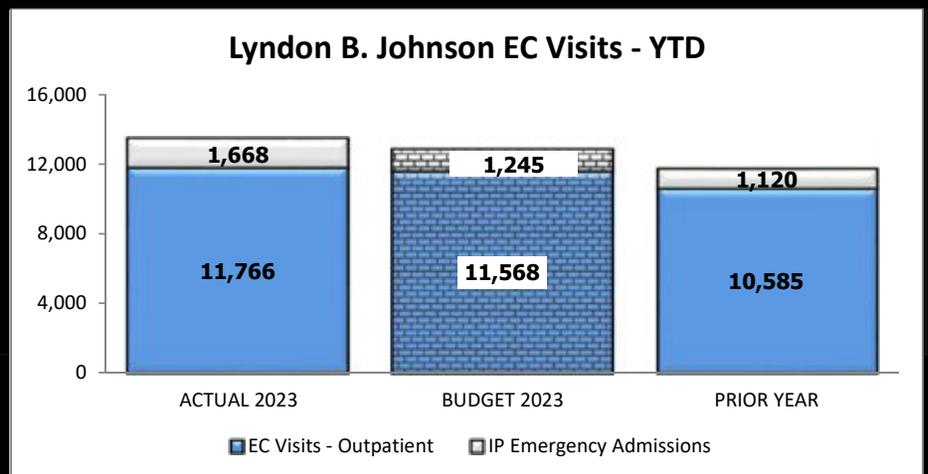
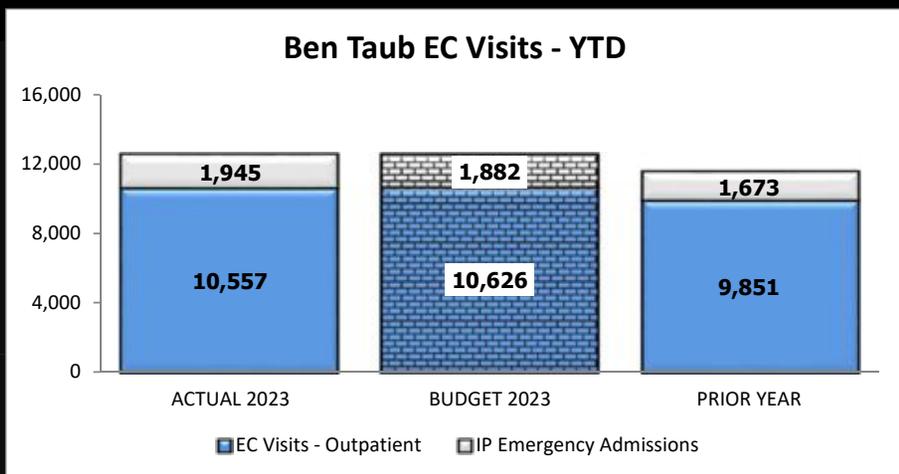
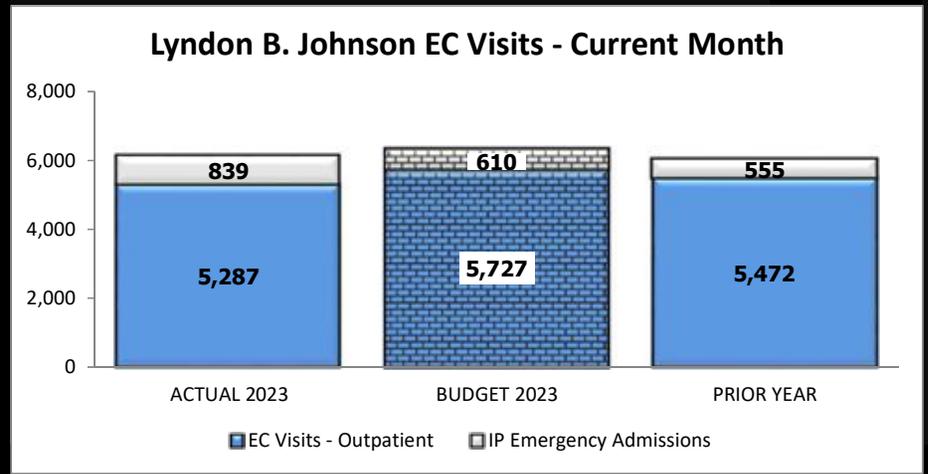
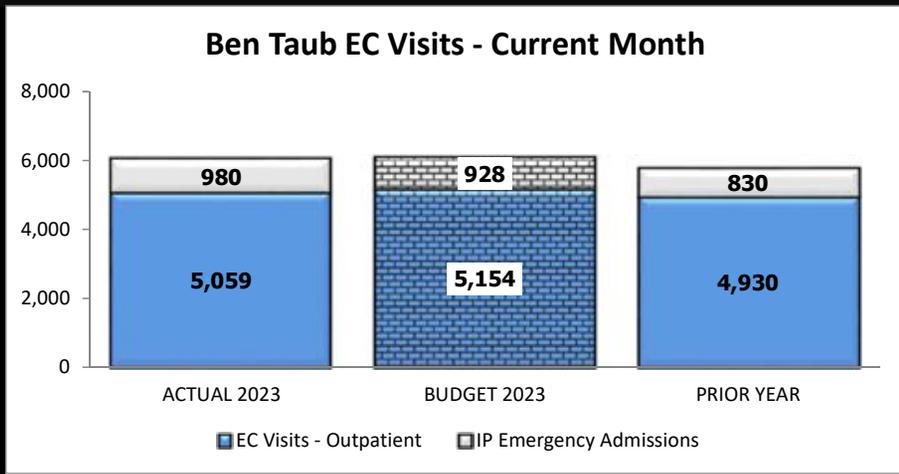


Harris Health System

Statistical Highlights - Emergency Room Visits

November 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
6,039	6,082	5,760	12,502	12,508	11,524	6,126	6,337	6,027	13,434	12,813	11,705



Harris Health System

Statistical Highlights - Births

November FY 2023

BT Births - CM

Actual	Budget	Prior Year
294	226	251

BT Births - YTD

Actual	Budget	Prior Year
611	462	499

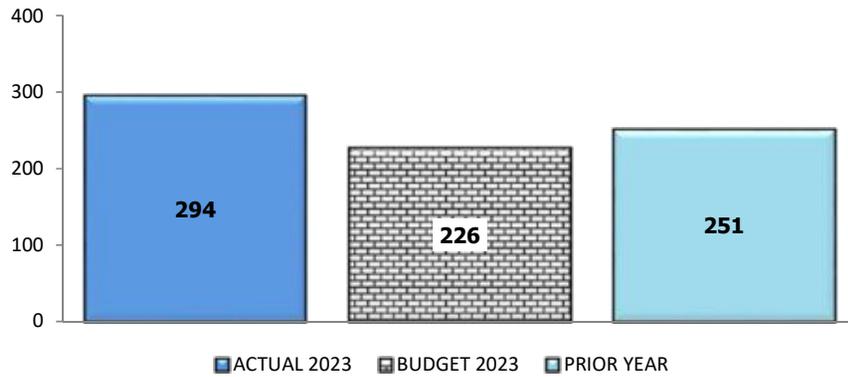
LBJ Births - CM

Actual	Budget	Prior Year
190	170	202

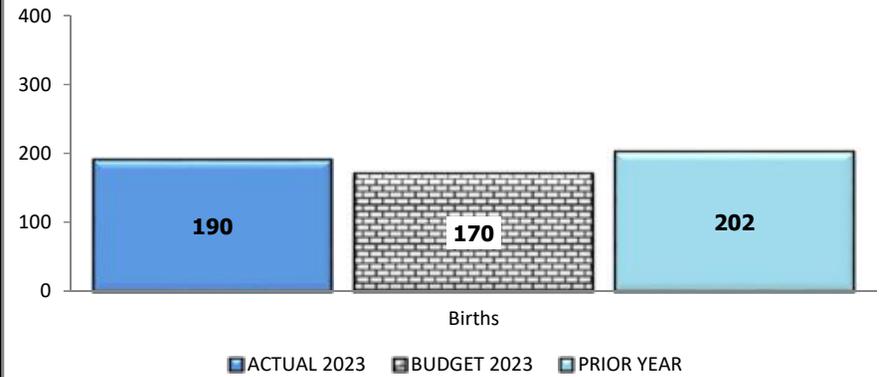
LBJ Births - YTD

Actual	Budget	Prior Year
396	348	380

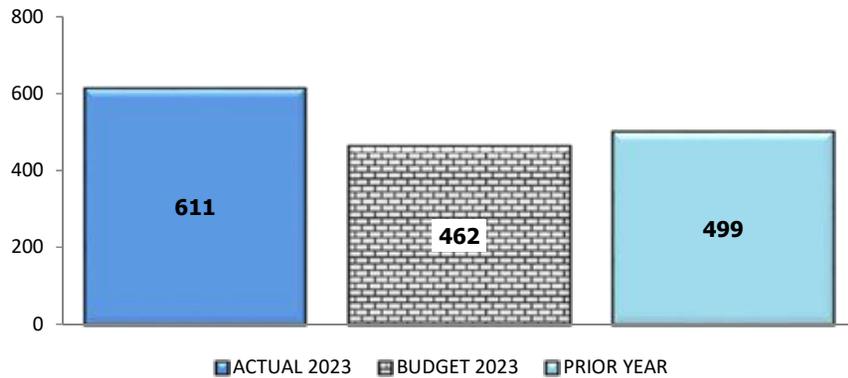
Ben Taub Births - Current Month



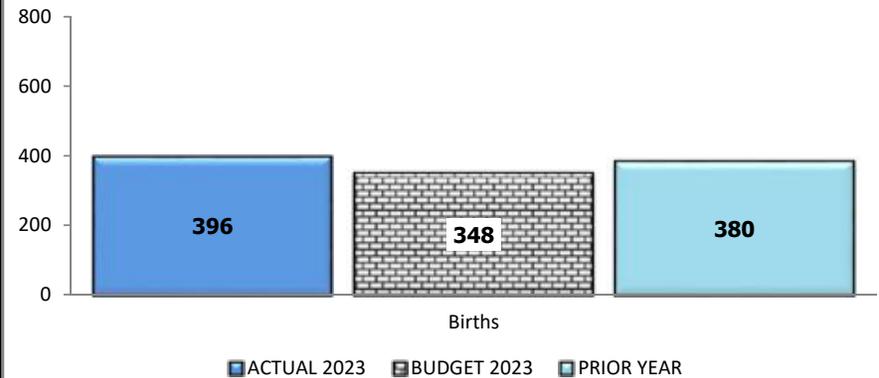
Lyndon B. Johnson Births - Current Month



Ben Taub Births - YTD



Lyndon B. Johnson Births - YTD



Harris Health System

Statistical Highlights - Adjusted Patient Days

November FY 2023

BT Adjusted Patient Days - CM

20,027

BT Adjusted Patient Days - YTD

40,670

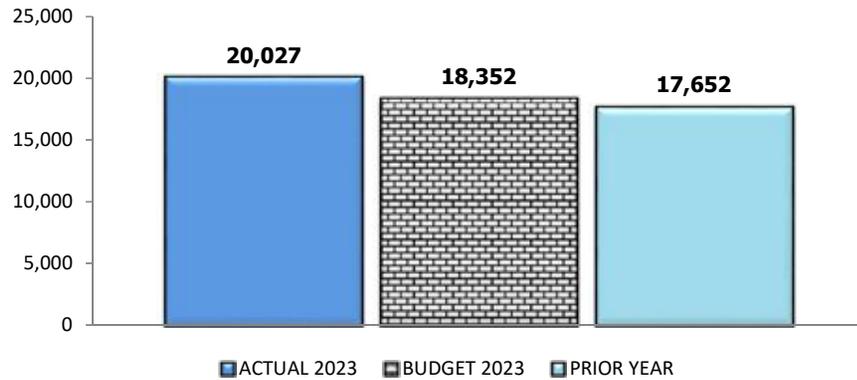
LBJ Adjusted Patient Days - CM

12,634

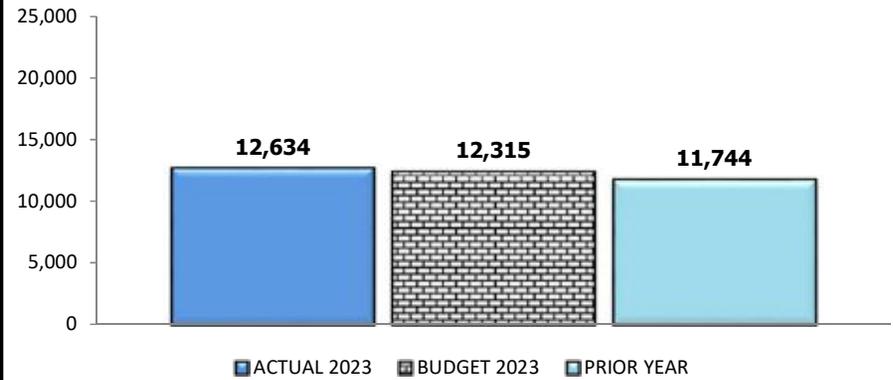
LBJ Adjusted Patient Days - YTD

25,943

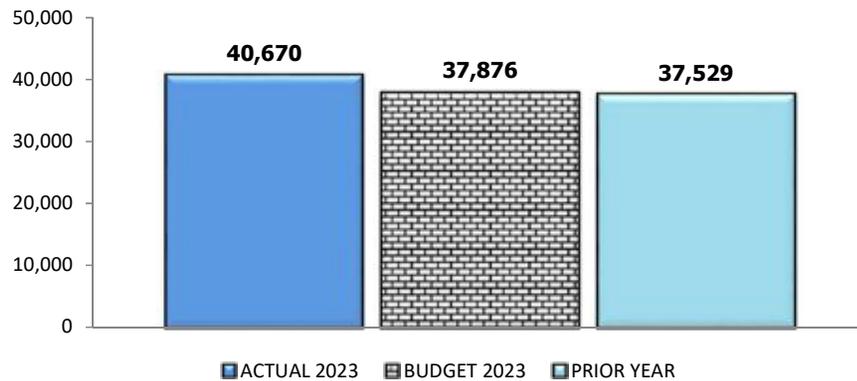
Ben Taub APD - Current Month



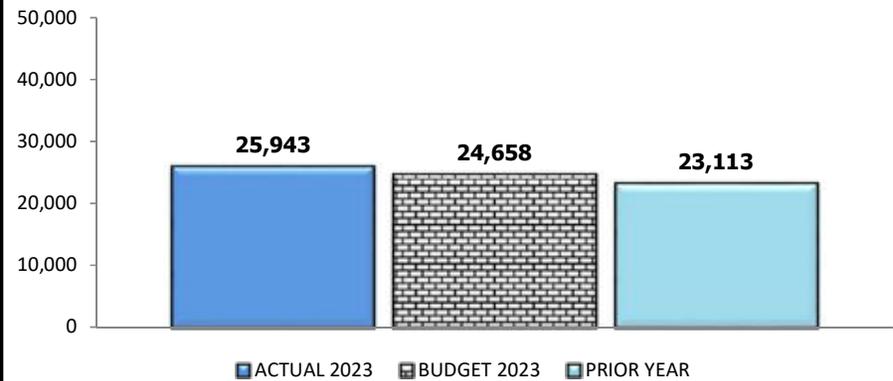
Lyndon B. Johnson APD - Current Month



Ben Taub APD - YTD



Lyndon B. Johnson APD - YTD



Harris Health System

Statistical Highlights - Average Daily Census (ADC)

November FY 2023

BT Average Daily Census - CM

402.7

BT Average Daily Census - YTD

402.8

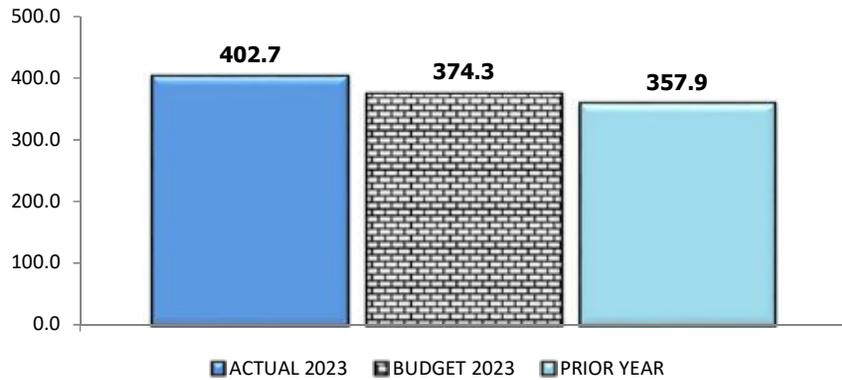
LBJ Average Daily Census - CM

227.9

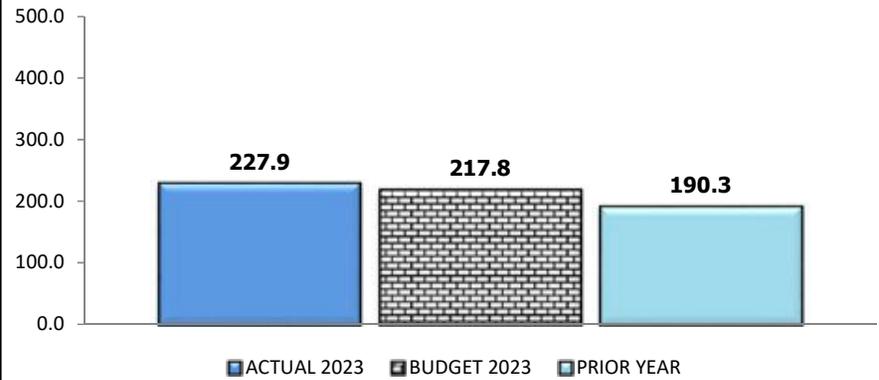
LBJ Average Daily Census - YTD

224.2

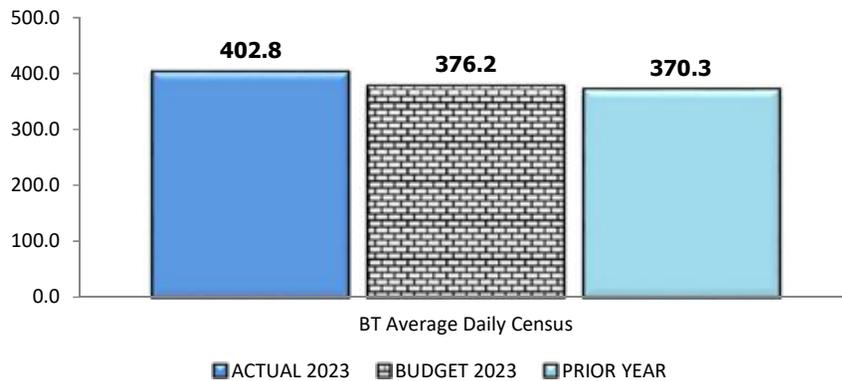
Ben Taub ADC - Current Month



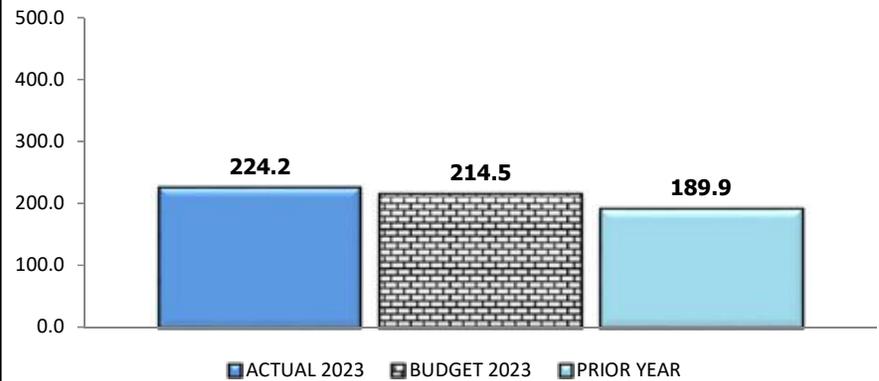
Lyndon B. Johnson ADC - Current Month



Ben Taub ADC - YTD



Lyndon B. Johnson ADC - YTD



Harris Health System

Statistical Highlights - Inpatient Average Length of Stay (ALOS)

November FY 2023

BT Inpatient ALOS - CM

6.87

BT Inpatient ALOS - YTD

6.63

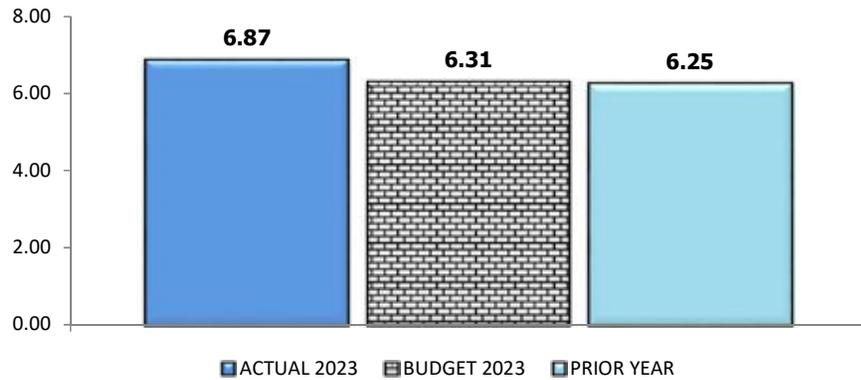
LBJ Inpatient ALOS - CM

5.37

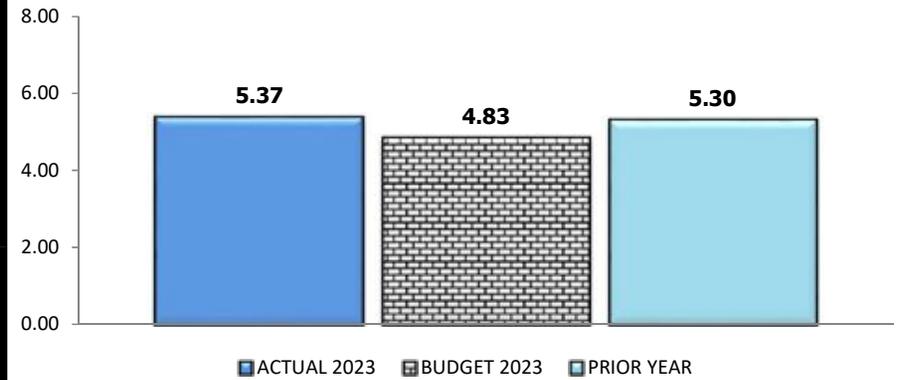
LBJ Inpatient ALOS - YTD

5.13

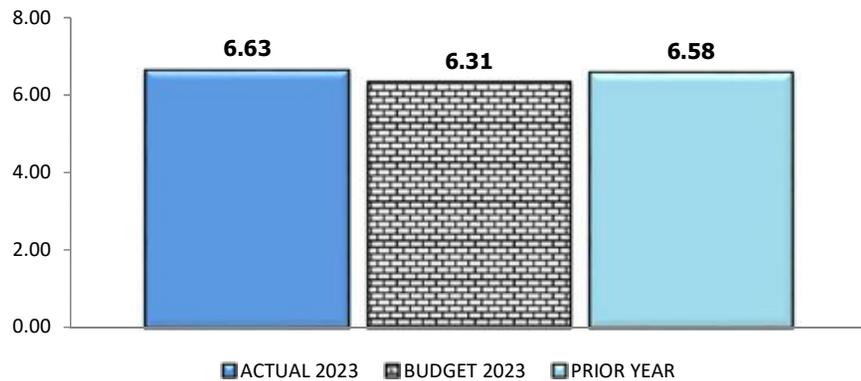
Ben Taub ALOS - Current Month



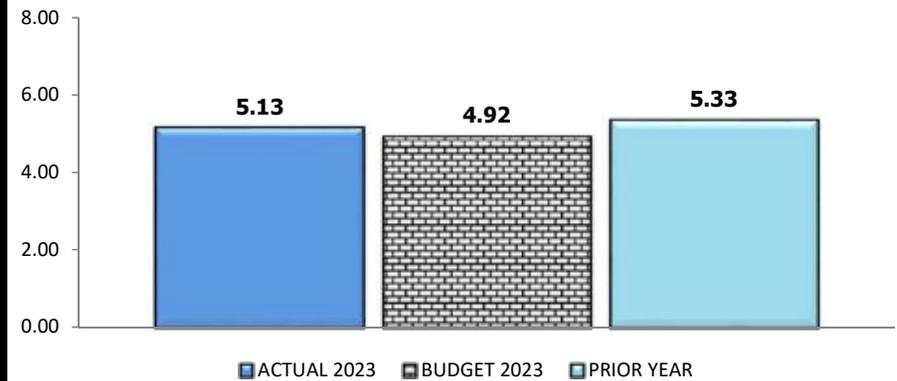
Lyndon B. Johnson ALOS - Current Month



Ben Taub ALOS - YTD



Lyndon B. Johnson ALOS - YTD



Harris Health System

Statistical Highlights - Case Mix Index (CMI)

