

BOARD OF TRUSTEES

Public Meeting Agenda

HARRISHEALTH
SYSTEM

Thursday, May 30, 2024

9:00 A.M.

BOARD ROOM

4800 Fournace Place, Bellaire, TX 77401

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

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

Mission

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

AGENDA

- | | | |
|--|------------------------------|---------------|
| I. Call to Order and Record of Attendance | Dr. Andrea Caracostis | 1 min |
| II. <u>Approval of the Minutes of Previous Meeting</u> | Dr. Andrea Caracostis | 1 min |
| • <u>Board Meeting – April 25, 2024</u> | | |
| III. Announcements / Special Presentations | Dr. Andrea Caracostis | 15 min |
| A. CEO Report Including Special Announcements – <i>Dr. Esmaeil Porsa</i> | | (10 min) |
| B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements | | (5 min) |
| IV. <u>Public Comment</u> | Dr. Andrea Caracostis | 3 min |
| V. Executive Session | Dr. Andrea Caracostis | 30 min |
| A. <u>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 Possible Action Regarding this Matter Upon Return to Open Session</u>
– <i>Dr. Andrea Caracostis, Dr. Steven Brass and Dr. Yashwant Chathampally</i> | | (10 min) |
| B. <u>Medical Executive Board Report and Credentialing Discussion, Pursuant to Tex. Occ. Code Ann. §151.002, Tex. Occ. Code Ann. §160.007 and Tex. Health & Safety Code Ann. §161.032 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</u>
– <i>Dr. Martha Mims and Dr. Bradford Scott</i> | | (10 min) |

- C. [Report Regarding Harris Health System Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion and Operational Updates, Pursuant to Tex. Occ. Code Ann. §151.002, Tex. Occ. Code Ann. §160.007, Tex. Health & Safety Code Ann. §161.032 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 Ekins](#)

(10 min)

VI. Reconvene to Open Meeting**Dr. Andrea Caracostis 1 min****VII. General Action Item(s)****Dr. Andrea Caracostis 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. [Consideration of Approval of Changes to the Certified Nurse Midwife Clinical Privileges – Dr. Martha Mims](#)

(2 min)

(2 min)

B. General Action Item(s) Related to Quality: Correctional Health Medical Staff

1. [Consideration of Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff – Dr. Otis Ekins](#)

(2 min)

C. General Action Item(s) Related to Community Health Choice

1. [Request to Accept the Resignation of Dr. Vivian Ho from the Board of Directors of Community Health Choice, Inc., and Community Health Choice Texas, Inc., \(collectively, "Community"\) and Consideration of Approval of Appointment of Rosie Valadez-McStay to Community's Board of Directors – Ms. Lisa Wright, CEO, Community Health Choice](#)

(4 min)

VIII. New Items for Board Consideration**Dr. Andrea Caracostis 15 min**

- A. [Consideration of Approval to Adopt the Resolution Naming Victoria Nikitin, Executive Vice President & Chief Financial Officer, Her Designee or Successor, the Authority to Act on Behalf of the Hospital District in All Matters Related to Monies Distributed by the Texas Opioid Abatement Council to the Hospital District, Including the Authority to Sign All Official Documents Related to the Distribution – Ms. Kari McMichael](#)
- B. [Consideration of Approval for Funding of \\$69,000,000 for the Harris County Hospital District Pension Plan for Calendar Year 2024 – Ms. Kari McMichael](#)
- C. [Consideration of Approval to File Application to Change the d/b/a for Harris County Hospital District from Harris Health System to Harris Health – Ms. Amanda Callaway](#)

(5 min)

(5 min)

(5 min)

IX. Strategic Discussion**Dr. Andrea Caracostis 50 min****A. Harris Health System Strategic Plan Initiatives**

1. [Presentation Regarding Results from Public Opinion Polling and Strategic Communications – Ms. Olga Rodriguez and Mr. Richard Cisneros, Creative Consumer Research \(CCR\)](#)

(10 min)

[Strategic Pillar 3: One Harris Health System]

2. [Presentation Regarding Strategic Facilities Plan Update for LBJ Hospital, Ben Taub Hospital and Ambulatory Care Services](#)
– ***Mr. Louis Smith and Ms. Patricia Darnauer***
[Strategic Pillar 5: Infrastructure Optimization] (15 min)
3. [Presentation Regarding Leapfrog Hospital Survey and Safety Grade](#)
– ***Dr. Steven Brass***
[Strategic Pillar 1: Quality and Patient Safety] (15 min)
4. [Presentation Regarding Harris Health's Hospital at Home](#)
– ***Dr. Amy Smith and Dr. Shazia Sheikh***
[Strategic Pillar 4: Population Health Management] (15 min)
- B. [May Board Committee Meeting Reports:](#) (10 min)
 - Quality Committee – ***Dr. Andrea Caracostis***
 - Governance Committee – ***Dr. Andrea Caracostis***
 - Joint Conference Committee – ***Dr. Andrea Caracostis***
 - Budget & Finance Committee – ***Ms. Carol Paret***
 - Compliance & Audit Committee – ***Ms. Carol Paret***

X. Consent Agenda Items**Dr. Andrea Caracostis 5 min****A. Consent Purchasing Recommendations**

1. [Consideration of Approval of Purchasing Recommendations \(Items A1 through A9\) – Mr. DeWight Dopslauf and Mr. Jack Adger, Harris County Purchasing Office](#)
(See Attached Expenditure Summary: May 30, 2024)

B. Consent Committee Recommendations

1. Consideration of Acceptance of the Harris Health System Second Quarter Fiscal Year 2024 Investment Report – ***Ms. Kari McMichael***
[Budget & Finance Committee]
2. Consideration of Acceptance of the Harris Health System First Quarter Calendar Year 2024 Pension Plan Report – ***Ms. Kari McMichael***
[Budget & Finance Committee]
3. Consideration of Approval of the 2024-2025 Budget and Finance Committee Goals – ***Ms. Kari McMichael***
[Budget & Finance Committee]
4. Consideration of Approval of the 2024 Compliance and Audit Committee Goals – ***Ms.Carolynn Jones***
[Compliance & Audit Committee]

C. New Consent Items for Board Approval

1. [Consideration of Acceptance of the Harris Health System April 2024 Financial Report Subject to Audit – Ms. Kari McMichael](#)

2. [Consideration of Approval of an Interlocal Agreement Between the Harris County Hospital District d/b/a Harris Health System and Health & Human Service Commission \(HHSC\), on Behalf of Patient Access Management, in an Amount of \\$274,664 for Designated Onsite Eligibility Advisors – Ms. Kari McMichael and Ms. Pollie Martinez](#)
3. [Consideration of Approval of an Amendment to the Interlocal Subrecipient Agreement Between Harris County and Harris Health System for American Rescue Plan Act \(ARPA\) Funds to Support Expansion of Harris Health's Food Rx and Food Pharmacy Program – Ms. Maria Cowles](#)

D. Consent Reports and Updates to the Board

1. [Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System – Mr. R. King Hillier](#)

{End of Consent Agenda}

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

Dr. Andrea Caracostis 15 min

- A. [Review and Acceptance of the Following Reports 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 and Ms. Tracey Burdine](#)
 • [HCHP May 2024 Operational Update](#)
- B. Consideration of Approval of the HCHP Board Authority Requirements – **Dr. Jennifer Small and Ms. Tracey Burdine**
- C. Consideration of Approval of the HCHP Director's FY2023 Performance Evaluation – **Dr. Jennifer Small and Ms. Tracey Burdine**
- D. [Consideration of Approval of the Revised HCHP Eligibility Process Policy – Dr. Jennifer Small and Ms. Tracey Burdine](#)

(12 min)

(1 min)

(1 min)

(1 min)

XII. Discussion Related to Correctional Healthcare Services Provided at the Harris County Jail – Dr. Esmaeil Porsa and Mr. Michael Hill

5 min

XIII. Executive Session

Dr. Andrea Caracostis 29 min

- D. Report Regarding Harris Health System Correctional Health Quality of Medical and Healthcare and Consultation with Attorney Regarding Interlocal Agreement Between Harris Health and Harris County for Correctional Health Care Services, Pursuant to Tex. Occ. Code Ann. §151.002, Tex. Occ. Code Ann. §160.007, Tex. Health & Safety Code Ann. §161.032 and Tex. Gov't Code Ann. §551.071 – **Mr. Michael Hill, Ms. Kiki Teal and Ms. Sara Thomas**
- E. Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Financial Performance for the Three Months Ending March 31, 2024, Pursuant to Tex. Gov't Code Ann. §551.085 – **Ms. Lisa Wright, CEO and Ms. Anna Mateja, CFO, Community Health Choice**
 [Budget & Finance Committee]

(10 min)

(2 min)

- F. Consideration of Recommendation for Approval to Renew the Existing Internal Line of Credit Between Community Health Choice, Inc. and Community Health Choice Texas, Inc. in Accordance with the Requirements of the Bylaws, Pursuant to Tex. Gov't Code Ann. §551.085, Including Consideration of Approval Upon Return to Open Session – **Ms. Lisa Wright, CEO and Ms. Anna Mateja, CFO, Community Health Choice**

(5 min)

[Budget & Finance Committee]

- G. Harris Health, by and through the Board of Trustees, Hereby Approves Community Health Choice Inc (CHCI), the Borrower, to Enter into an Internal Line of Credit Agreement with Community Health Choice Texas Inc (CHCT), the Lender, to Renew its Internal Revolving Line of Credit in Aggregate Principal Amount Up to \$120 Million. Other Terms will be Defined in a Manner Acceptable for Texas Department of Insurance Approval. The Board Also Hereby Authorizes Lisa Wright, President and CEO of Community Health Choice Inc. and Community Health Choice Texas, Inc., to Execute Any and All Documents Related to Such Transaction and Any Future Renewals within an Aggregate Principal Amount up to \$120 Million, Pursuant to Tex. Gov't Code Ann. §551.085, Including Consideration of Approval Upon Return to Open Session – Ms. Lisa Wright, CEO and Ms. Anna Mateja, CFO, Community Health Choice

(2 min)

[Budget & Finance Committee]

- H. Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Health Care Program Requirements, Including Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032 – **Ms.Carolynn Jones**

(10 min)

XIV. Reconvene

Dr. Andrea Caracostis 1 min

XV. Adjournment

Dr. Andrea Caracostis 1 min

MINUTES OF THE HARRIS HEALTH SYSTEM BOARD OF TRUSTEES

Board Meeting

Thursday, April 25, 2024

9:00 a.m.

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
I. Call to Order and Record of Attendance	The meeting was called to order at 9:04 a.m. by Andrea Caracostis, MD, MPH, Chair. It was noted that a quorum was present and the attendance was recorded. Dr. Caracostis 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. Only participants scheduled to speak have been provided dial in information for the meeting. All others who wish to view the meeting may access the meeting online through the Harris Health website: http://harrishealthtx.swagit.com/live .	A copy of the attendance is appended to the archived minutes.
II. Approval of the Minutes of Previous Meeting	<ul style="list-style-type: none"> Board Meeting – March 28, 2024 	Motion No. 24.04-45 Moved by Ms. Ingrid Robinson, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve the minutes of the March 28, 2024 meeting. Motion carried.
III. Announcements/ Special Presentations	A. CEO Report Including Special Announcements Dr. Esmaeil Porsa, President and Chief Executive Officer (CEO), delivered the CEO Report, including special announcements. He shared that Harris Health System held its annual Faculty Medical Staff Event on April 17, 2024, which was well attended. He noted that Harris Health celebrated its Zero Harm Award at ceremonies across the Pavilions. The Zero Harm Awards are a testament to the dedication and excellence of Harris Health’s workforce members, and are earned by clinical areas that achieve zero preventable events in specific categories over a 12-month period. Dr. Porsa announced that the American College of Cardiology completed a survey of Ben Taub Hospital and recommended the renewal of Ben Taub’s Chest Pain Center’s accreditation. Ben Taub Hospital was recognized for teamwork, allocation of resources when serving such an underserved and vulnerable population, including the implementation of high sensitivity Troponin test, and availability of Critical Care Transfer Team. Dr. Porsa was pleased to recognize Mr. Vikrant Arora as Interim Chief Information Security Office (CISO), whose background includes twenty years of experience in the information security field, including at NYC Health and Hospitals and the Hospital for Special Surgery.	As Presented.

	<p>B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements</p> <p>Dr. Caracostis stated that the 7th Annual Black Maternal Health Week occurred April 11-17, 2024. Black Maternal Health Week (BHMW) was recognized by the Biden Administration in 2021, coinciding with its announcement to increase investment in research and quality improvement initiatives geared at eliminating racial disparities which exist in maternal health outcomes. She also acknowledged the Birth Equity Committee at Harris Health, which consists of maternal care professionals and stakeholders dedicated to addressing maternal care disparities, specifically racial and ethnic disparities. Dr. Caracostis noted that she and Dr. Cody Pyke, along with members of Administration, the Chiefs of Staff and the Chair of the Medical Executive Board, attended Harty Springer's Complete Course for Medical Staff Leaders. Attendees received three (3) days of education on national best practices related to credentialing, peer review, and Medical Staff Bylaws. Dr. Pyke recognized Harris Health's administrative professionals for the National Administrative Professionals' Day held on April 24, 2024. Dr. Porsa recognized Trustees Ms. Marcia Johnson and Ms. Jennifer Tijerina, who were in attendance for the Zero Harm Awards Celebration.</p>	As Presented.
IV. Public Comment	There were no public speakers registered to appear before the Board.	
V. Executive Session	At 9:12 a.m., Dr. Caracostis stated that the Board would enter into Executive Session for Items V. 'A through C' as permitted by law under Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Ann. §§151.002 and 160.007, and Tex. Gov't. Code Ann. §551.071.	
	<p>A. Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Occ. Code Ann. §151.002, Tex. Occ. Code Ann. §160.007 and Tex. Health & Safety Code Ann. §161.032 to Receive Peer Review and/or Medical Committee Reports in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including Report Regarding Harris Health System Quality Review Councils and Ambulatory Surgical Center at LBJ and Harris Health Dialysis Center at Quentin Mease Health Center Biannual Summary Reports</p>	No Action Taken.
	<p>B. Medical Executive Board Report and Credentialing Discussion, Pursuant to Tex. Occ. Code Ann. §151.002, Tex. Occ. Code Ann. §160.007 and Tex. Health & Safety Code Ann. §161.032 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>	No Action Taken.
	<p>C. Report Regarding Harris Health System Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion and Operational Updates, Pursuant to Tex. Occ. Code Ann. §151.002, Tex. Occ. Code Ann. §160.007, Tex. Health & Safety Code Ann. §161.032 and Tex. Gov't Code Ann. §551.071 to Receive Peer Review and/or Medical Committee Report with Possible Action Upon Return to Open Session</p>	No Action Taken.

VI. Reconvene to Open Meeting	At 9:26 a.m., Dr. Caracostis reconvened the meeting in open session; she noted that a quorum was present and that no action was taken in Executive Session.	
VII. General Action Item(s)		
	A. General Action Item(s) Related to Quality: Medical Staff	
	<p>1. Approval of Credentialing Changes for Members of the Harris Health System Medical Staff</p> <p>Dr. Martha Mims, Chair, Medical Executive Board, presented the credentialing changes for members of the Harris Health System Medical Staff. For April 2024, there were fifteen (15) initial appointments, fifty – three (53) reappointments, five (5) change/add privileges, ten (10) resignations, eight (8) applications for temporary privileges, and one (1) application for urgent patient care privileges. A copy of the credentialing report is available in the permanent record.</p>	<p>Motion No. 24.04-46 Moved by Ms. Carol Paret, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item VII.A.1. Motion carried.</p>
	B. General Action Item(s) Related to Quality: Correctional Health Medical Staff	
	<p>1. Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff</p> <p>Dr. Otis Ekins, Chief Medical Officer, Harris Health Correctional Health, presented the credentialing changes for members of the Harris Health System Correctional Health Medical Staff. For April 2024, there were two (2) initial appointments, six (6) reappointments, and one (1) resignation. A copy of the credentialing report is available in the permanent record.</p>	<p>Motion No. 24.04-47 Moved by Dr. Cody Pyke, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item VII.B.1. Motion carried.</p>
VIII. New Items for Board Consideration		
	<p>A. Approval of the Amendment of Appointments to the Dialysis Center at Quentin Mease Governing Body</p> <p>Dr. Caracostis stated that the Quentin Mease Governing Body only requires the appointment of two (2) Board Members and Dr. Cody Pyke and Ms. Sima Ladjevardian will serve as Board Members. Ms. Ingrid Robinson, Trustee, will vacate the appointment as a member of the Dialysis Center at Quentin Mease Governing Body.</p>	<p>Motion No. 24.04-48 Moved by Ms. Jennifer Tijerina, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda item VIII.A. Motion carried.</p>

	<p>B. Approval of a Resolution Committing Support by Harris Health System Board of Trustees and Administration for Level 1 Trauma Services Program at Ben Taub Hospital</p> <p>A copy of the resolution is available in the permanent record.</p>	<p>Motion No. 24.04-49 Moved by Ms. Ingrid Robinson, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item VIII.B. Motion carried.</p>
IX. Strategic Discussion		
	A. Harris Health System Strategic Plan Initiatives	
	<p>1. Presentation Regarding Harris Health’s Employee Engagement Update</p> <ul style="list-style-type: none"> Voices of Harris Health Survey <p>Mr. Gary Marsh, Vice President, Learning and Talent Management, delivered a presentation regarding Harris Health’s Employee Engagement Survey. He provided an overview of the Employee Engagement Survey timeline, which includes action planning, core themes, and focus areas, as well as follow up and accountability for all members of the leadership teams. Committee discussion ensued regarding the top ten (10) focus areas selected. Mr. Marsh touched upon key strategies that the organization should focus on currently and for the next Employee Engagement Survey. A copy of the presentation is available in the permanent record.</p>	As Presented.
	<p>B. April Board Committee Meeting Reports</p> <p><u>Diversity, Equity, and Inclusion (DEI) Committee</u></p> <p>Ms. Marcia Johnson stated that the Diversity, Equity, and Inclusion (DEI) Committee met on April 9, 2024, and the following topics were covered:</p> <ul style="list-style-type: none"> Ms. Tamala Austin, Business Equity Outreach Manager, Business Development & Strategy, delivered an update regarding Harris Health’s Minority and Women –Owned Business Enterprises (MWBE). Dr. Chethan Bachireddy, Senior Vice President, Chief Health Officer, delivered a presentation regarding Community Health Workers: Home Visits. The Committee discussed the 2024 DEI reporting schedule and meeting frequency; discussion was tabled until the next DEI Committee meeting. 	As Reported.

	<p>Quality Committee</p> <p>Dr. Caracostis stated that the following highlights were covered in open session of the Quality Committee Meeting held on March 19, 2024:</p> <ul style="list-style-type: none"> • The monthly High Reliability Organization (HRO) Video “Human Factors – Keeping Babies Safe-Security” was displayed. • The Harris Health System Quality Manual with minor updates was reviewed and approved. 	
X. Consent Agenda Items		
	A. Consent Purchasing Recommendations	
	<p>1. Approval of Purchasing Recommendations (Items A1 through A9)</p> <p>Dr. Caracostis stated that the purchasing recommendations were included in your packet for review. She noted that Commissioner’s Court approved Harris Health’s revised purchasing manual. Mr. DeWight Dopslauf, Purchasing Agent, Harris County Purchasing Office, presented the purchasing recommendations for Items A1 through A9. A copy of the purchasing recommendations is available in the permanent record.</p>	<p>Motion No. 24.04-50 Moved by Dr. Cody Pyke, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item X.A.1. Motion carried.</p>
	B. Consent Committee Recommendations	
	<p>1. Approval of the Harris Health System 2024 Quality Manual</p>	<p>Motion No. 24.04-51 Moved by Dr. Cody Pyke, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda items X.B. through X.D. minus item X.D.2. Motion carried.</p>
	C. Consent Grant Recommendations	
	<p>1. Approval of Grant Recommendations (items C1- C3)</p>	<p>Motion No. 24.04-51 Moved by Dr. Cody Pyke, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda items X.B. through X.D. minus item X.D.2. Motion carried.</p>
	D. New Consent Items for Board Approval	

	1. Acceptance of the Harris Health System February 2024 Financial Report Subject to Audit	<u>Motion No. 24.04-51</u> Moved by Dr. Cody Pyke, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda items X.B. through X.D. minus item X.D.2. Motion carried.
	3. Approval to Amend an Owner Controlled Insurance Program Assistance Agreement Between Alliant Insurance Service, Inc. and Harris County Hospital District d/b/a Harris Health System	<u>Motion No. 24.04-51</u> Moved by Dr. Cody Pyke, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda items X.B. through X.D. minus item X.D.2. Motion carried.
<i>(Taken Out of Order)</i>	2. Approval of Taylor McMillan as Executive Director of the Harris Health Strategic Fund Board Dr. Porsa provided an overview of the significance of the Harris Health Strategic Fund Board, its relation to the \$2.5 billion bond and the selection of Ms. Taylor McMillan as the Executive Director of the Harris Health Strategic Fund Board.	<u>Motion No. 24.04-52</u> Moved by Ms. Ingrid Robinson, seconded by Dr. Cody Pyke, and unanimously passed that the Board approve agenda item X.D.2. Motion carried.
	E. Consent Reports and Updates to the Board	For Informational Purposes Only
	1. Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System <i>{End of Consent Agenda}</i>	

XI. Item(s) Related to the Health Care for the Homeless Program		
	<p>A. Review and Acceptance of the Following Reports 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 April 2024 Operational Update <p>Dr. Jennifer Small, Executive Vice President & Administrator, Ambulatory Care Services, delivered a presentation regarding the Health Care for the Homeless Program (HCHP) April 2024 Operational Update, including Patient Services, Board Requirements, Performance Evaluation, Revised Eligibility Policy, Community Engagement, Mobile Utilization, and 2024 Quality Management Plan. There were 392 new adult patients, eighteen (18) new pediatric patients, twenty – nine (29) new telehealth patients, and forty – seven (47) returning telehealth patients associated with the program. HCHP is expected to see approximately 9,775 patients per year as required by the Health Resources and Services Administration (HRSA), of which HCHP has served 2,561 unduplicated patients. Dr. Small also noted that there were 5,287 completed visits for the month of January. Dr. Nelson Gonzalez, Grants Project Manager, Health Care for the Homeless Program, requested approval for a change in scope for the medical mobile unit physical address. He explained that the change in address is for the medical mobile unit at 5656 Kelley St., Houston, TX 77026 to be parked at 3550 Swingle Rd., Houston TX, 77047. Dr. Gonzalez provided an overview of the 2023 Annual Progress Report, the Uniform Data System (UDS) Comparison Report, Council Activities from November 2023 through January 2024, and the HCHP 2023 Risk Management Report. At the end of every calendar year, Federally Qualified Health Centers (FQHCs) are required to report patient utilization, including zip code of residence and primary payor for services. Dr. Gonzalez provided highlights of the key findings of the service area analysis covering the reporting period from January 1, 2023, to December 31, 2023. He shared that the program received funding from the Texas Department of State Health Services in the amount of \$650,000 for the purpose of expanding services and access to care at existing FQHCs under the FQHC Incubator Project Based Program. Discussion ensued regarding the UDS Comparison Report and the 2023 health outcomes related to prenatal visits. A copy of the operational update is available in the permanent record.</p>	<p>Motion No. 24.04-53</p> <p>Moved by Dr. Cody Pyke, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item XI.A. Motion carried.</p>

	B. Approval of the HCHP Change in Scope	<u>Motion No. 24.04-54</u> Moved by Ms. Ingrid Robinson, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item XI.B. Motion carried.
	C. Approval of the HCHP 2023 Annual Progress Report	<u>Motion No. 24.04-55</u> Moved by Dr. Cody Pyke, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item XI.C. Motion carried.
	D. Approval of the Revised HCHP 2024 Shelter-based Clinics	<u>Motion No. 24.04-56</u> Moved by Ms. Carol Paret, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item XI.D. Motion carried.
	E. Approval of the HCHP Uniform Data System (UDS) Comparison Report	<u>Motion No. 24.04-57</u> Moved by Ms. Carol Paret, seconded by Dr. Cody Pyke, and unanimously passed that the Board approve agenda item XI.E. Motion carried.
	F. Approval of the HCHP Consumer Advisory Council Report	<u>Motion No. 24.04-58</u> Moved by Ms. Jennifer Tijerina, seconded by Dr. Cody Pyke, and unanimously passed that the Board approve agenda item XI.F. Motion carried.

	G. Approval of the HCHP 2023 Risk Management Report	<u>Motion No. 24.04-59</u> Moved by Ms. Jennifer Tijerina, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda item XI.G. Motion carried.
	H. Approval of the HCHP 2023 Service Area Analysis Report	<u>Motion No. 24.04-60</u> Moved by Ms. Jennifer Tijerina, seconded by Dr. Cody Pyke, and unanimously passed that the Board approve agenda item XI.H. Motion carried.
	I. Approval of a Grant Agreement Between Harris County Hospital District d/b/a Harris Health System and the Texas Department of State Health Services to Expand Services or Access to Care	<u>Motion No. 24.04-61</u> Moved by Ms. Jennifer Tijerina, seconded by Dr. Cody Pyke, and unanimously passed that the Board approve agenda item XI.I. Motion carried.
	J. Approval of the HCHP 2024 Carryover Budget	<u>Motion No. 24.04-62</u> Moved by Ms. Jennifer Tijerina, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda item XI.J. Motion carried.
XII. Executive Session	At 10:16 a.m., Dr. Andrea Caracostis stated that the Board would enter into Executive Session for items XII. “D through F” as permitted by law under Tex. Health & Safety Code Ann. §161.032, Tex. Gov’t Code Ann. §§551.071, 551.074 and 551.085.”	
	D. Review of the Community Health Choice Financial Performance for the Two Months Ending February 29, 2024, Pursuant to Tex. Gov’t Code Ann. §551.085	No Action Taken.

	<p>E. Consultation with Attorney, Pursuant to Tex. Gov’t Code Ann. §551.071, Regarding Litigation and Possible Action Upon Return to Open Session, Including Approval of a Settlement in Civil Action No. 3:22-cv-00406 in the U.S. District Court, Southern District of Texas</p> <p><i>“Harris Health, by and through its Board of Trustees, hereby authorizes the Settlement of Civil Action No. 3:22-CV-00406, U.S. District Court, Southern District of Texas in the amount of \$69,000. President/CEO of Harris Health or his designee is authorized to execute any agreement, release, or any other necessary documents to affect this settlement.”</i></p>	<p>Motion No. 24.04-63 Moved by Dr. Cody Pyke, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item XII.E. Motion carried.</p>
	<p>F. Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Health Care Program Requirements, Including Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032</p>	<p>No Action Taken.</p>
XIII. Reconvene	<p>At 10:32 a.m., Dr. Andrea Caracostis reconvened the meeting in open session; she noted that a quorum was present. The Board took action on item XII. “E” of the Executive Session Agenda.</p>	
XIV. Board Education	<p>A. High Reliability Organizations (HRO) Training</p> <p>Dr. Steven Brass, Executive Vice President & Chief Medical Executive, delivered a presentation on High Reliability Organizations (HRO) Training. As Harris Health continues its journey to high reliability and its commitment to zero preventable harm, High Reliability Organization (HRO) training is being expanded to all managers and supervisors, and all staff working in designated high-risk areas. This interactive, two-hour in-person training introduces the principles of HROs and HRO communication tools. Dr. Yashwant Chathampally, Senior Vice President Quality and Patient Safety, presented the five (5) principles of High Reliability Organizations, including 1) Preoccupation with Failure, 2) Sensitivity to Operations, 3) Reluctance to Simplify, 4) Commitment to Resilience, and 5) Deference Expertise. Dr. Brass touched upon HRO Tools such as handoff tools, closed loop communication, safety huddles, and leadership rounding. He stated that Harris Health encourages employees to speak up for safety and use of the Electronic Information Reporting System (EIRS), encourage HRO communication tools in daily work rounds, create psychological safety for nurses and trainees, and cultivate a culture in their work areas. A copy of the presentation is available in the permanent record.</p>	<p>As Presented.</p>
XV. Adjournment	<p>There being no further business to come before the Board, the meeting adjourned at 11:38 a.m.</p>	

I certify that the foregoing are the Minutes of the Harris Health System Board of Trustees Meeting held on April 25, 2024.

Respectfully Submitted,

Andrea Caracostis, MD, MPH, Chair

Carol Paret, BS, Secretary

Minutes transcribed by Cherry A. Pierson, MBA

Thursday, April 25, 2024

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. Andrea Caracostis (<i>Chair</i>)	Afsheen Davis
Carol Paret (<i>Secretary</i>)	Sima Ladjevardian
Dr. Cody M. Pyke (<i>Vice Chair</i>)	
Ingrid Robinson	
Jennifer Tijerina	
Jim Robinson	
Marcia Johnson	

EXECUTIVE LEADERSHIP/STAFF/ SPECIAL INVITED GUESTS	
Amineh Kostov	Jessey Thomas
Dr. Amy Smith	John Matcek
Anna Vaughn	Dr. Joseph Kunisch
Anthony Williams	Kari McMichael
Carolynn Jones	Dr. Kunal Sharma
Cherry Pierson	Lisa Wright (<i>Community Health Choice, CEO</i>)
Cynthia Cole (<i>AFSCME: Public Guest</i>)	Louis Smith
Damiato Smith (<i>Public Guest</i>)	Maria Cowles
Daniel Smith	Dr. Martha Mims
Derek Curtis	Dr. Matasha Russell
Derek Holmes	Matthew Schlueter
DeWight Dopslauf (<i>Harris County Purchasing Office</i>)	Micah Rodriguez
Elizabeth Hanshaw Winn (<i>Harris County Attorney's Office</i>)	Michael Fritz (<i>Harris County Attorney's Office</i>)
Dr. Esmail Porsa (<i>Harris Health System, President & CEO</i>)	Michael Hill
Dr. Esperanza "Hope" Galvan	Dr. Michael Nnadi
Gary Marsh	Dr. Nelson Gonzalez
Dr. Glorimar Medina	Nicholas J. Bell
Jack Adger (<i>Harris County Purchasing Office</i>)	Olga Rodriguez
Dr. Jackie Brock	Omar Reid
Dr. Jennifer Small	Dr. Otis R. Eging
Jennifer Zarate	Patricia Darnauer
Jerry Summers	R. King Hillier

EXECUTIVE LEADERSHIP/STAFF/ SPECIAL INVITED GUESTS	
Randy Manarang	Taylor McMillan
Sam Karim	Dr. Tien Ko
Dr. Sandeep Markan	Victoria Nikitin
Sara Thomas <i>(Harris County's Attorney's Office)</i>	Vivian Ho-Nguyen
Shawn DeCosta	Dr. Yashwant Chathampally
Dr. Steven Brass	

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.

- Page 20 Was Intentionally Left Blank -

Thursday, May 30, 2024

Executive Session

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 Possible Action Regarding this Matter Upon Return to Open Session.



Dr. Yashwant Chathampally


Associate Chief Medical Officer, Senior Vice President – Quality & Patient Safety

- Pages 22-23 Were Intentionally Left Blank -

Thursday, May 30, 2024

Executive Session

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



Dr. Yashwant Chathampally

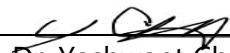
Associate Chief Medical Officer, Senior Vice President – Quality & Patient Safety

- Pages 25-45 Were Intentionally Left Blank -

Thursday, May 30, 2024

Executive Session

Report Regarding Harris Health System Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion and Operational Updates, Pursuant to Tex. Occ. Code Ann. §151.002, Tex. Occ. Code Ann. §160.007, Tex. Health & Safety Code Ann. §161.032 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. Yashwant Chathampally

Associate Chief Medical Officer, Senior Vice President – Quality & Patient Safety

- Pages 47-49 Were Intentionally Left Blank -

Thursday, May 30, 2024

Consideration of Approval Regarding Credentialing Changes for Member 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 May 2024.

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

Thank you.



Dr. Yashwant Chathampally

Associate Chief Medical Officer, Senior Vice President – Quality & Patient Safety

Board of Trustees

May 2024 Medical Staff Credentials Report



Medical Staff Initial Appointments: 16

BCM Medical Staff Initial Appointments - 3

UT Medical Staff Initial Appointments - 12

HCHD Medical Staff Initial Appointments - 1

Medical Staff Reappointments: 110

BCM Medical Staff Reappointments - 57

UT Medical Staff Reappointments - 53

HCHD Medical Staff Reappointments - 0

BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Changes in Clinical Privileges: 8

BCM/UT/HCHD Medical Staff Resignations: 5

For Information

Temporary Privileges Awaiting Board Approval - 5

Urgent Patient Care Need Privileges Awaiting Board Approval - 1

BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Files for Discussion: 4

Medical Staff Initial Appointment Files for Discussion - 3

Medical Staff Reappointment Files for Discussion - 1

Meeting of the Board of Trustees

Thursday, May 30, 2024Consideration of Approval of Changes to the Certified Nurse Midwife
Clinical Privileges

A request was made to add Endometrial Biopsy and Colposcopy privileges to the Certified Nurse Midwife (CNM) Clinical Privileges form to accommodate CNMs providing nurse midwife services within the Harris Health System/Obstetrics & Gynecology Service. The Chiefs of Service at BT and LBJ have reviewed and are in agreement with the changes being presented.

The Medical Executive Board has approved the revisions to the Certified Nurse Midwife Clinical Privileges and requests the approval of the Board of Trustees.

Type of Change	Subject	Comments/Notes
Addition	Endometrial Biopsy	To allow CNMs to provide the service within the Harris Health System/ Obstetrics & Gynecology Service.
Addition	Colposcopy	To allow CNMs to provide the service within the Harris Health System/ Obstetrics & Gynecology Service.



Dr. Yashwant Chathampally

Associate Chief Medical Officer, Senior Vice President – Quality & Patient Safety

Applicant Name: _____

ENDOMETRIAL BIOPSY PRIVILEGES

To be eligible to apply for Endometrial Biopsy privileges, the applicant must meet the following criteria:

Meet the noted above as a Certified Nurse Midwife (CNM). Request and receive approval for CNM Core privileges.

Initial Applicants: Previous experience with documented evidence of two (2), at minimum, independently performed under direct physician supervision with endometrial biopsy privileges.

Renewal Applicants: Demonstrated current competency and evidence of three (3) endometrial biopsies performed successfully in the past two (2) years

☐ **ENDOMETRIAL BIOPSY PRIVILEGES REQUESTED**

COLPOSCOPY PRIVILEGES

To be eligible to apply for Endometrial Biopsy privileges, the applicant must meet the following criteria:

Meet the noted above as a Certified Nurse Midwife (CNM). Request and receive approval for CNM Core privileges.

Initial Applicants: Previous experience with documented evidence of two (2), at minimum, independently performed under direct physician supervision with colposcopy privileges.

AND

Successful completion of an instructional program/course (must provide certificate and/or official transcripts)

Renewal Applicants: Demonstrated current competency and evidence of three (3) colposcopies performed successfully in the past two (2) years

☐ **COLPOSCOPY PRIVILEGES REQUESTED**

¹ Core privileges are based on the *Core Competencies for Basic Midwifery Practice* and *Standards for the Practice of Midwifery* as presented from the American College of Nurse-Midwives.

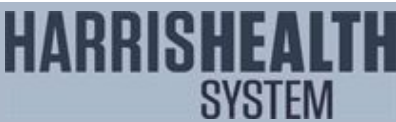
Thursday, May 30, 2024

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

Otis R. Ekins

Otis R. Ekins, MD, CCHP-P
Chief Medical Officer of Correctional Health

Board of Trustees



May 2024 Correctional Health Credentials Report

Medical Staff Initial Appointments: 5

Medical Staff Reappointments: 2

Medical Staff Resigantions: 0

Medical Staff Files for Discussion: 0

Thursday, May 30, 2024

Request to Accept the Resignation of Dr. Vivian Ho from the Board of Directors of
Community Health Choice, Inc., and Community Health Choice Texas, Inc.,
(collectively, "Community") and Consideration of Approval of Appointment of Rosie
Valadez-McStay to Community's Board of Directors

Pursuant to Community's Bylaws, approval is requested for the acceptance of the resignation of Dr. Vivian Ho from Community's Board of Directors and appointment of Rosie Valadez-McStay, MPH to fill the Community Board vacancy thereby created.

ROSIE VALADEZ-MCSTAY, MPH

HEALTHCARE POLICY AND STRATEGY LEADER

Healthcare executive with a distinct proficiency in navigating the intersection of government relations and business strategy to drive transformative changes in hospitals, health plans, academic health systems, and social service enterprises.

Strategic Planning | Health System Administration | Health Policy & Business Strategy Optimization
Legislative Advocacy | Community Health & Health Equity | Community Building | Health Reimbursement Models

PROFESSIONAL EXPERIENCE

RVM Strategies, LLC

Houston, TX

Founder | Healthcare Strategy, Business Development, and Policy Consultant

January 2021 to Present

Serve as a strategist and advisor to healthcare and social service clients, with a focus on healthcare policy, business development, community health initiatives, managed care operations, financial sustainability, governance, and health care administration.

- **Consult for Ascension Health, a large integrated health system (151 hospitals and affiliated health plans)** on an array of business strategies and policy matters such as supplemental finance mechanisms in Medicaid, integrated behavioral health growth strategies; conceptualizing community benefits initiatives and investments; and implications of various state and federal laws or regulations on the enterprise.
- **Formulate business plans to address identified community health priorities supported by the Tilman J. Fertitta Family College of Medicine at the University of Houston**; Medical school partnerships are designed to benefit medically underserved populations, address identified non-medical drivers of health, and foster health equity in disenfranchised neighborhoods surrounding the College.
- **Advise the Translational Research Institute for Space Health, a virtual research division of Baylor College of Medicine**, on state and federal relations strategies for maintaining and maximizing appropriated funds for innovative research and cross-sector collaboration specific to human space flight health and safety.
- **As a sub-contractor for another health consultancy firm, Wild Blue Health Solutions, LLC**
 - **Promote and create business development opportunities with health care systems, health plans, and health professional practice groups for Ready. Set. Food!**, a food-allergy prevention start-up company eager to expand into Texas.
 - **Research and develop strategies for sustainable long-term funding and strong governance infrastructure for six community health collaboratives** as part of the Texas Accountable Communities for Health Initiative, seed-funded by the Episcopal Health Foundation.
 - **Assist with the infrastructure design and giving strategy** for a large community-based health plan in North Texas.

Texas Children's Hospital

Houston, TX

Assistant Vice President – System Government Relations and Community Benefits

Feb. 2018 to Nov. 2020

Director, Government Relations and Community Benefits

Aug. 2012 to Jan. 2018

Texas Children's Hospital is the largest pediatric hospital in the U.S., with 13,000+ employees, 3,000+ affiliated providers, two community hospitals, 57+ additional sites in Houston and Austin, and an affiliated health plan (Texas Children's Health Plan) with over 460,000 covered lives.

Led a strategic government relations program, representing the System in all areas of public policy, legislative advocacy, and stakeholder engagement; created, managed, and tracked the hospital's community health investments for its community benefits functions.

Continued

Developed strategic objectives for each legislative session based on the Hospital System's business priorities and represented the System's positions and concerns to federal, state, and local elected officials and aides.

- **Led the advocacy strategy that secured \$105M for Texas Children's Hospital** from the federal CARES funding, mitigating most of the lost revenue incurred during the initial months of the COVID pandemic.
- **Collaborated on industry efforts that revised language in the Consolidated Appropriations Act of 2020—enabling 8-figure cost savings** for unreimbursed services provided to patients eligible for Medicaid.
- **Oversaw project management for 43 successful Medicaid waiver projects, allowing the hospital to secure \$130M** through the Delivery System Reform Incentive Payment Program (DSRIP) by achieving 99.9% of project metrics. Projects addressed needs of both maternal and pediatric Medicaid and indigent care populations.
- **Co-led industry efforts spanning multiple years to develop and pass the Advancing Care for Exceptional Kids (ACE Kids) Act in 2019**, allowing Medicaid funding to establish innovative health homes for children with medically complex conditions. Law enables states, like Texas, to receive millions in federal funding, and stakeholders, like Texas Children's, to be eligible for more than \$1M annually, if participating in this federal initiative.
- **Reorganized Community Benefits operations** and redesigned the community health needs assessment to engage internal and external stakeholders in prioritizing health needs, developing programs, and measuring community health outcomes and evaluations.
 - Forged formal community partnerships with the YMCA of Greater Houston, March of Dimes, City of Houston, American Heart Association, Houston Food Bank, and regional school districts to advance health in underserved neighborhoods.

Director, Community Outreach – Texas Children's Health Plan

July 2002 to Sept. 2012

Director, The Center for Childhood Injury Prevention

July 2002 to Sept. 2012

Texas Children's Health Plan, a subsidiary of Texas Children's Hospital, is an HMO covering 460K enrollees in Medicaid and the Children's Health Insurance Program (CHIP) in Texas.

Led 22 team members in outreach/marketing to grow membership for Texas Children's Health Plan. Concurrently managed the hospital's Center for Childhood Injury Prevention as well as all Government Relations functions.

- **Led team to meet and exceed enrollment growth targets for the Health Plan; drove its growth from 10K to 356K members** in the first 8 years, establishing the plan as the market leader for Medicaid and CHIP in its service area.
- **Collaborated with five other children's hospitals on efforts to secure a \$25M state budget allocation** over a two-year period; worked to orchestrate a collaborative, board-level advocacy campaign.
- **Developed appropriation request strategies that garnered \$1.6M** in federal discretionary funds for the hospital.
- **Recognized as an outstanding child safety leader as one of four recipients of the J.C. Montgomery Jr. Child Safety Award** given by the Texas Office for the Prevention of Developmental Disabilities in 2012.

Government Relations Liaison

Sept. 1997 to June 2002

Built a strategic, cohesive government relations program for Texas Children's Hospital after joining the hospital as its first, full-time, professional focused on government relations.

- **Spearheaded lobbying efforts resulting in federal legislation in 1999** that established the Children's Hospitals Graduate Medical Education program; this program now provides over \$360M in annual funding to children's hospitals across the United States.

Texas House of Representatives

Austin, TX

Committee Clerk, Public Health Committee

Aug. 1996 to Sept. 1996

The committee oversees healthcare agencies, public health matters, and proposed healthcare legislation for Texas.

Supported the Committee and its Chairman by analyzing legislation and prospective bills, negotiating bill language, preparing issue briefs, developing talking points, and drafting constituent correspondence. Researched, wrote, and edited Committee Interim Reports on graduate medical education financing and children's health insurance in Texas.

American Association of Retired Persons (AARP)

Vote Coordinator | Health Advocacy Intern

Dallas, TX

Aug. 1995 to Aug. 1996

Completed MPH practicum as an intern in a regional AARP office. Prepared issue briefs, constituent correspondence, and legislative updates related to a campaign addressing Medicare reform and Social Security rescissions.

Office of Congresswoman Lucille Roybal-Allard

Health Policy Fellow | Legislative Assistant

Washington, DC

July 1994 to Aug. 1995

Selected for the Edward R. Roybal Health Fellowship, competitive award to academically accomplished graduate students aspiring to learn the federal legislative process.

EDUCATION AND COMMUNITY SERVICE

The University of Texas Health Science Center at Houston ■ Master of Public Health

Concentration in Community Health

Edward R. Roybal Health Fellowship, Washington, DC

The University of Texas at Austin ■ Bachelor of Arts, American Studies

TRAINING/CERTIFICATION: Advanced Quality Improvement (AQI) Certification

Board Member ■ Joe and Harriet Foster YMCA, Houston, TX ■ 2016-present

Board Member ■ Hydrocephalus Association, Washington, DC ■ 2019 -present

Budget and Finance Committee ■ Community Health Choice Health Plan, Houston, TX ■ 2020-present

Local Advisory Committee Member ■ Local Initiatives Service Corporation (LISC) Houston, TX ■ 2021-present

Board Member ■ Women's Equity Center and Action Network, Washington, DC ■ 2022-present

Board Chair ■ Voices for America's Children, Washington, DC ■ 2012-2016

Thursday, May 30, 2024

**Consideration of Approval to Adopt the Resolution Naming Victoria Nikitin,
Executive Vice President & Chief Financial Officer, Her Designee or Successor, the
Authority to Act on Behalf of the Hospital District in All Matters Related to Monies
Distributed by the Texas Opioid Abatement Council to the Hospital District,
Including the Authority to Sign All Official Documents Related to the Distribution**

Harris Health System is one of the many plaintiffs in the multi district opioid litigation against numerous defendants. The Texas Comptroller created the Texas Opioid Abatement Fund Council to determine distribution of the settlement funds to the parties seeking relief. The attached resolution was created by the Texas State Comptroller to allow the Chief Financial Officer to act on behalf of their respective Hospital District for the distribution of the funds.

Victoria Nikitin

Victoria Nikitin

Executive Vice President – Chief Financial Officer

RESOLUTION NO. _____

WHEREAS, the HARRIS COUNTY HOSPITAL DISTRICT D/B/A HARRIS HEALTH SYSTEM (“the Hospital District”) suffered and continues to suffer harm as a result of the ongoing opioid epidemic; and

WHEREAS, the Hospital District intends to accept money distributed to the Hospital District by the Texas Opioid Abatement Fund Council (“the Council”) under Texas Government Code Section 403.508(a)(2) and 34 Texas Administrative Code Section 16.222, and use that money to remediate the opioid crisis.