November FY 2023

BT Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.774	2.001

BT Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.751	1.958

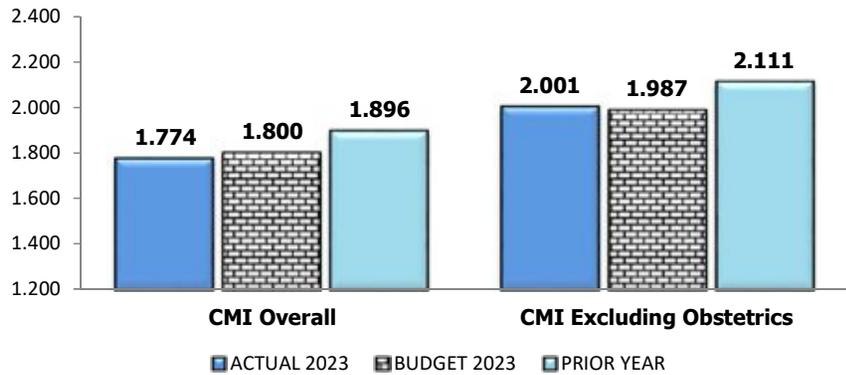
LBJ Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.602	1.974

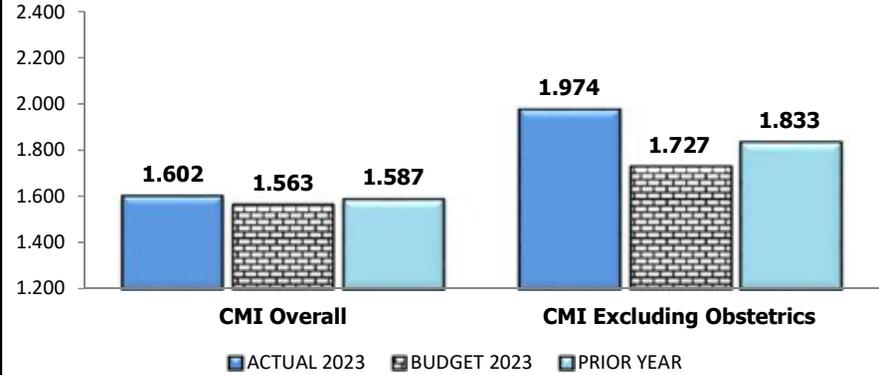
LBJ Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.524	1.668

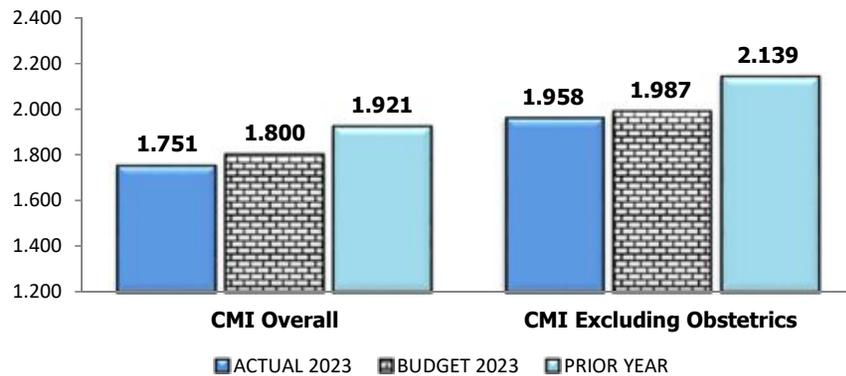
Ben Taub CMI - Current Month



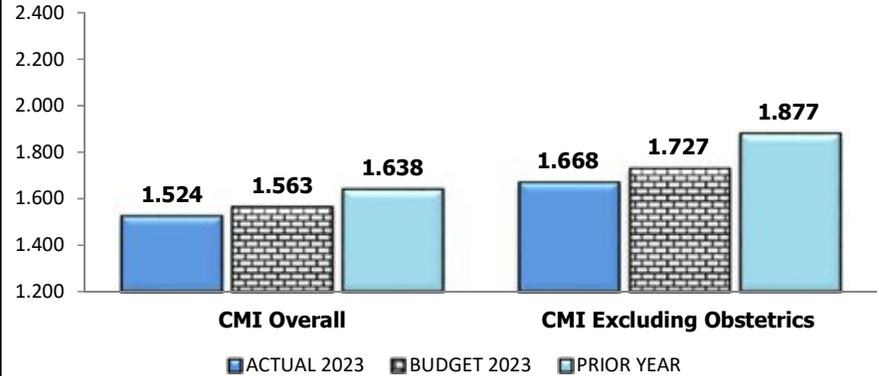
Lyndon B. Johnson CMI - Current Month



Ben Taub CMI - YTD



Lyndon B. Johnson CMI - YTD





Financial Statements

As of December 31, 2022



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Financial Highlights Review

As of December 31, 2022

Operating income for the quarter ended December 31, 2022 was \$55.0 million compared to budgeted income of \$10.9 million.

Total quarterly net revenue for December of \$598.6 million was \$26.0 million or 4.5% more than budget. Improved investment returns contributed \$9.2 million to the positive variance. Medicaid Supplemental programs were \$13.8 million greater than expected primarily due to the updated Hospital Augmented Reimbursement Program projections received from the State.

Total quarterly expenses of \$543.6 million were \$18.1 million or 3.2% less than budget. Staff costs were \$12.0 million under budget as a result of a reduction in contract labor utilization and decreases in benefits expense. Physician services were \$7.3 million less than projected mostly due to the unfilled faculty vacancies and prior period adjustments.

For the first quarter, total patient days and average daily census increased 5.7% compared to budget. Inpatient case mix index, a measure of patient acuity, was 2.7% lower while length of stay was 4.7% higher than budget. Emergency room visits were 1.0% higher than planned for the quarter. Total clinic visits, including telehealth, were 4.8% higher compared to budget. Births were up 21.1%.

Total cash receipts for the quarter were \$889.7 million. The System has \$1,151.7 million in unrestricted cash, cash equivalents and investments, representing 200.4 days cash on hand. Harris Health System has \$146.4 million in net accounts receivable, representing 73.0 days of outstanding patient accounts receivable at December 31, 2022. The December balance sheet reflects a combined net receivable position of \$162.9 million under the various Medicaid Supplemental programs.

Income Statement

As of the Quarter Ended December 31, 2022 (In \$ Millions)

	QUARTER-TO-DATE			YEAR-TO-DATE				
	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	PRIOR YEAR	PERCENT VARIANCE
REVENUE								
Net Patient Revenue	\$ 184.7	\$ 182.9	1.0%	\$ 184.7	\$ 182.9	1.0%	\$ 199.0	-7.2%
Medicaid Supplemental Programs	166.9	153.1	9.0%	166.9	153.1	9.0%	92.9	79.7%
Other Operating Revenue	29.1	27.6	5.6%	29.1	27.6	5.6%	7.1	311.2%
Total Operating Revenue	\$ 380.7	\$ 363.6	4.7%	\$ 380.7	\$ 363.6	4.7%	\$ 298.9	27.3%
Net Ad Valorem Taxes	207.8	207.8	0.0%	207.8	207.8	0.0%	201.5	3.1%
Net Tobacco Settlement Revenue	-	-	0.0%	-	-	0.0%	-	0.0%
Capital Gifts & Grants	-	-	0.0%	-	-	0.0%	-	0.0%
Interest Income & Other	10.1	1.3	711.7%	10.1	1.3	711.7%	17.2	-41.0%
Total Nonoperating Revenue	\$ 218.0	\$ 209.0	4.3%	\$ 218.0	\$ 209.0	4.3%	\$ 218.7	-0.3%
Total Net Revenue	\$ 598.6	\$ 572.6	4.5%	\$ 598.6	\$ 572.6	4.5%	\$ 517.6	15.7%
EXPENSE								
Salaries and Wages	\$ 215.8	\$ 220.8	2.2%	\$ 215.8	\$ 220.8	2.2%	\$ 207.5	-4.0%
Employee Benefits	66.1	73.2	9.6%	66.1	73.2	9.6%	68.8	3.9%
Total Labor Cost	\$ 282.0	\$ 293.9	4.1%	\$ 282.0	\$ 293.9	4.1%	\$ 276.4	-2.0%
Supply Expenses	72.9	69.9	-4.2%	72.9	69.9	-4.2%	71.6	-1.8%
Physician Services	100.6	107.9	6.8%	100.6	107.9	6.8%	89.2	-12.7%
Purchased Services	66.5	66.9	0.5%	66.5	66.9	0.5%	71.9	7.5%
Depreciation & Interest	21.6	23.0	6.2%	21.6	23.0	6.2%	18.4	-17.0%
Total Operating Expense	\$ 543.6	\$ 561.7	3.2%	\$ 543.6	\$ 561.7	3.2%	\$ 527.6	-3.0%
Operating Income (Loss)	\$ 55.0	\$ 10.9		\$ 55.0	\$ 10.9		\$ (10.0)	
Total Margin %	9.2%	1.9%		9.2%	1.9%		-1.9%	

Balance Sheet

HARRISHEALTH
SYSTEM

the Quarter Ended December 31, 2022 (In \$ Millions)

	<u>CURRENT YEAR</u>	<u>PRIOR YEAR</u>
<u>CURRENT ASSETS</u>		
Cash, Cash Equivalents and Short Term Investments	\$ 1,151.7	\$ 1,005.0
Net Patient Accounts Receivable	146.4	90.7
Net Ad Valorem Taxes, Current Portion	(2.9)	434.3
Other Current Assets	260.2	150.6
Total Current Assets	\$ 1,555.4	\$ 1,680.6
<u>CAPITAL ASSETS</u>		
Plant, Property, & Equipment, Net of Accumulated Depreciation	\$ 415.1	\$ 438.4
Construction in Progress	181.0	103.3
Right of Use Assets	44.9	-
Total Capital Assets	\$ 640.9	\$ 541.7
<u>ASSETS LIMITED AS TO USE & RESTRICTED ASSETS</u>		
Debt Service & Capital Asset Funds	\$ 40.1	\$ 50.4
LPPF Restricted Cash	24.7	29.7
Capital Gift Proceeds	45.8	-
Other - Restricted	1.0	1.0
Total Assets Limited As to Use & Restricted Assets	\$ 111.6	\$ 81.2
Other Assets	30.4	12.0
Deferred Outflows of Resources	188.5	179.3
Total Assets & Deferred Outflows of Resources	\$ 2,526.9	\$ 2,494.8
<u>CURRENT LIABILITIES</u>		
Accounts Payable and Accrued Liabilities	\$ 186.3	\$ 187.8
Employee Compensation & Related Liabilities	132.6	117.3
Estimated Third-Party Payor Settlements	14.9	13.5
Current Portion Long-Term Debt and Capital Leases	20.3	12.3
Total Current Liabilities	\$ 354.0	\$ 330.8
Long-Term Debt	331.5	307.8
Net Pension & Post Employment Benefits Liability	598.2	737.7
Other Long-Term Liabilities	8.0	24.1
Deferred Inflows of Resources	218.7	112.4
Total Liabilities	\$ 1,510.4	\$ 1,512.9
Total Net Assets	\$ 1,016.5	\$ 981.9
Total Liabilities & Net Assets	\$ 2,526.9	\$ 2,494.8

Cash Flow Summary

As of the Quarter Ended December 31, 2022 (In \$ Millions)

	QUARTER-TO-DATE		YEAR-TO-DATE	
	CURRENT YEAR	PRIOR YEAR	CURRENT YEAR	PRIOR YEAR
CASH RECEIPTS				
Collections on Patient Accounts	\$ 156.9	\$ 208.2	\$ 156.9	\$ 208.2
Medicaid Supplemental Programs	462.0	228.8	462.0	228.8
Net Ad Valorem Taxes	204.0	221.6	204.0	221.6
Tobacco Settlement	-	-	-	-
Other Revenue	66.8	39.7	66.8	39.7
Total Cash Receipts	\$ 889.7	\$ 698.3	\$ 889.7	\$ 698.3
CASH DISBURSEMENTS				
Salaries, Wages and Benefits	\$ 313.1	\$ 268.2	\$ 313.1	\$ 268.2
Supplies	73.8	69.5	73.8	69.5
Physician Services	96.4	90.7	96.4	90.7
Purchased Services	52.5	50.5	52.5	50.5
Capital Expenditures	32.5	25.9	32.5	25.9
Debt and Interest Payments	0.9	0.9	0.9	0.9
Other Uses	(8.5)	40.3	(8.5)	40.3
Total Cash Disbursements	\$ 560.8	\$ 545.9	\$ 560.8	\$ 545.9
Net Change	\$ 328.9	\$ 152.4	\$ 328.9	\$ 152.4

Unrestricted Cash, Cash Equivalents and Investments - September 30, 2022

\$ 822.8

Net Change

328.9

Unrestricted Cash, Cash Equivalents and Investments - November 30, 2022

\$ 1,151.7

Performance Ratios

As of the Quarter Ended December 31, 2022

	QUARTER-TO-DATE		YEAR-TO-DATE		
	CURRENT YEAR	CURRENT BUDGET	CURRENT YEAR	CURRENT BUDGET	PRIOR YEAR
<u>OPERATING HEALTH INDICATORS</u>					
Operating Margin %	9.2%	1.9%	9.2%	1.9%	-1.9%
Run Rate per Day (In\$ Millions)	\$ 5.7	\$ 5.9	\$ 5.7	\$ 5.9	\$ 5.6
Salary, Wages & Benefit per APD	\$ 2,265	\$ 2,568	\$ 2,265	\$ 2,568	\$ 2,488
Supply Cost per APD	\$ 586	\$ 611	\$ 586	\$ 611	\$ 645
Physician Services per APD	\$ 808	\$ 943	\$ 808	\$ 943	\$ 803
Total Expense per APD	\$ 4,367	\$ 4,908	\$ 4,367	\$ 4,908	\$ 4,749
Overtime as a % of Total Salaries	3.7%	1.6%	3.7%	1.6%	3.1%
Contract as a % of Total Salaries	5.8%	7.2%	5.8%	7.2%	7.1%
Full-time Equivalent Employees	9,866	10,168	9,866	10,168	9,271
<u>FINANCIAL HEALTH INDICATORS</u>					
Quick Ratio			4.3		5.0
Unrestricted Cash (In \$ Millions)			\$ 1,151.7	\$ 610.4	\$ 1,005.0
Days Cash on Hand			200.4	107.6	180.4
Days Revenue in Accounts Receivable			73.0	53.7	41.9
Days in Accounts Payable			44.6		37.6
Capital Expenditures/Depreciation & Amortization			174.8%		164.3%
Average Age of Plant(years)			11.1		12.4

Harris Health System Key Indicators



Statistical Highlights

As of the Quarter Ended December 31, 2022

	QUARTER-TO-DATE			YEAR-TO-DATE				
	CURRENT YEAR	CURRENT BUDGET	PERCENT CHANGE	CURRENT YEAR	CURRENT BUDGET	PERCENT CHANGE	PRIOR YEAR	PERCENT CHANGE
Adjusted Patient Days	124,480	114,445	8.8%	124,480	114,445	8.8%	111,089	12.1%
Outpatient % of Adjusted Volume	60.1%	62.1%	-3.2%	60.1%	62.1%	-3.2%	63.0%	-4.7%
Primary Care Clinic Visits	131,474	120,974	8.7%	131,474	120,974	8.7%	118,050	11.4%
Specialty Clinic Visits	60,377	57,990	4.1%	60,377	57,990	4.1%	57,377	5.2%
Telehealth Clinic Visits	32,466	35,045	-7.4%	32,466	35,045	-7.4%	46,887	-30.8%
Total Clinic Visits	224,317	214,009	4.8%	224,317	214,009	4.8%	222,314	0.9%
Emergency Room Visits - Outpatient	32,891	33,248	-1.1%	32,891	33,248	-1.1%	31,001	6.1%
Emergency Room Visits - Admitted	5,410	4,677	15.7%	5,410	4,677	15.7%	4,098	32.0%
Total Emergency Room Visits	38,301	37,925	1.0%	38,301	37,925	1.0%	35,099	9.1%
Surgery Cases - Outpatient	2,565	3,181	-19.4%	2,565	3,181	-19.4%	2,292	11.9%
Surgery Cases - Inpatient	2,375	2,680	-11.4%	2,375	2,680	-11.4%	2,163	9.8%
Total Surgery Cases	4,940	5,861	-15.7%	4,940	5,861	-15.7%	4,455	10.9%
Total Outpatient Visits	366,093	364,095	0.5%	366,093	364,095	0.5%	371,733	-1.5%
Inpatient Cases (Discharges)	8,292	7,584	9.3%	8,292	7,584	9.3%	6,773	22.4%
Outpatient Observation Cases	2,419	3,595	-32.7%	2,419	3,595	-32.7%	3,449	-29.9%
Total Cases Occupying Patient Beds	10,711	11,179	-4.2%	10,711	11,179	-4.2%	10,222	4.8%
Births	1,507	1,244	21.1%	1,507	1,244	21.1%	1,371	9.9%
Inpatient Days	49,666	43,366	14.5%	49,666	43,366	14.5%	41,053	21.0%
Outpatient Observation Days	7,687	10,905	-29.5%	7,687	10,905	-29.5%	10,592	-27.4%
Total Patient Days	57,353	54,271	5.7%	57,353	54,271	5.7%	51,645	11.1%
Average Daily Census	623.4	589.9	5.7%	623.4	589.9	5.7%	561.4	11.1%
Average Operating Beds	681	681	0.0%	681	681	0.0%	677	0.6%
Bed Occupancy %	91.5%	86.6%	5.7%	91.5%	86.6%	5.7%	82.9%	10.4%
Inpatient Average Length of Stay	5.99	5.72	4.7%	5.99	5.72	4.7%	6.06	-1.2%
Inpatient Case Mix Index (CMI)	1.661	1.706	-2.7%	1.661	1.706	-2.7%	1.797	-7.6%
Payor Mix (% of Charges)								
Charity & Self Pay	46.6%	46.7%	-0.3%	46.6%	46.7%	-0.2%	46.7%	-0.3%
Medicaid & Medicaid Managed	22.9%	22.7%	1.1%	22.9%	22.7%	1.1%	21.0%	9.5%
Medicare & Medicare Managed	10.8%	11.0%	-1.5%	10.8%	11.0%	-1.5%	12.0%	-9.6%
Commercial & Other	19.6%	19.5%	0.7%	19.6%	19.5%	0.7%	20.3%	-3.4%
Total Unduplicated Patients - Rolling 12				241,493			261,095	-7.5%
Total New Patient - Rolling 12				84,727			82,647	2.5%