THEREFORE, THE BOARD OF TRUSTEES OF THE HARRIS COUNTY HOSPITAL DISTRICT D/B/A HARRIS HEALTH SYSTEM RESOLVES:

Section 1. That **VICTORIA NIKITIN, EVP & CHIEF FINANCIAL OFFICER, HER DESIGNEE OR SUCCESSOR**, has the authority to act on behalf of the Hospital District in all matters related to the above-mentioned money distributed by the Council to the Hospital District, including the authority to sign all official documents related to the distribution;

Section 2. That all the above-mentioned money received from the Council by the Hospital District will be used:

(a) to remediate the opioid crisis, including providing assistance in one or more of the following categories: treatment and coordination of care; prevention and public safety; recovery support services; or workforce development and training; or

(b) if a court order or settlement agreement requires the money to be used for one or more specific purposes, for a permissible use provided by that court order or settlement agreement.

Section 3. That the Hospital District will return to the Council all the above-mentioned money received from the Council by the Hospital District in the event of loss or misuse of such money.

Section 4. That if there is a change of authorized official, the Hospital District will submit to the director of the Council a new resolution from the Hospital District's governing body that contains the information required under 34 Texas Administrative Code Section 16.222(i)(1).

Section 5. That this resolution takes effect immediately after its passage.

PASSED and **APPROVED** on _____, 2024.

Signed by: _____

Date: _____

Thursday, May 30, 2024

Consideration of Approval for Funding of \$69,000,000 for the Harris County
Hospital District Pension Plan for Calendar Year 2024

It is the policy of Harris Health System to fully fund the Annual Required Contribution for each plan year, based on the actuarial methods and assumptions defined in the annual Actuarial Valuation Funding Report for the Pension Plan. The required contribution includes the normal cost for new benefits being earned during the year, plus an amortization to cover any unfunded accrued liability over a period of 20 years or less. The targeted funded ratio of the Pension Plan is one hundred percent (100%) by the end of the amortization period. In order to accelerate the full funding of the Pension Plan, the Board of Trustees may authorize additional funding in excess of the Annual Required Contribution from current funds for any plan year (Policy 6.28 Retirement Plans for Eligible Employees).

The Annual Required Contribution to the Pension Plan for Calendar Year 2024 is estimated to be \$36.9 million utilizing data from prior year Actuarial Valuation Funding Reports. The final funding report for the current year was received in April. Total Plan benefits for Calendar Year 2024 are estimated to be \$68.7 million.

In accordance with the policy provision allowing additional funding, Management recommends that Harris Health System increase the Pension Plan funding for Calendar Year 2024 from the estimated Annual Required Contribution of \$36.9 million to the projected total benefit amount of \$69.0 million. The purpose of the increased funding is cover in full the estimated benefit expense of \$68.7 million in 2024.

Management recommends that the Board of Trustees approve the funding of \$69.0 million for the Harris County Hospital District Pension Plan for Calendar Year 2024.

Victoria Nikitin

Victoria Nikitin

Executive Vice President – Chief Financial Officer

Harris Health System
Calculation of Monthly Pension Contributions
Plan Year Ended December 31, 2024

NOTE: Data received per the actuary's funding report and GASB 68/67 reports received April 30, 2024.

	Estimated PYE 2024	Actual PYE 2023	Variance	
			\$	%
Annual Required Contribution per Actuary Report January 1	\$ 36,929,726	\$ 38,609,783	\$ (1,680,057)	-4.4%
Projected Benefits per Actuary Report	68,737,393	64,129,382	4,608,011	7.2%
Expected Administrative Expenses ¹	160,000	161,886	(1,886)	-
Contribution to Cover Projected Benefits & Expenses	<u>68,897,393</u>	<u>64,291,268</u>	<u>4,606,125</u>	<u>7.2%</u>
Excess Contribution	<u>31,967,667</u>	<u>25,681,485</u>	<u>6,286,182</u>	<u>24.5%</u>
Excess Contribution for Board Approval	<u>32,000,000</u>			
Total Contribution	<u>69,000,000</u>	<u>68,000,000</u>		
Contributions January to May 2024	24,419,324.00	-		
Remaining Contribution to Cover Projected Benefits & Expenses	44,580,676	-		
Remaining Months	<u>8</u>			
Monthly Contribution - Estimated for Plan Year	<u>\$ 5,572,585</u>	<u>\$ 6,104,831</u>	<u>(532,247)</u>	<u>-8.7%</u>

¹ Administrative Expenses Increase/(Decrease) Trending per Actuary Report (GASB)

	<u>Expense</u>
FYE 2019	162,939
FYE 2020	133,596
FYE 2021	141,850
FYE 2022	161,886
FYE 2023	<u>206,031</u>
5-Year Average	160,841

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH
SYSTEM

Thursday, May 30, 2024

Consideration of Approval to File Application to Change the d/b/a for
Harris County Hospital District from Harris Health System to Harris Health

dba Harris Health

May 30, 2024

HARRISHEALTH



THE ASK

HARRISHEALTH
SYSTEM

HARRISHEALTH

THE WHY



Harris Health Ben Taub Hospital
vs
Harris Health System Ben Taub
Hospital



CURRENT CAMPAIGN DESIGN



2024 Strategic Pillar Reporting Schedule

Strategic Pillar	Executive Owner	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
		2024	2024	2024	2024	2024	2024	2024	2024	2024	2024	2024	2024
Pillar 1: Quality & Patient Safety	Dr.Brass								X				
<i>Leapfrog hospital survey and safety update</i>	Dr.Brass					X							
<i>Rollout of HRO Progress (Presented in Quality Committee)</i>	Dr.Brass			X									
<i>Physician Engagement Survey (Presented in Joint Conference Committee)</i>	Dr.Brass			X									
Pillar 2: People	Omar Reid/ Jackie Brock										X		
<i>Employee Engagement Survey</i>	Omar Reid/ Gary Marsh				X								
Pillar 3: One Harris Health	Louis Smith								X				X
<i>Hospital at Home - Program Operations</i>	Dr.Smith/ Dr.Shelkh					X							
Pillar 4: Population Health Management	Dr.Small/ Dr. Bachiredy									X			
<i>Systematizing Screening & Referrals for Health-Related Social Needs (HRSN) (Presented in Quality Committee)</i>	Hope Galvan/ Denise LaRue	X											
<i>Community Health Worker Home Visit Program (Presented in Diversity Committee)</i>	Hope Galvan				X								
Pillar 5: Infrastructure Optimization	Louis Smith												X
<i>New LBJ Hospital and LBJ Campus Planning</i>	Louis Smith/ Trish Darnauer					X							
<i>IT Technology Governance</i>	Louis Smith						X						
Pillar 6: Diversity & Inclusion	Omar Reid								X				
<i>Minority Women Owned Business Enterprise (Presented in Diversity Committee)</i>	Jobi Martinez				X								

*Subject to Change
Revised: 5.13.24

Thursday, May 30, 2024

Presentation Regarding Results from Public Opinion Polling
and Strategic Communications



Community Awareness and Perceptions

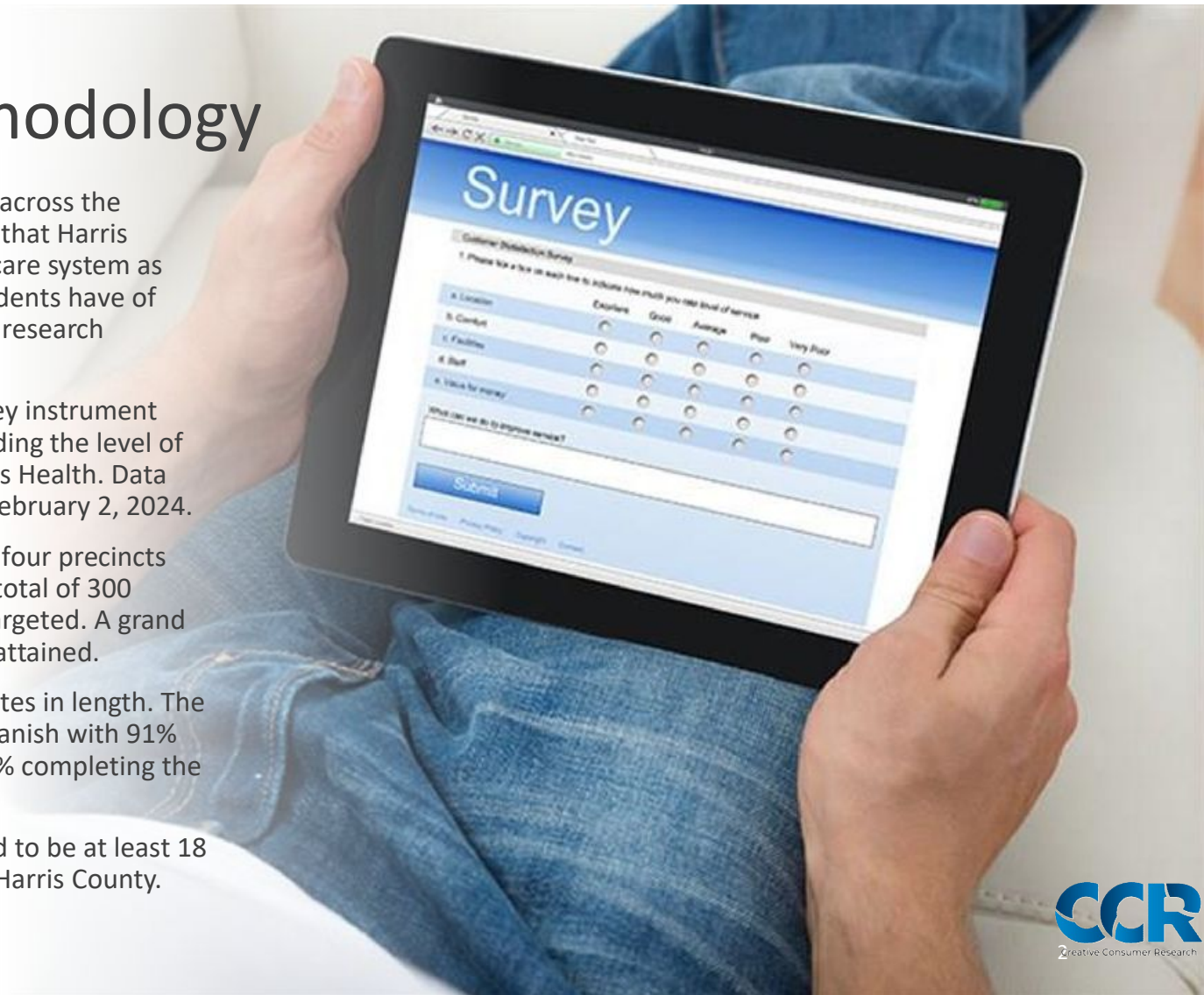
Quantitative Research

HARRISHEALTH



Objective & Methodology

- Harris Health conducted this research, across the county, to track the level of awareness that Harris County residents have with the healthcare system as well as gauge the perceptions that residents have of Harris Health. This study replicates the research conducted in 2022.
- CCR and Harris Health designed a survey instrument with the objective of better understanding the level of familiarity and the perceptions of Harris Health. Data was collected from January 9, 2024 – February 2, 2024.
- A representative sample, based on the four precincts that Harris Health serves, was used. A total of 300 survey completions per precinct was targeted. A grand total of 1203 completed surveys were attained.
- The survey was approximately 15 minutes in length. The survey was offered in English and in Spanish with 91% completing the survey in English and 9% completing the survey in Spanish.
- All who qualified to take the survey had to be at least 18 years of age AND a registered voter in Harris County.





Executive Summary

Executive Summary

Brand Awareness

- Unaided awareness with Harris County Hospital District (HCHD) increased significantly from 3% to 7%.
- Aided awareness with Harris Health increased from 79% to 85%.

Loyalty

- 7 in 10 are likely to use or recommend HHS.

System Awareness

The awareness of the following facts has increased significantly since the 2022 study.

- UT Health and MDACC provide Harris Health physicians. (+6% points)
- BCM provides the physician staff at Ben Taub. (+7% points)
- Aware that Ben Taub and LBJ are part of Harris Health. (+9% points)

Perceptions

- 29% perceive the quality of healthcare by Harris Health is excellent (24% in 2022)
- 44% perceive the quality of healthcare by Harris Health is “Good” (53% in 2022)
- 89% perceive that the Harris Health is the same as or better than other area healthcare facilities/systems (91% in 2022).

Impact

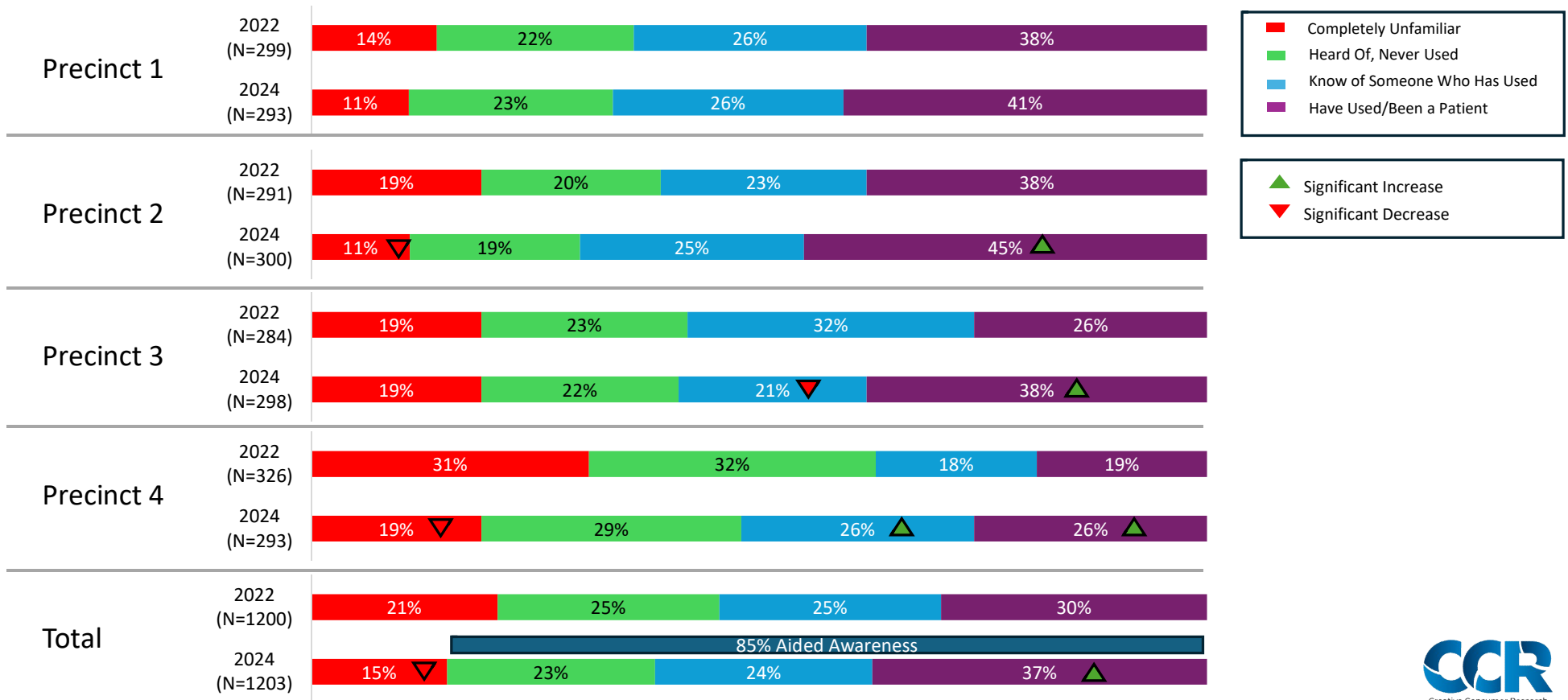
The impact of the following facts has significantly increased the likelihood that one will use Harris Health.

- Harris Health is a member of the Texas Medical Center and America’s Essential Hospitals. (+6% points)
- Ben Taub Hospital is the primary training hospital for BCM. (+5% points)
- Ben Taub and LBJ are Magnet designated hospitals. (+5% points)
- LBJ is a training hospital for UT Health. (+6% points)
- Ben Taub and LBJ are regional centers for infant intensive care, high-risk delivery and low birth weight babies. (+6% points)



Aided Awareness & Usage

For the Harris Health System, familiarity and usage has increased significantly since 2022, especially in P2 and P4.

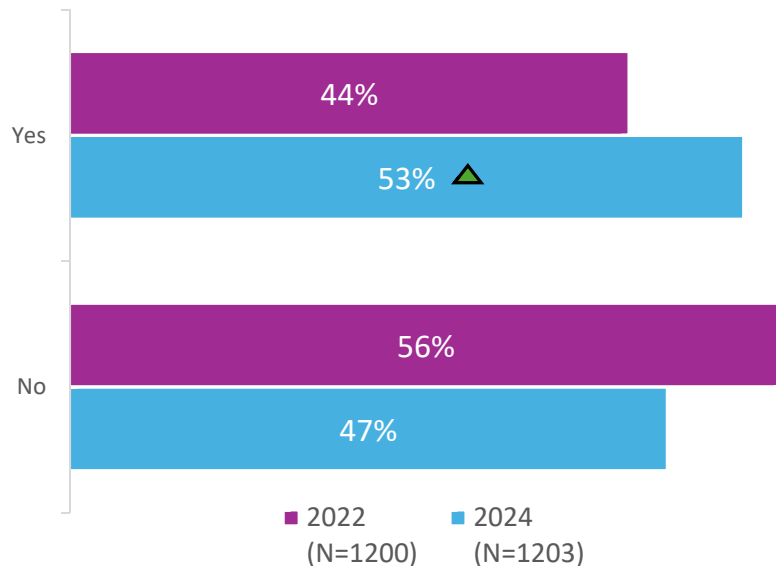


Q: What is your level of awareness with each of the following major medical facilities or healthcare systems?

Aware that Ben Taub and LBJ are part of Harris Health

The number of residents aware that LBJ and Ben Taub are part of Harris Health has increased significantly since the 2022 study.

Did you know that Ben Taub Hospital and LBJ are part of Harris Health System?



▲ Significant Increase
▼ Significant Decrease

N=1200

Significant Findings

- Precinct 1 residents are significantly more likely than those in other precincts to be aware that Ben Taub and LBJ are part of Harris Health.
- Those under the age of 35 are significantly less likely than older residents to know that Ben Taub and LBJ are part of Harris Health.
- Those with at least a Bachelor's degree are least likely to be aware that Ben Taub Hospital and LBJ Hospital are part of Harris Health.
- Those with an annual household income that is less than \$20K are most likely to be aware that Ben Taub and LBJ are part of Harris Health.
- Those who consider themselves a Democrat are most likely to be aware that Harris Health includes Ben Taub and LBJ.
- Those without health insurance are significantly more likely than are those with health insurance to be aware that Harris Health includes Ben Taub and LBJ.

Fact Impact on Likelihood to Use

The level of impact that facts about Harris Health System are significantly higher for most statements.

	More Likely		No Impact		Less Likely		Unsure	
	2022	2024	2022	2024	2022	2024	2022	2024
Harris Health is a member of the Texas Medical Center and America's Essential Hospitals	48%	54%▲	47%	40%▼	2%	2%	3%	4%
Ben Taub Hospital is the primary training hospital for Baylor College of Medicine	46%	51%▲	43%	40%	7%	5%	4%	1%
Ben Taub Hospital is one of two Level One trauma centers in Harris County	60%	64%	35%	31%	3%	2%	3%	3%
Ben Taub and LBJ hospitals are Magnet designated hospitals, the highest nursing certification in the nation	55%	60%▲	40%	36%	3%	2%	3%	3%
LBJ Hospital is a training hospital for UT Health	40%	46%▲	49%	44%▼	7%	6%	4%	4%
Harris Health has 16 nationally recognized medical home clinics across Harris County to serve patient's primary care needs	55%	57%	40%	38%	3%	2%	3%	3%
Harris Health offers over 50 specialties from maternal/infant care to cancer and HIV care	56%	58%	39%	38%	2%	2%	3%	3%
Ben Taub and LBJ Hospitals are regional centers for infant intensive care, high-risk delivery and low birth weight babies.	48%	54%▲	45%	40%▼	4%	2%	4%	4%

▲	Significant Increase
▼	Significant Decrease

Q: I am going to read you a list of facts about Harris Health System. Please indicate if knowing this would make you More Likely, Less Likely, or have No Impact on your likelihood to use Harris Health System for your future healthcare needs.