Harris Health System

Statistical Highlights

As of the Quarter Ended December 31, 2022

Cases Occupying Beds - Q1

Actual	Budget	Prior Year
10,711	11,179	10,222

Cases Occupying Beds - YTD

Actual	Budget	Prior Year
10,711	11,179	10,222

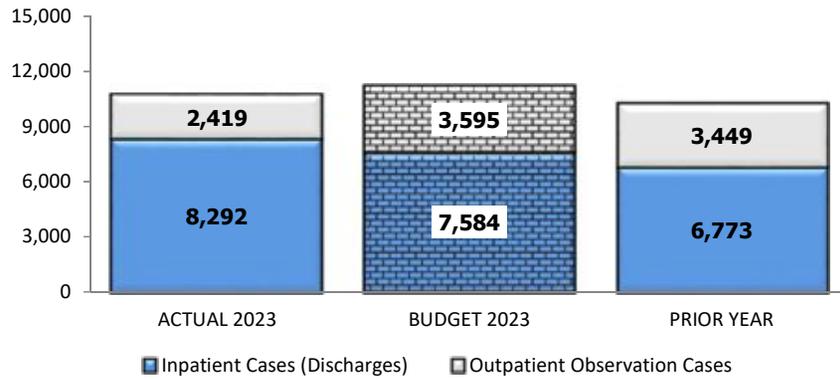
Emergency Visits - Q1

Actual	Budget	Prior Year
38,301	37,925	35,099

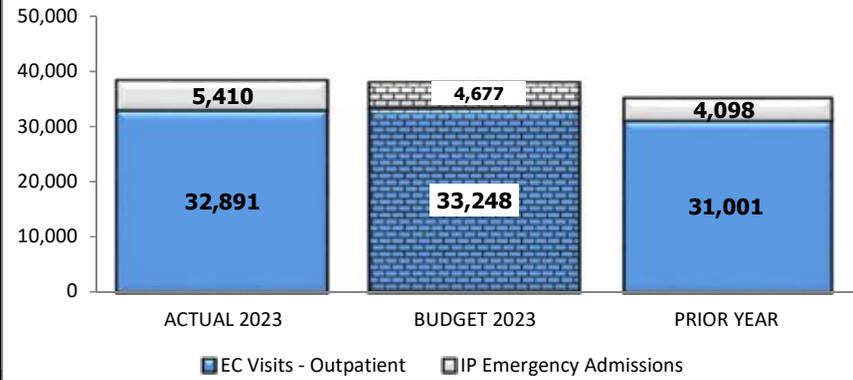
Emergency Visits - YTD

Actual	Budget	Prior Year
38,301	37,925	35,099

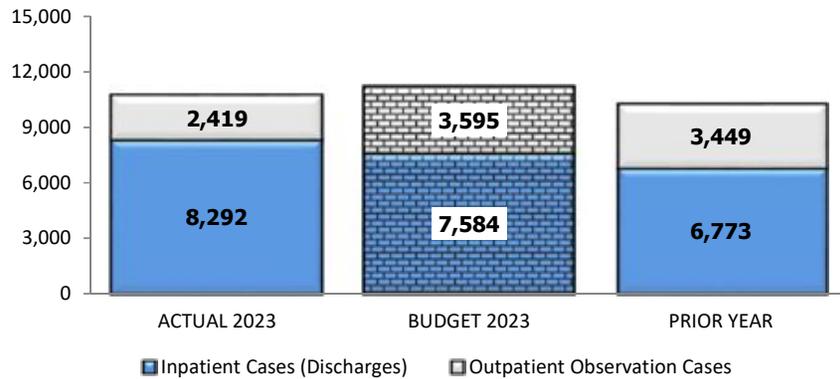
Cases Occupying Beds - Quarter End



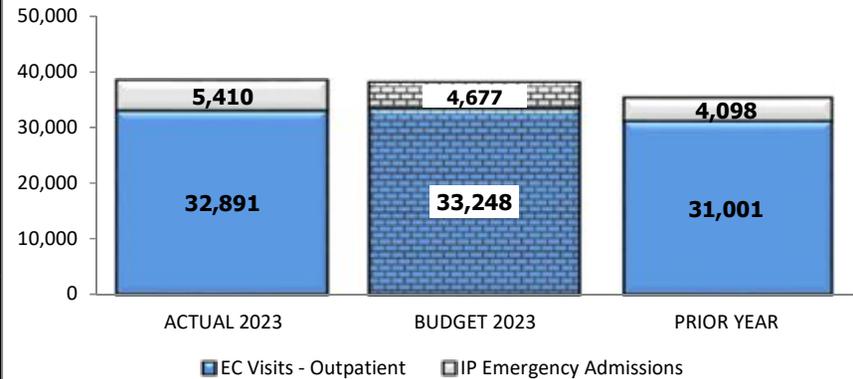
Emergency Visits - Quarter End



Cases Occupying Beds - YTD



Emergency Visits - YTD



Harris Health System

Statistical Highlights

As of the Quarter Ended December 31, 2022

Surgery Cases - Q1

Actual	Budget	Prior Year
4,940	5,861	4,455

Surgery Cases - YTD

Actual	Budget	Prior Year
4,940	5,861	4,455

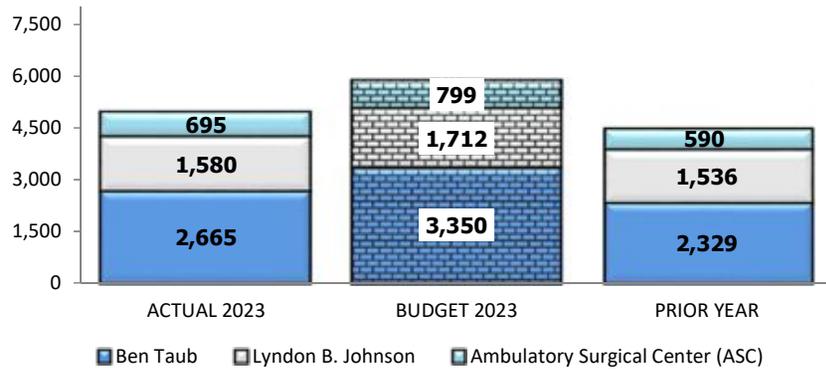
Clinic Visits - Q1

Actual	Budget	Prior Year
224,317	214,009	222,314

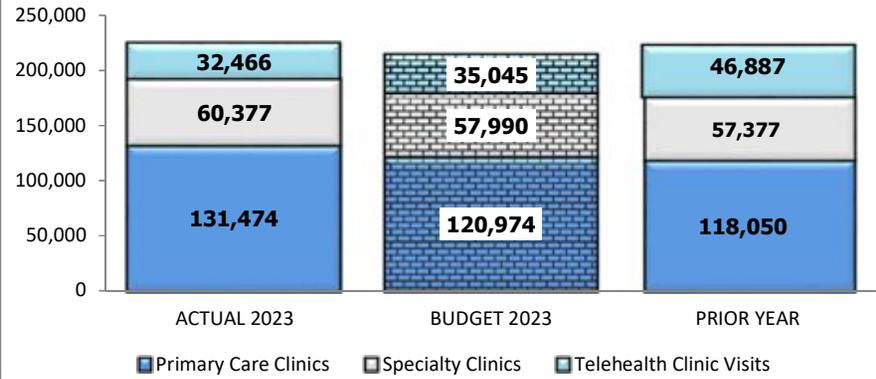
Clinic Visits - YTD

Actual	Budget	Prior Year
224,317	214,009	222,314

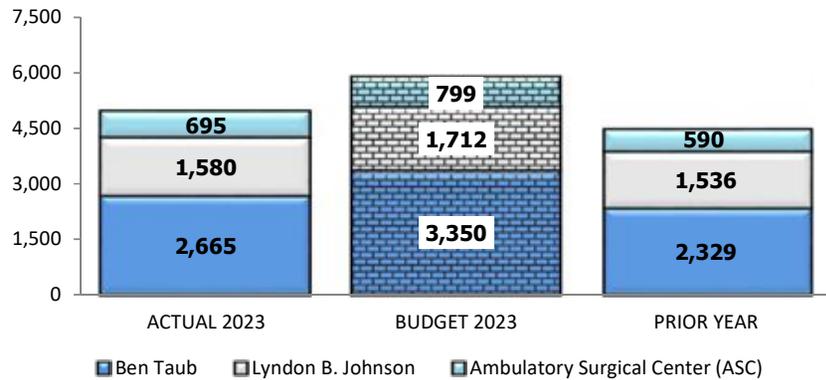
Surgery Cases - Quarter End



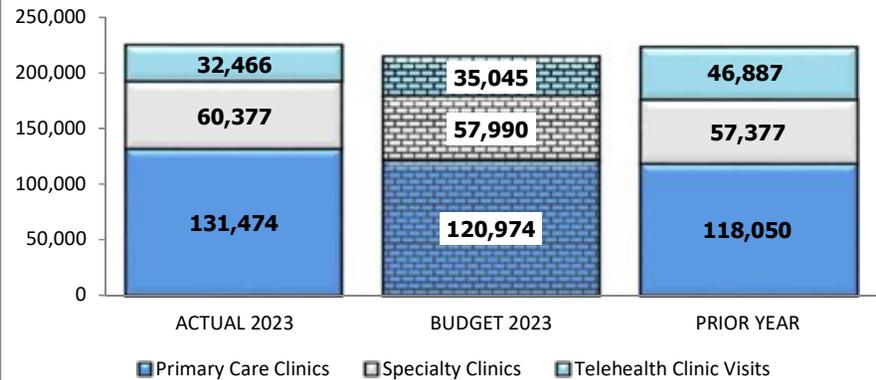
Clinic Visits - Quarter End



Surgery Cases - YTD



Clinic Visits - YTD



Harris Health System

Statistical Highlights

As of the Quarter Ended December 31, 2022

Adjusted Patient Days - Q1

124,480

Adjusted Patient Days - YTD

124,480

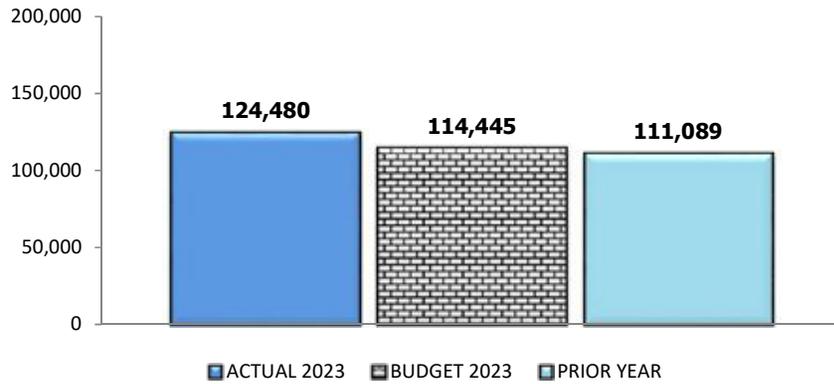
Average Daily Census - Q1

623.4

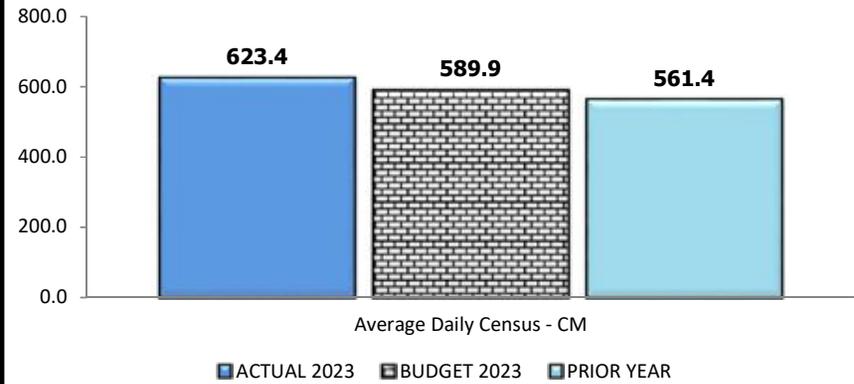
Average Daily Census - YTD

623.4

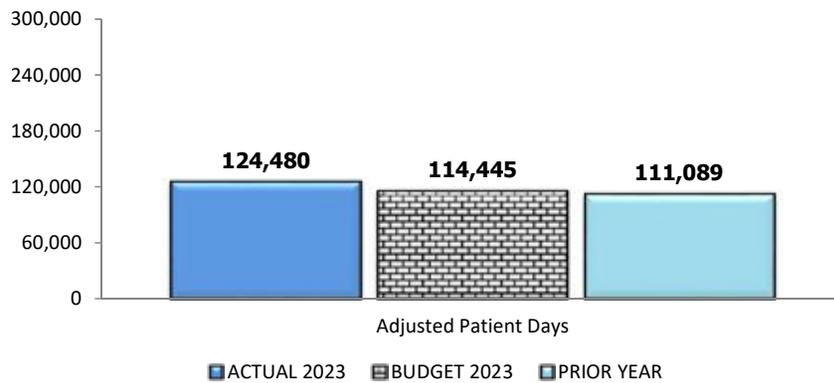
Adjusted Patient Days - Quarter End



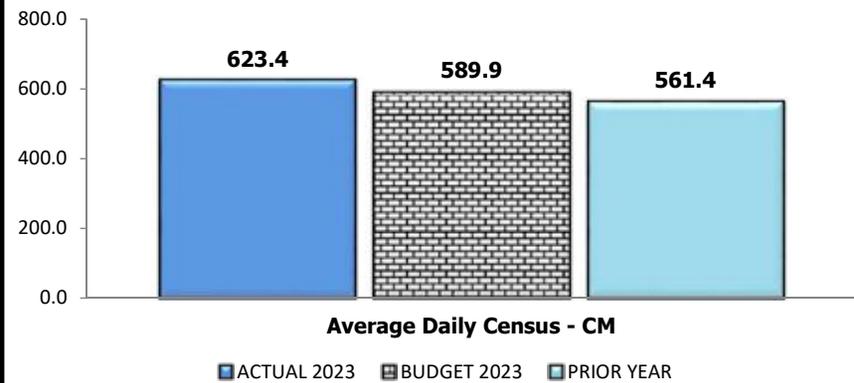
Average Daily Census - Quarter End



Adjusted Patient Days - YTD



Average Daily Census - YTD



Harris Health System

Statistical Highlights

As of the Quarter Ended December 31, 2022

Inpatient ALOS - Q1

5.99

Inpatient ALOS - YTD

5.99

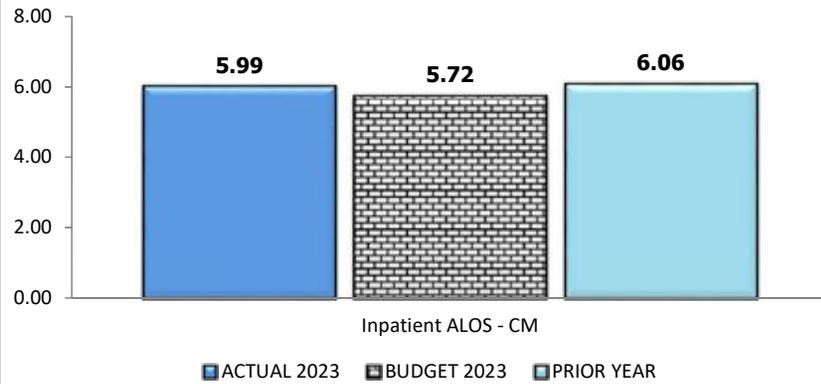
Case Mix Index - Q1

Overall	Excl. Obstetrics
1.661	1.841

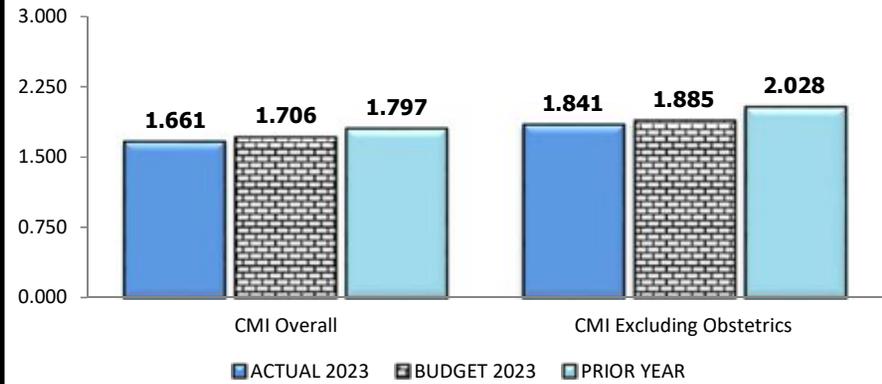
Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.661	1.841

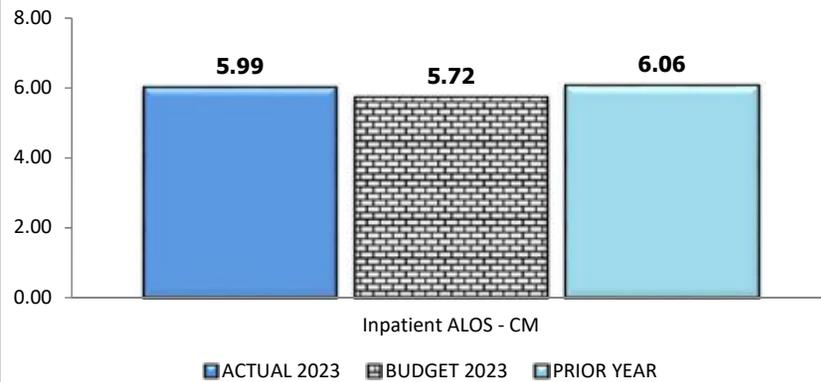
Inpatient ALOS - Quarter End



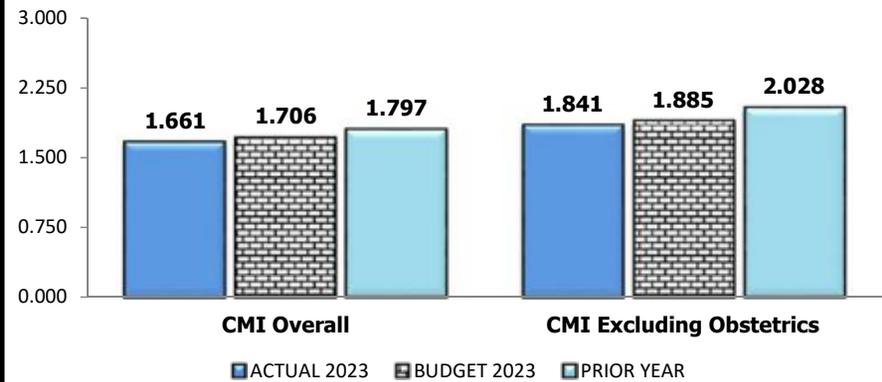
Case Mix Index - Quarter End



Inpatient ALOS - YTD



Case Mix Index - YTD



Harris Health System

Statistical Highlights - Cases Occupying Beds

As of the Quarter Ended December 31, 2022

BT Cases Occupying Beds - Q1

Actual	Budget	Prior Year
6,324	6,455	6,218

BT Cases Occupying Beds - YTD

Actual	Budget	Prior Year
6,324	6,455	6,218

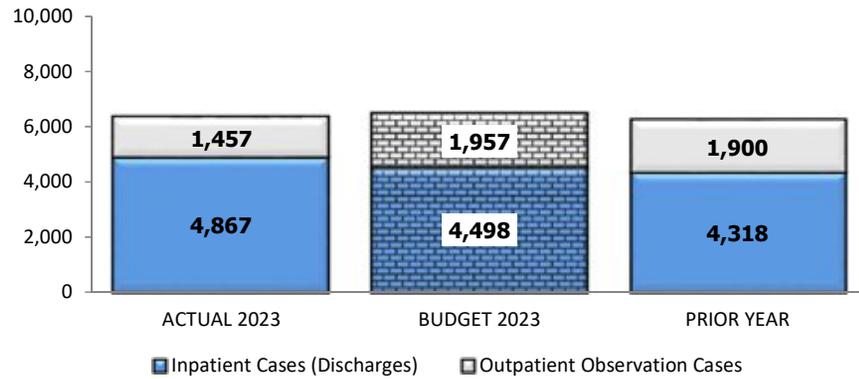
LBJ Cases Occupying Beds - Q1

Actual	Budget	Prior Year
4,387	4,724	4,004

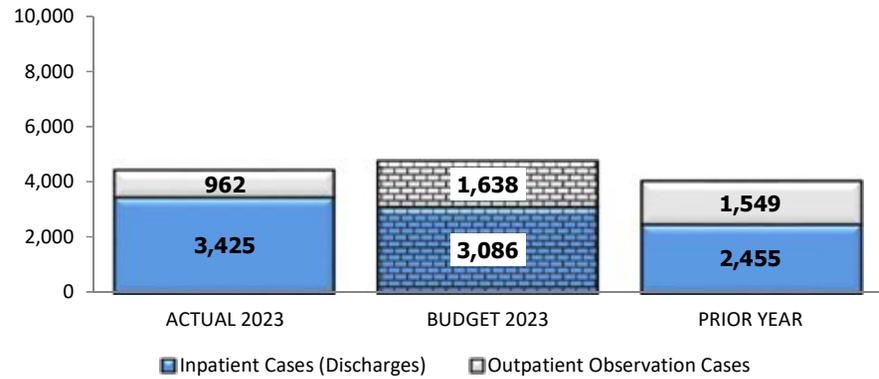
LBJ Cases Occupying Beds - YTD

Actual	Budget	Prior Year
4,387	4,724	4,004

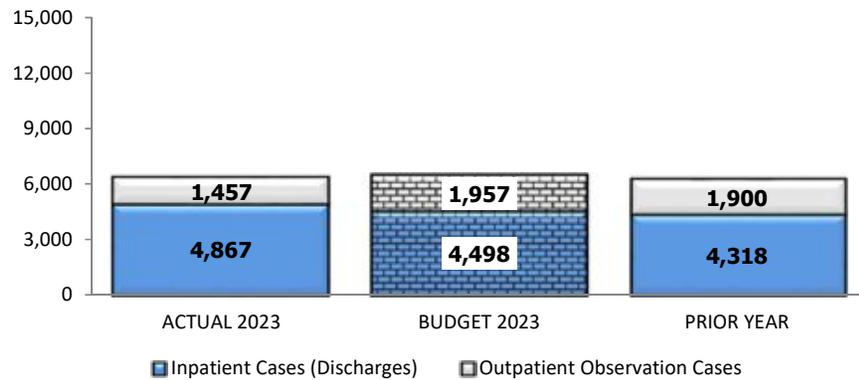
Ben Taub Cases - Quarter End



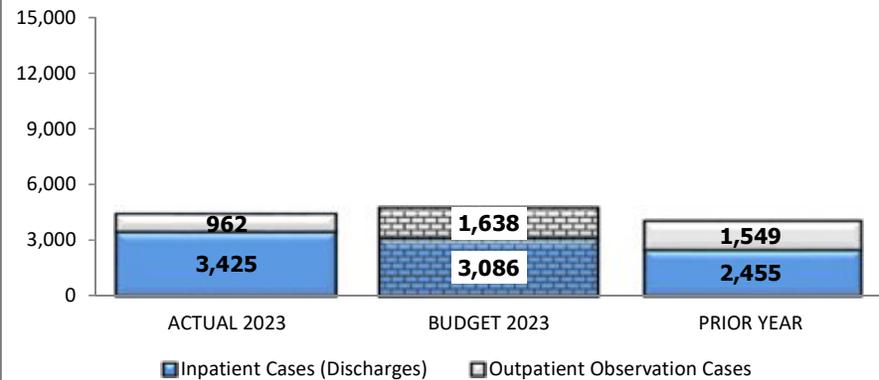
Lyndon B. Johnson Cases - Quarter End



Ben Taub Cases - YTD



Lyndon B. Johnson Cases - YTD



Harris Health System

Statistical Highlights - Surgery Cases

As of the Quarter Ended December 31, 2022

BT Surgery Cases - Q1

Actual	Budget	Prior Year
2,665	3,350	2,329

BT Surgery Cases - YTD

Actual	Budget	Prior Year
2,665	3,350	2,329

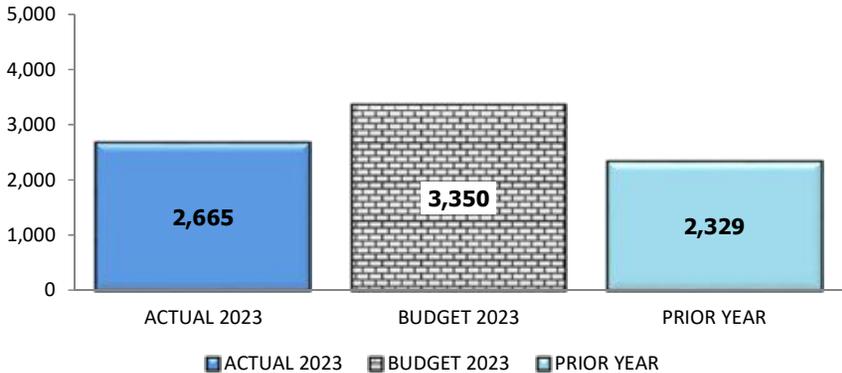
LBJ Surgery Cases - Q1

Actual	Budget	Prior Year
2,275	2,511	2,126

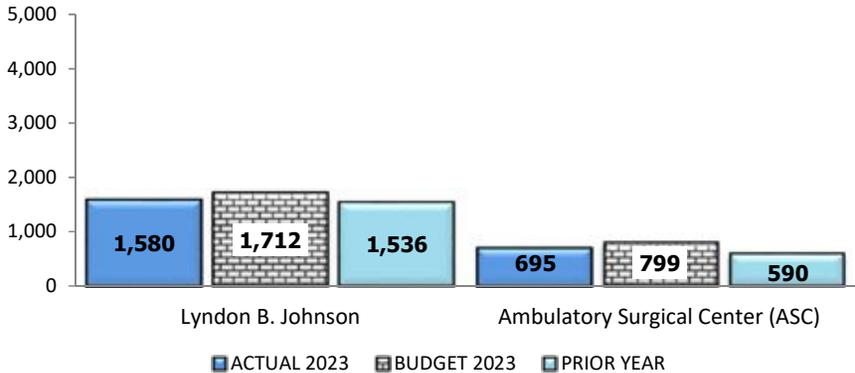
LBJ Surgery Cases - YTD

Actual	Budget	Prior Year
2,275	2,511	2,126

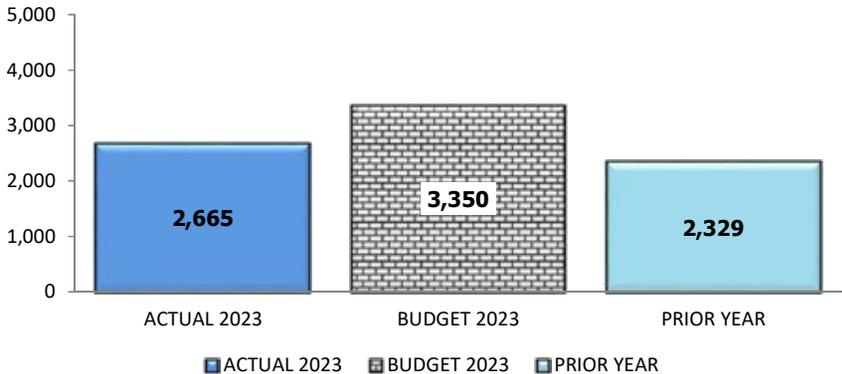
Ben Taub OR Cases - Quarter End



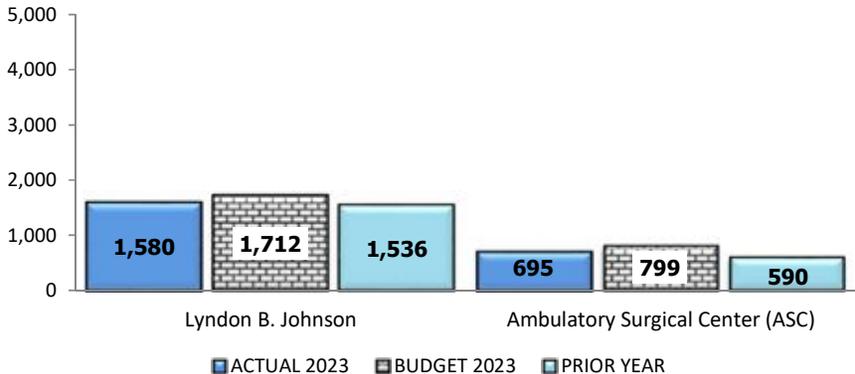
Lyndon B. Johnson OR Cases - Quarter End



Ben Taub OR Cases - YTD



Lyndon B. Johnson OR Cases - YTD



Harris Health System

Statistical Highlights - Emergency Room Visits

As of the Quarter Ended December 31, 2022

BT Emergency Visits - Q1

Actual	Budget	Prior Year
18,462	18,791	17,528

BT Emergency Visits - YTD

Actual	Budget	Prior Year
18,462	18,791	17,528

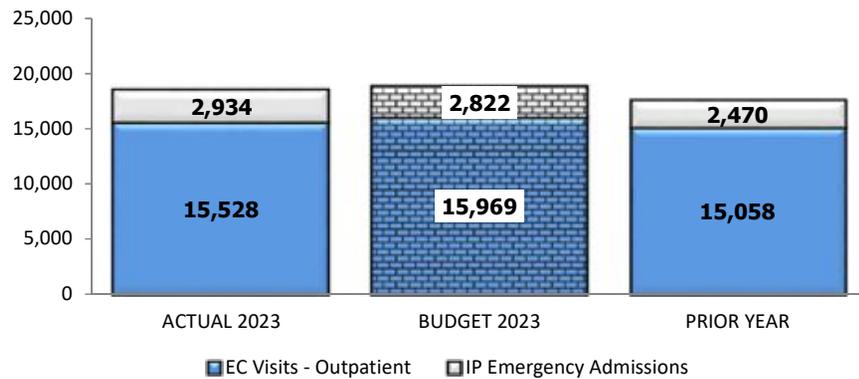
LBJ Emergency Visits - Q1

Actual	Budget	Prior Year
19,839	19,134	17,571

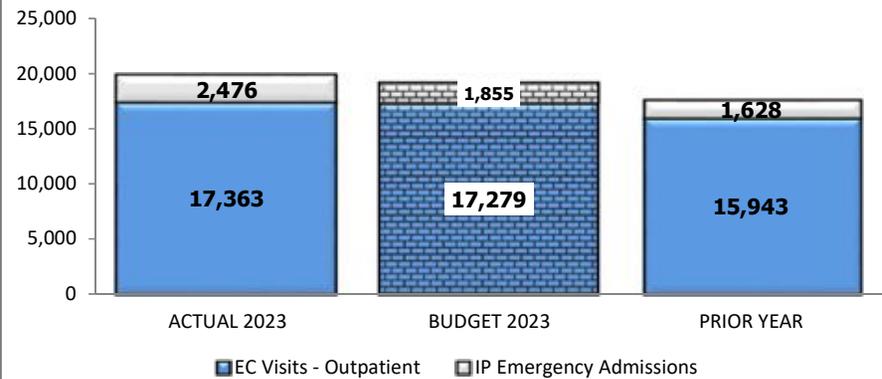
LBJ Emergency Visits - YTD

Actual	Budget	Prior Year
19,839	19,134	17,571

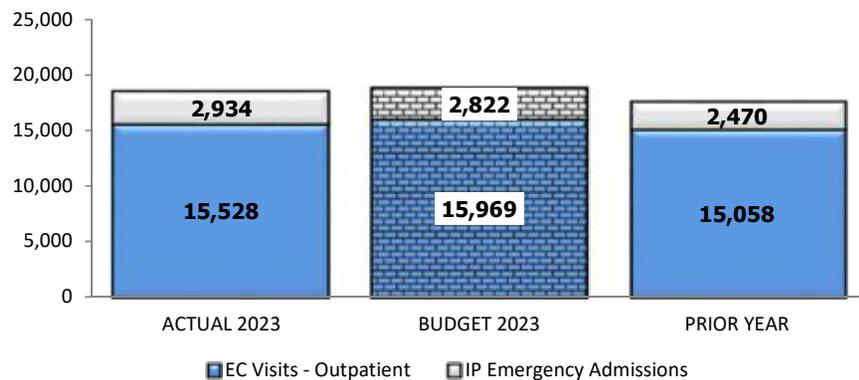
Ben Taub EC Visits - Quarter End



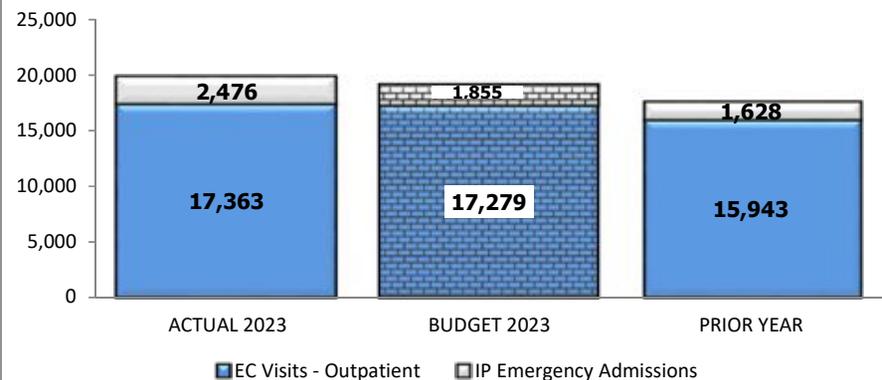
Lyndon B. Johnson EC Visits - Quarter End



Ben Taub EC Visits - YTD



Lyndon B. Johnson EC Visits - YTD



Harris Health System

Statistical Highlights - Births

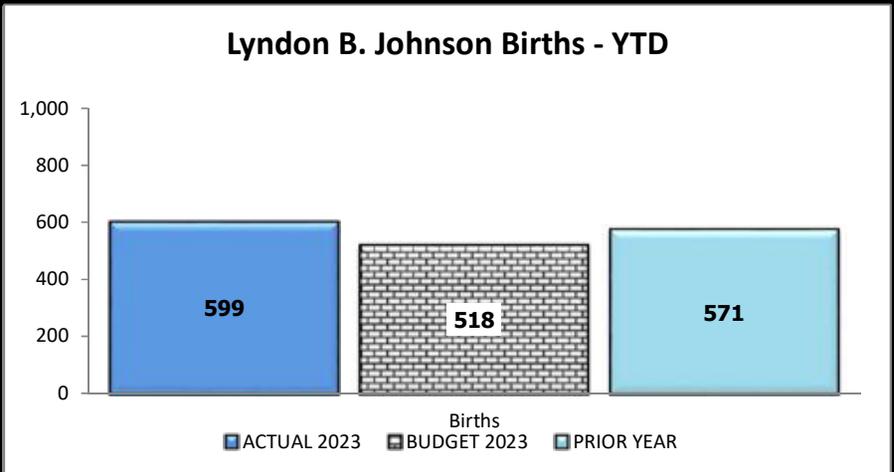
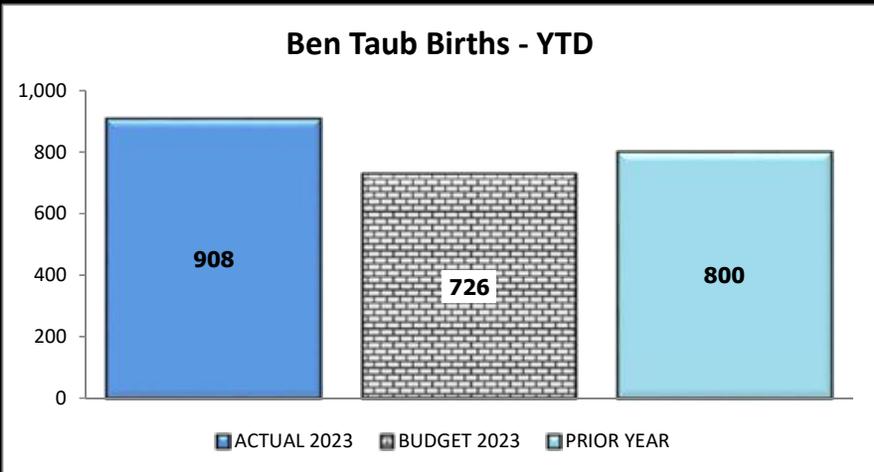
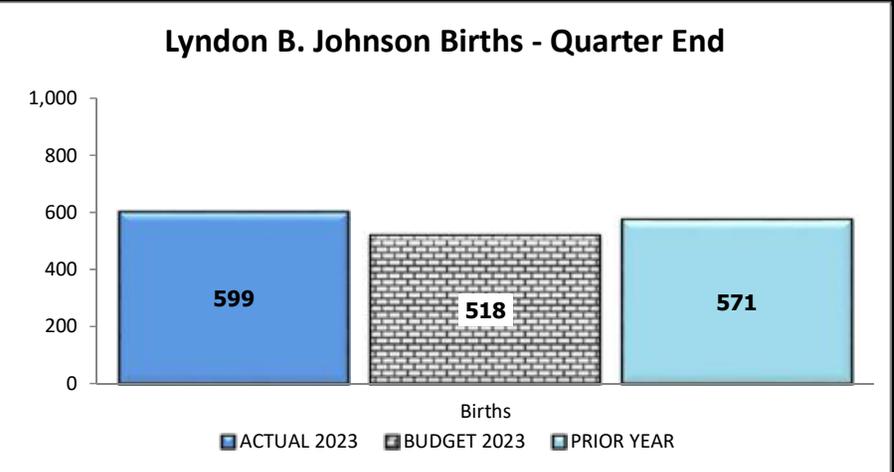
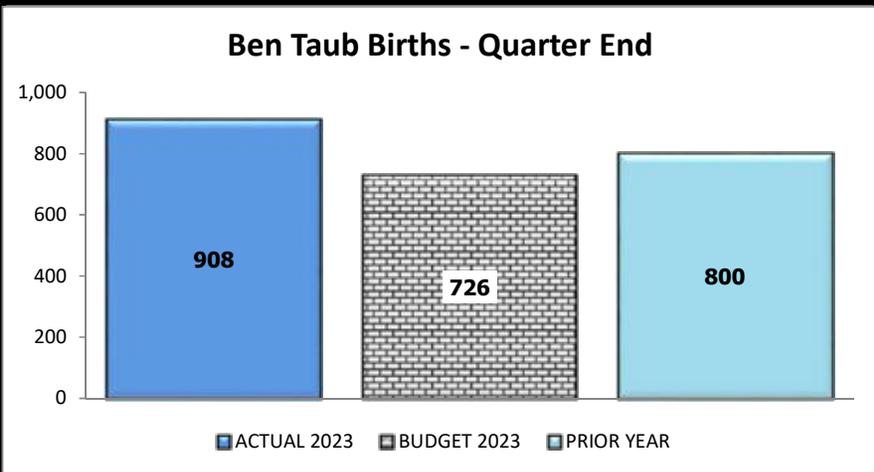
As of the Quarter Ended December 31, 2022

BT Births - Q1		
Actual	Budget	Prior Year
908	726	800

BT Births - YTD		
Actual	Budget	Prior Year
908	726	800

LBJ Births - Q1		
Actual	Budget	Prior Year
599	518	571

LBJ Births - YTD		
Actual	Budget	Prior Year
599	518	571



Harris Health System

Statistical Highlights - Adjusted Patient Days

As of the Quarter Ended December 31, 2022

BT Adjusted Patient Days - Q1

61,397

BT Adjusted Patient Days - YTD

61,397

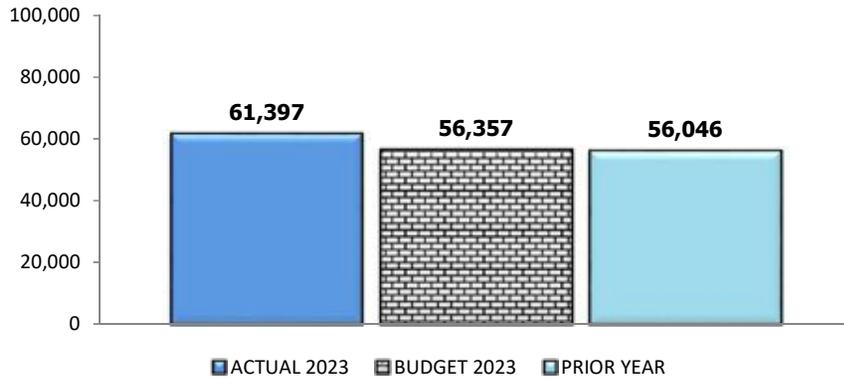
LBJ Adjusted Patient Days - Q1

39,221

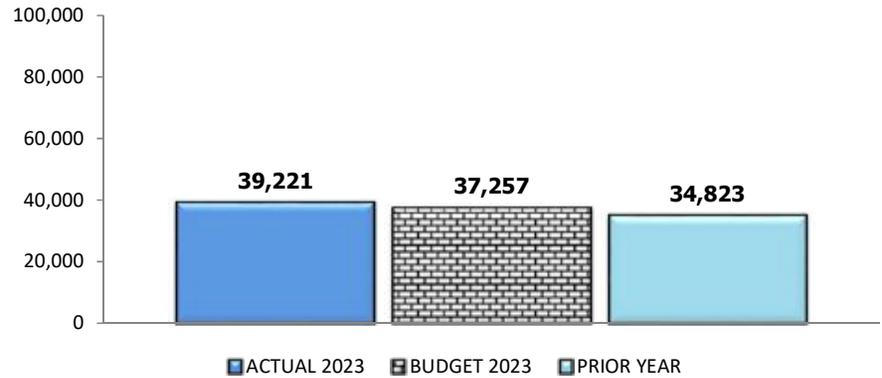
LBJ Adjusted Patient Days - YTD

39,221

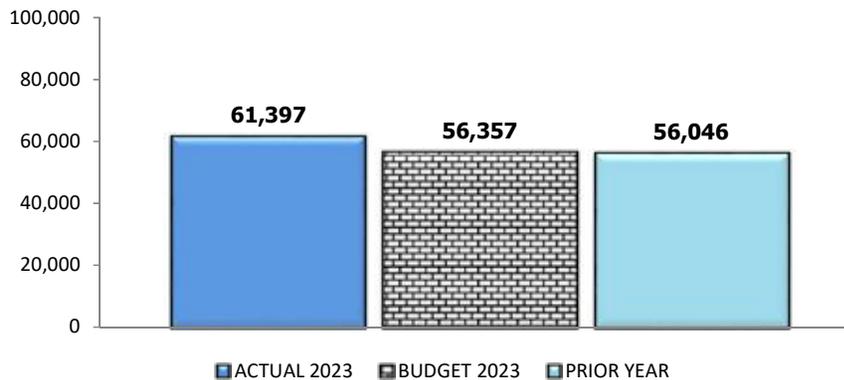
Ben Taub APD - Quarter End



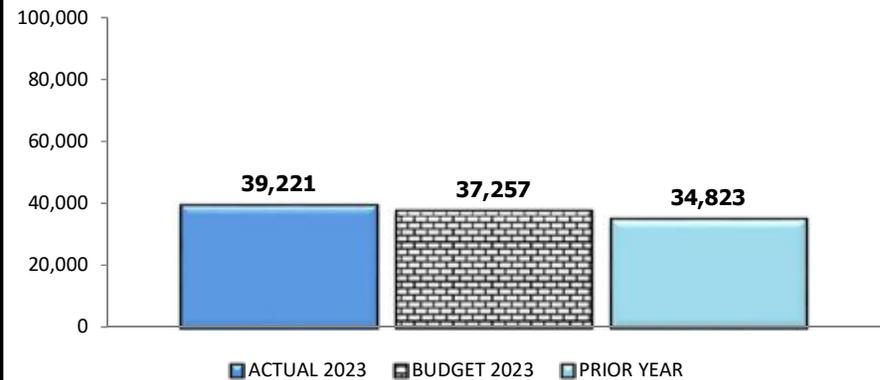
Lyndon B. Johnson APD - Quarter End



Ben Taub APD - YTD



Lyndon B. Johnson APD - YTD

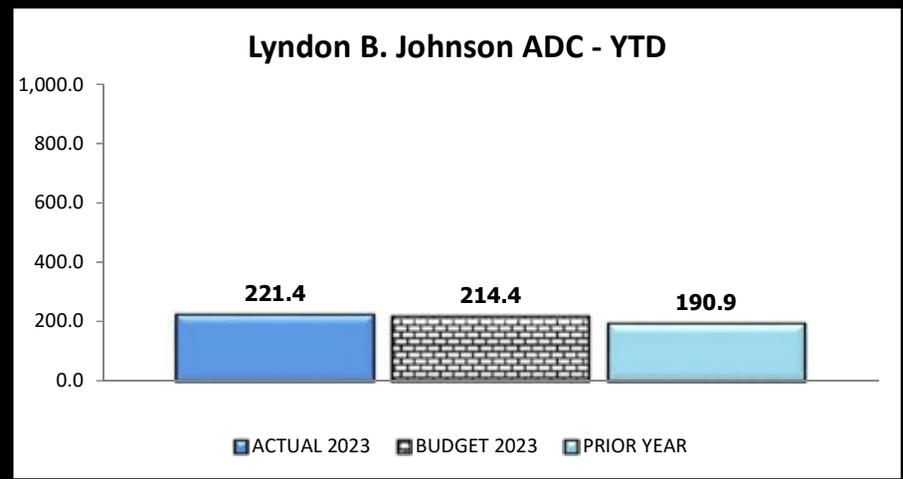
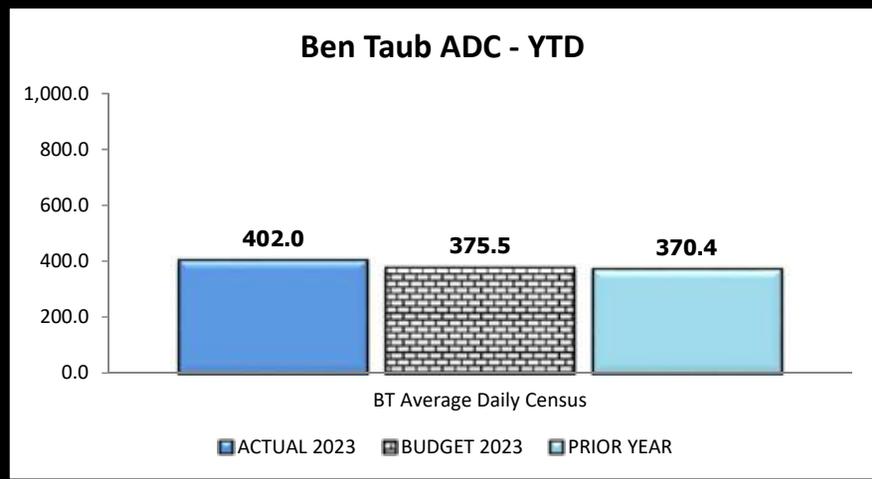
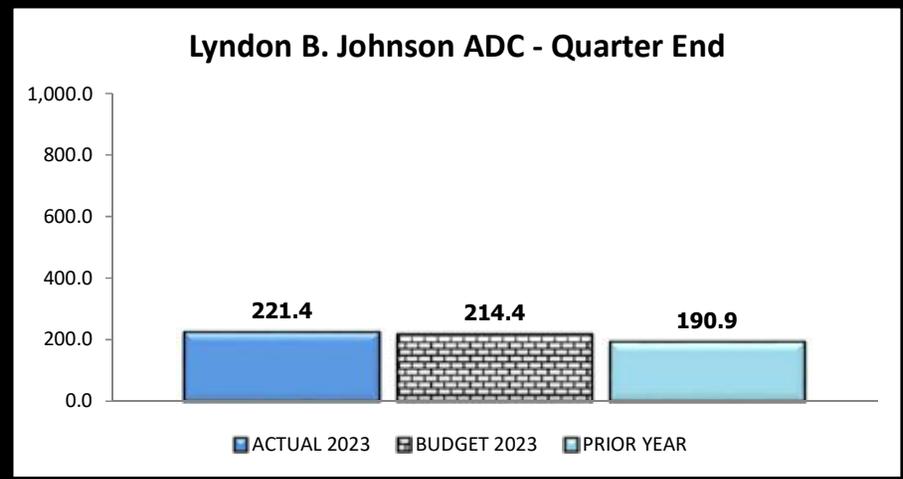
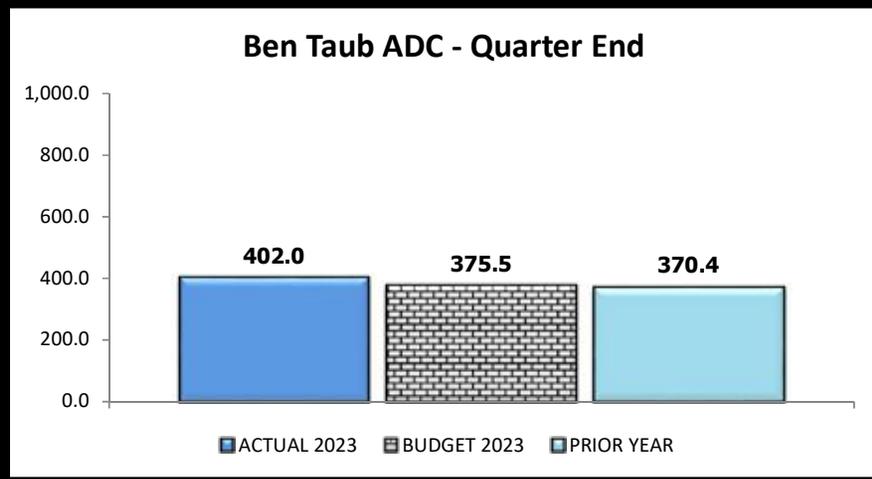


Harris Health System

Statistical Highlights - Average Daily Census (ADC)

As of the Quarter Ended December 31, 2022

<u>BT Average Daily Census - Q1</u>	<u>BT Average Daily Census - YTD</u>	<u>LBJ Average Daily Census - YTD</u>	<u>LBJ Average Daily Census - YTD</u>
402.0	402.0	221.4	221.4



Harris Health System

Statistical Highlights - Inpatient Average Length of Stay (ALOS)

As of the Quarter Ended December 31, 2022

BT Inpatient ALOS - Q1

6.58

BT Inpatient ALOS - YTD

6.58

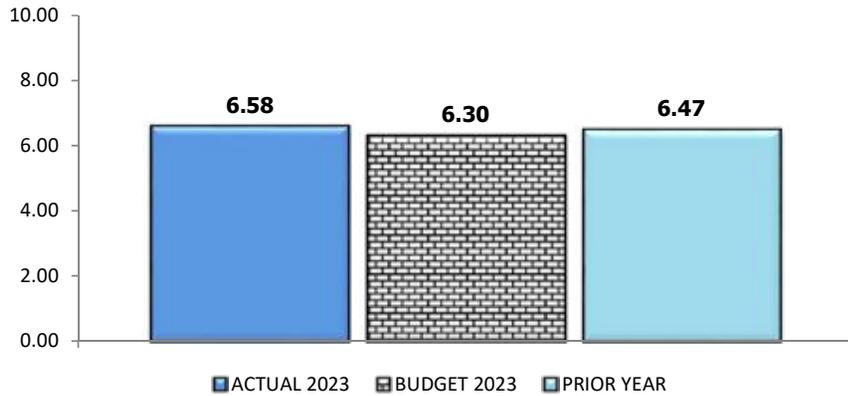
LBJ Inpatient ALOS - Q1

5.16

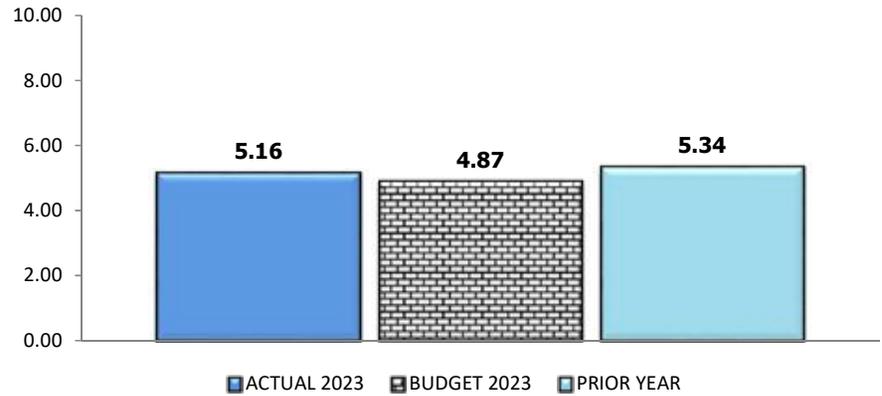
LBJ Inpatient ALOS - YTD

5.16

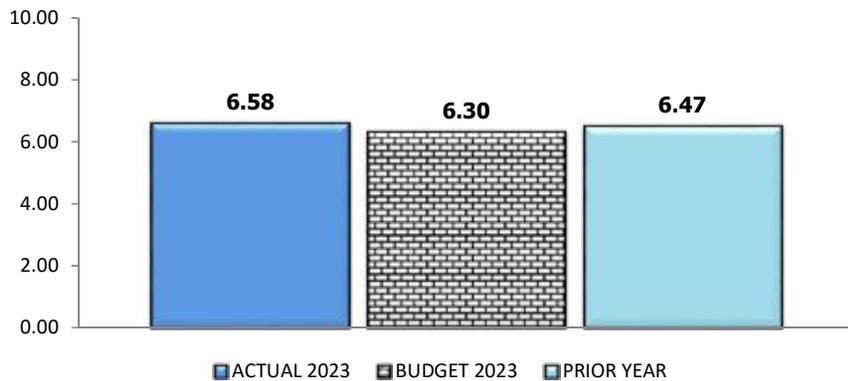
Ben Taub ALOS - Quarter End



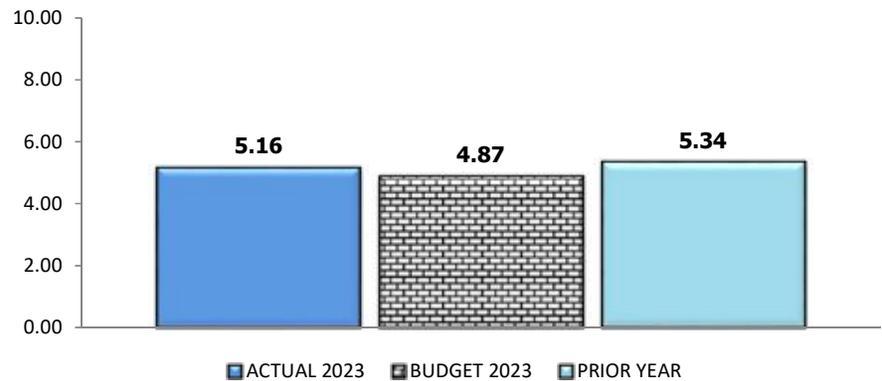
Lyndon B. Johnson ALOS - Quarter End



Ben Taub ALOS - YTD



Lyndon B. Johnson ALOS - YTD



Harris Health System

Statistical Highlights - Case Mix Index (CMI)

As of the Quarter Ended December 31, 2022

BT Case Mix Index (CMI) - Q1

Overall	Excl. Obstetrics
1.758	1.961

BT Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.758	1.961

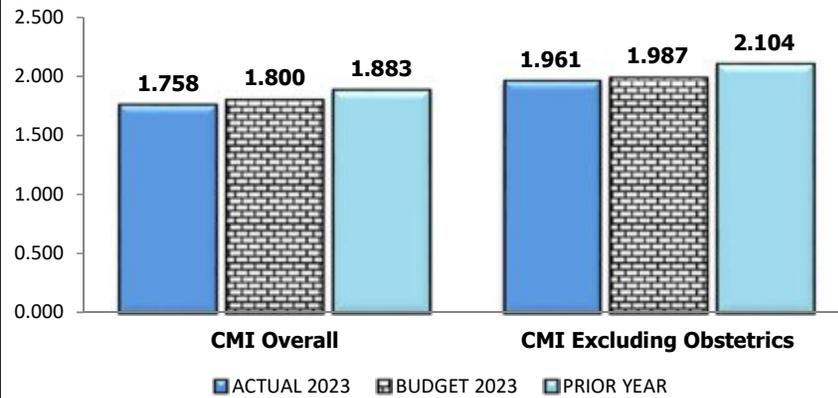
LBJ Case Mix Index (CMI) - Q1

Overall	Excl. Obstetrics
1.524	1.672

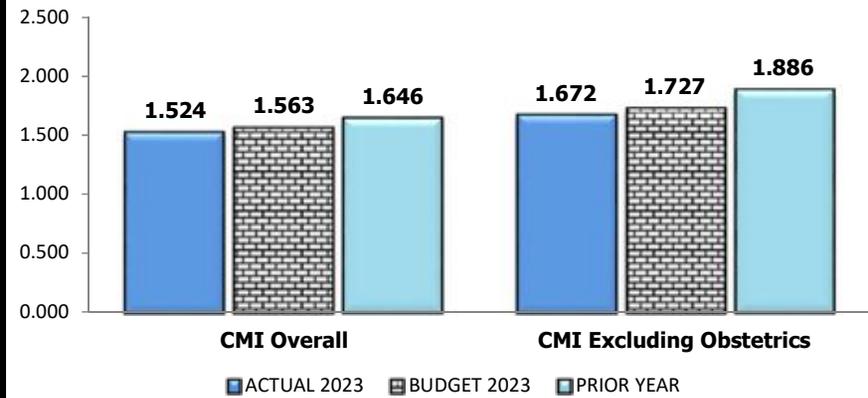
LBJ Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.524	1.672

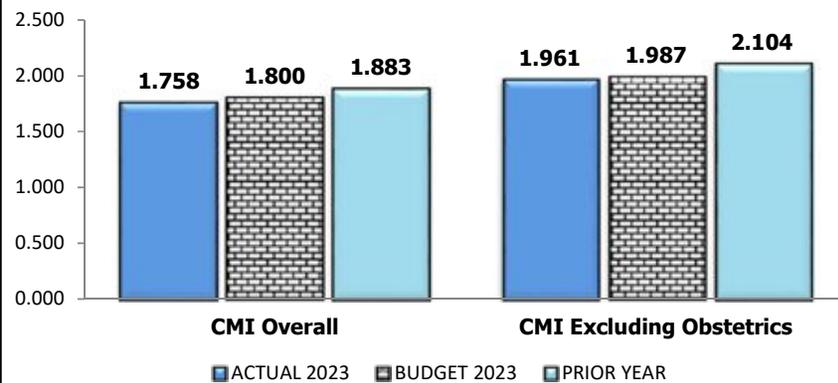
Ben Taub CMI - Quarter End



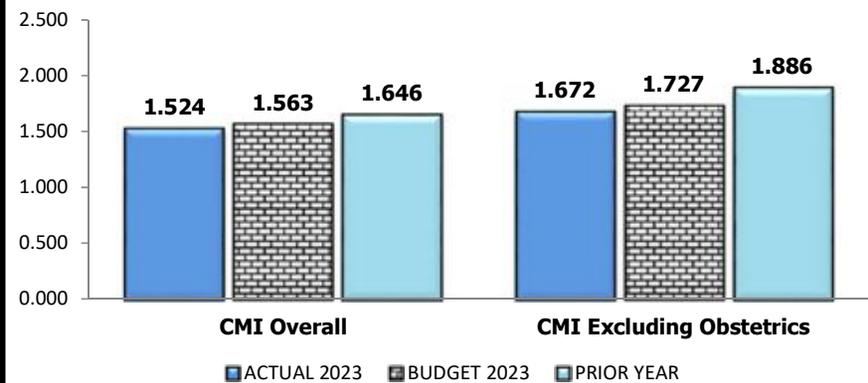
Lyndon B. Johnson CMI - Quarter End



Ben Taub CMI - YTD



Lyndon B. Johnson CMI - YTD



Thursday, January 26, 2023

Harris Health System Legislative Initiatives

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

January 26, 2023 Board of Trustees Monthly Report

Federal Update

Federal Government Funding: On Dec. 29, 2022, President Joe Biden signed into law the Consolidated Appropriations Act (CAA), 2023 (H.R. 2617). The bill makes appropriations for the fiscal year ending Sept. 30, 2023; contains \$773 billion for non-defense discretionary spending; and includes a number of significant health policy provisions.