Conclusion



Results ✓

- General awareness/ name recognition has improved
- Likelihood of using Harris Health has improved
- Knowledge about quality of care is lagging

Focus 🔍

- General Brand Awareness
- Medical School Partnerships
- Magnet / System Awards / Quality Metrics
- Level I Trauma
- Value to All
- Makeup of System

Target 🎯

- Younger Demographics (20s – 30s)
- Precincts 2, 3 and 4
- College Educated
- Household Income >\$20k



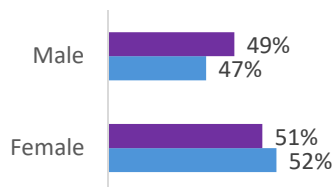
Demographics

Demographics

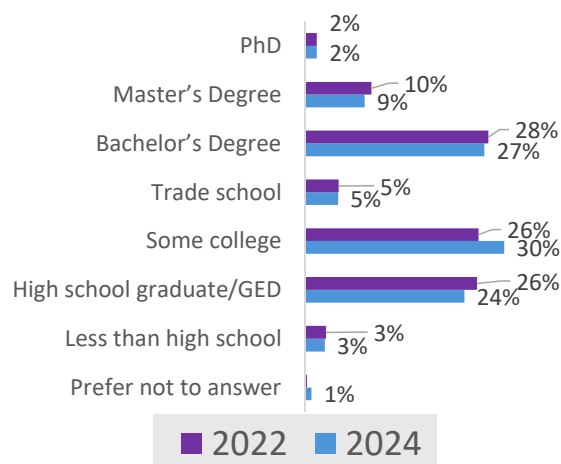
2022 N = 1200

2024 N = 1203

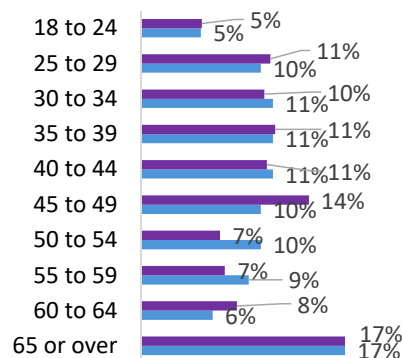
Gender



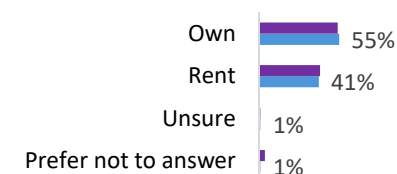
Education



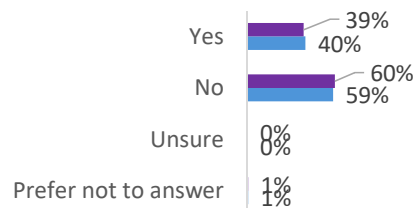
Age



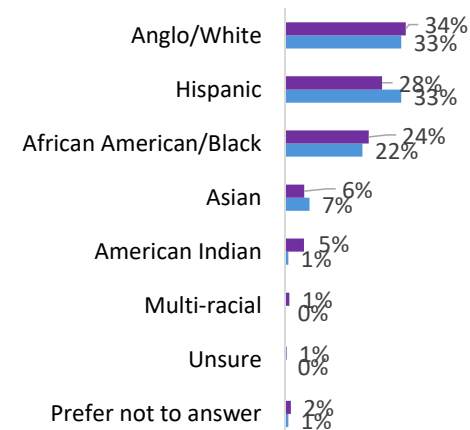
Rent or Own



Hispanic or Latino Descent



Ethnicity

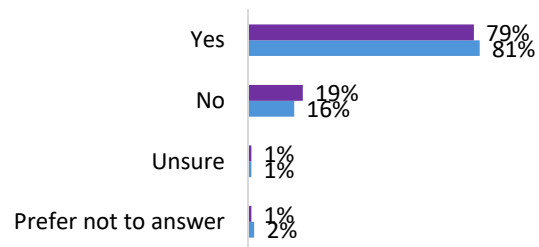


Demographics

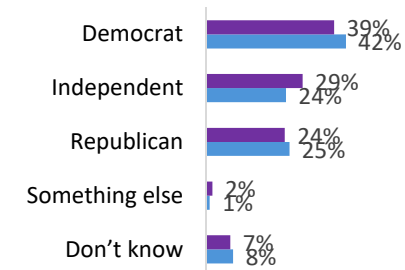
2022 N = 1200

2024 N = 1203

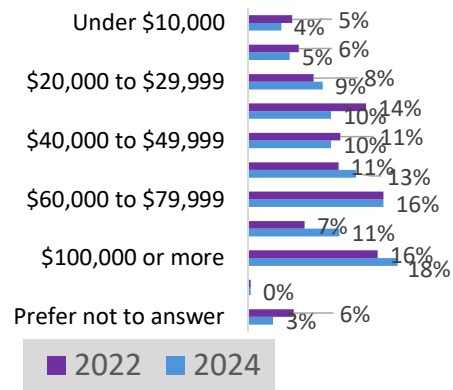
Do you currently have health care insurance?



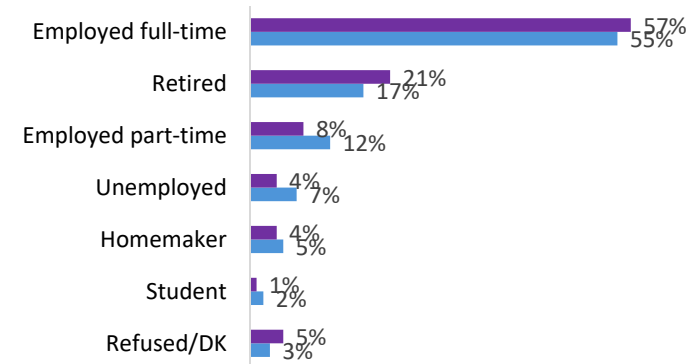
How would you describe yourself?



Annual Household Income



Employment Status



Thursday, May 30, 2024

Presentation Regarding Strategic Facilities Plan Update for LBJ Hospital,
Ben Taub Hospital and Ambulatory Care Services

Update by Mrs. Trish Darnauer, EVP – LBJ, and Mr. Louis Smith, Sr. EVP – Chief Operating Officer, on the Harris Health System Strategic Plan regarding:

- Strategic Plan Update for LBJ, Ben Taub, and ACS

HARRISHEALTH SYSTEM

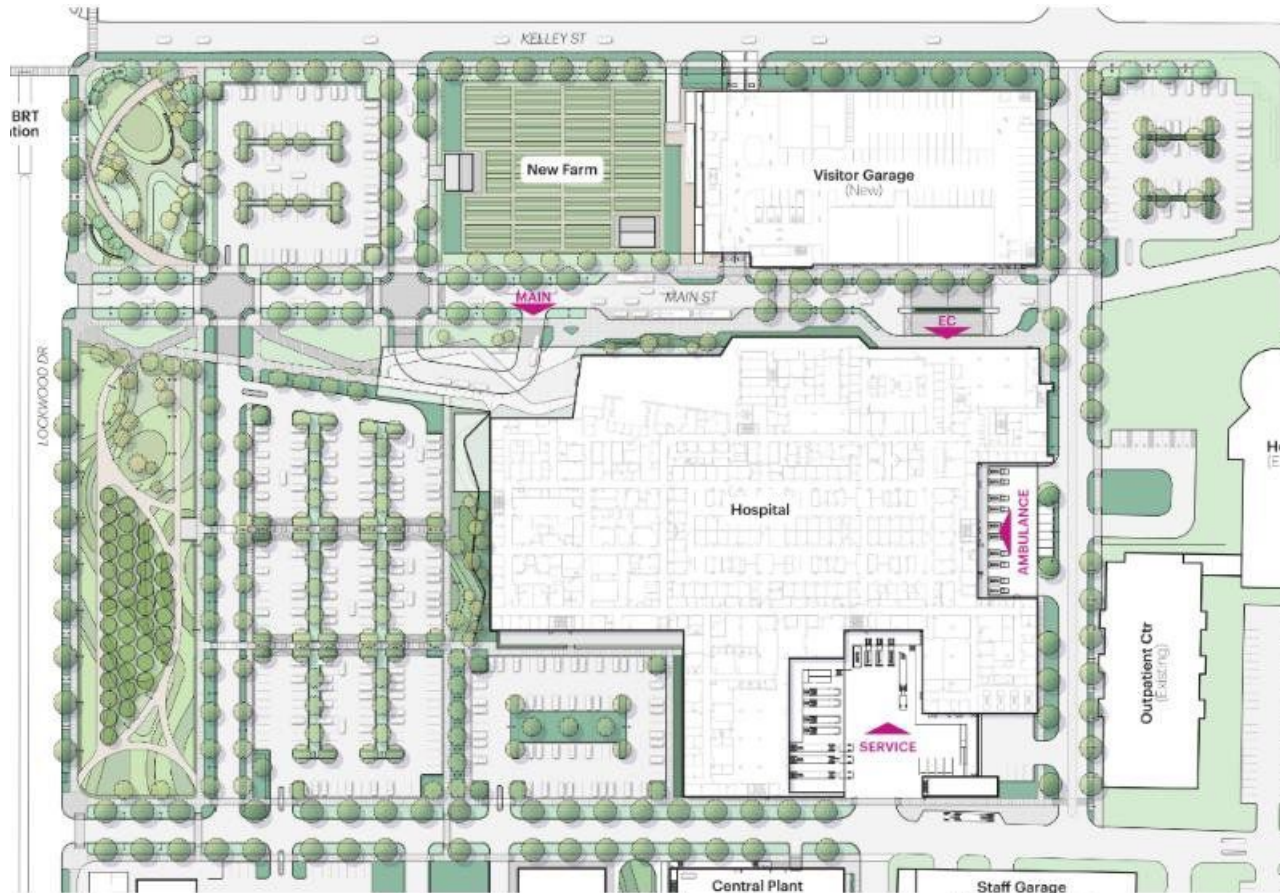
Strategic Plan Update

May 2024

May 9th, 2024



Site Development Plan



5 COMPONENTS OF LBJ CAMPUS EXPANSION

1. Site Enabling & Demolition
2. New Visitor Parking Garage
3. New Hospital
4. New Central Utility Plant
5. LBJ Legacy Hospital Re-purposing



Operational Alignment and Technology Integration

Steering Committee: Decision making body established to govern the activities related to the LBJ Campus.

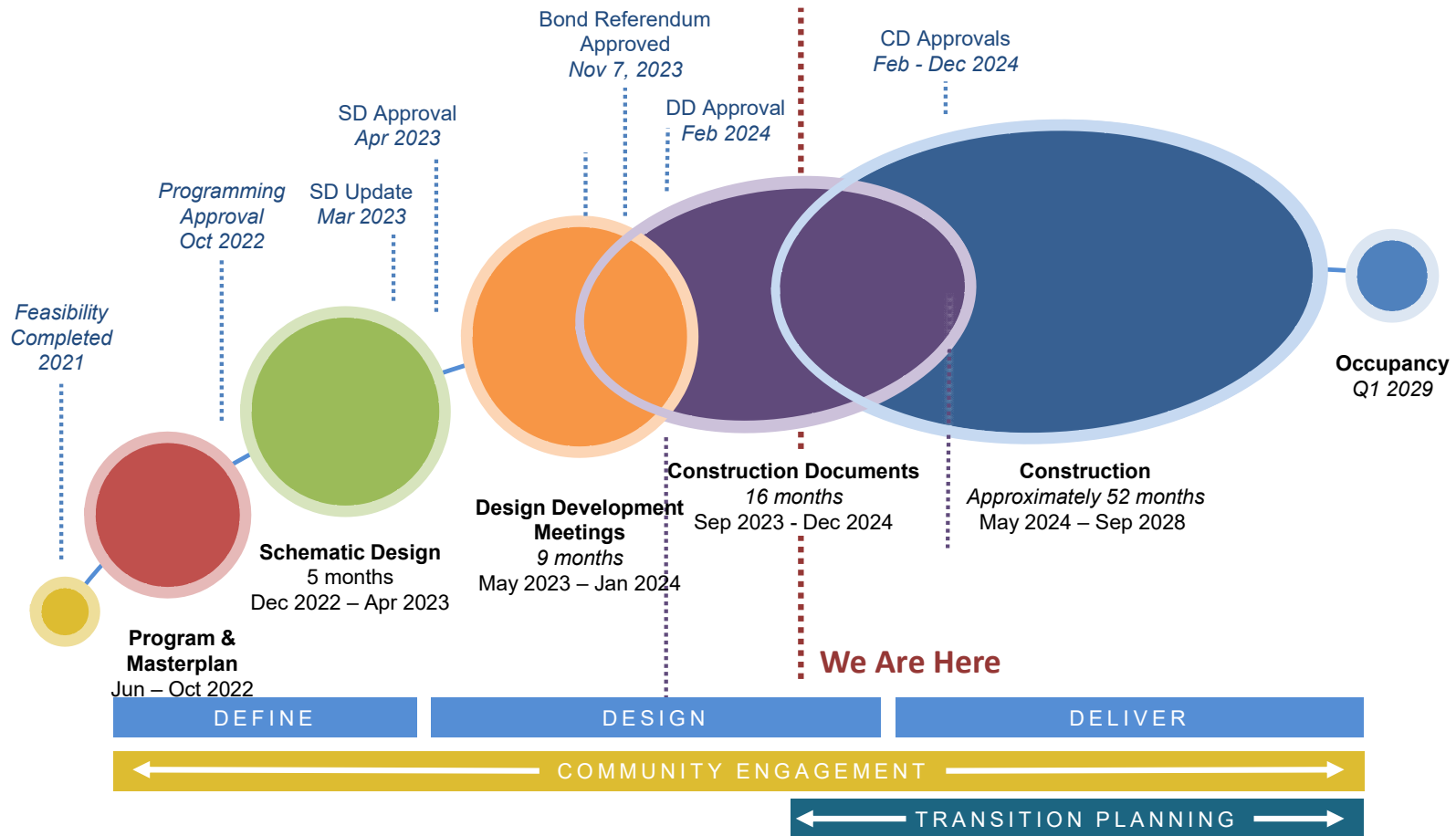
Steering Council: System Operational Alignment Council which incorporates workstream leads at System and Pavilion levels to meet operational planning outcomes.

- 16 workstreams across the system have been established to work through operational alignment tasks.
- Clinical and Non-Clinical Operational workflows are under review to assess, standardize and optimize processes and procedures across the system.
- Visioning Session and Executive Pull Plan Meeting was conducted with pavilion leaders to begin the work of aligning operations to achieve the strategic vision of One Harris Health System.

Technologies are being recommended for the system that will significantly improve care delivery, workflow efficiency, and patient/staff satisfaction. A series of technology review sessions are underway with operational leaders to validate the needs for and prioritize recommended technologies. Technologies currently being reviewed include:

1. **Smart Room Systems** – Interactive Displays for Patient Engagement/Family Virtual Visits/Translation Services, Digital Whiteboards for patient and staff information, Digital Door Signage for patient information and room status.
2. **Real-Time Locating Systems** – Asset Tracking, Staff Duress, Medical Supply Management, and Digital Wayfinding.

LBJ Hospital Expansion Timeline



Ben Taub Update

	Start Design/Assessment	Start Procurement	Start Construction	Estimated Duration
BT ICUs - 4 Phases	2023 Q4	2024 Q3	2025 Q1	48 months
BT Ancillary/Operation Support Areas	2023 Q4	2024 Q3	2025 Q1	30 months
BT Infrastructure (Mechanical, Electrical, Plumbing)	2023 Q4	2024 Q2	2024 Q4	36 months
BT Sanitary Sewer Pipe	2024 Q1	2024 Q3	2025 Q1	30 months
BT Expand Telemetry Capability for all Beds	2024 Q1	2024 Q2	2024 Q4	12 months
BT Women and Infant Services	2024 Q4	2025 Q3	2026 Q1	36 months
BT Bed Tower (120 Beds)	2025 Q4	2026 Q4	2027 Q2	36 months



Ambulatory Clinics Update

	Start Design/Assessment	Start Procurement (Bidding)	Start Construction	Estimated Duration
Roofing/HVAC Refresh through all the ACS Facilities (Over 10 years)	2023 Q3	2023 Q4	2024 Q1	120 months
Sunset Heights Same Day Clinic (Expansion Build on Casa Property)	2024 Q1	2025 Q1	2025 Q3	24 months
Radiology/Radiation Therapy Modality refresh (Smith Clinic)	2024 Q1	2024 Q3	2025 Q1	96 months
Health Center Pasadena (Centrico) (Already in motion in partnership with Harris County)	2024 Q1	2024 Q4	2025 Q2	24 months
Vallbona Main Renovation, Campus, Annex/Robindell Same Day Clinic	2025 Q1	2025 Q4	2026 Q2	24 months
Harris Health Garage (Serving BT, QM, Smith)	2025 Q4	2026 Q4	2027 Q2	22 months
Net New Health Center (Number 1)	2026 Q1	2026 Q4	2027 Q2	24 months
Health Center (Cypress) (Renovation/Expansion)	2026 Q3	2027 Q2	2027 Q4	14 months
Age Facility Replacement/Expansion - Acres Home	2027 Q1	2027 Q4	2028 Q2	24 months
Net New Health Center (Number 2)	2028 Q2	2029 Q1	2029 Q3	24 months
Net New Health Center (Number 3)	2029 Q1	2029 Q4	2030 Q2	24 months
Mobile Mammo Van (Refresh in 7-8 years)	2029 Q4	2030 Q1	2030 Q3	12 months
Age Facility Replacement - Gulfgate	2030 Q3	2031 Q3	2032 Q1	24 months

- Formal “Demand Forecast” Currently in Process
 - Demand forecasting is a common healthcare industry practice to understand the health needs and demand facing a population leading to recommended priorities, service locations and resource allocation.
- Local firm Capital Healthcare Planning engaged for this review
 - Vendor and Harris Health leadership are working to identify areas of consumer need and demand guided by formal healthcare data resources and stakeholder interviews/knowledge.
- Target completion date of September 2024
 - Further discussions with board and commissioners on recommended clinic sites to occur once needs assessment recommendations available for review.

Thursday, May 30, 2024

Presentation Regarding Leapfrog Hospital Survey and Safety Grade

Update by Dr. Steven Brass, EVP and Chief Medical Executive, on the Harris Health System Strategic Plan regarding:

- Leapfrog Hospital Survey and Safety Grade

HARRISHEALTH SYSTEM

Leapfrog Hospital Survey & Safety Grade SPRING 2024

Steven Brass, MD, MPH, MBA
*Executive Vice President –
Chief Medical Executive*

What is Leapfrog?

- The Leapfrog Group is an independent, national not-for-profit organization founded more than a decade ago by the nation's leading employers and private health care experts.
- The goal of the Leapfrog Group is saving lives by reducing errors, injuries, accidents, and infections by promoting transparency through data collection and public reporting initiatives.
- The Leapfrog Group focuses on measuring and publicly reporting hospital performance for nearly 3,000 general hospitals through the annual Leapfrog Hospital Survey.
- Grading A-F used to recognize the highest performing hospitals as Leapfrog Top Hospitals.



Leapfrog Measures

27 Measures in 5 categories

- **Infections (Hosp Acquired Infections)**

- MRSA Infection
- C. Diff Infection
- Infection in the blood
- Infection in the urinary tract
- Surgical Site infection after Colon Surgery

- **Problems with Surgery (Pt Safety Indicators)**

- Dangerous Object left in body
- Surgical wound splits open
- Death from treatable serious complications
- Collapsed Lung
- Serious Breathing Problem
- Dangerous Blood Clot
- Accidental cuts and tears in abdomen or pelvis

- **Practices to Prevent Errors (Survey)**

- Doctors order medications through a computer
- Safe Medication Administration
- Handwashing
- Communication about Medicines
- Communication about Discharge
- Staff work together to prevent errors

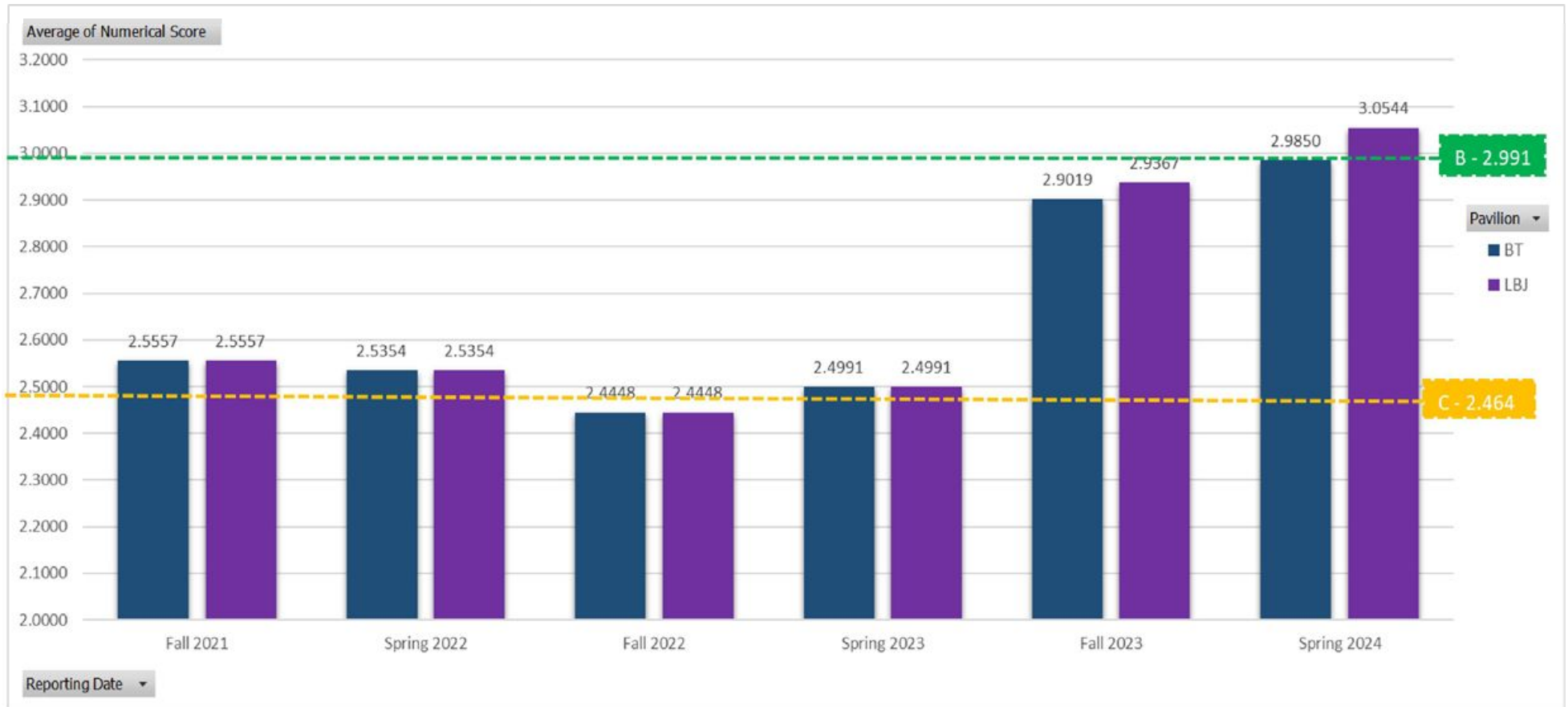
- **Safety Problems (Pt Safety Indicators)**

- Dangerous Bed Sores
- Patient falls and injuries
- Air or gas bubble in blood

- **Doctors, Nurses, & Hospital Staff (HCAHPS)**

- Effective Leadership to prevent errors
- Enough qualified nurses
- Specially trained doctors care for ICU patients
- Communication with Doctors
- Communication with Nurses
- Responsiveness of Hospital Staff

Spring 2024 Hospital Safety Grade Score Improvement



Thursday, May 30, 2024

Presentation Regarding Harris Health's Hospital at Home

The Hospital at Home (HaH) program provides inpatient acute-level care in the home setting for Harris Health patients. Since launching:

1. Harris Health – Hospital at Home is the first active HaH program in the Greater Houston area
2. HaH admitted their first patient at home on February 28, 2024
3. A total of (8) patients have been admitted and discharged as of May 8, 2024



Amy Smith, PhD

Senior Vice President, Care Transitions & Integration



HARRISHEALTH

HOSPITAL AT HOME

Program Operations

Amy Smith, DNP, MSN, RN, CCM, ACM
Sr. Vice President, Care Transitions & Integration

Shazia Sheikh, MD
Medical Director, Hospital at Home

HARRISHEALTH SYSTEM

Harris Health Hospital at Home

Industry Background & Overview

HARRISHEALTH
HOSPITAL AT HOME

Hospital at Home (HaH) is an innovative care model that allows a patient to receive **acute-level care in the home setting**, expanding bed capacity and service capability for health care organizations across the nation



**CMS Approved
HaH Programs**

(Not all programs are active and live)

135



7



2



- February 26, 2024: Harris Health went **live** with its Hospital at Home Program
- February 28, 2024: Harris Health became the **FIRST Hospital System in Houston** to admit a patient to acute-care Hospital at Home

Harris Health Hospital at Home

Program Operations

How does the Hospital at Home program operate?