Lawmakers faced significant challenges in the final days before the winter holiday recess, and Congress was forced to pass multiple short-term continuing resolution (CR) spending bills to prevent a government shutdown. However, lawmakers reached an agreement, and, after several Senate amendments to the original text, the House ultimately passed the bill.

The following provisions in the legislation are of interest to Harris Health and Community Health Choice.

Hospital at Home

Background: CMS implemented the Acute Hospital Care at Home waiver program to allow Medicare beneficiaries the option to receive acute-level health care services in their home environment during the COVID-19 public health emergency (PHE). As of Dec. 16, 2022, **114 health systems and 259 hospitals across 37 states** are approved to participate in the waiver program. The waiver program has demonstrated positive outcomes, experiences, and potential cost savings. However, the federal regulatory flexibilities that enable the model were tied to the duration of the PHE.

Provision: The bill would extend the current Acute Hospital Care at Home waiver initiative until Dec. 31, 2024. The extension in law provides greater stability and predictability for hospitals and health systems looking to invest in this care delivery model.

Harris Health is currently working toward the implementation of a Hospital at Home program.

Children's Health Insurance Program (CHIP) Extension

Background: CHIP is a joint federal-state program that provides health coverage to low-income, uninsured children with family incomes too high to qualify for Medicaid. More than **seven million children** receive CHIP coverage. CHIP funding is a block grant and needs regular reauthorization. Congress initially created CHIP in 1997 and most recently extended it through FY 2027 in the Bipartisan Budget Act of 2018 (P.L. 115-123).

Provision: The bill extends reauthorization of the CHIP program for an additional two years, through FY 2029.

12-Month Continuous Eligibility for Children Enrolled in Medicaid and CHIP

Background: Medicaid and CHIP provide critical health coverage to more than 80 million Americans, including 45 million children, as well as pregnant people, people with disabilities, and adults. However,

many Medicaid beneficiaries each year lose their coverage because of the cycle of enrollment and disenrollment, temporary changes in income levels, and administrative issues. Many of these individuals are still eligible for Medicaid, and this is commonly referred to as Medicaid eligibility churn. Currently, states have the option to provide children with 12 months of continuous coverage through Medicaid and CHIP.

Provision: The bill requires states to provide 12 months of continuous coverage in Medicaid and CHIP for children.

12-Month Continuous Eligibility for Postpartum Patients Enrolled in Medicaid

Background: The Medicaid program covers 40 percent of all births in the country. Federal law requires state Medicaid programs to cover postpartum care for 60 days after birth. Recently, the [American Rescue Plan Act of 2021](#) gave states a [new option](#) to extend Medicaid postpartum coverage to 12 months through a state plan amendment (SPA). This new option took effect April 1, 2022, and is available to states for five years. [Twenty-seven states](#) have already implemented related SPAs, and seven other states are in planning phases. Additionally, during the COVID-19 PHE, states must provide continuous coverage to Medicaid enrollees to be eligible for enhanced federal matching funds under the Families First Coronavirus Response Act (FFCRA) (discussed in more detail below under Offsets). As a result, postpartum coverage has remained continuous and eligible to Medicaid enrollees during the COVID-19 PHE.

Provision: The bill permanently extends the state option originally provided in the American Rescue Plan Act to provide 12 months of continuous coverage in Medicaid for postpartum people.

Speaker Phelan has identified this as a priority this legislation session in the Texas House.

Medicaid Managed Care Provider Directories

Background: Medicaid managed care plans are required to provide certain information about their network providers. Changes to Medicaid managed care provider directories introduced in the [2020 Medicaid and Children's Health Insurance Program \(CHIP\) Managed Care Final Rule](#) ultimately relaxed requirements for Medicaid managed care plans originally proposed in the [2016 Medicaid managed care rule](#) published under the Obama administration. The 2020 final rule relaxed the requirements for accessibility of written materials for people with disabilities and those with limited English proficiency, removed requirements to identify whether a provider has completed cultural competence training, decreased the frequency of updating paper provider directories, and extended the timeline for health plans to update directories if a provider leaves the network.

Provision: This bill codifies requirements that Medicaid managed care plans have accurate, updated, and searchable provider directories by July 1, 2025. Specifically, Medicaid plans will be required to publish an internet-based directory of network providers, which include physicians, hospitals, pharmacies, providers of mental health services, providers of substance use disorder services, providers of long-term services and support as appropriate, and such other providers as required by CMS. Plans must provide the provider's name, address, contact information, website, and cultural and language capabilities. Plans also must indicate whether the provider is accepting new Medicaid patients, the office has accommodations for individuals with disabilities, and the provider offers telehealth services. This directory must be updated at least quarterly or more frequently as required by CMS.

Medicaid Improvement Fund

Background: Congress typically uses the Medicaid Improvement Fund to fund Medicaid policy priorities and store funding from Medicaid policy changes to use in future policymaking.

Provision: The bill provides an additional \$7 billion to the Medicaid Improvement Fund, which is funding that can be used later to address future Medicaid policy needs (for example, the pending Medicaid disproportionate share hospital cuts at the end of 2023).

Telehealth

Background: Early in the pandemic, Congress and CMS expanded authority to use telehealth as a tool to provide care while people were less able to seek that care in person. Many of those flexibilities were authorized for the duration of the COVID-19 PHE. Congress acted in early 2022 to separate current telehealth flexibilities from the eventual expiration of the PHE, extending many—but not all—telehealth flexibilities for 151 days beyond the PHE's expiration as part of the CAA, 2022. In July 2022, the House of Representatives overwhelmingly passed the Advancing Telehealth Beyond COVID-19 Act (H.R. 4040) by a vote of 416–12. That bill would extend many telehealth PHE waivers and flexibilities for two years. The Senate did not act on similar legislation before the postelection session.

Throughout the fall, stakeholders urged Congress to include in the year-end package language to extend telehealth waivers and flexibilities for two years, along with other priorities, such as ensuring continued access to clinically appropriate controlled substances without in-person requirements, increasing access to telehealth services in the commercial market, and extending protections for people with health savings accounts to continue to be eligible to receive telehealth services pre-deductible.

Provision: The bill extends some pandemic-related Medicare telehealth flexibilities for two years through Dec. 31, 2024, including:

- Waivers to the geographic and originating site restrictions.
- Expansions to the list of eligible practitioners.
- Eligibility for federally qualified health centers and rural health clinics.
- Allowing telehealth to be provided through audio-only telecommunications.
- Allowing telehealth to be used for a required face-to-face encounter prior to the recertification of a patient's eligibility for hospice care.
- Delaying the in-person visit requirement before a patient receives tele-mental health services.

The bill also requires the Department of Health and Human Services (HHS) to conduct a study on telehealth and Medicare program integrity, with an interim report to be submitted to Congress no later than Oct. 1, 2024, and the final report due April 1, 2026.

In addition, the safe harbor allowing individuals with health savings account–eligible high deductible health plans to receive pre-deductible coverage for certain telehealth services—a provision that was not tied to the PHE and was set to expire on Dec. 31 without congressional action—also was extended for two years, through Dec. 31, 2024. The provision allows coverage for the entirety of the plan years that begin before Jan. 1, 2025.

Not all telehealth provisions of interest to stakeholders were included in this bill, including language to classify telehealth services as excepted benefits to increase access to telehealth for part-time and other traditionally non-eligible employees and their dependents. Additionally, language to extend a pandemic-related waiver regarding the prescribing of controlled substances via telehealth without an in-person visit also was not included, though the bill does include language directing the Drug Enforcement Administration (DEA) to issue final regulations regarding a special registration for telemedicine providers. However, previous legislation, e.g., The Special Registration for Telemedicine Act of 2018, and the Ryan Haight Online Pharmacy Consumer Protection Act of 2008 (Ryan Haight Act), also required the DEA to promulgate a regulation on this issue, but the agency has failed to do so for 13 years. Congress and the administration may need to revisit some of these waiver flexibilities in the New Year, depending on the timing of the PHE ending.

Addressing Mental Health and Substance Use Disorders

Background: Throughout the 117th Congress, driven in part by the COVID-19 pandemic, each of the four major congressional health care committees—House Energy and Commerce; House Ways and Means; Senate Finance; and Senate Health, Education, Labor, and Pensions (HELP)—worked to develop comprehensive policies to address the nation's growing mental health and substance use disorder (SUD) crises. Each committee approached the effort differently and within their own legislative jurisdictions, moving at different speeds and producing different proposals.

For example, the Senate Finance Committee produced a series of five discussion drafts, each focusing on a different aspect of mental health policy, but did not introduce actual legislation. Across the Capitol, the House Energy and Commerce Committee assembled H.R. 7666, the Restoring Hope for Mental Health and Well-Being Act, which would reauthorize and provide funding recommendations for existing behavioral health programs, give state Medicaid agencies the option to provide services to justice-involved youth under the Medicaid program, and eliminate the requirement that practitioners apply for a separate waiver through the DEA to prescribe buprenorphine for SUD treatment. The full House approved H.R. 7666 in June.

Provision: The bill includes three main sections addressing mental health and SUD reform, including many provisions of H.R. 7666, a section addressing Medicare provisions, and a section addressing Medicaid and CHIP provisions.

Provisions in H.R. 7666: The bill establishes or expands upon more than 30 programs that collectively support mental health care and SUD prevention, care, treatment, peer support, and recovery support services. The bill reauthorizes the National Suicide Prevention Lifeline Program, the Community Mental Health Service Block Grants, and the renamed Substance Use and Prevention, Treatment, and Recovery Block Grants. It also includes funding to support maternal mental health programs and establishes a maternal mental health hotline and a related task force. The bill extends mental health parity to state and local government workers and includes workforce provisions to increase capacity and training. The bill also includes the provision to eliminate the requirement that practitioners apply for a separate waiver through the DEA to prescribe buprenorphine for SUD treatment, as set forth in the Mainstreaming Addiction Treatment Act (H.R. 1384/S. 445).

Additionally, the bill requires the Substance Abuse and Mental Health Services Administration to identify and publish best practices for a crisis response continuum of care related to mental health and SUD. These practices must be published one year after enactment and updated after three years. In addition, the bill provides grant funding for a mental health crisis response partnership pilot program to divert mental health and SUD crisis response from law enforcement to mobile crisis teams.

Medicare Provisions: The bill establishes Medicare coverage of marriage and family therapists and mental health counselors beginning in 2024. Additionally, the bill provides for the distribution of 200 additional Medicare-funded GME residency positions, half of which are dedicated to psychiatry or psychiatry subspecialty residencies.

The bill also seeks to improve mobile crisis care in Medicare by establishing increased payment rates for crisis psychotherapy services when furnished by a mobile unit or additional settings other than a facility or physician office, beginning in 2024. It also seeks to improve integration by requiring HHS to conduct outreach to providers on the availability of behavioral health integration services as a covered benefit under the Medicare program.

The bill includes provisions from the NOPAIN Act (H.R. 3259/S. 586) that provide separate Medicare payments for non-opioid treatments that are currently packaged into the payment for surgeries under Medicare's OPPS, from 2025 through 2027.

With respect to physician wellness, the bill adds new exceptions to the Stark Law to allow hospitals to provide evidence-based mental health, resilience, and suicide prevention programs for physicians.

Medicaid and CHIP Provisions: The bill requires states to provide health screenings, referrals, and case management for eligible juveniles in public institutions. The bill also allows states to receive federal matching funds for health care services provided to justice-involved youth who are incarcerated in public institutions pending disposition of their charges, beginning in 2025.

Additionally, the bill requires HHS to issue guidance providing recommendations and best practices to states regarding the development of an effective crisis response continuum of care through Medicaid and CHIP, and to establish a technical assistance center to provide support for states in designing and implementing crisis response services.

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Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

Background: The ACA established the MIECHV Program as an evidence-based initiative that supports home visits for expectant and new parents who live in communities that are at-risk for poor maternal and child health outcomes. Funding for the program was reauthorized in the Bipartisan Budget Act of 2018 through Sept. 30, 2022, then granted a short-term extension through Dec. 23, 2022. The program enjoys broad bipartisan, bicameral support. In fact, the House Ways and Means Committee bill was named the Jackie Walorski Maternal and Child Home Visiting Reauthorization Act of 2022 to honor former Rep. Jackie Walorski (R-Ind.), who died in a car accident earlier this year and championed the program.

Provision: The bill authorizes five years of funding for the MIECHV Program, increases the annual funding level to \$800 million by 2027, and describes how funding for both federal base grants and federal matching grants is allocated. It also reserves funds for purposes other than the state/territory grants, including doubling to 6 percent the amount set aside to provide and administer grants to Native American tribes.

The bill also provides an option to provide virtual home visits if a state/territory provides certain information to HHS demonstrating they have met specific conditions, including the requirement to provide one in-person visit per year. The bill would require the HHS to establish and operate an outcomes dashboard that is available publicly online and updated annually.

Advanced Research Projects Agency–Health

Background: Congress and the administration have been working on a bipartisan basis to develop a new agency to conduct innovative, high-risk/high-reward research in the health care space, called the Advanced Research Projects Agency for Health (ARPA-H). The proposed mission of ARPA-H is to make pivotal investments in breakthrough technologies, capabilities, resources, and solutions that have the potential to transform important areas of medicine and health and that cannot readily be accomplished through traditional research or commercial activity. This new agency is modeled after the Defense Advanced Projects Agency, which is famed for its nimbleness and for backing innovations that led to the creation of the internet.

Despite the lack of authorizing legislation, the CAA, 2022 contained \$6.5 billion in funding for ARPA-H, which will be allocated over three years. Following that allocation, the White House announced in the [Federal Register](#) that ARPA-H will be housed within the National Institutes of Health (NIH). However, it will not be physically located on the NIH campus and the agency head will report directly to the HHS secretary. The administration has said placing ARPA-H in an existing infrastructure, like NIH, will assist with administrative processes, including human resources, payroll, and general counsel work.

Provision: The bill authorizes the creation of ARPA-H and houses it within NIH. The bill also specifies ARPA-H's management structure and identifies its goals, which include fostering the development of new technologies, supporting breakthrough research to cure and treat diseases and disorders, and investing in high-risk/high-reward research. The bill also states that ARPA-H will be an independent entity with its own director. It will not be located on the NIH campus and will have offices in at least three geographic areas.

Harris Health is collaborating with other TMC institutions in the preparation of an ARPA-H application for the Houston area.

PREVENT Pandemics Act

Background: The Prepare for and Respond to Existing Viruses, Emerging New Threats, and Pandemics Act (PREVENT Pandemics Act) was introduced in March 2022 by Senate HELP Committee Chair Patty Murray (D-Wash.), and Ranking Member Richard Burr (R-N.C.) after an extensive series of exploratory hearings. That bill focuses on learning lessons from the COVID-19 pandemic and strengthening the nation's public health and medical preparedness and response systems in the wake of that pandemic.

Provision: The bill includes many provisions from the PREVENT Pandemics Act. Highlights include:

- Requiring that the director of the Centers for Disease Control and Prevention be Senate-approved.

- Establishing a White House Office of Pandemic Preparedness and Response Policy to advise the president on these issues.
- Emergency use authorization transparency enhancements.
- Provisions directing the Biomedical Advanced Research and Development Authority to maintain a “warm base” of manufacturing of critical pandemic equipment and supplies.
- Requiring the Strategic National Stockpile (SNS) to periodically review and revise its contents to ensure contents are in working condition and ready to be deployed.
- Encouraging the SNS to enter into contracts or cooperative agreements with vendors, including manufacturers, to maintain and store products for the government.

Conrad 30

Background: The Conrad 30 waiver program allows J-1 foreign medical graduates to apply for a waiver of the two-year foreign residence requirement upon completion of the J-1 exchange visitor program. The program addresses the shortage of qualified doctors in medically underserved areas.

Provisions: This bill extends the Conrad 30/J-1 Visa Waiver through Sept. 30, 2023.

Community Funded Projects

Background: Community Project Funding (CPF) is a source of grants for projects whose recipients and purposes are specifically identified by members of Congress in an appropriations act. CPFs are also commonly referred to as earmarks. Many members of Congress submit requests to fund CPFs in an appropriations act; however, not all members participate.

Fiscal Offsets

Background: The bill contains several sections intended to offset the cost of other provisions.

Provisions:

- **Medicare Sequester:** The Budget Control Act of 2011 requires mandatory across-the-board reductions in certain types of federal spending, also known as sequestration. This Medicare sequester was set to be implemented through 2030. The legislation extends the 2 percent Medicare sequester for the first six months of FY 2032 and increases the sequester percentage to 2 percent for FY 2030 and 2031, which produces cost savings to fund other policies in this legislation.

The sequester impact on Harris Health when implemented would approximate a \$3.9 million reduction based upon FY 2022 Cost Report data.

- **Medicaid Continuous Eligibility Unwinding:** The FFCRA provided Medicaid programs a 6.2 percentage point increase in the federal share if states meet certain maintenance of eligibility (MOE) requirements that ensured continuous coverage for current enrollees. As a result, all Medicaid beneficiaries are continuously enrolled in Medicaid until the end of the COVID-19 PHE. This increase in Medicaid funds is available to states through the quarter in which the PHE ends. The MOE, including the continuous enrollment requirement, expires at the end of the month in which the PHE ends. CMS requires that each state develop a plan to resume operations post-PHE. It is estimated that as many as [18 million](#) people could lose Medicaid coverage in the following 14 months because they no longer meet Medicaid eligibility requirements or fail to make it through their state’s redetermination process. In this bill, Congress allows states to begin Medicaid eligibility redeterminations and renewals as of April 1, 2023, regardless of whether the COVID-19 PHE has ended. Specifically, the bill phases down the increased FMAP from a 6.2 percentage point increase to a 5 percentage point increase from April 1, 2023 through June 30, 2023, then to a 2.5 percentage point increase from July 1, 2023 through Sept. 30, 2023, and to a 1.5 percentage point increase from Oct. 1, 2023 through Dec. 31, 2023. After this date, there will be no additional FMAP increase. Under this legislation, states will be allowed to begin the redetermination process before the PHE ends, but the bill does establish some guardrails. Specifically, states will be required to use the most reliable sources of Medicaid beneficiary contact

information, make good faith efforts in attempts to contact the beneficiary prior to disenrollment, comply with HHS requirements and procedures regarding redeterminations and disenrollments, and have reporting requirements for the states to submit to CMS. States will be put on a corrective action plan if they fail to meet the guardrail requirements, and the increased FMAP percentage would be further reduced as an enforcement mechanism. This provision is expected to save approximately \$20.8 billion, which will be used to fund many other Medicaid policies, including continuous eligibility for children and the permanent provision of 12 months of postpartum coverage. It also directs \$7 billion to the Medicaid Improvement Fund. The decreasing FMAP payments incent states to proceed with an accelerated timeline for Medicaid redeterminations and renewals regardless of whether the COVID-19 PHE ends in April 2023. However, most anticipate that the PHE will end around that time. That said, Medicaid enrollees could lose Medicaid coverage earlier than under current law and will need to transition to another form of coverage or become uninsured. Expect ongoing congressional oversight on this issue and potential congressional intervention.

State Update

The Legislature convened January 10, 2023 for its 140-day session. In February this report will include a detailed summary of the current financial position of the state and legislative priorities from leadership offices.

Thursday, January 26, 2023

Consent Reports and Updates to Board

Harris Health System Council-At-Large Meeting Minutes:

- November 2022

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
November 14, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
I. Call to Order	<p>The WebEx meeting was called to order by Fadine Roquemore at 5:00pm.</p> <p>Council Members in Attendance:</p> <ul style="list-style-type: none"> • Acres: Sheila Taylor • Baytown: Pamela Breeze • Casa: Daniel Bustamante Lourdes Ortega • Gulfgate: Teresa Recio • Homeless: Ross Holland • LBJH: Velma Denby • MLK: Fadine Roquemore • Thomas Street: Josh Mica • Vallbona: Cynthia Goodie <p>Harris Health System Attendees: Louis Smith, Jennifer Small, Sunny Ogbonnaya, Teong Chai, Jon Hallaway, Omar Reid, Dr. Matasha Russell, Lydia Rogers, Lady Barrs, Esperanza Galvan, Leslie Gibson, Sarah Rizvi, Dawn Jenkins, Dwanika Walker, Melvin Prado, Nina Jones, Robin Lockett</p> <p>Board Members in Attendance: Alicia Reyes</p>	
II. Moment of Silence	<p>Moment of Silence observed.</p>	
III. Approval of Minutes	<p>The Minutes for October were approved as written.</p>	
IV. Council Reports	<p>Acres Home – Sheila Taylor</p> <ul style="list-style-type: none"> • Thanksgiving meal provided today. • Acres has a Greeter, • Brenda Cornish, the Registration Supervisor. She is assisting patients with applying for eligibility. She has previous experience with the Homeless community. • We recognized the Security officer who has been at Acres Home clinic for 24 years and knows the ends and outs of the center. 	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
November 14, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Council Report (continued)</p> <ul style="list-style-type: none"> • Pharmacy is now at 85% for mail order prescription refill. • Office based Addiction program is in house. Which is a big help. • Dental has 1 provider and will be looking for another one. • Food RX is going well. This program really helps the diabetic patients. • A1C’s used to be sent out for processing. They are now being done in the clinic. • Pre-diabetic class for those who are at risk is in discussion. • Olevia Brown spoke on how well the staff works well with each other. • Dietician working with patients to control diabetes. • Clinical Pharmacist, Dominic stated they can really see the decline in A1C numbers. • Eligibility reported there will be a change in the application. They are accepting other means of ID (Picture Library card, etc.). • Administrative Secretary, Angelina will be out of the office on Medical Leave. You can get assistance from anyone on the Administrative Team. <p><i>Mrs. Roquemore thanked Ms. Taylor for her report.</i></p> <p>Baytown – Pamela Breeze</p> <ul style="list-style-type: none"> • No report at this time. Will have one in December. <p>Casa de Amigos – Daniel Bustamante</p> <ul style="list-style-type: none"> • The Council met October 25th. • Our clinic Administrator, Ms. Kelsie no longer has to oversee another campus. • New Family Practice provider onboard. • Construction is on track (Phase 1). They are having weekly meetings. • Security is dealing with copper theft. • Staff are excited about the improvements. Delivery of service is holding steady. • Pharmacy is doing well, no major problems. They are losing one pharmacy technician. • Looking forward to council badge upgrade. <p><i>Mrs. Roquemore thanked Mr. Bustamante for his report.</i></p>	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
November 14, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Council Report (continued)</p> <p>Gulfgate – Teresa Recio</p> <ul style="list-style-type: none"> Acknowledged/Welcomed back Ms. Breeze. The Council met today and discussed; <ul style="list-style-type: none"> -Vacancies: Family Practice-1.85 provider and 1 -Podiatry. -Annual Christmas Toy Drive date to be determined. -Cynthia Brown spoke to the council about the Volunteer Program. <p><i>Mrs. Roquemore thanked Mrs. Recio for her report.</i></p> <p>Homeless – Ross Holland</p> <ul style="list-style-type: none"> Council held a short meeting on November 1st and I apologize for not having my notes at this time. Quality Metrics was done for the various clinics. <p><i>Mrs. Roquemore thanked Mr. Holland for his report.</i></p> <p>Lyndon B. Johnson Hospital – Velma Denby</p> <ul style="list-style-type: none"> There are a lot of great things going on at LBJ. Had an opportunity to attend a community meeting with Administrators. Which gave some preliminary information on the planning phase of Harris Health. Otherwise everything positive going on at LBJ. <p><i>Mrs. Roquemore thanked Ms. Denby for her report.</i></p> <p>Martin Luther King – Fadine Roquemore</p> <ul style="list-style-type: none"> Continue to do Appointment reminder calls at MLK. <p>Thomas Street – Josh Mica</p> <ul style="list-style-type: none"> Thursday, November 17th is our Thanksgiving Feast. We are preparing to host 350 to 400 patients. <p><i>Mrs. Roquemore thanked Mr. Mica for his report.</i></p>	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
November 14, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Council Report (continued)</p> <p>Vallbona – Cynthia Goodie</p> <ul style="list-style-type: none"> The OA adult is positive 40% and MH is 43% negative. No new information to report. <i>Mrs. Roquemore thanked Ms. Goodie for her report.</i> <p>Ben Taub Hospital – Robin Luckett</p> <ul style="list-style-type: none"> Stated Ms. Helen is unable to log in. No report for Ben Taub at this time. 	
V. Old Business	No Old Business to review.	
VI. Updates	No new updates.	
VII. Community Medicine	<p>Dr. Matasha Russell</p> <p>Primary Care Operations Scorecard (see attached):</p> <ul style="list-style-type: none"> Across the board we are doing well. In October, Medical Home No Show is below 20%. No Show rate at 19%. We went from 65 minutes to 70 minutes in FP Cycle Time. Still below 75 minutes. Continue doing well with Appointment Availability across the board. <p>HEDIS Scorecard Data Reporting Period (see attached):</p> <ul style="list-style-type: none"> Of note, you see were mostly in the green. The Hemoglobin A1C testing shows a downward trend. The Quality team researched the data and found a technical glitch. They will be correcting the problem. Same areas of opportunities in Hemoglobin A1C Poor Control, Uncontrolled High Blood Pressure, Colorectal Cancer screening. As you all have heard there are many stakeholders involved not only at the ambulatory pavilion level but also at the system level working together to improve these areas where we are not meeting goals. Please continue to advocate for patients to get their flu vaccine and booster shots. <p>Questions/Comments: None</p>	<p align="center">  PCOS 10-22.pdf </p> <p align="center">  HEDIS 9-22.pdf </p>