Patient Population

Low-acuity patients
within 15-miles of a
Harris Health
acute-care facility

Patient Care Model

Daily **in-person** visits
from RN and provider
team & telehealth visits

Admission Source

Identified and
admitted from
Ben Taub & LBJ Hospitals

Scaling Plan

Grow the program over
the course of **four years**
to maintain a census of
20 – 24 patients



Who's on the clinical care team?

- Hospitalists (MD)
- Advanced Practice Nurses (APN)
- Registered Nurses (RN)
- Ancillary Teams (*Pharmacy, Nutrition, Care Mgmt, etc*)

Harris Health Hospital at Home

Program Photos

HARRISHEALTH
HOSPITAL AT HOME



Patient Experience:

100% of HaH patient surveys received stated that the patient **would recommend** the Hospital at Home program to a family or friend!

Thursday, May 30, 2024

May Board Committee Reports

May Board Committee Meetings:

- Quality Committee – May 14, 2024 ([Summary attached for your review](#))
 - HRO Safety Message – Video: Adapting a High Reliability Mindset
- Governance Committee – May 14, 2024
 - Update Regarding the Texas Pension Review Board Training
- Budget and Finance Committee – May 16, 2024
 - Second Quarter Fiscal Year 2024 Investment Report
 - First Quarter Calendar Year 2024 Pension Plan Report
 - 2023 Annual Report of the 401k and 457b Administrative Committee Activities
 - 2023 Annual Report of the Pension and Disability Committee Activities
 - Annual Interest Rate Management Agreement Disclosure
 - 2024-2025 Budget and Finance Committee Goals
- Compliance and Committee – May 16, 2024
 - Harris Health System Independent Auditor’s Planning Communication Regarding the Harris County Hospital District 401(k) and the Harris County Hospital District Pension Benefit Plans for the Year Ended December 31, 2023
 - Quarterly Internal Audit Update as of May 16, 2024
 - 2024 Compliance and Audit Committee Goals
 - Compliance Education
- Joint Conference Committee – May 16, 2024
 - Physician Leadership Reports
 - Harris Health System’s Utilization Focus, Targets and Operational Actions
 - Service Line Commitment for Consistent Care

[Board of Trustees – Executive Summary](#)
[Patient Safety & Quality Programs – Open Session](#)
[May 30, 2024](#)

Please refer to the reports presented at the Quality Committee Executive Session on May 14, 2024 for additional details.

HRO Safety Message – Video: Adapting a High Reliability Mindset

High-reliability Organizations (HROs) are those that successfully complete their missions despite massive complexity and high risk. Examples include the Federal Aviation Administration's Air Traffic Control system, aircraft carriers, and nuclear power plants. In each case, even a minor error could have catastrophic consequences. Yet, adverse outcomes in these organizations are rare. Five principles of a High Reliability Organization (HRO) are: (1) Preoccupation with failure; (2) Reluctance to simplify interpretations; (3) Sensitivity to operations; (4) Commitment to resilience; and (5) Deference to expertise.



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

May 06, 2024

Board of Trustees Office
Harris Health System

RE: Board of Trustees Meeting – May 30, 2024
Budget and Finance Agenda Items

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

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA/ea
Attachments



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

Expenditure Summary: May 30, 2024 (Approvals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current or Additional Estimate Cost
A1	JPMorgan Chase Bank, N.A. MWBE Goal: Exempt - Harris County Contract	Depository, Comprehensive Payables, Custodial, and Merchant Services for Harris Health System - To provide depository, comprehensive payables, custodial, and merchant services for Harris Health System Contract No. 952	Approval Best proposal meeting requirements	Kari McMichael		\$ 6,000,000
A2	McCarthy Building Companies, Inc. MWBE Goal: 35%	Construction Manager at Risk for the Construction of the Lyndon B. Johnson Hospital Replacement Project for Harris Health System - Amendment to the Master Terms and Pre-Construction Agreement to authorize early activity funding to include trailer setup and mobilization, temporary logistics, mapping and underground investigation and utility BIM, procurement of a water detention tank, badging services, costs for offsite parking lot, and a mockup construction allowance for the LBJ Hospital Expansion Project. Job No. 230368, Board Motion 24.02-23	Additional Funds	Babak Zare	\$ 2,950,000	\$ 4,710,000
A3	Vantive US Healthcare LLC (fka Baxter Healthcare Corporation) MWBE Goal: Exempt Public Health or Safety	Dialysis Equipment and Fluids for Harris Health System - To provide continuity of service until the competitive procurement process is complete, an Award is made, and a new Agreement is executed. Public Health or Safety Exemption	Purchase Public Health or Safety Exemption One (1) year initial term with one (1) one-year renewal options	Charles Motley		\$ 2,400,000
A4	The Brandt Companies LLC MWBE Goal: 10%	LBJ Inpatient Pharmacy Air Handling Unit Replacement for Harris Health System - To provide all labor, materials, equipment and incidentals for the replacement of dedicated outside air system (DOAS) unit with custom chilled water unit. The owner contingency provides for coverage on unanticipated costs throughout the construction project. Job No. 240021	Best proposal meeting requirements	Babak Zare		\$ 1,404,974
A5	Medtronic USA MWBE Goal: Exempt Public Health or Safety	Neurovascular & Stroke Therapy Products - Providing Harris Health proprietary neurovascular and stroke products. Public Health or Safety Exemption	Award Public Health or Safety Exemption Two-year initial term	Charles Motley		\$ 500,000
A6	Karl Storz Endoscopy- America, Inc. MWBE Goal: Exempt Sole Source	Maintenance and Service Agreement for Endoscopy Equipment for Harris Health System - To provide maintenance and repair services for Karl Storz brand endoscopy telescopes, intubation video scopes, and related endoscopy equipment located at Ben Taub and Lyndon B. Johnson Hospitals. Sole Source Exemption	Purchase Sole Source Exemption One (1) year initial term with two (2) one-year renewal options	James Young		\$ 435,960
A7	Dunhill Development & Construction LLC MWBE Goal: 15%	Construction and Expansion of the X-Ray Suite at the Northwest Health Center for Harris Health System - To provide all labor, materials, equipment and incidentals for the construction and expansion of the x-ray suite at the Northwest Health Center. The owner contingency provides for coverage on unanticipated costs throughout the construction project. Job No. 240020	Best proposal meeting requirements	Babak Zare		\$ 340,000

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A8	Baker & Hostetler LLP (HCHD-913) MWBE Goal: 0% Specialized, Technical, or Unique in Nature	Legal Services for Harris Health Systems - Additional funds are required to cover additional services related to HIPAA privacy and security incidents. Professional Services Exemption, Board Motion 24.03-38	Additional Funds Professional Services Exemption October 01, 2023 through September 30, 2024	L. Sara Thomas	\$ 595,000	\$ 300,000
A9	Belimed, Inc. MWBE Goal: Exempt Sole Source	Service and Maintenance for Harris Health System - To provide preventative maintenance and service for Belimed brand cart washers and sterilization equipment. Sole Source Exemption	Purchase Sole Source Exemption One (1) year initial term with four (4) one-year renewal options	James Young		\$ 284,667
					Total Expenditures	\$ 16,375,601
					Total Revenue	\$ (0)

Thursday, May 30, 2024

Consideration of Acceptance of the Harris Health System April 2024 Financial Report
Subject to Audit

Attached for your review and consideration is the April 2024 Financial Report.

Administration recommends that the Board accept the financial report for the period ended April 30, 2024, subject to final audit.

Victoria Nikitin

Victoria Nikitin

Executive Vice President – Chief Financial Officer



Financial Statements

As of the Month Ended April 30, 2024
Subject to Audit



Table of Contents



Financial Highlights Review.....3

FINANCIAL STATEMENTS

Income Statement.....4

Balance Sheet.....5

Cash Flow Summary.....6

Performance Ratios.....7

KEY STATISTICAL INDICATORS

Statistical Highlights.....9

Statistical Highlights Graphs.....10 – 21

Financial Highlights Review



As of April 30, 2024

Operating income for April was \$35.2 million compared to a budgeted income of \$21.5 million.

Total net revenue for April of \$227.9 million was \$5.2 million or 2.2% less than budget. Net patient revenue was \$6.8 million higher than budget while Medicaid Supplemental programs were \$15.6 million less than expected primarily due to timing.

In April, total expenses of \$192.6 million were \$19.0 million or 9.0% less than budget. Total labor costs were \$10.0 million less than budget due to lower benefits expense, primarily lower pension expense based on the recently issued actuarial report. Total services had a favorable variance of \$4.8 million driven mostly by purchased services and lower than planned medical insurance subsidy. Interest expense was \$6.7 million less than planned due to the timing of the new bond issuance shifting to FY 2025.

Also in April, total patient days and average daily census increased 2.8% compared to budget. Inpatient case mix index, a measure of patient acuity, was 7.4% higher than planned with length of stay 13.7% more than budget. Emergency room visits were 16.2% higher than planned for the month. Total clinic visits, including telehealth, were 0.5% higher compared to budget. Births were down 3.5% for the month.

Total cash receipts for April were \$79.9 million. The System has \$1,692.8 million in unrestricted cash, cash equivalents and investments, representing 271.4 days cash on hand. Harris Health System has \$177.2 million in net accounts receivable, representing 87.3 days of outstanding patient accounts receivable at April 30, 2024. The April balance sheet reflects a combined net receivable position of \$151.4 million under the various Medicaid Supplemental programs. The current portion of ad valorem taxes receivable is \$25.6 million, which is offset by ad valorem tax collections as received. Deferred ad valorem tax revenue is \$378.8 million, and is released as ad valorem tax revenue is recognized. As of April 30, 2024, \$873.0 million ad valorem tax collections were received and \$530.3 million in current ad valorem tax revenue was recognized.

Income Statement

HARRISHEALTH
SYSTEM

As of April 30, 2024 and 2023 (in \$ Millions)

	MONTH-TO-MONTH			YEAR-TO-DATE				
	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	PRIOR YEAR	PERCENT VARIANCE
REVENUE								
Net Patient Revenue	\$ 66.3	\$ 59.4	11.5%	\$ 432.1	\$ 408.9	5.7%	\$ 422.6	2.2%
Medicaid Supplemental Programs	52.4	68.0	-23.0%	380.3	476.3	-20.1%	402.6	-5.5%
Other Operating Revenue	10.3	10.2	1.0%	76.3	71.3	7.0%	70.8	7.7%
Total Operating Revenue	\$ 129.0	\$ 137.7	-6.3%	\$ 888.7	\$ 956.5	-7.1%	\$ 896.0	-0.8%
Net Ad Valorem Taxes	75.9	74.7	1.6%	528.8	523.0	1.1%	486.3	8.8%
Net Tobacco Settlement Revenue	15.2	15.2	0.2%	15.2	15.2	0.2%	15.2	0.2%
Capital Gifts & Grants	-	-	0.0%	-	-	0.0%	9.5	-100.0%
Interest Income & Other	7.8	5.5	40.3%	43.6	38.8	12.3%	41.5	5.1%
Total Nonoperating Revenue	\$ 98.9	\$ 95.4	3.6%	\$ 587.6	\$ 577.0	1.8%	\$ 552.4	6.4%
Total Net Revenue	\$ 227.9	\$ 233.1	-2.2%	\$ 1,476.3	\$ 1,533.4	-3.7%	\$ 1,448.5	1.9%
EXPENSE								
Salaries and Wages	\$ 77.8	\$ 78.5	0.9%	\$ 550.5	\$ 561.0	1.9%	\$ 506.6	-8.7%
Employee Benefits	20.2	29.5	31.4%	185.2	206.4	10.3%	165.1	-12.1%
Total Labor Cost	\$ 98.0	\$ 108.0	9.2%	\$ 735.7	\$ 767.4	4.1%	\$ 671.7	-9.5%
Supply Expenses	27.0	26.5	-2.0%	171.2	185.4	7.7%	167.9	-1.9%
Physician Services	36.8	37.3	1.3%	253.8	260.8	2.7%	240.1	-5.7%
Purchased Services	22.6	27.0	16.2%	155.3	187.9	17.3%	142.4	-9.1%
Depreciation & Interest	8.2	12.9	36.5%	58.6	71.0	17.4%	48.9	-20.0%
Total Operating Expense	\$ 192.6	\$ 211.6	9.0%	\$ 1,374.6	\$ 1,472.4	6.6%	\$ 1,271.0	-8.2%
Operating Income (Loss)	\$ 35.2	\$ 21.5		\$ 101.7	\$ 61.0		\$ 177.5	
Total Margin %	15.5%	9.2%		6.9%	4.0%		12.3%	

Balance Sheet

HARRISHEALTH
SYSTEM

April 30, 2024 and 2023 (in \$ Millions)

	CURRENT YEAR	PRIOR YEAR
<u>CURRENT ASSETS</u>		
Cash, Cash Equivalents and Short Term Investments	\$ 1,692.8	\$ 1,767.9
Net Patient Accounts Receivable	177.2	139.7
Net Ad Valorem Taxes, Current Portion	25.6	15.9
Other Current Assets	221.0	129.2
Total Current Assets	\$ 2,116.6	\$ 2,052.7
<u>CAPITAL ASSETS</u>		
Plant, Property, & Equipment, Net of Accumulated Depreciation	\$ 552.9	\$ 416.5
Construction in Progress	150.8	203.7
Right of Use Assets	39.5	42.1
Total Capital Assets	\$ 743.2	\$ 662.2
<u>ASSETS LIMITED AS TO USE & RESTRICTED ASSETS</u>		
Debt Service & Capital Asset Funds	\$ 38.7	\$ 40.3
LPPF Restricted Cash	51.3	7.5
Capital Gift Proceeds	55.1	46.5
Other - Restricted	1.0	1.0
Total Assets Limited As to Use & Restricted Assets	\$ 146.1	\$ 95.2
Other Assets	45.5	35.8
Deferred Outflows of Resources	223.3	188.5
Total Assets & Deferred Outflows of Resources	\$ 3,274.6	\$ 3,034.4
<u>CURRENT LIABILITIES</u>		
Accounts Payable and Accrued Liabilities	\$ 212.2	\$ 239.4
Employee Compensation & Related Liabilities	134.7	130.8
Deferred Revenue - Ad Valorem	378.8	350.9
Estimated Third-Party Payor Settlements	30.5	13.9
Current Portion Long-Term Debt and Capital Leases	37.2	20.0
Total Current Liabilities	\$ 793.4	\$ 755.0
Long-Term Debt	282.1	315.2
Net Pension & Post Employment Benefits Liability	762.1	598.9
Other Long-Term Liabilities	6.8	7.8
Deferred Inflows of Resources	115.1	218.7
Total Liabilities	\$ 1,959.5	\$ 1,895.5
Total Net Assets	\$ 1,315.1	\$ 1,138.9
Total Liabilities & Net Assets	\$ 3,274.6	\$ 3,034.4

Cash Flow Summary

As of April 30, 2024 and 2023 (in \$ Millions)

	MONTH-TO-MONTH		YEAR-TO-DATE	
	CURRENT YEAR	PRIOR YEAR	CURRENT YEAR	PRIOR YEAR
<u>CASH RECEIPTS</u>				
Collections on Patient Accounts	\$ 48.7	\$ 72.8	\$ 469.3	\$ 409.9
Medicaid Supplemental Programs	(24.2)	362.3	633.6	869.7
Net Ad Valorem Taxes	18.8	18.7	873.0	813.2
Tobacco Settlement	-	-	15.2	15.2
Other Revenue	36.7	11.6	168.6	160.8
Total Cash Receipts	\$ 79.9	\$ 465.5	\$ 2,159.7	\$ 2,268.7
<u>CASH DISBURSEMENTS</u>				
Salaries, Wages and Benefits	\$ 136.4	\$ 131.0	\$ 788.4	\$ 764.1
Supplies	30.1	28.9	182.8	174.6
Physician Services	42.1	34.9	244.2	231.2
Purchased Services	27.4	22.3	158.3	129.4
Capital Expenditures	15.2	13.2	88.8	73.2
Debt and Interest Payments	0.3	0.3	6.2	19.2
Other Uses	(4.0)	(6.7)	10.8	(68.0)
Total Cash Disbursements	\$ 247.4	\$ 223.8	\$ 1,479.5	\$ 1,323.6
Net Change	\$ (167.5)	\$ 241.7	\$ 680.2	\$ 945.1
Unrestricted Cash, Cash Equivalents and Investments - Beginning of year			\$ 1,012.6	
Net Change			680.2	
Unrestricted Cash, Cash Equivalents and Investments - End of period			\$ 1,692.8	

Performance Ratios

HARRISHEALTH
SYSTEM

As of April 30, 2024 and 2023 (in \$ Millions)

	MONTH-TO-MONTH		YEAR-TO-DATE		
	CURRENT YEAR	CURRENT BUDGET	CURRENT YEAR	CURRENT BUDGET	PRIOR YEAR
<u>OPERATING HEALTH INDICATORS</u>					
Operating Margin %	15.5%	9.2%	6.9%	4.0%	12.3%
Run Rate per Day (In\$ Millions)	\$ 6.2	\$ 6.9	\$ 6.2	\$ 6.7	\$ 5.8
Salary, Wages & Benefit per APD	\$ 2,298	\$ 2,587	\$ 2,410	\$ 2,626	\$ 2,323
Supply Cost per APD	\$ 633	\$ 634	\$ 561	\$ 635	\$ 581
Physician Services per APD	\$ 862	\$ 892	\$ 831	\$ 892	\$ 830
Total Expense per APD	\$ 4,516	\$ 5,069	\$ 4,502	\$ 5,039	\$ 4,395
Overtime as a % of Total Salaries	3.2%	2.8%	3.3%	2.9%	3.6%
Contract as a % of Total Salaries	4.0%	4.3%	4.4%	4.4%	5.2%
Full-time Equivalent Employees	10,358	10,175	10,337	10,185	9,873
<u>FINANCIAL HEALTH INDICATORS</u>					
Quick Ratio			2.6		2.7
Unrestricted Cash (In \$ Millions)			\$ 1,692.8	\$ 1,242.5	\$ 1,767.9
Days Cash on Hand			271.4	184.3	303.4
Days Revenue in Accounts Receivable			87.3	87.8	70.1
Days in Accounts Payable			45.6		49.8
Capital Expenditures/Depreciation & Amortization			178.5%		174.1%
Average Age of Plant(years)			10.5		11.7

Harris Health System Key Indicators



Statistical Highlights

As of April 30, 2024 and 2023

	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	42,649	40,202	6.1%	305,308	290,644	5.0%	289,654	5.4%
Outpatient % of Adjusted Volume	64.5%	61.7%	4.6%	62.6%	60.9%	2.8%	60.6%	3.4%
Primary Care Clinic Visits	46,907	47,586	-1.4%	311,411	316,811	-1.7%	307,878	1.1%
Specialty Clinic Visits	22,310	21,421	4.2%	142,869	140,480	1.7%	141,901	0.7%
Telehealth Clinic Visits	10,344	10,144	2.0%	67,902	76,627	-11.4%	75,743	-10.4%
Total Clinic Visits	79,561	79,151	0.5%	522,182	533,918	-2.2%	525,522	-0.6%
Emergency Room Visits - Outpatient	12,499	10,694	16.9%	81,320	75,455	7.8%	75,174	8.2%
Emergency Room Visits - Admitted	1,788	1,603	11.5%	12,677	11,474	10.5%	12,638	0.3%
Total Emergency Room Visits	14,287	12,297	16.2%	93,997	86,929	8.1%	87,812	7.0%
Surgery Cases - Outpatient	1,047	962	8.8%	6,676	6,142	8.7%	6,428	3.9%
Surgery Cases - Inpatient	876	809	8.3%	5,669	5,967	-5.0%	5,536	2.4%
Total Surgery Cases	1,923	1,771	8.6%	12,345	12,109	1.9%	11,964	3.2%
Total Outpatient Visits	125,778	129,202	-2.7%	855,692	869,162	-1.5%	862,339	-0.8%
Inpatient Cases (Discharges)	2,344	2,714	-13.6%	17,919	18,579	-3.6%	18,462	-2.9%
Outpatient Observation Cases	1,083	938	15.5%	6,758	6,420	5.3%	5,639	19.8%
Total Cases Occupying Patient Beds	3,427	3,652	-6.2%	24,677	24,999	-1.3%	24,101	2.4%
Births	382	396	-3.5%	2,960	3,127	-5.3%	3,173	-6.7%
Inpatient Days	15,127	15,408	-1.8%	114,223	113,691	0.5%	114,260	0.0%
Outpatient Observation Days	3,709	2,907	27.6%	23,030	18,443	24.9%	18,085	27.3%
Total Patient Days	18,836	18,315	2.8%	137,253	132,134	3.9%	132,345	3.7%
Average Daily Census	627.9	610.5	2.8%	644.4	620.3	3.9%	624.3	3.2%
Average Operating Beds	707	702	0.7%	699	702	-0.4%	681	2.6%
Bed Occupancy %	88.8%	87.0%	2.1%	92.2%	88.4%	4.3%	91.7%	0.6%
Inpatient Average Length of Stay	6.45	5.68	13.7%	6.37	6.12	4.2%	6.19	3.0%
Inpatient Case Mix Index (CMI)	1.820	1.694	7.4%	1.705	1.694	0.6%	1.700	0.3%
Payor Mix (% of Charges)								
Charity & Self Pay	45.4%	44.3%	2.7%	43.9%	44.3%	-0.9%	44.9%	-2.2%
Medicaid & Medicaid Managed	18.0%	22.7%	-20.4%	19.4%	22.7%	-14.2%	23.5%	-17.2%
Medicare & Medicare Managed	11.0%	11.4%	-3.7%	11.8%	11.4%	3.1%	11.3%	4.4%
Commercial & Other	25.6%	21.7%	17.9%	25.0%	21.7%	15.1%	20.4%	22.3%
Total Unduplicated Patients - Rolling 12				248,228			248,699	-0.2%
Total New Patient - Rolling 12				89,635			86,588	3.5%