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
November 14, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
<p>VIII. Administration</p>	<p>Dr. Esmaeil Porsa, President/CEO</p> <ul style="list-style-type: none"> No Report. <p>Dr. Jennifer Small, Executive Vice President of Ambulatory Care Service</p> <ul style="list-style-type: none"> Ambulatory Care Services has a new leader. Dr. Gloria Glover is the Vice President of Ancillary and Business Operations. She comes to us from HCA and were excited to have her as a new addition to our team. She will have direct oversight of our budget and finances as well as contracts, grants and reports within our department. We continue to work feverishly with Flu and COVID vaccinations. We will continue those vaccinations as needed in our community. Also working to ensure there is a process in place in the event a patient presents to any of our facilities with possible Ebola. Dr. Brass, Chief Medical Executive is leading that initiative. We are all working closely with him to make sure the patient is screened and managed in the appropriate setting. Traditionally ACS has hosted a Council Holiday dinner. Due to COVID, we have not had a dinner for the past two years. I reached out to Mrs. Roquemore on last week to discuss if she felt comfortable with us resuming the dinner and she did. We will resume hosting the holiday dinner on December 12th. It will be held at the Fournace location from 5:00 to 7:00pm. Formal invitations will be sent out for you as well as your local council members to be in attendance. <p>Questions/Comments: None.</p> <p>Sunny Ogbonnaya, Director, Ambulatory Pharmacy</p> <ul style="list-style-type: none"> In the month of October we filled 163,374 prescriptions. 76.2 % of them (124,530) were delivered to our patient’s home. We thank all of our patients who are giving us the opportunity to provide this home delivery service. We wish to encourage all of our patients to please take advantage of our prescription home delivery service for the continuity of care and convenience 	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
November 14, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Administration (continued)</p> <ul style="list-style-type: none"> We received and processed 40,484 prescription refill request from MyHealth, this number represents 68.8% of all of the refill request received for the month of October. We thank all of our patients for using MyHealth in requesting their prescription refill. We wish to also encourage all of our patients to please use MyHealth to request their prescription and to please request your prescription refill 7-10 days before your medicine runs out, that way the prescriptions are refilled and delivered to your home for convenience and continuity of care. Interactive Voice Response Technology is now live and able to let you know that your prescription is ready to be delivered or picked up. <p>Questions/Comments: None</p> <p>Jon Hallaway, Program Director, Department of Public Safety</p> <ul style="list-style-type: none"> Appreciate the comment on the officer from Acres Home clinic with longevity. We just wrapped up security week and received a lot of recognition for the staff across our system. We continue to support the system. Casa is a great concern. The contractor is looking at accelerating the installation of parking lot cameras. We are working to support the different phases of that clinic. Looking at getting the Quentin Mease building all set up to be programmed and online next year. <p>Questions/Comments: Mr. Bustamante asked when badges can be brought in for upgrade. <i>Mr. Hallaway responded, we are working with the Operations Managers at each site to get them printed. It may not be necessary to bring them in. I will follow up with the Operations Managers to see how they want to handle distribution.</i></p>	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
November 14, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Administration (continued)</p> <p>Teong Chai, Facilities, Construction and Systems Engineering</p> <ul style="list-style-type: none"> • Casa De Amigos project; construction is ongoing. Demolition flow is complete. We are waiting on the permit from the City to start the actual construction of phase 1. We’re working closely with the contractors and commissioners to expedite as much as we can. • Quentin Mease construction is ongoing. Move in projections; Engineering, Security and Supply chain around April. Thomas Street in May; Riverside Dialysis in June. There may be a slight delay because of equipment lead time, which is being addressed. <p>Questions/Comments: None</p> <p>Omar Reid, Senior Vice President, Human Resources</p> <ul style="list-style-type: none"> • Employees are in good shape. No new information to report. <p>Questions/Comments: None</p>	
<p>IX. New Business</p>	<p>Alicia Reyes- commented I’m happy Harris Health is going to host something for the holidays. The concerns I’ve heard from some folks is about the time. That is a very busy area. Perhaps you all might want to think about providing transportation or having it at a different time. I was at Acres Home clinic today. It was an interesting meeting. The staff are very engaged with our community in the Acres Home area. Our patients seem to be very satisfied with the services they receive. I want to thank everyone on the call and everyone that serves the interest of our patients at Harris Health. Have a blessed Holiday.</p> <p>Daniel Bustamante- Thanked Thomas street for everything they do for their patients. Josh congratulations, anything we can do to assist you please let us know.</p> <p>Ross Holland- wished each council member and their family blessed holiday. He stated, into the new year there is still much work for each of us in our own respective departments to do.</p>	
<p>X. Adjournment</p>	<p>Motion to adjourn the meeting granted at 5:40pm.</p>	<p>Next Meeting: January 9, 2023</p>

MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
November 14, 2022

Thursday, January 26, 2023

Consideration of Approval of the Following Reports 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

Operational Update for Review and Discussion

- **HCHP January 2023 PowerPoint**

Administration recommends that the Board approves the Healthcare for the Homeless Program Reports 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 for the Homeless Program.

HARRIS HEALTH SYSTEM

Health Care for the Homeless Monthly Update Report – January 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
 - HCHP Consumer Advisory Report
 - HRSA On Site Visit
 - Change in Scope
 - HCHP Policies
 - MOU
 - Bylaws

Patients Served

Telehealth Visits

- Telehealth New Patients: 2
- Telehealth Return Patients: 55

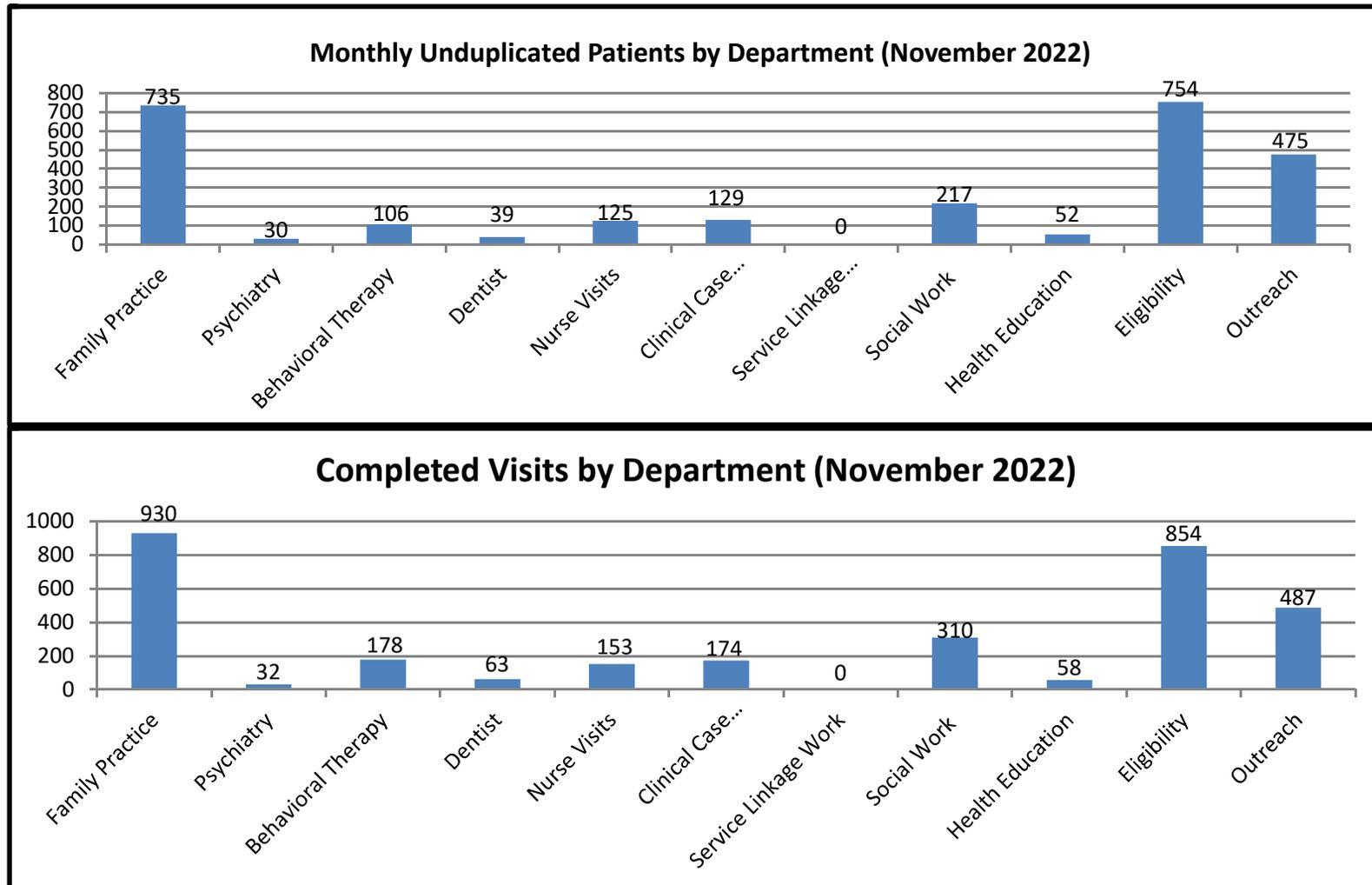
New Patient Visits

- Adult New Patients: 367
- Pediatric New Patients: 9

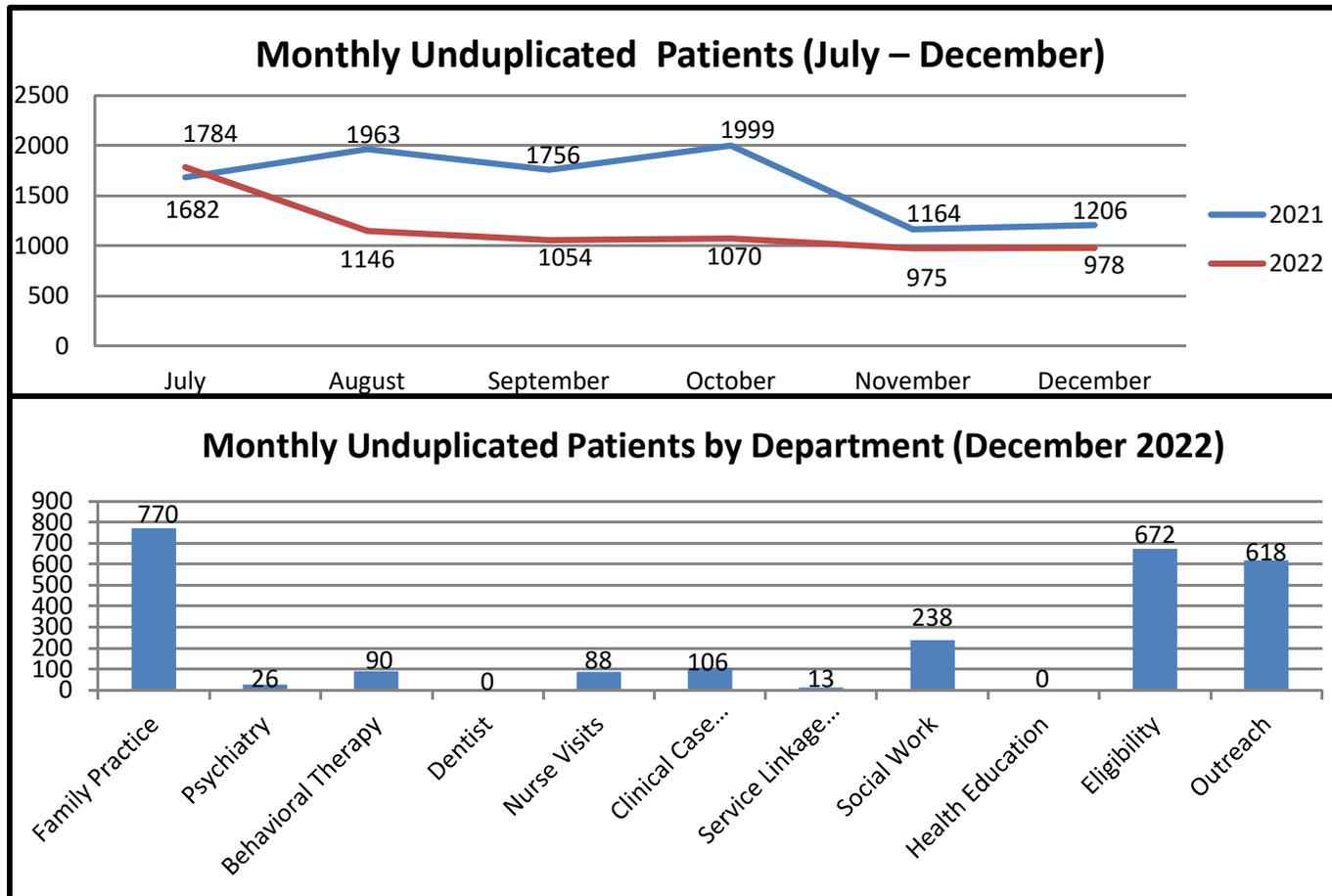
HRSA Target: 9775

- Unduplicated Patients: 6,134
- Total Complete Visits: 24,772

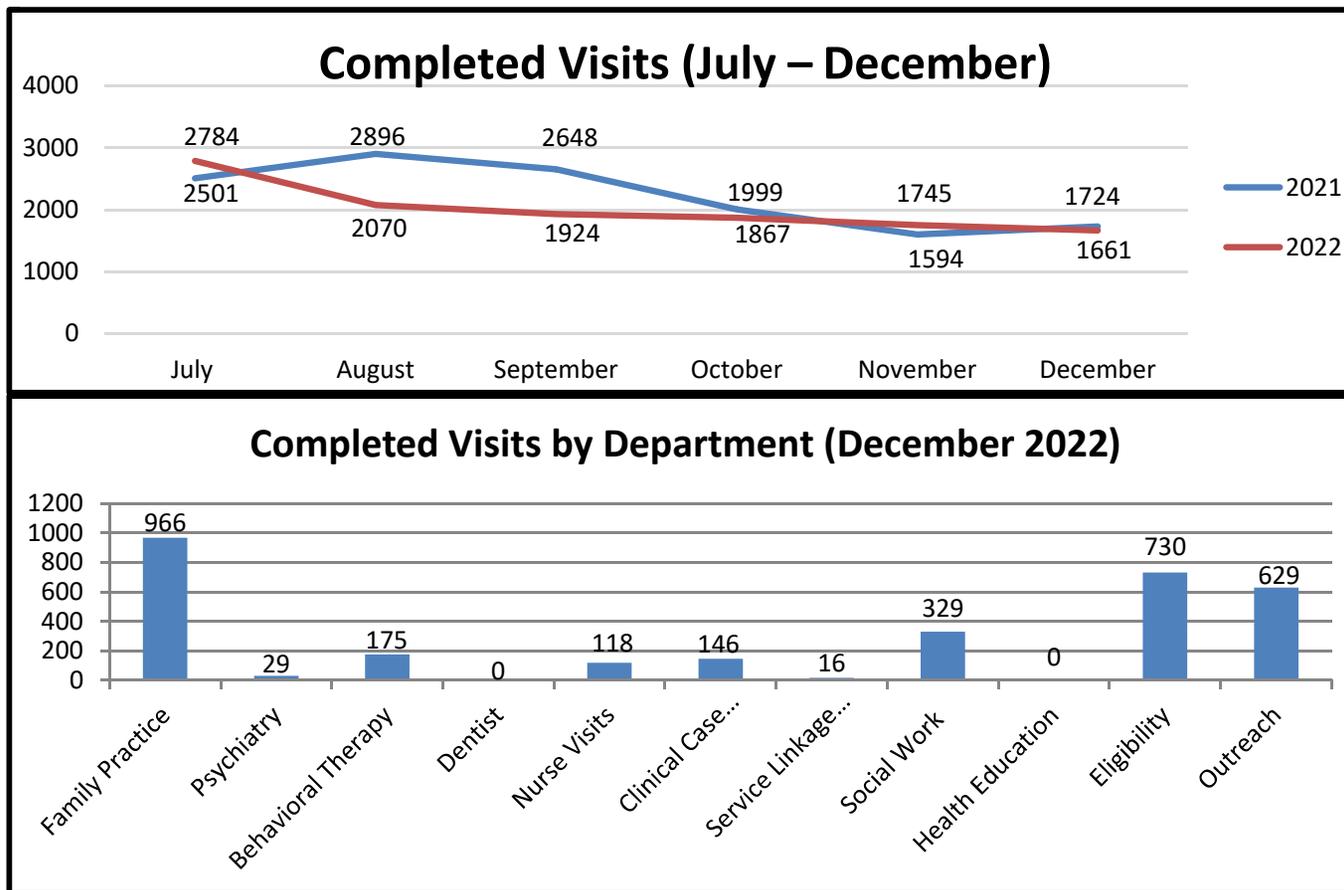
Operational Update



Operational Update



Operational Update



Operational Update

Consumer Advisory Council Report

Highlights of Council Activities from September 2022 – November 2022

- The council was informed of the process for the needs assessment to be completed by 2023. Members provided information for the needs assessment, including the need for more COVID-19 testing and influenza vaccines.
- The council was informed that the Health Resources and Services Administration (HRSA) operational site visit will occur on January 31 – February 2, 2023 and may acquire the members attendance.
- Lord of the Streets chose not to pursue renovations to transition the HCHP clinic to another floor within the facility. HCHP is discussing possible renovations and use of American Rescue Plan funds with leadership of Open Door Mission.
- The council was given updates on the status of purchases of mobile units and expected delays because of the ongoing global shipping crisis.
- The council was provided the various UDS comparison reports released by HRSA showing productivity, quality and financial outcomes in comparison to Texas and national health centers.

Operational Update

HRSA On-Site Visit (OSV) Scheduled:

January 31 – February 2, 2023

- The Federal Representative and Consultants (OSV Team) will arrive on site by 8:00 am Tuesday, January 31, 2023.
- Entrance Conference will begin at 9:00 am with all key management staff.
- Exit Conference will be held on Thursday, February 2, 2023.

Operational Update

Changes in Scope for Form 5A:

1. Add diagnostic laboratory to Column III.
2. Delete diagnostic radiology from Column I and add to Column III.
3. Add coverage for emergencies during and after hours to Column III.
4. Add voluntary family planning to Column III.
5. Add prenatal care to Column III.
6. Delete intrapartum care (labor & delivery) from Column I and add to Column III.
7. Add postpartum care to Column III.
8. Add pharmaceutical services to Column III.
9. Delete occupational therapy from Column I and add to Column III.
10. Delete physical therapy from Column I and add to Column III.
11. Add nutrition to Column III.

Operational Update

Changes in Scope for Form 5B (effective date pending HRSA approval):

- Change at Salvation Army Adult Rehabilitation Center, 2118 Washington Avenue, Houston, Texas, 77007, from clinic open five days (40 hours) to two days (16 hours) of operation.
- Close the clinic at Salvation Army Family Residence, 1603 McGowen Street, Houston, Texas, 77004, currently open two days (16 hours) a week.
- Change at Star of Hope Cornerstone Community, 2575 Reed Road, Houston, Texas, 77051, from clinic open five and a half days (44 hours) to five days (40 hours) of operation.
- Change Star of Hope Men's Shelter, 1811 Ruiz Street, Houston, Texas, 77002, from clinic open five days (40 hours) to three days (24 hours) of operation.

Operational Update

HCHP Policy/Arrangement Update

- New Policies: Formal Arrangement for Services
 - Referral Tracking and Follow-Up Care
 - Referrals of Health Care for the Homeless Program Patients to Harris Health System
- Revised Policy:
 - Health Care for the Homeless Program Financial and Grant Management

HCHP Bylaws Revision

We are revising the Health Care industry definition to :

- No more than one-half (50%) of Board members can derive more than ten percent (10%) of their annual income from the health care industry. For purposes of these Program Bylaws, “health care industry” shall mean the provision of health care services which are directly performed by the individual Board member (“Health Care Industry”).

Thursday, January 26, 2023

Consideration of Approval of the Following Reports 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

Attached for consideration of approval:

- **HCHP Consumer Advisory Council Report**

Administration recommends that the Board approves the Healthcare for the Homeless Program Reports 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 for the Homeless Program.

HCHP Consumer Advisory Council Report

Highlights of Council Activities from September 2022 – November 2022:

Meetings were held via WebEx and teleconference due to the COVID-19 pandemic.

- Members received updates on ongoing operational changes at Harris Health and the Health Care for the Homeless Program (HCHP).
- Members reviewed reports related to quality and performance improvement, productivity, and patient satisfaction, with corresponding corrective action plans.
- Members provided updates on new encampment areas on which to conduct outreach services.
- The council was informed of the process for the needs assessment to be completed by 2023. Members provided information for the needs assessment, including the need for more COVID-19 testing and influenza vaccines.
- The council was informed that the Health Resources and Services Administration (HRSA) operational site visit will occur on January 31 – February 02, 2023 and that the auditors may want to meet with the council.
- Lord of the Streets chose not to pursue renovations to transition the HCHP clinic to another floor within the facility. HCHP is discussing possible renovations and use of American Rescue Plan funds with leadership of Open Door Mission.
- The chair shared information from the council-at-large meetings.
- The council was given updates on the status of purchases of mobile units and expected delays because of the ongoing global shipping crisis.
- The council was informed of the four quality badges awarded to HCHP by HRSA.
- The council was provided the various UDS comparison reports released by HRSA showing productivity, quality, and financial outcomes in comparison to Texas and national health centers.

Thursday, January 26, 2023

**Consideration of Approval of the Following Reports 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**

Attached for consideration of approval:

- **Changes in Scope**

Administration recommends that the Board approves the Healthcare for the Homeless Program Reports 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 for the Homeless Program.

Electronic Handbooks

Logout

- Home
- Tasks
- Organization
- Grants**
- Free Clinics
- FQHC-LALs
- Dashboards
- Resources

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ALL FUNCTIONS

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Other Functions

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Return to Grants List

Grant Folder

Grant Overview
Grant Home
Award History
Users

Approved Scope
Services
Sites
Other Activities and Locations

Self Updates: Services details

H80CS00038: HARRIS COUNTY HOSPITAL DISTRICT, Houston, TX

Grant Number: H80CS00038 BHCMI ID: 061600 Project Period: 11/01/2001 - 12/31/2024
 Budget Period: 01/01/2023 - 12/31/2023

Resources

View

Form 5A | Form 5B | Form 5C

Pending Approved Changes

Required Services	Additional Services	Specialty Services
Pending Approved Changes (0)	Pending Approved Changes (0)	Pending Approved Changes (0)

Approved Required Services

Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care	X		
Diagnostic Laboratory	X		X
Diagnostic Radiology	X		X
Screenings	X		
Coverage for Emergencies During and After Hours	X		X
Voluntary Family Planning	X		X
Immunizations	X		
Well Child Services	X		
Gynecological Care	X		X
Obstetrical Care			
Prenatal Care	X		X
Intrapartum Care (Labor & Delivery)	X		X
Postpartum Care	X		X
Preventive Dental	X	X	
Pharmaceutical Services	X		X
HCH Required Substance Use Disorder Services	X	X	
Case Management	X		
Eligibility Assistance	X		
Health Education	X		
Outreach	X		
Transportation		X	
Translation	X		X

Answer Key :

X : Deleting from Column I

X : Adding to Column III

Approved Additional Services			
Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)

Additional Dental Services	X	X	
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Behavioral Health Services			
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Mental Health Services	X	X	
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Occupational Therapy	X		X
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Physical Therapy	X		X
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Nutrition	X		X
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Approved Specialty Services			
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Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)

Psychiatry		X	
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Thursday, January 26, 2023

Consideration of Approval of the Following Reports 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

Attached for consideration of approval:

- **Revision to HCHP Bylaws**

Administration recommends that the Board approves the Healthcare for the Homeless Program Reports 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 for the Homeless Program.