Harris Health System

Statistical Highlights

April FY 2024

Cases Occupying Beds - CM

Actual	Budget	Prior Year
3,427	3,652	3,343

Cases Occupying Beds - YTD

Actual	Budget	Prior Year
24,677	24,999	24,101

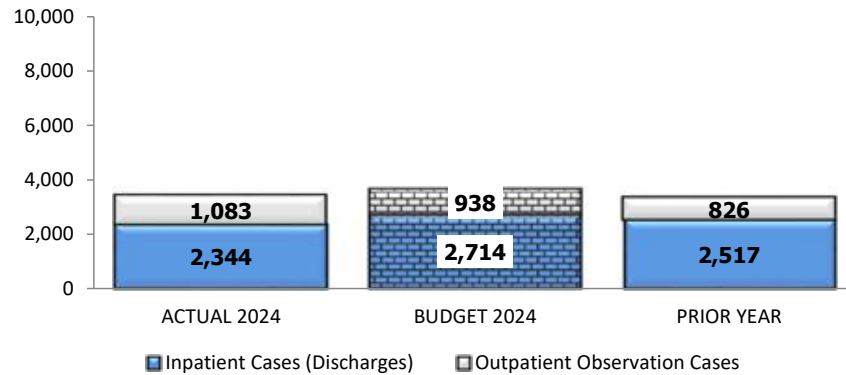
Emergency Visits - CM

Actual	Budget	Prior Year
14,287	12,297	11,912

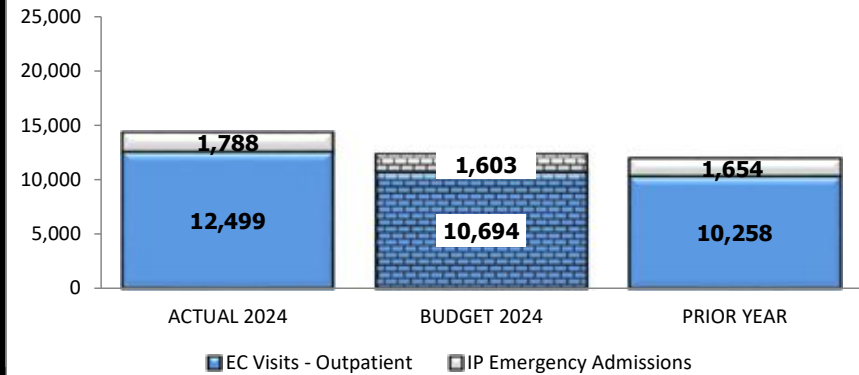
Emergency Visits - YTD

Actual	Budget	Prior Year
93,997	86,929	87,812

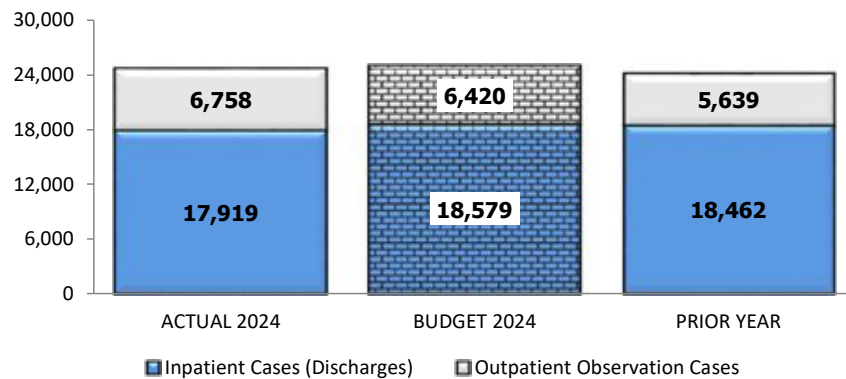
Cases Occupying Beds - Current Month



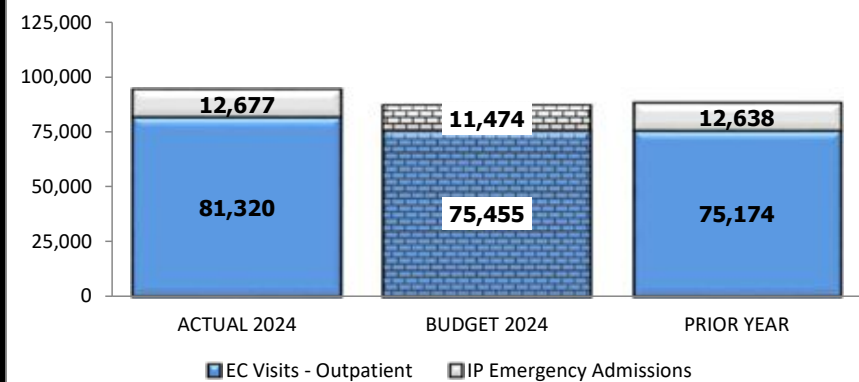
Emergency Visits - Current Month



Cases Occupying Beds - YTD



Emergency Visits - YTD



Harris Health System

Statistical Highlights

April FY 2024

Surgery Cases - CM

Actual	Budget	Prior Year
1,923	1,771	1,637

Surgery Cases - YTD

Actual	Budget	Prior Year
12,345	12,109	11,964

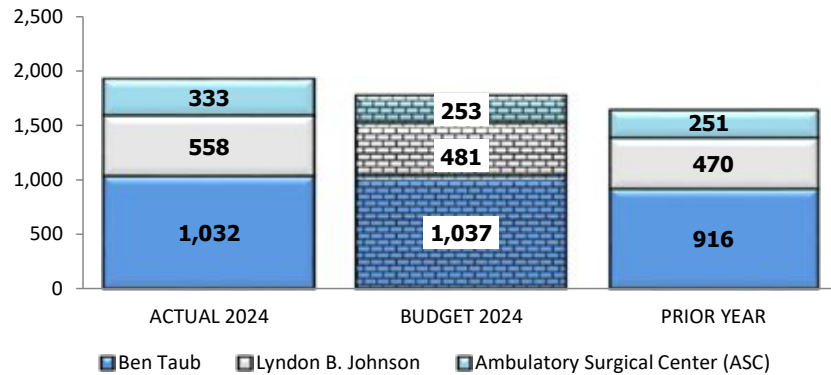
Clinic Visits - CM

Actual	Budget	Prior Year
79,561	79,151	72,212

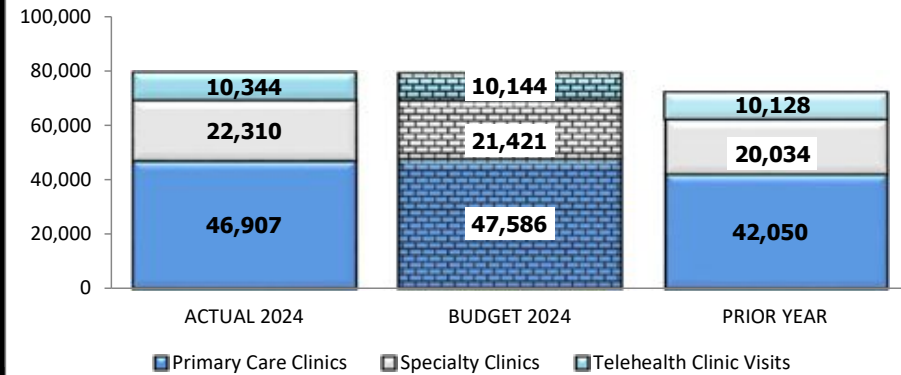
Clinic Visits - YTD

Actual	Budget	Prior Year
522,182	533,918	525,522

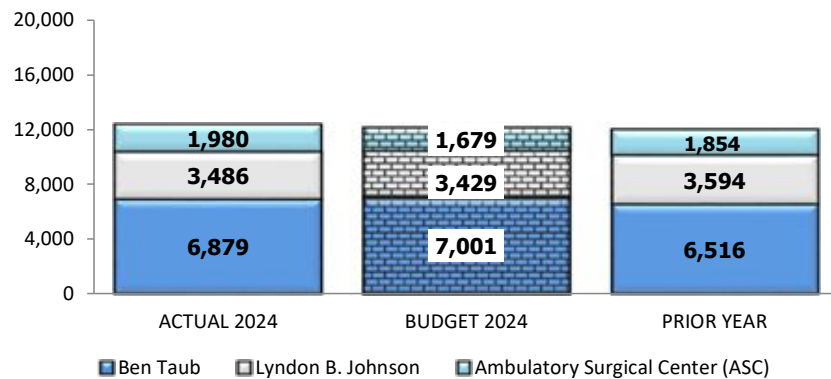
Surgery Cases - Current Month



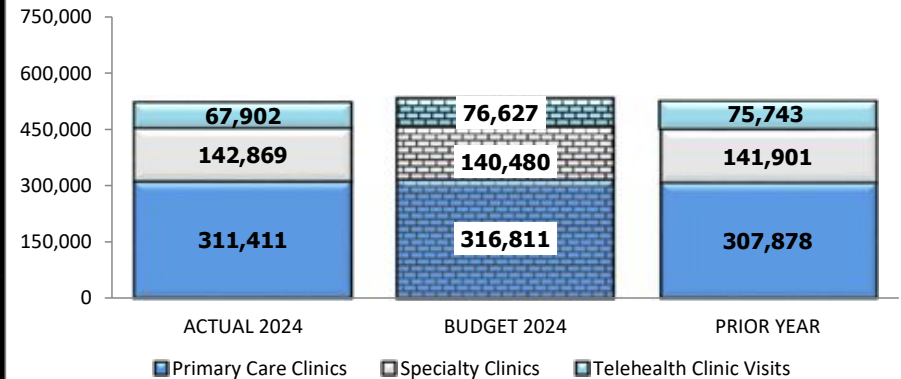
Clinic Visits - Current Month



Surgery Cases - YTD



Clinic Visits - YTD



Harris Health System

Statistical Highlights

April FY 2024

Adjusted Patient Days - CM

42,649

Adjusted Patient Days - YTD

305,308

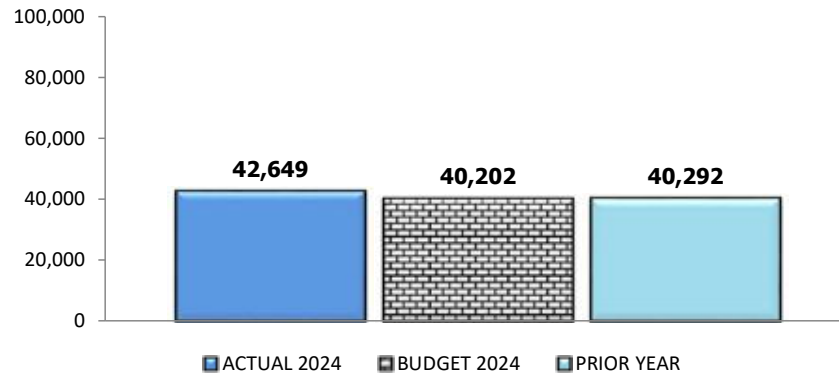
Average Daily Census - CM

627.9

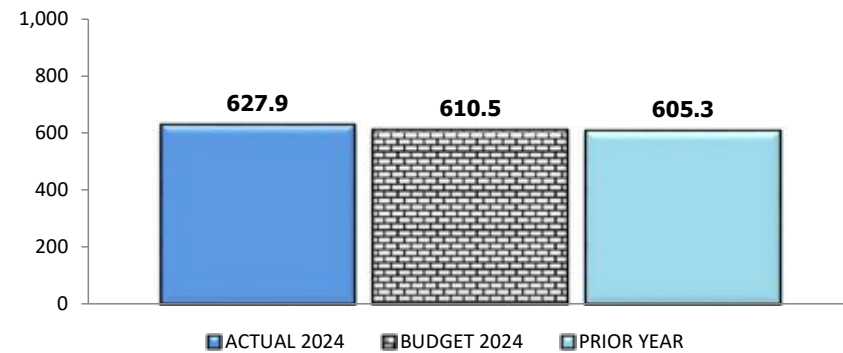
Average Daily Census - YTD

644.4

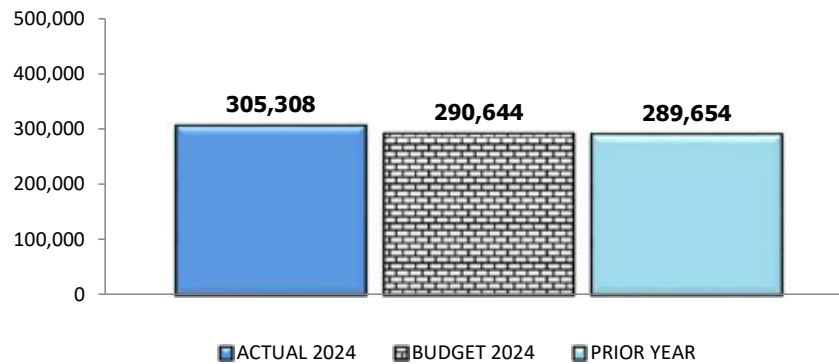
Adjusted Patient Days - Current Month



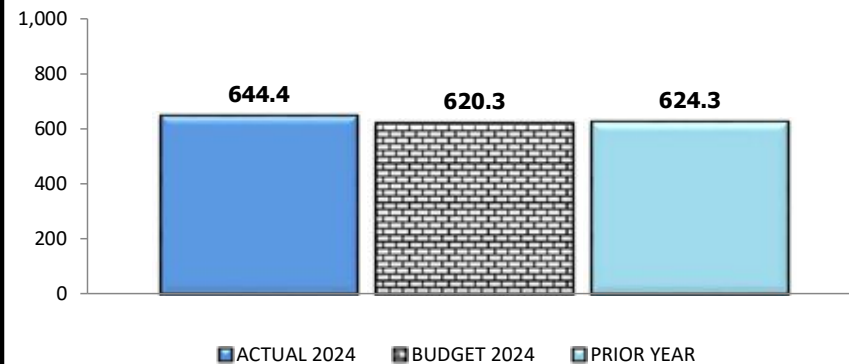
Average Daily Census - Current Month



Adjusted Patient Days - YTD



Average Daily Census - YTD



Harris Health System

Statistical Highlights

April FY 2024

Inpatient ALOS - CM

6.45

Inpatient ALOS - YTD

6.37

Case Mix Index (CMI) - CM

Overall

Excl. Obstetrics

1.820

1.991

Case Mix Index (CMI) - YTD

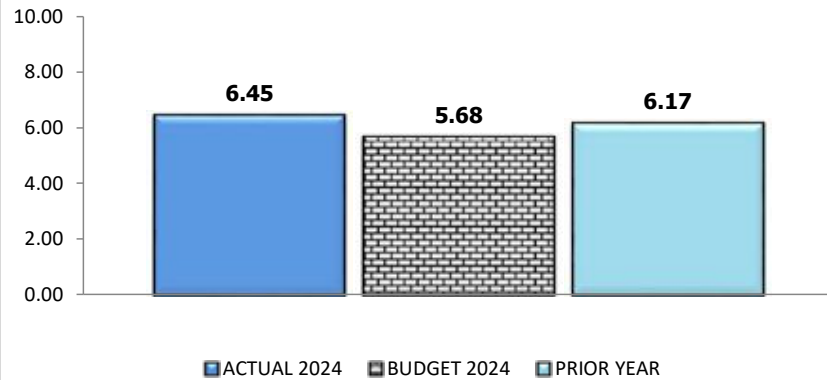
Overall

Excl. Obstetrics

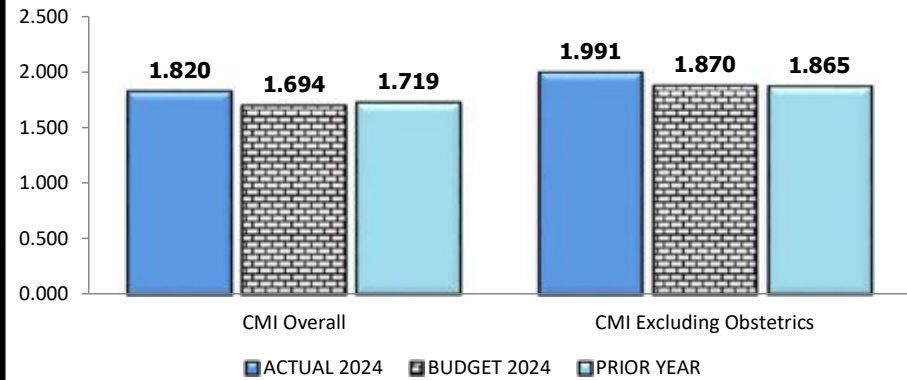
1.705

1.876

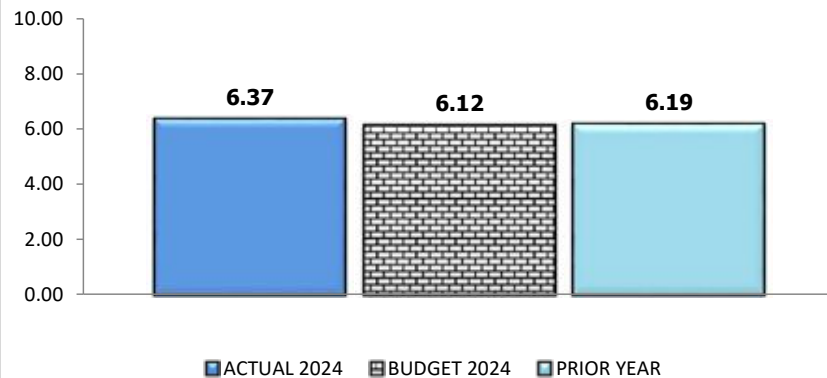
Inpatient ALOS - Current Month



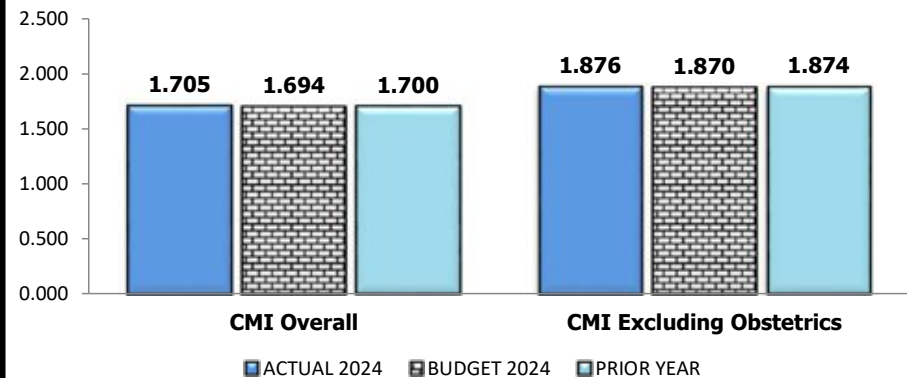
Case Mix Index - Current Month



Inpatient ALOS - YTD



Case Mix Index - YTD



Harris Health System

Statistical Highlights - Cases Occupying Beds

April FY 2024

BT Cases Occupying Beds - CM

Actual	Budget	Prior Year
1,995	2,221	2,006

BT Cases Occupying Beds - YTD

Actual	Budget	Prior Year
14,622	15,059	14,315

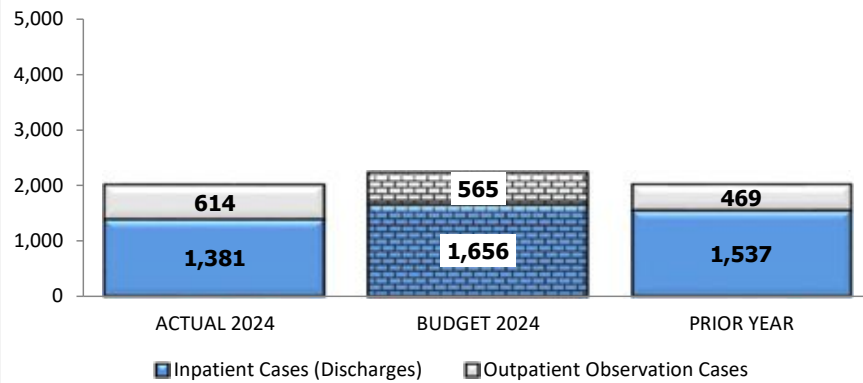
LBJ Cases Occupying Beds - CM

Actual	Budget	Prior Year
1,428	1,431	1,337

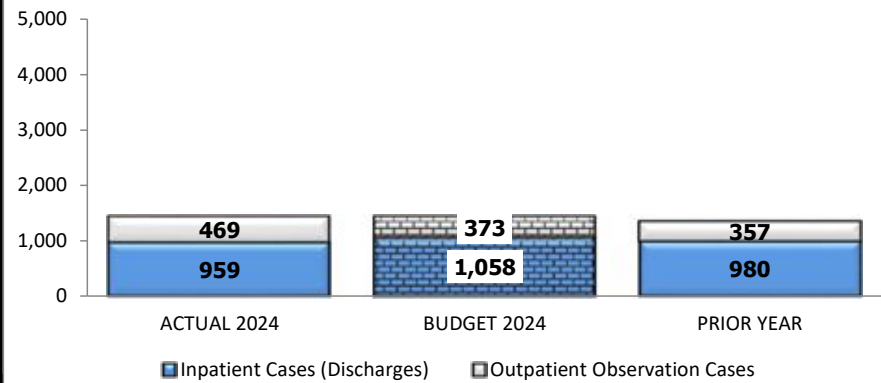
LBJ Cases Occupying Beds - YTD

Actual	Budget	Prior Year
10,047	9,940	9,786

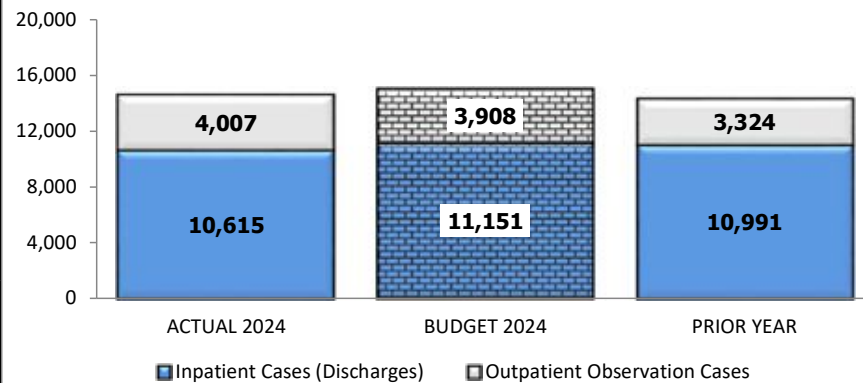
Ben Taub Cases - Current Month



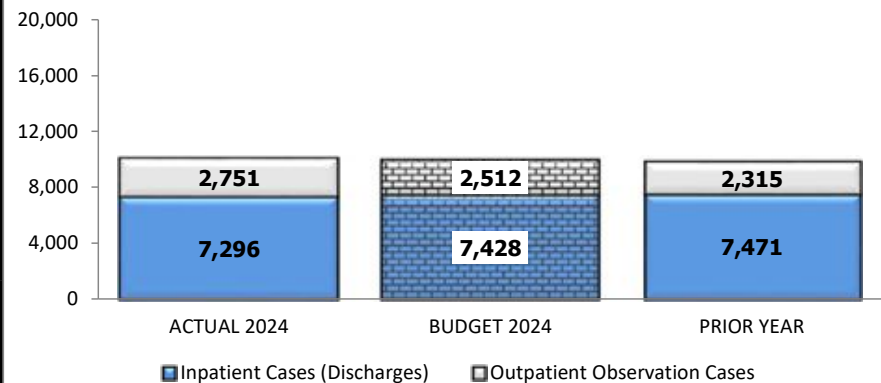
Lyndon B. Johnson Cases - Current Month



Ben Taub Cases - YTD



Lyndon B. Johnson Cases - YTD



Harris Health System

Statistical Highlights - Surgery Cases