AMENDED AND RESTATED BYLAWS
OF THE
HARRIS COUNTY HOSPITAL DISTRICT
D/B/A HARRIS HEALTH SYSTEM
(HEALTHCARE FOR THE HOMELESS PROGRAM)

ARTICLE I
MISSION OF THE HEALTHCARE FOR THE HOMELESS PROGRAM

We are dedicated to the health and well-being of homeless individuals and families entrusted to our care.

ARTICLE II
PURPOSE

Harris County Hospital District d/b/a Harris Health System (“Harris Health”), as a designated Health Center (“Health Center”), is the receipt of a Federal award under Section 330(h) of the Public Health Service Act, to provide services to a special medically underserved population composed of homeless individuals. Homeless individuals are persons:

1. Who lack housing (without regard to whether the individual is a member of a family);
2. Whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations;
3. Who reside in transitional housing;
4. Who reside in permanent supportive housing or other housing programs that are targeted to homeless populations;
5. Who, in the preceding twelve (12) months met any of the criteria in numbers 1-4 above but are no longer homeless as a result of becoming a resident in permanent housing; or
6. Who are children, youth, or veterans at risk of homelessness.

“Federal award” shall have the meaning set forth in the 2018 HRSA Health Center Program Compliance Manual as updated.

ARTICLE III
NAME

The name of the program shall be the Healthcare for the Homeless Program.

ARTICLE IV
GENERAL POWERS

The Health Center including the Healthcare for the Homeless Program (“the Program”) shall be under the management, direction, and control of a governing board for the Health Center (the “Board”) appointed by the Harris Health Board of Trustees. The Board shall have full power and authority to oversee and provide direction regarding the affairs of the Health Center and the Program, including the authority to establish and adopt policies for the conduct of the Program. In exercising this power, the Board may take any action that is consistent with Harris Health’s enabling statute; these Bylaws; and federal, state and local law, including, but not limited to, Section 330 of the Public Health Service Act (42 U.S.C. § 254b, as amended), applicable Health Resources and Services Administration (HRSA) requirements for health centers serving special medically underserved populations for the homeless (“HRSA Requirements”) and Medicare, Medicaid, and state licensure requirements. No individual, entity, or committee (including, but not limited to, an executive committee authorized by the Board) shall have approval authority or veto power over the Health Center Board with regard

to the Board's required authorities and functions. If the Health Center would collaborate with other entities in fulfilling the Health Center's HRSA-approved scope of project, such collaboration or agreements with other entities shall not restrict or infringe upon the Health Center Board's required authorities and functions. The Board shall be specifically responsible for:

1. Holding regularly scheduled monthly meetings where a quorum is present and maintaining records and minutes that verify Board attendance and document the Board's deliberations, key actions, and decisions (where geography or other circumstances make monthly, in-person participation in Board meetings burdensome, monthly meetings may be conducted by telephone or other means of electronic communications where all parties can both listen and speak to all other parties subject to the Texas Open Meetings Act);
2. Attending to any matter that it determines is in the best interest of the Program, and is within the purposes and objectives of the Program, and taking all necessary steps to ensure the achievement of the purposes and objectives of the Program;
3. Hiring, annually evaluating, suspending, appointing and/or reappointing, removing, and dismissing or terminating a person from the position of Director for the Healthcare for the Homeless Program or his/her equivalent in accordance with the personnel policies and other procedures established by Harris Health and such Director or his/her equivalent shall be directly employed by the Health Center;
4. Reviewing and evaluating the Program's financial and operational reports; quality data, patient satisfaction surveys and minutes from the Consumer Advisory Council meetings; and other activities, including but not limited to service utilization patterns, productivity, and achievement of project objectives;
5. Ensuring that the Program activities are conducted in compliance with applicable federal, state and local laws, including but not limited to, the HRSA Requirements;
6. Adopting and updating when needed Program health care policies, including scope and availability of services (including decisions to subaward or contract for a substantial portion of the services), location and hours of services at Health Center sites, and quality of care audit policies;
7. Evaluating the performance of the Health Center based on quality improvement and quality assurance (QI/QA) assessments and other information received from Health Center staff;
8. Ensuring the new Board members receive orientation and training regarding the duties and responsibilities of being a Board member of an organization that is subject to the HRSA Requirements and satisfying the educational and training needs of existing Board members;
9. Monitoring the financial status of the Health Center by approving the selection of the independent auditor and officially accepting the annual audit report to make certain that the Program takes corrective actions to address all findings, questioned costs, and reportable conditions, as applicable;
10. Adopting and updating when needed general personnel policies and procedures

for Health Center employees who provide services for the Program (*unless* already established by Harris Health as the designated recipient of the Federal award), including those addressing selection and dismissal procedures, salary and benefit scales, employee grievance procedures, equal opportunity practices and codes of conduct;

11. Adopting and updating when needed policies to support financial management and accounting systems to ensure accountability for Health Center resources (*unless* already established by Harris Health as the designated recipient of the Federal award);
12. Review the policies described in Sections 6, 10, and 11 every three years;
13. Approving Program Services, including selection of services beyond those required by law to be provided by the Program, and determining the location and mode of delivery of these services;
14. Reviewing and approving the project grant application, as well as all applications related to the Program, including grant designation applications and other HRSA requests regarding scope of project and document approval in the Board minutes;
15. Adopting, evaluating at least once every three years, and updating as needed, the policy governing eligibility for Health Center services, including criteria for partial payment schedules, the sliding fee discount program and related policies and procedures for determining sliding fee eligibility and applying sliding fee discounts. The Health Center will make and continue to make every reasonable effort to secure payment for services from patients, in accordance with Health Center fee schedules and corresponding schedule of discounts;
16. Adopting, evaluating at least once every three years, and updating as needed, the policy for billing and collections and assuring that any fees or payments required by the Health Center for health care services will be reduced or waived in order to assure that no patient will be denied such services due to an individual's inability to pay for such services;
17. Utilizing Board-approved policies, as well as operating procedures, that include the specific circumstances when the Health Center will apply the criteria for a partial payment schedule or waive or reduce fees or required payments due to any patient's inability to pay. The Board shall evaluate these policy(ies) at least once every three years, and approve updates as needed;
18. Establishing an ongoing QI/QA system that includes clinical services and clinical management and maintains the confidentiality of patient records. The Health Center shall have Board-approved policy(ies) that addresses the quality and utilization of Health Center services; patient satisfaction and patient grievance processes; quality-of-care audit procedures; and patient safety, including adverse events. The Board shall evaluate these policy(ies) at least once every three years, and approve updates as needed;
19. Reviewing and approving an annual budget for submission to HRSA, also referred to as a "total budget," that is consistent with Federal Cost Principles and any other requirements or restrictions on the use of Federal funding and includes all other

- non-Federal revenue sources that will support the Program project(s);
20. Directing the development of an overall plan for the Health Center Program project;
 21. Establishing a system(s) for monitoring the achievement of Program project objectives through evaluation of:
 - a) the operations of the Federal grant supported activities in compliance with applicable Federal requirements;
 - b) performance expectations or metrics as described in the terms and conditions of the Federal award and whether they are being achieved;
 - c) areas for improvement in program outcomes;
 - d) service utilization patterns;
 - e) productivity [efficiency and effectiveness] of the Health Center; and
 - f) patient satisfaction.
 22. Ensuring appropriate follow-up action is taken regarding achievement of Program objectives, service utilization patterns, quality of care, efficiency and effectiveness, and patient satisfaction, including addressing any patient grievances;
 23. Conducting and providing direction for long-range, strategic and financial planning to be performed at least once every three years, which at a minimum identifies Health Center priorities and addresses financial management and capital expenditure needs;
 24. Ensuring that the Health Center complies with Federal procurement standards, including a process for ensuring that all contract procurement costs directly attributable to the Federal award are allowable and consistent with Federal Cost Principles and applicable requirements specified in the Federal award (including those found in section 330 of the Public Health Act, implementing program regulations and grant regulation in 45 C.F.R. Part 75); and
 25. Reviewing these bylaws annually and update as needed.

ARTICLE V

POWERS AND DUTIES OF INDIVIDUAL BOARD MEMBERS

- A. **Power of Individual Board Members.** No individual Board member shall be authorized to speak or act independently for the Board unless he or she has been specifically authorized by the Board to do so.
- B. **Duties of Individual Board Members.** In addition to other common law and statutory duties and any other obligations arising from their position, the Board members shall be responsible for:
 1. **Compliance with Legal Requirements, and the Program Policies.** Each Board member shall comply with the enabling statutes creating Harris Health; these

Bylaws; and federal, state and local law, including but not limited to Section 330 of the Public Health Service Act (42 U.S.C. § 254b, as amended), applicable HRSA Requirements, and Medicare, Medicaid, and state licensure requirements (collectively the “Legal Requirements”), and all policies adopted by the Board.

2. Avoiding Conflicts of Interest. Each Board member shall comply with Harris Health’s Board of Trustee Member Conflict of Interest Policy. No Board member shall:
 - a) Be an employee of the Health Center or an immediate family member of an employee.
 - b) Have a substantial interest or substantial ownership in a firm that supplies, or knowingly seeks to supply goods or services to the Program.
 - c) Engage in outside business ventures which would conflict with their duties as Board members.
 - d) Solicit or accept gratuities, favors, or anything of monetary value from contractors or parties to agreements.
3. Verification of Compliance. The Health Center will verify periodically during selection or renewal of Board member terms that the Board does not include members who are currently employees of the Health Center, or immediate family members of current Health Center employees (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage); and that no conflict of interest exists which would prohibit serving on the Board.
4. Disclosure Statement.
 - a) Board members will be required to complete a disclosure statement verifying compliance with this Article V, including such information, in such form, and at such times as may be required by the Board from time to time.
 - b) Board members must execute a disclosure statement at the time of their appointment and reappointment, and at least annually thereafter and at such time(s) when a conflict of interest is identified. The Board Office will maintain current disclosure statements for each Board member.

ARTICLE VI

BOARD COMPOSITION AND QUALIFICATIONS

A. Selection and Removal

1. The Harris County Commissioner’s Court appoints members of the Health Center Board who serve without compensation for two (2) year staggered terms. The terms of four (4) members expire on November 1st of odd years and the terms of five (5) members expire on November 1st of even years. Members continue to serve until their successors are appointed. The Harris County Commissioner’s Court fills the

remainder of any un-expired term and the person so selected serves until such un-expired term terminates and until a successor is appointed and qualified.

2. Board members may be removed from the Harris Health Board of Trustees by Harris County Commissioner's Court in accordance with Texas Local Government Code Chapter 178. Such removal from the Harris Health Board of Trustees shall also be considered a removal from the Health Center Board.
3. The Health Center has obtained from HRSA for good cause shown a waiver of the requirement that a majority [at least 51%] of the Health Center Board members must be patients served by the Health Center.

B. Requirements

1. Members of the Health Center Board are representative of the community served by the Health Center or the Health Center's service area. Additionally, members are selected to provide relevant expertise and skills such as:
 - a) Community affairs;
 - b) Local government;
 - c) Finance and banking;
 - d) Legal affairs;
 - e) Trade unions and other commercial and industrial concerns; and
 - f) Social services.
2. No more than one-half (50%) of Board members can derive more than ten percent (10%) of their annual income from the health care industry.. For purposes of these Program Bylaws, "health care industry" shall mean the provision of health care services which are directly performed by the individual Board member ("Health Care Industry").
3. Health Center employees and immediate family members (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage) of employees may not be Health Center Board members.

C. Documentation of Board Composition and Other Considerations. The Health Center will maintain documentation that the Board is composed of:

1. At least 9 and no more than 25 members;
2. A requisite number (at least 51% of Board members) of patients who have received at least one service in the past 24 months from the Health Center and who, as a group, represent the individuals who are served by the Health Center in terms of demographic factors, such as race, ethnicity, and gender (*unless* a HRSA-approved waiver has been obtained);
3. No more than one-half of non-patient Board members who earn ten percent (10%) or more income from the Health Care Industry; and
4. Non-patient Board members who:
 - a) Are representative of the community in which the Health Center is located,

either by living or working in the community, or by having a demonstrable connection to the community;

- b) Have relevant skills and expertise in areas such as community affairs, local government, finance and banking, legal affairs, trade unions, other commercial and industrial concerns, or social services within the community.

D. HRSA-approved waiver

In consideration that the Health Center has obtained from HRSA a waiver of the requirement that a majority [at least 51%] of the Health Center Board members must be patients served by the Health Center, the Board minutes or other documentation shall demonstrate how homeless special population patient input is utilized in making Board decisions in key areas, including, but not limited to: selecting Health Center services; setting hours of operation of Health Center sites; defining budget priorities; evaluating the Health Center's progress in meeting goals, including patient satisfaction; and assessing the effectiveness of the sliding fee discount program.

ARTICLE VII

OFFICERS

A. Designation and Selection of Officers

The governance and management of the affairs of the Board shall be entrusted to the following representatives: Chairperson, Vice Chairperson, Secretary, and to the extent and at such time as needed, an Assistant Secretary. Selection of Officers and term of office shall be in accordance with the bylaws of the Harris County Hospital District d/b/a Harris Health, as amended. The Health Center board shall select the Chairperson by majority vote.

B. Duties and Responsibilities of Officers

The duties and responsibilities of the Officers shall be the same as described in the bylaws of the Harris County Hospital District d/b/a Harris Health, as amended.

ARTICLE VIII

MEETINGS

A. Regular Meetings

There shall be regularly scheduled meetings of the Board provided that meetings are held not less than monthly. All meetings of the Board shall be open to the public, except that the Board may hold Executive Sessions in accordance with the Texas Open Meetings Act.

B. Quorum

The presence of the majority of the Board shall constitute a quorum for the transaction of business, and a lesser number may recess a meeting until a later specified date when a quorum shall be present. Except as otherwise provided by these Bylaws or as may be

required by applicable law, all matters before the Board shall be decided by an affirmative vote of the majority of the Board members present and voting at a meeting at which a quorum exists. Each Board member shall be entitled to one (1) vote.

C. Records of the Meeting

Minutes of all meetings of the Board shall be retained by the Board Office in advance of the next scheduled Board meeting at which the minutes will be reviewed.

ARTICLE IX
ADOPTION

This Amendment to the Bylaws is accepted and adopted on _____, 2023 at Houston, Harris County, Texas, and shall remain in effect for as long as required for Harris Health to remain eligible to receive Federal funding pursuant to Section 330 of the Public Health Service Act, as amended. In the event the Program is terminated or is no longer funded by HRSA, these Bylaws shall be of no effect.

Chair, Board of Trustees
Harris County Hospital District
d/b/a Harris Health System

Secretary, Board of Trustees
Harris County Hospital District
d/b/a Harris Health System

Thursday, January 26, 2023

Consideration of Approval of the Following Reports 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

Attached for consideration of approval:

- **HCHP Policies**
 - Referrals of Health Care for the Homeless Program Patients to Harris Health System
 - Referral Tracking and Follow-Up Care for Health Care for the Homeless Program
 - Health Care for the Homeless Program Financial and Grant Management

Administration recommends that the Board approves the Healthcare for the Homeless Program Reports 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 for the Homeless Program.

TITLE: REFERRALS OF HEALTH CARE FOR THE HOMELESS PROGRAM PATIENTS TO HARRIS HEALTH SYSTEM

PURPOSE: To establish Harris Health System’s commitment to accepting referrals for Health Care for the Homeless Program patients.

POLICY STATEMENT:

As a recipient of funding under the Public Health Services Act, Section 330 (42 U.S.C. 254b) from the United States Department of Health and Human Services – Health Resources and Services Administration (HRSA), the Health Care for the Homeless Program (HCHP) is responsible for providing Required Primary Health Services and Additional Health Services, as appropriate, (collectively, the Services) to HCHP patients. HCHP may provide the Services directly, or when the HCHP cannot provide the Services at its clinics, through a referral arrangement between the HCHP and another provider, including Harris Health.

POLICY ELABORATIONS:

I. DEFINITIONS:

A. ADDITIONAL HEALTH SERVICES: Health services that are not included as Required Primary Health Services and that may be offered as appropriate to meet the needs of the population served by the health center.

B. REQUIRED PRIMARY HEALTH SERVICES: Health services that a health center must provide, as defined in section 330(b)(1) of the Public Health Service Act.

C. HARRIS HEALTH – HEALTH CARE FOR THE HOMELESS PROGRAM (HCHP): A program that provides outreach services to the Homeless Population through Harris Health’s Ambulatory Care Services. The HCHP also provides comprehensive primary health services through shelter-based clinics and through mobile health and mobile dental units, on-site case management, financial eligibility determination, and registration for services, as well as, on-site mental health counseling, substance abuse counseling, and residential treatment through referrals.

D. 330(H) HOMELESS POPULATION: A population comprised of individuals:

1. Who lack housing (without regard to whether the individual is a member of a family);
2. Whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations;
3. Who reside in transitional housing;
4. Who reside in permanent supportive housing or other housing programs that are targeted to homeless populations; **OR**
5. Who met any of the criteria above and was a Participant during the preceding 12 months but are no longer homeless as a result of becoming a resident in permanent housing; or
6. Who are children, youth, or veterans at risk of homelessness.

II. GENERAL PROVISIONS:

A. *RESPONSIBILITIES OF HARRIS HEALTH SYSTEM*

1. Accepting Referrals. Harris Health will accept referrals of HCHP patients when HCHP clinics are unable to provide the required Primary Health Services or Additional Health Services directly or via a contract with another organization.
2. Render Treatment. Harris Health will provide services to HCHP patients who clinically qualify, regardless of their payor status or ability to pay, in a manner that is culturally sensitive.
3. Documentation of Services. Harris Health will document the services it provides to HCHP patients in its electronic health record (EHR) system.

B. *RESPONSIBILITIES OF HCHP*

HARRIS HEALTH SYSTEM

POLICY AND REGULATIONS MANUAL

Policy No:
Page Number: 3 of 4
Effective Date:
Board Motion No:
Last Review Date:
Due For Review:

1. Referral Request, Tracking, & Follow-Up Care. HCHP shall make and manage referrals for care and ensure appropriate follow-up care in accordance with the Referral Tracking and Follow-up Care Health Care for the Homeless Program Policy.

TITLE: REFERRAL TRACKING AND FOLLOW-UP CARE FOR HEALTH CARE FOR THE HOMELESS PROGRAM

PURPOSE: To outline the process to be used by Harris Health System’s Health Care for the Homeless Program for making and managing of referrals and tracking and referring patients back to Harris Health System’s Health Care for the Homeless Program for appropriate follow-up care.

POLICY STATEMENT:

As a recipient of funding under the Public Health Service Act, Section 330 (42 U.S.C. 254b) from the United States Department of Health and Human Services – Health Resources and Services Administration (HRSA), Harris Health System (Harris Health) is responsible for implementing processes for referral tracking and follow-up care under the Harris Health Health Care for the Homeless Program (“HCHP”).

POLICY ELABORATIONS:

I. DEFINITIONS:

A. HARRIS HEALTH – HEALTH CARE FOR THE HOMELESS PROGRAM (HCHP):

A program that provides outreach services to the Homeless Population through Harris Health’s Ambulatory Care Services Community Health Program. The HCHP also provides comprehensive primary health services at shelter-based clinics and mobile health and mobile dental units, on-site case management, financial eligibility determination, and registration for services, as well as, on-site mental health, substance abuse counseling, and residential treatment.

B. 330(H) HOMELESS POPULATION: A population comprised of individuals:

1. Who lack housing (without regard to whether the individual is a member of a family);
2. Whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations;
3. Who reside in transitional housing;

4. Who reside in permanent supportive housing or other housing programs that are targeted to homeless populations; **OR**

5. Who met any of the criteria above and was a Participant during the preceding 12 months but are no longer homeless as a result of becoming a resident in permanent housing; or

6. Who are children, youth, or veterans at risk of homelessness.

C. CLINICAL NURSE CASE MANAGER: The Clinical Nurse Case Manager (CNCM) facilitates the collaborative interdisciplinary process of case management encompassing assessment, planning, facilitation, care coordination, evaluation appropriate to the scope of licensure. The CNCM advocates for options and services to meet the patient’s and family’s comprehensive health needs through communication and available resources to promote quality cost-effective outcomes for the identified patient population. The CNCM also participates in quality improvement activities.

D. OUTREACH WORKER: The Outreach Worker conducts in-reach, outreach and education activities to existing health center patients and homeless residents to promote awareness about all program services.

E. REFERRAL: The act of sending of a patient to another medical or social service provider for ongoing management of a specific problem, with the expectation that the patient will continue seeing the original medical provider or support staff for co-ordination of total care.

F. SOCIAL WORKER: The Social Worker Case Manager (SWCM) helps patients and their families address and resolve the social, financial, and psychological problems related to their health condition. The SWCM identifies options and advocates for services to meet the patient’s and family’s comprehensive needs with available resources to promote quality cost-effective outcomes.

G. NURSING TEAM:

1. **LICENSED NURSING STAFF** - A nurse who has graduated from a nursing program and met the requirements outlined by a county, state or similar licensing

body to obtain a nursing license. The term includes both Registered Nurse (RN) and Licensed Vocational Nurse (LVN).

2. **NON LICENSED NURSING STAFF** - Unlicensed assistive healthcare providers trained to function in a supportive role by providing patient/client care activities as delegated by the RN or LVN.

III. PROCEDURES:

See Appendix A for Referral Making and Management Procedures and Appendix B for Care Transition – EC/Hospital Tracking Procedures

APPENDIX A REFERRAL MAKING & MANAGEMENT PROCEDURES

I. Referrals:

- a. A referral for a required or additional health service (as listed in Form 5A) may be made if the required or additional health service is not provided directly by the HCHP.
- b. All referrals will be tracked and appropriate follow up care will be provided by the HCHP in accordance with this Appendix A.

II. Referral Tracking:

- a. **Ordering a Referral.** If the HCHP clinical team determines that a patient needs a referral, a referral order will be entered into the patient's electronic medical record.
- b. **Referral Tracking.** Once a referral order has been entered into the patient's medical record, the HCHP clinical team will take the following steps to track the completion of the referral.
 1. Inform the patient that a referral has been ordered;
 2. Follow up with the patient to ensure the referral appointment has been scheduled. If the referral appointment has not been scheduled, the Social Worker or Clinical Nurse Case Manager will work with the patient to get the referral appointment scheduled;
 3. If a barrier to the patient being able to attend the scheduled referral appointment is identified (for example, the patient needing transportation assistance), the Social Worker or Clinical Nurse Case Manager will work with the patient to provide assistance as necessary to address the barrier.
 4. Follow up with the patient within seven days of the scheduled referral appointment to determine if the patient attended the scheduled referral appointment.

III. Required Documentation:

- a. For each referral, the following information should be documented in the patient's medical record:
 - i. The referral order;
 - ii. If there are any identified barriers to the patient being able to attend the scheduled appointment;
 - iii. If the patient declined to receive the care recommended by the referral order;
 - iv. The attempts made by the HCHP clinical team to schedule the referral appointment, including the date and time of the scheduled referral appointment;
 - v. If the patient is a "no show" for the scheduled referral appointment;
 - vi. Any telephone calls made either to or from the patient, the patient's physician, or the HCHP clinical team regarding the patient's care, including:
 - 1. The reason for the call;
 - 2. Problems discussed by the patient/physician/HCHP clinical team;
 - 3. Any action taken and/or advice or instructions given; and
 - 4. The date and time of the call.
 - vii. The outcome of the scheduled referral appointment, including but not limited to clinical findings and receipt of radiology or lab results.

IV. Follow-Up Care:

- a. Appropriate follow-up must be taken to ensure continuity of care for patients. Specifically, follow up will be taken for patients who:
 - i. Have abnormal test results;
 - ii. Been referred to other providers;
 - iii. Have missed return appointments.
- b. HCHP clinical team will review outstanding referrals weekly and follow-up as necessary with patients.
- c. Follow-Up Care for Radiology and Laboratory Results:

- i.** HCHP clinical staff will follow-up with patients on all abnormal laboratory or radiology results within ten (10) working days from HCHP receiving a report of an abnormal result.
- ii.** HCHP clinical staff will make a minimum of three attempts to notify patients of their abnormal laboratory or radiology test as follows:
 - 1.** Initial contact may be made by telephone if a telephone number is available and the patient has given HCHP permission to contact him or her via telephone.
 - 2.** The second contact will be via a letter mailed via US regular mail. The letter will include directions for the patient to contact HCHP for a follow-up.
 - 3.** The third letter will be the same letter as above but will be sent via certified mail.
- iii.** If after three attempts are made with no response or three appointments are made and not kept by the patient, the HCHP clinical staff should document in the patient's electronic medical record that the patient is lost to follow-up care.
- iv.** If a patient cannot be contacted after the above steps have been taken and the results indicate a potentially life threatening condition, HCHP clinical staff will attempt to visit the patient's shelter or encampment to notify the patient of results.
- v.** If a patient is referred to a non-Harris Health provider, all laboratory tests and screenings will be reviewed, initialed and dated upon return to HCHP by a nurse and a provider before it is filed in the patient's medical record. Any paper documents must be sent to Health Information Management for scanning into the patient electronic health record.

APPENDIX B CARE TRANSITIONS – EC HOSPITAL TRACKING PROCEDURES

A. HOSPITAL ADMISSIONS

1. Under the Memorandum of Understanding between the HCHP and Harris Health, hospital admissions of HCHP patients to Harris Health are made in accordance with Policy 4100 Hospitalization and Medical Necessity Review and Policy 4600 Transfer of Patients.

B. HOSPITAL TRACKING OF PATIENTS TRANSFERRED BY HCHP TO HARRIS HEALTH

1. When a HCHP patient is transferred to the hospital/emergency room, the HCHP clinical staff must take the following steps:
 - i. Record patients' information contained in the daily report provided by Harris Health for any presumed homeless individuals who have been hospitalized or are a Harris Health emergency center in the HCHP Hospital/EC Tracking Log and email to the HCHP Nurse Manager weekly.
 - ii. Ensure proper follow up care coordination, which may include tracking, reviewing discharge documents, and scheduling follow-up appointments.
 - iii. Follow up with the patient and/or conduct a chart review within 48 hours of the transfer.

C. POST-DISCHARGE TRACKING AND FOLLOW-UP FOR HCHP PATIENTS

1. HCHP referred patients are instructed at discharge to report back to the HCHP health center for a follow-up visit.
2. If the patient fails to report back to the HCHP health center within 7 days after discharge (or a shorter timeframe if indicated by the Harris Health provider due to medical necessity) for a follow-up visit, the Nursing Team

will schedule a follow-up visit. If patient chooses not to schedule the follow up visits, the refusal shall be documented within their chart in EPIC.

D. HOSPITAL TRACKING OF PRESUMED HOMELESS PATIENTS

1. Harris Health provides a daily report to the HCHP community services manager identifying any presumed homeless individuals who have been hospitalized at Harris Health, or who are receiving care in a Harris Health emergency center.
2. The HCHP Outreach Worker reviews this daily report to determine if any identified presumed homeless individual are established HCHP patients.
 - i. For established HCHP patients, the HCHP clinical staff will follow the post-discharge tracking and follow-up procedures listed in Section C above.
 - ii. If the patient is not an established HCHP patient, the HCHP Outreach Worker will reach out to the patient to discuss the HCHP and attempt to schedule a follow-up appointment at an open access HCHP health center.



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TITLE: FINANCIAL AND GRANT MANAGEMENT – HEALTH CARE FOR THE HOMELESS PROGRAM

PURPOSE: To outline the guidelines, processes and procedures to be used by Harris Health System for the financial and grant management of the Harris Health System Health Care for the Homeless Program.

POLICY STATEMENT:

In accordance with regulations governing the receipt of funding from the United States Department of Health and Human Services - Health Resources and Services Administration (HRSA), Harris Health System (Harris Health) implements the following guidelines, processes, and procedures for the financial and grant management of funding under the Harris Health Health Care for Homeless Program (HCHP).

POLICY ELABORATIONS:

HRSA routinely awards federal grant funding to health centers for outpatient primary care services, case management, outreach and other services to the Homeless Population.

I. DEFINITIONS:

- A. HARRIS HEALTH – HEALTH CARE FOR THE HOMELESS PROGRAM (HCHP):** A program that provides outreach services to the Homeless Population through Harris Health’s Ambulatory Care Services. The HCHP also provides comprehensive primary health services through shelter-based clinics and through mobile health and mobile dental units, on-site case management, financial eligibility determination, and registration for services, as well as, on-site mental health counseling, substance abuse counseling, and residential treatment through referrals.
- B. HEALTH BENEFITS COVERAGE:** The package of services covered by a managed care provider or organization pursuant to a contract or other arrangement.
- C. HEALTH CARE ENTITY:** Any individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance

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organization, a health insurance plan, or any other kind of health care facility, organization, or plan.

- D. **330(H) HOMELESS POPULATION:** A population comprised of individuals:
1. Who lack housing (without regard to whether the individual is a member of a family);
 2. Whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations;
 3. Who reside in transitional housing;
 4. Who reside in permanent supportive housing or other housing programs that are targeted to homeless populations;
 5. Who met any of the criteria above and was enrolled in the HCHP as a Participant during the preceding 12 months but are no longer homeless as a result of becoming a resident in permanent housing; or
 6. Who are children, youth, or veterans at risk of homelessness.

II. ANNUAL BUDGET REPORTING REQUIREMENTS:

- A. Harris Health shall submit an annual budget to HRSA that identifies the portion of the HCHP's projected costs to be supported by HRSA awards and the portion to be supported by Harris Health.
- B. The HCHP annual budget shall also reflect the total projected costs of operations, expenses, and revenues, including anticipated fees, premiums, reimbursements and third party payments generated from the delivery of services, to accomplish the HCHP Service Delivery Plan submitted to HRSA.
- C. With the assistance of the Director of Grant Accounting, the HCHP annual budget shall be developed by the following members of HCHP management:
 1. HCHP Financial Analyst;
 2. HCHP Director; and



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3. HCHP Grants Program Manager.

- D. Prior to submission to HRSA, the annual budget for the HCHP shall be approved by the members of HCHP management identified in II.C.1-3, above, and then submitted to the Harris Health System Board of Trustees for approval.

III. RECORDING OF REVENUES AND EXPENDITURES:

- A. The financial management system allows Harris Health to account for all funds, property, and assets associated with the HCHP. It shall identify the source and application of funds for federally funded activities and contain related documentation pertaining to authorizations, obligations, unobligated balances, assets, expenditures, income, and interest.
- B. All HCHP expenditures of Public Health Service Act grant funds shall be separately accounted for from other non-grant funds and be consistent with the annual budget and any additional applicable HRSA approvals that have been requested and received.
- C. The accounting methodology followed shall be the accrual basis as required by U.S. Government Accounting Standards Board Principles.
- D. Revenue shall be recognized when earned, and expenses will be recorded when incurred.
- E. A chart of accounts shall be maintained by Harris Health’s Financial Accounting Department under the direction of the Harris Health Vice President - Controller.

IV. FINANCIAL STATEMENTS:

- A. Balance Available Summary (BAS) and Grant Transaction Detail Reports shall be prepared by Harris Health’s Grant Accounting Department and shall include an itemized list of all grant expenditures for the HCHP.
- B. By the fifteenth (15th) of every month, the BAS shall be sent electronically to the Director of the HCHP or designee.

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- C. All expenses and revenues of the HCHP shall be included in the financial statements of Harris Health.

V. PATIENT ACCOUNTING:

A. Third Party Health Benefits Coverage Identification and Billing:

1. Individuals fitting the 330(H) Homeless Population definition will be screened for third party Health Benefits Coverage in the process of completing the HCHP eligibility process (i.e., prior to enrollment in the HCHP), upon checking in for a health care visit, and again via an external vendor following the completion of a health care visit for verifying retro-active coverages; and
2. Bills for any individual enrolled in the HCHP (“HCHP Patient”) and having third party Health Benefits Coverage will be submitted to the HCHP Patient’s third party payor.

B. Patient Fee Collections:

1. A HCHP Patient will not be asked to make payment at the time of service due to security concerns;
2. HCHP Patients will instead be billed for services rendered in accordance with Harris Health billing practices; and
3. HCHP Patients who express they are unable to pay for services will receive and be instructed to complete a Request to Waive Fees form;
4. Any charge not paid by the HCHP Patient shall be contractually adjusted to zero at the end of each HRSA Grant Program Year.

C. Billing:

1. All billing for grants awarded to the HCHP shall be performed by Harris Health’s Grant Accounting Department, including drawdowns of federal funds; and
3. All billing for third party Health Benefits Coverage, such as Medicaid, Medicare, and private insurance shall be done by Harris Health’s Patient Financial Services Department.



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VI. FINANCIAL AUDITS:

- A. The HCHP shall be subject to both external and internal audits and review.
- B. The HCHP shall promptly respond to audits by oversight agencies, including HRSA.

The expenditures of Public Health Service Act grant funds will be subject to Harris Health’s annual 45 C.F.R Part 75, Subpart F audit.

VII. INSURANCE:

- A. Insurance coverage for assets such as the Dental Unit and the Mobile Medical Units shall be purchased and maintained by Harris Health.
- B. Medical malpractice insurance for the Medical Director and other physicians participating in the HCHP shall be obtained and maintained by the Health Care Entity that employs the Medical Director.
- C. Medical malpractice insurance for clinical staff employed by the HCHP shall be covered by Harris Health as a self-insured entity.

VIII. COMPETITIVE PROCUREMENT PROCESS:

All goods and services which support HCHP activities shall be competitively procured pursuant to the procurement procedures set forth in 45 C.F.R. § 75.329 and in a manner that ensures openness, fairness, and integrity as stated in the Harris County Hospital District Purchasing Manual.

IX. TRAVEL:

Expenses incurred for travel associated with or in support of the HCHP shall be reimbursed in accordance with Harris Health Policy 2580 Travel Guidelines and Expense Reimbursement and, for lodging and subsistence charges, only if supported by the documentation described in 45 C.F.R. § 75.474.

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X. DRAWDOWN OF FEDERAL GRANT FUNDS:

Harris Health System will minimize the time elapsed between the transfer of funds from the US Treasury and the disbursement of these funds. The procedures related to draw down are attached as Appendix A to this policy.

XI. ALLOWABLE COSTS:

Harris Health System will assure that expenditures of federal awards will be allowable, allocable, and reasonable in accordance with the terms and conditions of the federal award and with federal cost principles. Appendix B to this policy sets forth the procedures for determining whether costs are allowable.

REFERENCES/BIBLIOGRAPHY:

42 C.F.R. § 254b - Health centers

45 CFR Part 75

Grants Policy Bulletins

Harris Health System Policy and Regulations 3.15, Requisition Approval

Harris Health System Policy and Procedures 3.18, Procurement Cycle

Harris Health System Policy and Procedures 2580, Travel Guidelines and Expense Reimbursement

Health Center Program Compliance Manual – Health Resources and Services Administration (HRSA), Bureau of Primary Healthcare

Harris County Hospital District Purchasing Manual

OFFICE OF PRIMARY RESPONSIBILITY:

Harris Health System Department of Grant Accounting

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REVIEW/REVISION HISTORY:

Effective Date	Version # (If Applicable)	Review/ Revision Date (Indicate Reviewed or Revised)	Approved by:
	1.0	Approved 12/13/2016	Structure and Organizational Standards Committee
	2.0	Approved 01/26/2017	Board of Trustees (Board Motion No.: 17.01-03)
		Approve 04/27/2017	Board of Trustees (Board Motion No.: 17.04-43)
	3.0	Approved 12/06/2018	Board of Trustees (Board Motion No.: 17.04-43)
	4.0	Approved 1/26/2023	Board of Trustees (Board Motion No.: 23.____)

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**APPENDIX A
Drawdown of Direct Federal Grant Funds Procedures**

PURPOSE:

To establish processes and procedures for drawdowns of direct federal funds from the United States Treasury that are in compliance with 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards and 45 CFR Part 75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.

I. DEFINITIONS:

- A. **PAYMENT MANAGEMENT SERVICES:** An agency within the U.S. Department of Health & Human Services which provides payments to grantees. This is accomplished by the Payment Management System (PMS). A web based system for grantees to request disbursement of funds for federal grants. The funds are deposited into the grantee’s bank account.
- B. **PEOPLESOFT:** The financial accounting software used by Harris Health System for general ledger reporting, accounts payable, capital assets, purchasing, grants, billing, accounts receivable, and payroll.

II. GENERAL PROVISIONS:

- A. In order to comply with 2 CFR 200.305, Harris Health will establish procedures to minimize the time elapsing between the transfer of funds from the United States Treasury and the disbursement of funds to entities providing goods or services (recipients, sub-recipients, or contractors).
- B. The number of individuals at Harris Health authorized to drawdown funds from PMS shall be limited to the Director of Grant Accounting. Approval for drawdown is granted by the Harris Health System Vice President-Controller.

III. PROCEDURES:

- A. Request to Drawdown:
 - 1. The request for drawdown should be based on actual expenditures incurred during the period of the cash request.
 - 2. The Senior Accountant will use the PeopleSoft system generated invoices as the source document and will route the document along with the Balance Available Summary (BAS) report for each direct federal grant to the Director of Grant Accounting for review.

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3. Once reviewed by the Director of Grant Accounting, the PeopleSoft system-generated invoices and BAS are routed to the VP-Controller for approval and signature.
4. Once approved, the VP-Controller routes the approved system-generated invoice to the Director of Grant Accounting to complete the drawdown request on the PMS.

B. After Drawdown:

1. After a drawdown is completed in the PMS, the Director of Grant Accounting, or designee, will send an email to Cash Management notifying them of the wire transfer to be received.
2. The email requests Cash Management to send a copy of the wire transfer to Grant Accounting for the file.
3. The Cash Management Department will post the deposit to the federal sponsor in the PeopleSoft Accounts Receivable (A/R) module.
4. The payment will be applied to the invoices in the A/R module by the Senior Accountants.

IV. REFERENCE:

2 CFR Part 200: Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards

45 CFR Part 75: Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards



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APPENDIX B
Allowable Costs - Grants

PURPOSE:

To outline how Harris Health System will determine allowable costs to be charged to grants. 2 CFR Part 200 states that organizations must have a policy to determine allowable costs to be charged to federal grants. Determination of allowable costs will rest primarily with the Grant Program Manager(s) and Grant Accounting. Should a dispute arise between these departments regarding whether costs are allowable, the Vice President-Controller will make the final decision.

I. GENERAL PROVISIONS:

- A. In determining allowable costs, many resources are available to help guide the decision making process. Such resources include, but are not limited to:
 - 1. The Request for Proposal (RFP) issued by the granting agency;
 - 2. 2 CFR Part 200.Subpart E for federal grants of 45 CFR Part 75;
 - 3. The Texas Grants Management Standards (TxGMS) for state funded grants;
 - 4. The contractual agreement between Harris Health and the granting agency and any general or special terms/conditions attached; and
 - 5. Any written correspondence from the granting agency.

- B. It should be noted that grantors are unable to express in their grant documents all possible costs that can be charged to a grant. Certain costs will be specifically mentioned in the agreements or regulations as allowable or unallowable. In the case that a particular cost is not mentioned in the regulations, careful consideration should be given in determining whether the cost is allowable or unallowable. As a guiding principle, the following questions will help determine if a cost should be charged to a grant:
 - 1. Is the cost reasonable?
 - 2. Is the cost necessary?
 - 3. Is the cost allocable to the grant where it is being charged?

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4. Is the cost specifically disallowed per the grant terms/conditions?

Note: If the answers to the questions 1, 2, and 3 above are “yes,” and the answer to question 4 is “no,” then generally, the cost will be an allowable cost.

C. Authority

The following personnel shall have authority to make determination of whether costs are allowable or unallowable: (Note: the role in the process is also mentioned)

1. Grant Program Manager:

- a. Grant Program Managers are generally the individuals who wrote the proposal submitted to the granting agency. As such, they have a good understanding of the costs needed to complete the goals and objectives of the program.
- b. Grant Program Managers will specify which grant project number the expenses will be charged by noting the project number on the PeopleSoft requisition, the Business/Travel expense form, the Accounts Payable Voucher Form, and other forms which require a project number for expensing a charge.
- c. It is important that the project number be used since signature on the form or electronic approval indicates that the program manager believes that the cost being charged is allowable.

2. Senior Accountants:

- a. Expenditures are reviewed and approved by the Senior Grant Accountants prior to approval of the Director of Grant Accounting. If a Senior Grant Accountant approves the expenditure and submits to the Director of Grant Accounting, this will indicate that they believe the expenditure is an allowable cost.
- b. The Senior Accountant will seek advice on determination of allowable costs with the Grant Program Manager or the Director of Grant Accounting if they are uncertain about the expenditure. This is especially important if the Senior Accountant is unable to determine from the accounting records what the expense is or how it relates to the grant program.

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3. Director of Grant Accounting: Signature or electronic approval by the Director of Grant Accounting on forms which charge expenses to grant cost centers (voucher requests, expense reports, etc.) will indicate an opinion that the cost is allowable.

Thursday, January 26, 2023

Consideration of Approval of the Following Reports 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

Attached for consideration of approval:

- **Memorandum of Understanding (MOU)**

Administration recommends that the Board approves the Healthcare for the Homeless Program Reports 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 for the Homeless Program.

**MEMORANDUM OF UNDERSTANDING BY AND BETWEEN
HARRIS COUNTY HOSPITAL DISTRICT d/b/a HARRIS HEALTH SYSTEM AND
HEALTH CARE FOR THE HOMELESS PROGRAM**

This Memorandum of Understanding (“MOU”) is entered into by the Harris County Hospital District d/b/a Harris Health System, a political subdivision of the State of Texas (“Harris Health”) and the Harris County Hospital District on behalf of its Health Care for the Homeless Program (“HCHP”), each a “Party” and collectively, the “Parties.”

WHEREAS, Harris Health is responsible, under Texas Health & Safety Code Chapter 281, for providing medical aid and hospital care to indigent and needy persons residing in Harris County, Texas; and

WHEREAS, Harris Health provides this care at two duly licensed acute care hospitals, 17 primary care clinics, three same-day clinics, and six specialty clinics (the “Facilities”); and

WHEREAS, funding for the aforementioned care and the maintenance of Harris Health Facilities comes primarily from ad valorem taxes levied on Harris County, Texas residents; and

WHEREAS, the Texas legislature has capped the amount by which ad valorem taxes can be increased each year; and

WHEREAS, Harris Health must seek additional funding in order to continue to provide the same quantity of quality care to indigent and needy residents; and

WHEREAS, Harris Health has sought an award of Federal funding under Section 330(h) of the Public Health Service Act, which authorizes grants to public entities that provide comprehensive, culturally competent, quality primary care and preventative services to a special medically underserved population comprised of homeless individuals; and

WHEREAS, Harris Health established the HCHP to administer the Section 330(h) grant; and

WHEREAS, HCHP is a Federally Qualified Health Center (“FQHC”) that must comply with the requirements of the U.S. Department of Health and Human Services’ Health Resources and Services Administration (“HRSA”); and

WHEREAS, HRSA requirements mandate that FQHC develop an ongoing referral relationship with one or more hospitals operating in its catchment area; and

WHEREAS, Harris Health currently admits FQHC patients to its hospital Facilities and renders certain required and additional health services, as defined below; and

WHEREAS, the Parties desire to more formally document the arrangement they

have reached with respect to hospital admitting and referrals for required and additional health services.

NOW, THEREFORE, Harris Health and HCHP agree as follows:

1. The purpose of this non-binding MOU is to outline each Party's role in caring for FQHC patients and specifically patients who are admitted or referred to Harris Health Facilities.
2. Subject to Section 3.1, below, Harris Health agrees to (a) accept referrals from HCHP for required and additional health services that HCHP cannot provide and (b) admit patients whom the FQHC or a FQHC physician has reasonably determined may require hospital services.
 - 2.1. For purposes of this MOU, hospital services shall mean those items and services that are ordinarily furnished by a hospital for the care and treatment of inpatients and that are provided by or under the direction of a physician, including diagnostic, therapeutic, rehabilitative, or palliative items or services.
 - 2.2. For purposes of this MOU, required health services shall mean those services listed on Form 5A, which is attached hereto, under the heading of Approved Required Services and which HCHP has indicated are delivered via Formal Written Referral Arrangement.
 - 2.3. For purposes of this MOU, additional health services shall mean those services listed on Form 5A under the heading of Approved Additional Services and which HCHP has indicated are indicated via Formal Written Referral Arrangement.
 - 2.4. Hospital services, required health services, and additional health services may be collectively referred to as "Services".
3. With respect to hospital admissions and Services not available at HCHP, Harris Health agrees to:
 - 3.1. Furnish Services to HCHP patients whenever medically appropriate and there are no capacity constraints that would prevent Harris Health from treating the patient.
 - 3.2. Provide Services consistent with, at a minimum, the prevailing standards of care.
 - 3.3. Instruct patients to return to FQHC for clinically appropriate primary care.
 - 3.4. Continue to provide or grant HCHP staff access rights to Harris Health's electronic medical record system so that HCHP staff may view information for each patient referred or transferred by HCHP. HCHP acknowledges that patients have the right to request restrictions on disclosure of health information to specific people, including FQHC staff.
 - 3.5. Prepare a discharge summary, which summary shall include Patient's Name, Date of Birth, Discharge Date, Discharge Diagnosis, Discharge Medications, Treatment and Recommended Follow-up Plan, and Discharge Physician.
 - 3.6. Either charge the same fees as HCHP charges under its Sliding Fee Scale Discount Program or offer a full discount for the Services.
4. With respect to hospital admissions and Services not available at HCHP, HCHP agrees to:
 - 4.1. Follow Harris Health's policy on REFERRALS OF HEALTH CARE FOR THE HOMELESS PROGRAM PATIENTS and its policy on Patient Transfers (Policy No. 4600).

- 4.2. Send each patient who Harris Health accepts for admission with copies of all pertinent health information (e.g., medical summary, including list of current medications and allergies, history, and results of recent physical exam and diagnostic procedures) that may be necessary to render hospital services in a manner that does not jeopardize patient safety and is consistent with the patient's prior medical background and history.
 - 4.3. Inform any patient referred or who Harris Health accepts for admission of the proper way to identify themselves upon arrival at a Harris Health Facility.
 - 4.4. Participate in patient discharge planning with Harris Health as outlined in the Referral Tracking and Follow Up Care Policy.
 - 4.5. Verify that the discharge summary prepared and made available to HCHP by Harris Health is imported into the shared electronic medical record and that any other medical information, such as laboratory, radiology, or other diagnostic results, are available for HCHP physicians.
 - 4.6. Track patient progress as detailed in the Referral Tracking and Follow Up Care Policy and take appropriate follow-up actions to ensure that FQHC patients and do not require unnecessary re-admission to a Harris Health hospital.
5. Harris Health and HCHP, each, on its own behalf agree:
 - 5.1. To engage in open communication and exchange relevant patient information.
 - 5.2. To work in good faith with the other Party to resolve any concerns that may emerge between the Parties about this MOU.
 - 5.3. To maintain licenses and to perform their obligations hereunder in compliance with applicable local, state and federal laws in order to properly conduct business and perform tasks critical and related to this MOU.
 - 5.4. To bill patients, any third-party reimbursement source or other sources normally billed by the Party in accordance with each Party's policy on billing.
 - 5.5. Not to deny services to a FQHC patient who is unable to pay for required health services or Indigent Health Services.
 - 5.6. Not to discriminate against FQHC patients on the basis of race, sex, national origin, religion, age, disability or membership in any other protected class as provided by applicable law.
6. Term. This MOU shall be effective as of January 26, 2023 and will continue in full force and effect through December 31, 2024. Thereafter, this MOU will automatically renew for an additional three (3) year period if Harris Health receives another Section 330(H) grant award from HRSA.
 7. Cancellation. Either Harris Health or Organization may terminate this agreement upon thirty (30) calendar days' written notice to the other party of its intent to terminate this MOU, so long as a plan is in place to ensure the continuity of care for patients who have already been referred and are actively involved in the transfer process.
 8. Notice. Any notice provided under this Agreement shall be delivered by mail or in person to the Parties at the addresses below:
 - 8.1. If to HCHP: Health Care for the Homeless Program
4800 Fournace Place
Fourth Floor, West

Attention: Tracey Burdine, Project Director

8.2. If to Harris Health: Harris County Hospital District
4800 Fournace Place
Bellaire, Texas 77401
Attention: Dr. Esmail Porsa, President and Chief Executive Officer

9. Acknowledgements. The Parties acknowledge that the terms of this MOU are legally unenforceable as a contract and that neither Party is liable to the other for performance or non-performance of this MOU.

IN WITNESS WHEREOF, the Parties have caused this MOU to be executed by their respective duly authorized representatives.

Harris County Hospital District d/b/a
Harris Health System

Health Care for the Homeless Program

By: _____
Name _____
:
Title: _____
Date: _____

By: _____
Name _____
:
Title: _____
Date: _____

FORM 5A

Approved Required Services			
Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care	X		
Diagnostic Laboratory	X		X
Diagnostic Radiology	X		X
Screenings	X		
Coverage for Emergencies During and After Hours	X		X
Voluntary Family Planning	X		X
Immunizations	X		
Well Child Services	X		
Gynecological Care	X		X
Obstetrical Care			
Prenatal Care	X		X
Intrapartum Care (Labor & Delivery)	X		X
Postpartum Care	X		X
Preventive Dental	X	X	
Pharmaceutical Services	X		X
HCH Required Substance Use Disorder Services	X	X	
Case Management	X		
Eligibility Assistance	X		
Health Education	X		
Outreach	X		
Transportation		X	
Translation	X		X

Approved Additional Services			
Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
Additional Dental Services	X	X	
Behavioral Health Services			
Mental Health Services	X	X	
Occupational Therapy	X		X
Physical Therapy	X		X
Nutrition	X		X

Approved Specialty Services			
Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
Psychiatry		X	

Thursday, January 26, 2023

Executive Session

Consultation with Attorney Regarding Civil Action No. 4:17-CV-2749; Kent Vaughn v. Harris County Hospital District, et al.; in the U.S. District Court, Southern District of Texas, Houston Division, Pursuant to Tex. Gov't Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session

- Pages 262 - 267 Were Intentionally Left Blank -