April FY 2024

BT Surgery Cases - CM

Actual	Budget	Prior Year
1,032	1,037	916

BT Surgery Cases - YTD

Actual	Budget	Prior Year
6,879	7,001	6,516

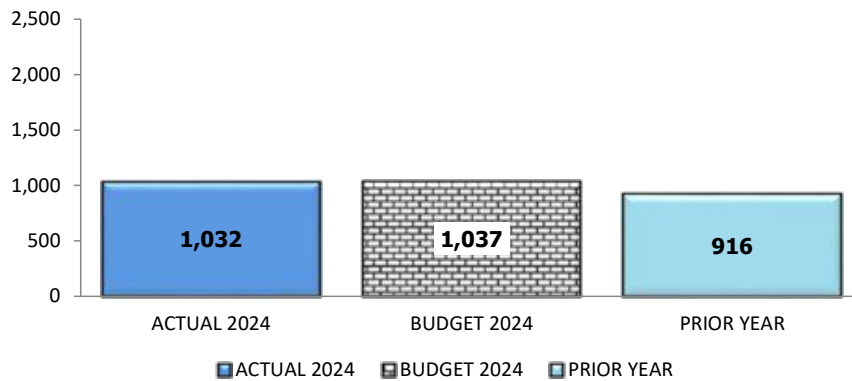
LBJ Surgery Cases - CM

Actual	Budget	Prior Year
891	734	721

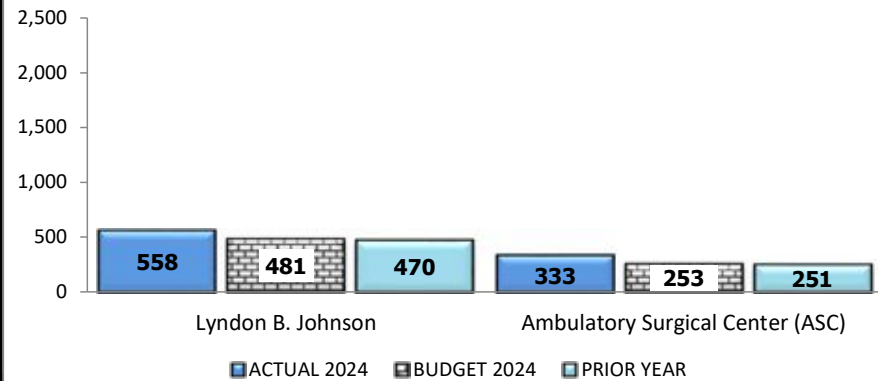
LBJ Surgery Cases - YTD

Actual	Budget	Prior Year
5,466	5,108	5,448

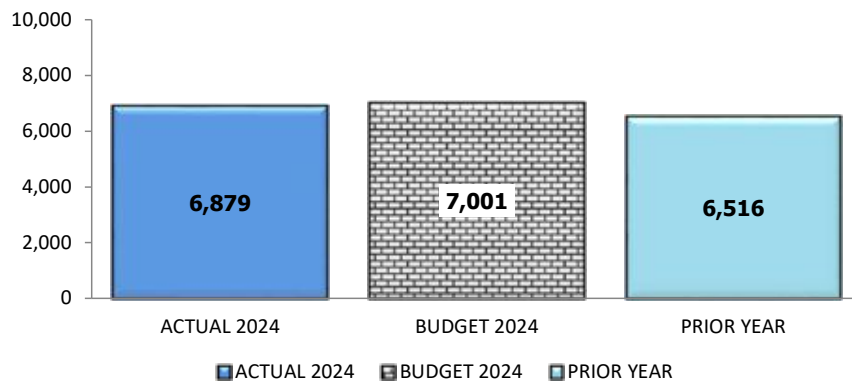
Ben Taub OR Cases - Current Month



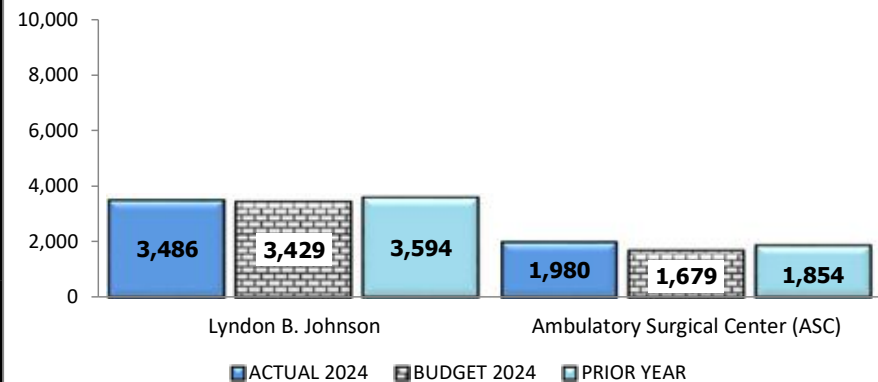
Lyndon B. Johnson OR Cases - Current Month



Ben Taub OR Cases - YTD



Lyndon B. Johnson OR Cases - YTD



Harris Health System

Statistical Highlights - Emergency Room Visits

April FY 2024

BT Emergency Visits - CM

Actual	Budget	Prior Year
7,054	5,989	5,981

BT Emergency Visits - YTD

Actual	Budget	Prior Year
48,114	42,427	42,676

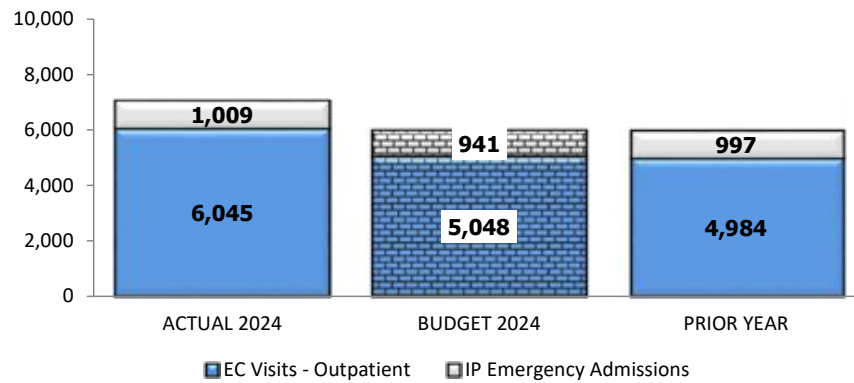
LBJ Emergency Visits - CM

Actual	Budget	Prior Year
7,233	6,308	5,931

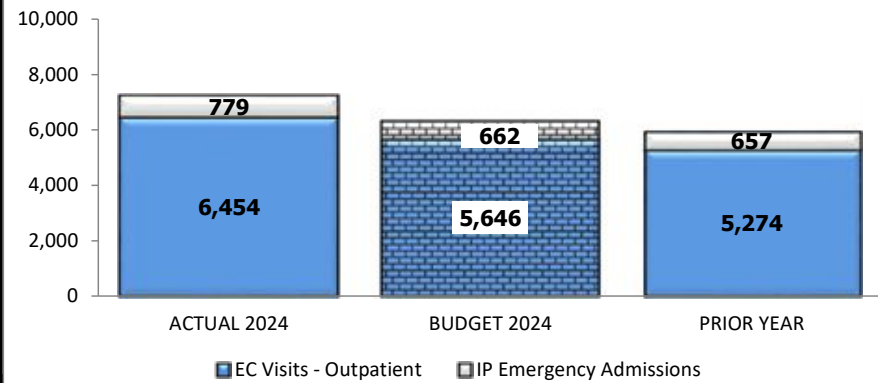
LBJ Emergency Visits - YTD

Actual	Budget	Prior Year
45,883	44,502	45,136

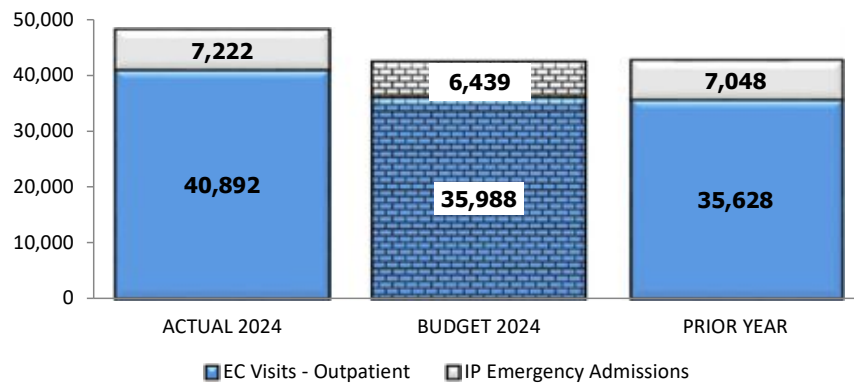
Ben Taub EC Visits - Current Month



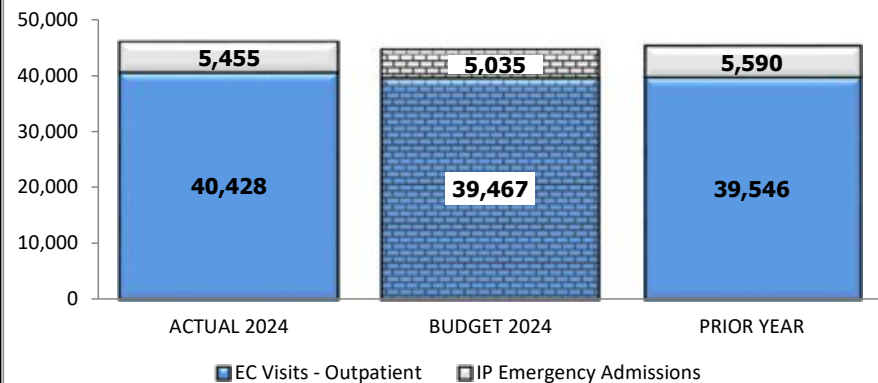
Lyndon B. Johnson EC Visits - Current Month



Ben Taub EC Visits - YTD



Lyndon B. Johnson EC Visits - YTD



Harris Health System

Statistical Highlights - Births

April FY 2024

BT Births - CM

Actual	Budget	Prior Year
201	228	214

BT Births - YTD

Actual	Budget	Prior Year
1,622	1,836	1,877

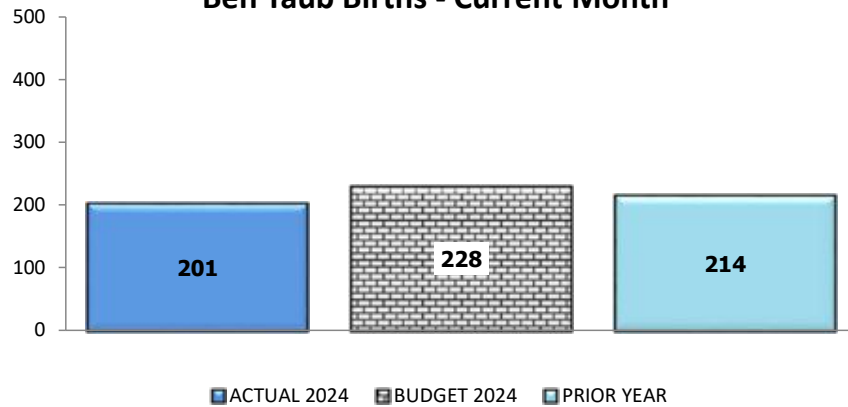
LBJ Births - CM

Actual	Budget	Prior Year
181	168	158

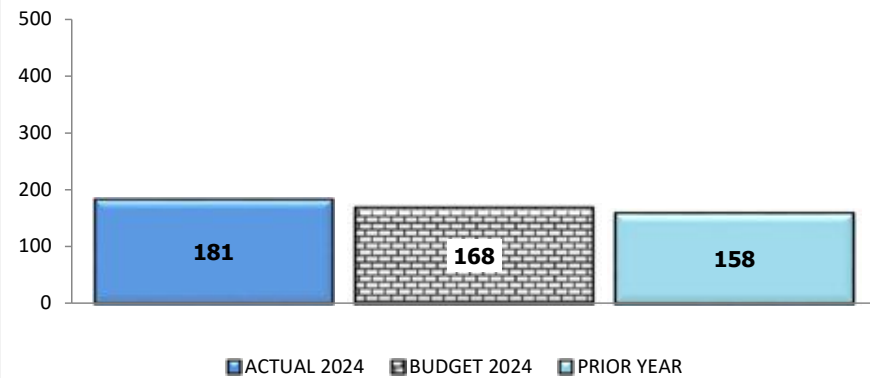
LBJ Births - YTD

Actual	Budget	Prior Year
1,338	1,291	1,296

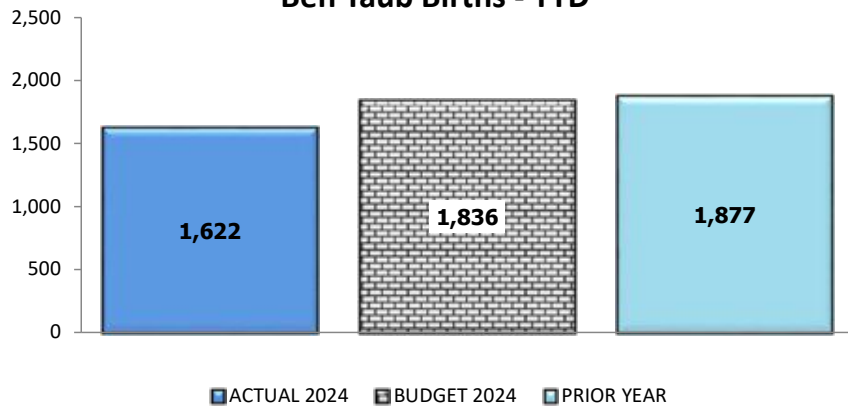
Ben Taub Births - Current Month



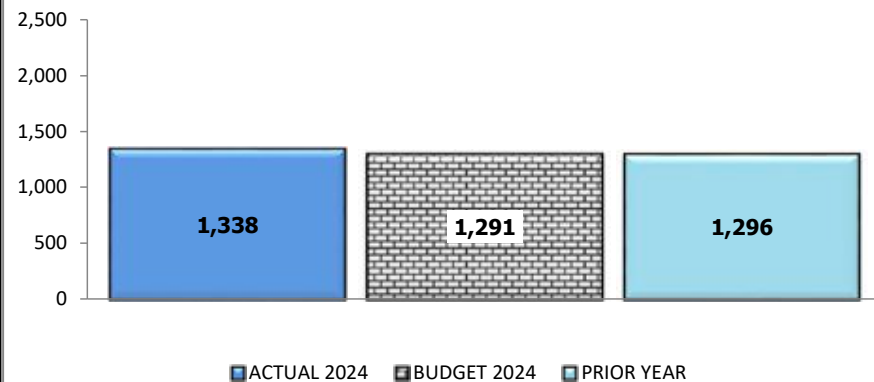
Lyndon B. Johnson Births - Current Month



Ben Taub Births - YTD



Lyndon B. Johnson Births - YTD



Harris Health System

Statistical Highlights - Adjusted Patient Days

April FY 2024

BT Adjusted Patient Days - CM

20,830

BT Adjusted Patient Days - YTD

151,635

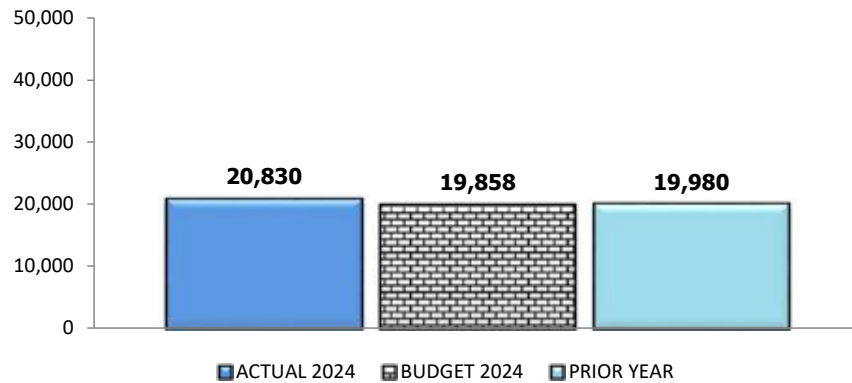
LBJ Adjusted Patient Days - CM

13,066

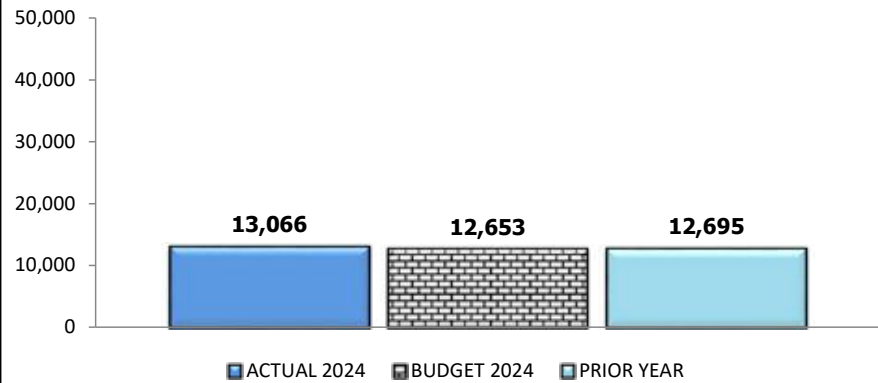
LBJ Adjusted Patient Days - YTD

92,527

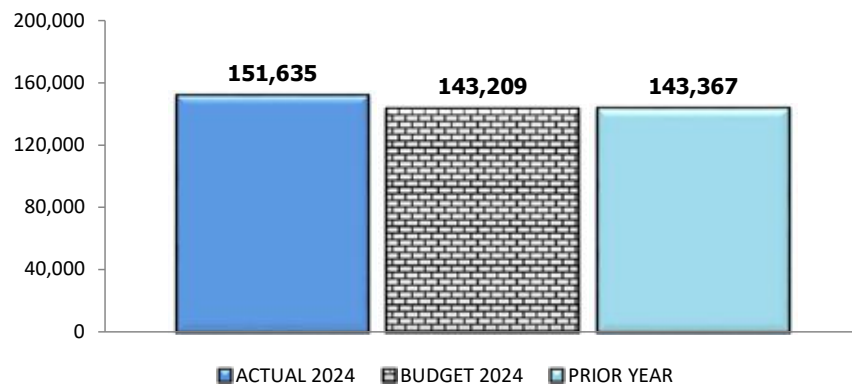
Ben Taub APD - Current Month



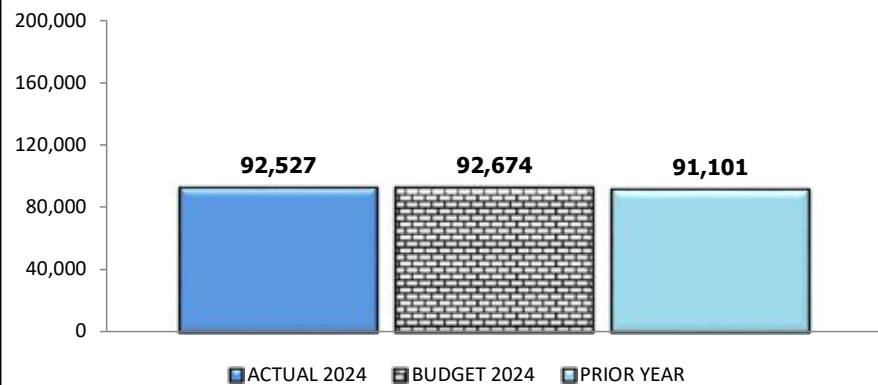
Lyndon B. Johnson APD - Current Month



Ben Taub APD - YTD



Lyndon B. Johnson APD - YTD



Harris Health System

Statistical Highlights - Average Daily Census (ADC)

April FY 2024

BT Average Daily Census - CM

404.0

BT Average Daily Census - YTD

419.3

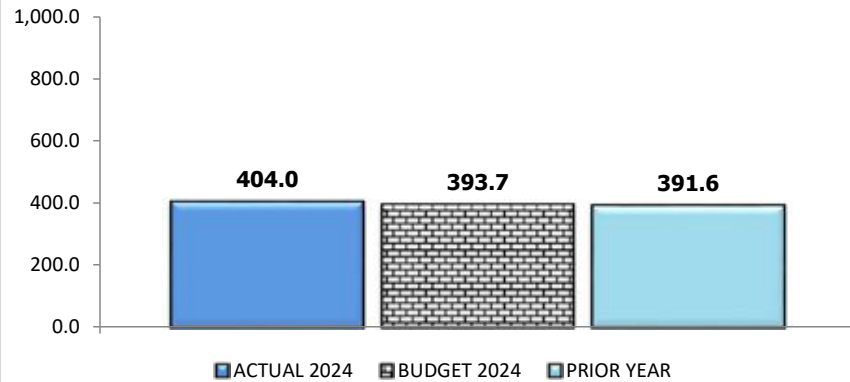
LBJ Average Daily Census - CM

223.4

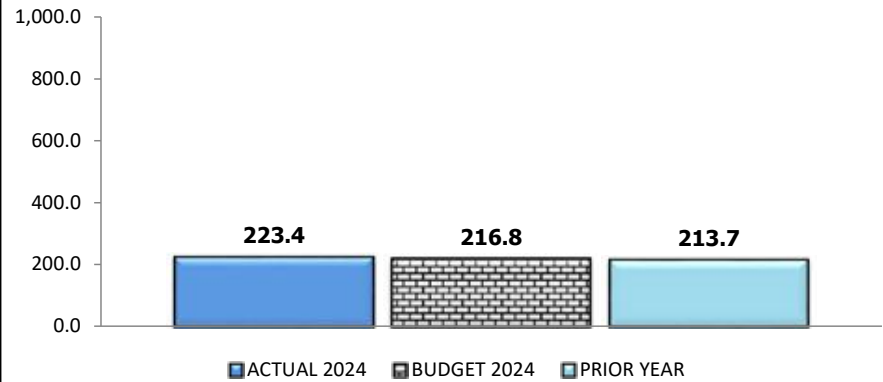
LBJ Average Daily Census - YTD

225.0

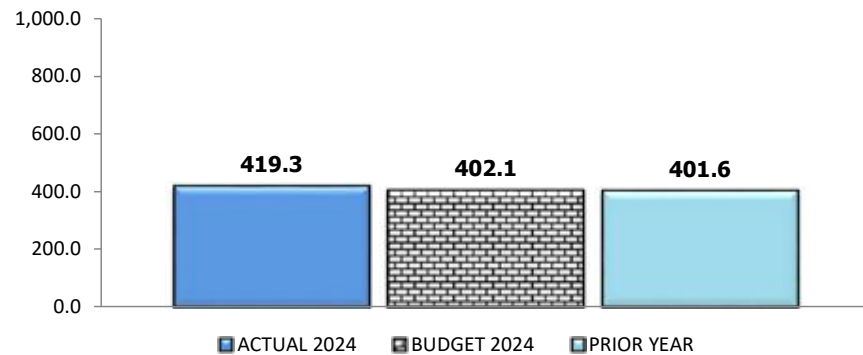
Ben Taub ADC - Current Month



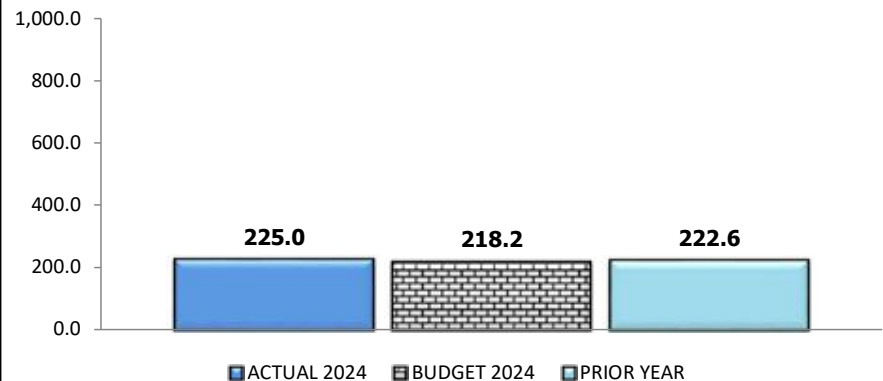
Lyndon B. Johnson ADC - Current Month



Ben Taub ADC - YTD



Lyndon B. Johnson ADC - YTD



Harris Health System

Statistical Highlights - Inpatient Average Length of Stay (ALOS)

April FY 2024

BT Inpatient ALOS - CM

7.08

BT Inpatient ALOS - YTD

7.00

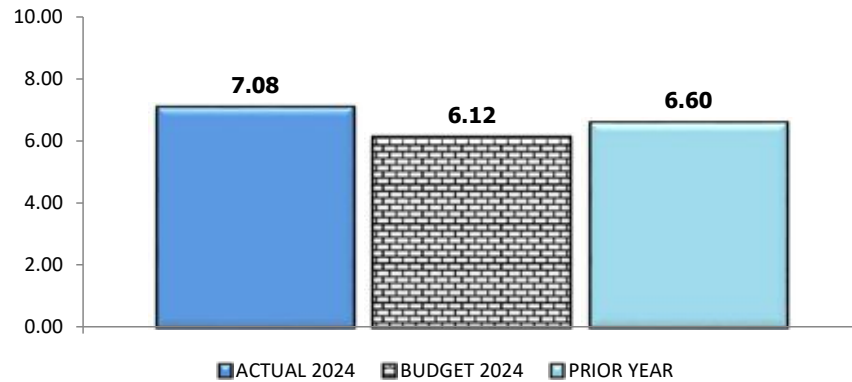
LBJ Inpatient ALOS - CM

5.56

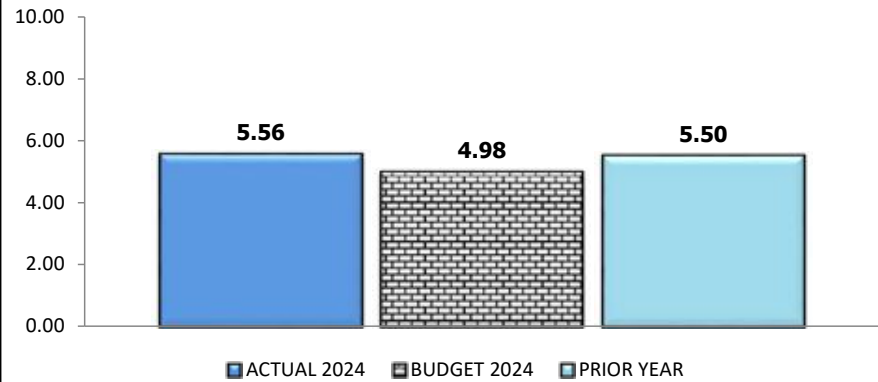
LBJ Inpatient ALOS - YTD

5.47

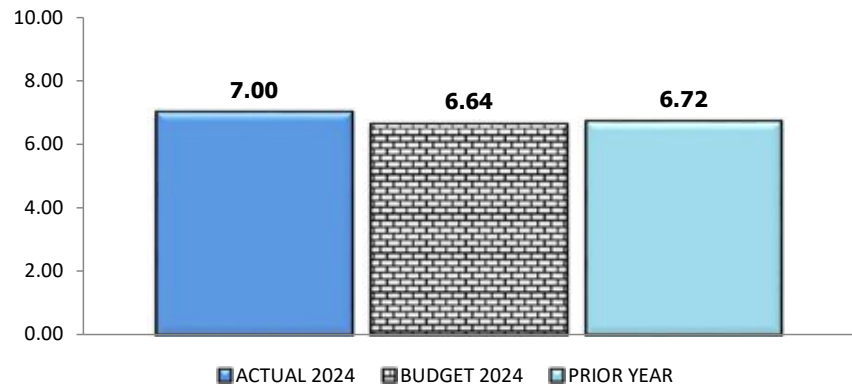
Ben Taub ALOS - Current Month



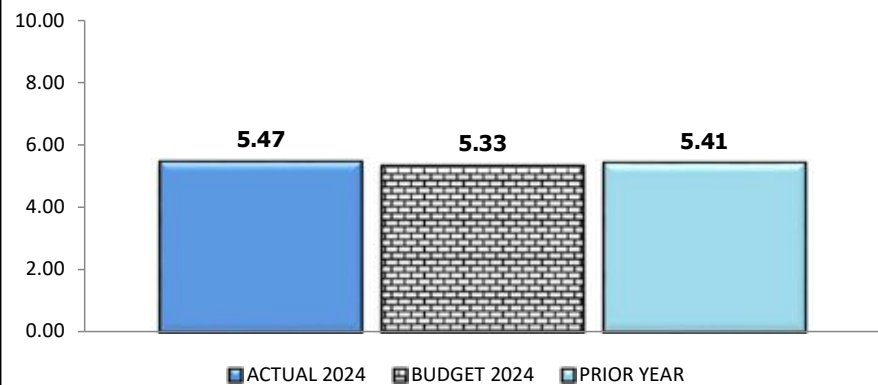
Lyndon B. Johnson ALOS - Current Month



Ben Taub ALOS - YTD



Lyndon B. Johnson ALOS - YTD



Harris Health System

Statistical Highlights - Case Mix Index (CMI)

April FY 2024

BT Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.953	2.112

BT Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.819	1.998

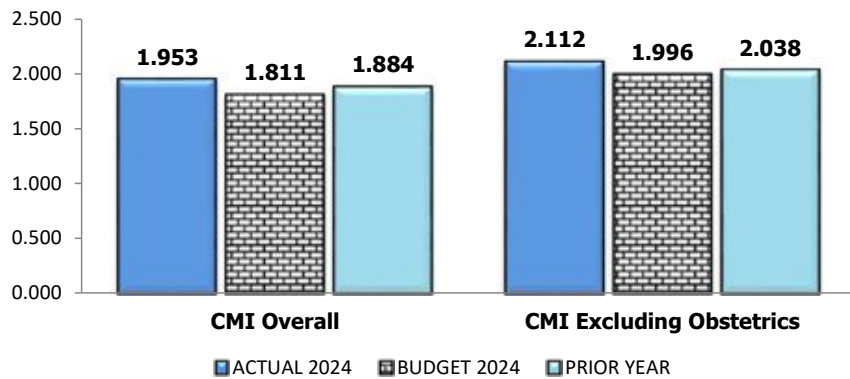
LBJ Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.630	1.807

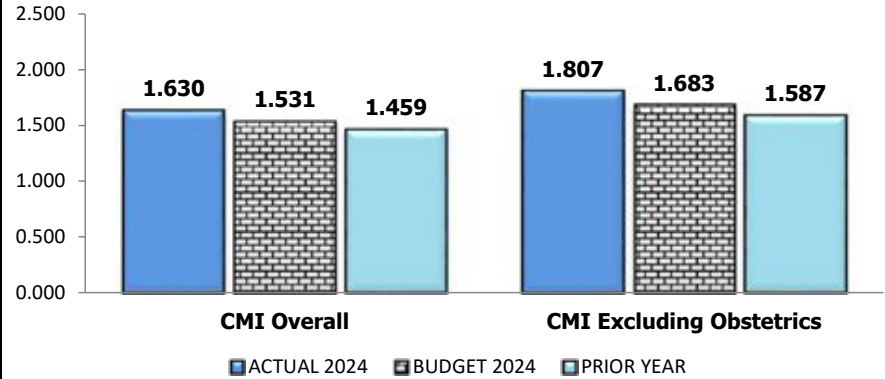
LBJ Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.538	1.694

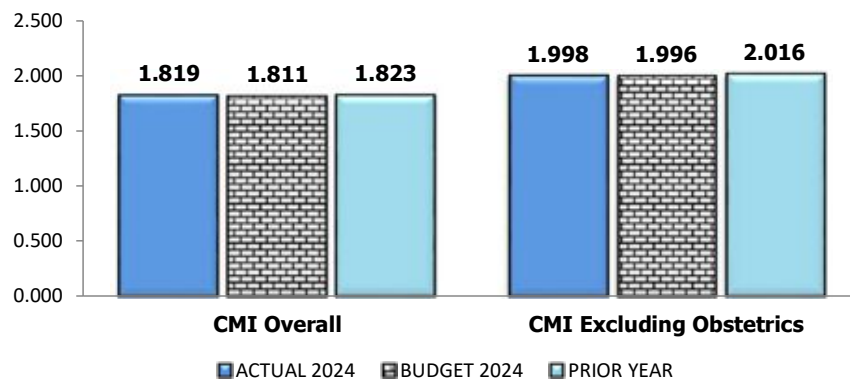
Ben Taub CMI - Current Month



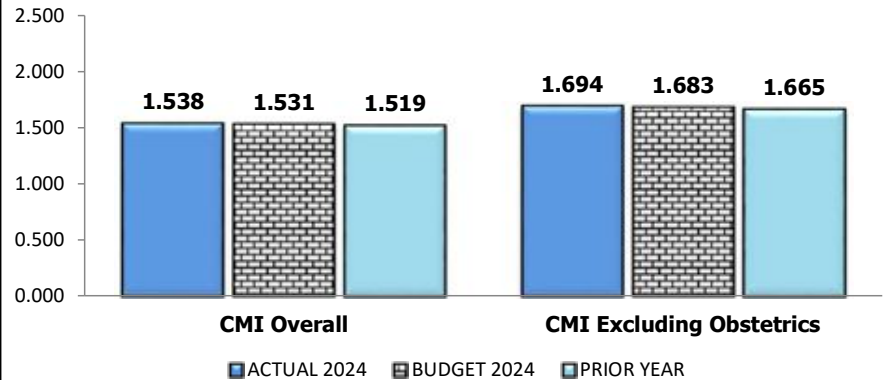
Lyndon B. Johnson CMI - Current Month



Ben Taub CMI - YTD



Lyndon B. Johnson CMI - YTD



Thursday, May 30, 2024

Consideration of Approval for an Interlocal Agreement between the Harris County Hospital District d/b/a Harris Health System and Health & Human Service Commission (HHSC), on the Behalf of Patient Access Management, in an Amount of \$274,664 for designated onsite Eligibility Advisors

Health & Human Service (HHS) will provide onsite Advisors at a Harris Health dedicated facility to provide eligibility determination for patients who have applied for Medicaid while in a Harris Health System facility. (HHS) Advisors will provide the outcome of all applications to the Patient Access Management department to allow for accurate billing of care provided to the applicant/patient. Health & Human Service (HHS) has provided this service for decades and has a long-standing relationship with Harris Health System. In consideration of the services to be performed, Harris Health System will compensate Health & Human Service (HHS) for Advisors in the amount of \$274,664 for this contract year beginning September 1, 2024 – August 31, 2025.

Victoria Nikitin

Victoria Nikitin

Executive Vice President – Chief Financial Officer

Thursday, May 30, 2024

Consideration of Approval of an Amendment to the Interlocal Subrecipient Agreement Between Harris County and Harris Health System for Funds to Support Expansion of Harris Health's Food Rx and Food Pharmacy Program

Administration requests approval of an amendment to the interlocal subrecipient agreement (the "Agreement") between Harris County and Harris Health System for the purpose of expanding Harris Health's Food Rx Program. The Agreement supported the opening of onsite food pantries (known as "Food Farmacies") at El Franco Lee, Gulfgate, and Martin Luther King, Jr. Health Centers.

The proposed amendment would support further expansion of the Food Rx program by providing funds to establish a community redemption model at Cypress Health Center and Squatty Lyons Health Center. If approved, Harris Health would receive an additional \$178,656 for a total amount of \$663,144 from State and Federal American Rescue Plan Act of 2021 funds awarded to Harris County.

All funding under the Agreement will end on March 19, 2026, at which time Harris Health will be solely responsible for supporting operation of each of these Food Pharmacy and Food Rx locations.



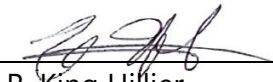
Maria Cowles

Executive Vice President – Chief Strategy Officer / Chief of Staff

Thursday, May 30, 2024

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

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



R. King Hillier
Senior Vice President, Public Policy & Government Relations

Harris Health System
4800 Fournace Place
Bellaire, Texas 77401

May 30, 2023 Board of Trustees Monthly Report

Federal Update

Congressional and CMS Updates and Actions

The Preserving Telehealth, Hospital, and Ambulance Access Act expands Medicare telehealth for two years and hospital-at-home flexibility for five years, as well as Medicare supplemental payments for rural hospitals and ambulance services.

The Senate Committee on the Budget on May 8 [held a](#) hearing focused on reducing administrative burden in health care. Committee members and witnesses largely focused on the negative effects of prior authorization requirements, including their contribution to provider burnout and the delay of patient care. They discussed possible solutions to this problem, such as transitioning to a value-based or hybrid payment model or finding areas to cut back government regulation.

On May 3, the Centers for Medicare & Medicaid Services (CMS) [finalized a rule expanding access to health care coverage for Deferred Action for Childhood Arrivals \(DACA\) recipients](#). DACA recipients now will be eligible to apply for coverage through a health care marketplace. DACA recipients also can apply for financial assistance for marketplace coverage through premium tax credits and cost-sharing reductions. This will have a significant impact on the Community Health Choice ACA Market Place product.

The Affordable Care Act limited eligibility to individuals who are U.S. citizens or nationals or are “lawfully present” in the United States for:

- The Pre-Existing Condition Insurance Plan Program, which expired in 2014.
- Qualified health plans (QHPs) on the health insurance marketplace.
- Basic health plans (BHPs).

CMS previously issued regulations to define “lawfully present” for purposes of eligibility for these health care programs and has finalized these regulations to update the “lawfully present” definition.

This rule removes a provision that excluded DACA recipients, so they now qualify as “lawfully present” based on a grant of deferred action. If they meet other program requirements, DACA

recipients will be eligible for QHPs and BHPs, as well as premium tax credits and cost-sharing reductions.

CMS did not finalize the proposal to change the definition of “lawfully present” for Medicaid and the Children’s Health Insurance Program (CHIP) under section 214 of the CHIP Reauthorization Act of 2009 (CHIPRA 214 option) at this time. The proposed change would have codified a new definition of “lawfully residing” and “lawfully present” in the Medicaid regulations, which would include DACA recipients. If these rules were finalized, DACA recipients under 21 (under age 19 for CHIP) and pregnant or postpartum individuals would have been eligible for Medicaid and CHIP benefits in states that elected this option.

CMS finalized technical modifications to the “lawfully present” definition for other noncitizens who are currently eligible for QHPs, BHPs, and Medicaid and CHIP under the CHIPRA option. The changes to the definition of lawfully present will help these noncitizens maintain health coverage through changes in immigration status, visa adjustments, or applications for asylum, among other transitions. These groups include, but are not limited to:

- Noncitizens in a valid nonimmigrant status.
- Those granted deferred action.
- Temporary Protected Status grantees.
- Family Unity beneficiaries.
- Petitioners for Special Immigrant Juveniles.

DACA recipients and other newly eligible individuals now will qualify for a special enrollment period to select a health plan through the marketplace during the 60 days following the rule’s Nov. 1 effective date.

A key health panel in the House met last week to examine legislative proposals to improve Medicaid access and program integrity and heard testimony on several bills, including those on nursing home staffing, state-direct payments, and managed care organization oversight.

The House Committee on Energy and Commerce [Subcommittee on Health held a hearing April 30](#) featuring testimony by Center for Medicaid and CHIP Services Director Daniel Tsai. Lawmakers considered bills to make the Money Follows the Person Demonstration Program permanent, block nursing home staffing requirements, boost transparency into state-directed payments, and strengthen oversight of Medicaid managed care organizations.

Signaling policy/legislative revisions to the Medicaid Disproportionate Share program are on the horizon; either later this year or in the next Congress, came from Rep. Larry Bucshon (R-Ind.) who focused his questions and comments on the negative consequences to hospitals providing safety net care of Section 203 restrictions on how states may use Medicaid disproportionate share hospital payments. Similar discussion are underway in the House and Senate regarding modification to the 340b program. Both will be closely monitored over the coming months.

The Senate Health, Education, Labor, and Pensions Committee earlier this month [heard testimony on the shortage of minority health care professionals and the maternal health crisis](#). The hearing largely focused on federal efforts to expand the country’s minority health care

professional workforce. Committee members considered several potential policies, including expanded access to community colleges, federal support for historically black colleges and universities, apprenticeship programs, K-12 educational investments, and student debt relief.

The UnitedHealth Change Healthcare cyberattack continues to drive discussions on Capitol Hill about cybersecurity. Last week, UnitedHealth CEO Andrew Witty gave testimony to key committees of jurisdiction in both the House and Senate. Witty said 34 percent of accelerated payments and no-interest, no-fee loans had gone to hospitals providing safety net care and federally qualified health centers. He also gave updates about ongoing efforts to provide loans and accelerated payments to providers, build up multifactor authentication, and notify patients if their data was compromised. Committee members expressed interest in the provider loan program, the delay in patient notifications, and actions taken to bolster system security.

State Update

Artificial Intelligence Legislation

Chairman of the House Select Committee on Artificial Intelligence & Emerging Technologies, Rep. Giovanni Capriglione (R-South Lake), held a stakeholder meeting in Austin regarding his committee's work and potential legislation for the 2025 Regular Legislative Session.

The meeting was well attended by stakeholders representing a wide array of public and private interests. And though Chairman Capriglione specified his planned legislation would only apply to private sector AI usage, he mentioned Texas' already-established Artificial Intelligence Advisory Council, examining state agency AI usage.

Whether public sector or private, Chairman Capriglione mentioned several key concerns around AI including bias, discrimination, privacy, and the need to focus on high-risk automated decision making, which includes decisions concerning health care.

He is seeking feedback on numerous AI related issues, including its impacts on workforce and economic development, and he plans to file a bill this November in preparation for the 2025 Regular Legislative Session.

In addition to attending the large stakeholder meeting, representatives from Harris Health, Parkland Health, and JPS Health Network met individually with senior staff from the offices of Reps. Armando Walle (D-Houston) and Jeff Leach (R-Plano). Staff mentioned interest in AI bias and liability in addition to soliciting feedback on the unique considerations for AI within the highly regulated health care sector.

Texas Legislature Interim Charges

Leadership for both the Texas House and Senate have released their respective interim charges enumerating the issues lawmakers will examine in preparation for potential legislation in the 2025 session. Though many potentially affect Harris Health, highlighted below are those most pertinent to the organization.

Harris Health staff will begin in June scheduling meetings with critical elected officials and senior staff regarding these charges.

Texas House:

Committee on Appropriations

- Monitoring: Monitor and oversee the implementation of mission-specific formula funding at health-related institutions of higher education.
- Monitoring: Monitor and oversee the implementation and impact of appropriations under Article II for reimbursement rates.

• **Committee on Environmental Regulations**

- Impact of New EPA Air Quality Regulations: Evaluate and address the implications of recent EPA regulations proposed and promulgated rules to assess their collective impact on air quality in Texas. Examine the necessity for a new State Implementation Plan and explore potential legislative measures to ensure a balanced approach that promotes regulatory compliance while preserving economic vitality, especially in counties identified as at risk of violation.

• **Committee on Public Health**

- Responses to Mental Health Emergencies: Review and evaluate best practices of procedures for the emergency detention of a person with mental illness.

• **Committee on Higher Education**

- Monitoring: SB 25, relating to support for nursing-related postsecondary education, including scholarships to nursing students, loan repayment assistance to nurses and nursing faculty, and grants to nursing education programs.

• **Committee on Human Services**

- Monitoring: HB 1575, relating to improving health outcomes for pregnant women; and
- Monitoring: SB 24, relating to the powers and duties of the Health and Human Services Commission and the transfer to the commission of certain powers and duties from the Department of Family and Protective Services.
- Medicaid Contracting: Evaluate the appropriate role of the state in overseeing Medicaid managed care.

• **Committee on Ways & Means**

- Monitoring: HJR 2/SB 2 (88 S2), relating to providing property tax relief through the public school finance system, exemptions, limitations on appraisals and taxes, and property tax administration; authorizing the imposition of a fee.
- Property Tax Relief: Study and make recommendations to build on the historic property tax relief provided by the 88th Legislature, including:
 - Whether Texas' economic performance and state tax revenues support further compression of school district tax rates;
 - Whether to extend the limitation on appraised value of certain non-homestead real property past the current expiration date of December 31, 2026;

- Whether to maintain the homestead exemption at its current rate; and
- Whether to further reduce the limit on appraised value of homesteads.

Texas Senate

- **Committee on Business & Commerce**

- Artificial Intelligence: Examine the development and utilization of artificial intelligence (AI). Evaluate the implications of AI adoption across the public and private sectors. Make recommendations for a responsible regulatory framework for AI development, including data privacy, industry standards, consumer protections, risk mitigation, and compliance processes. Propose any necessary changes to state law to protect the Texas radio, television, music, and film industries against unauthorized use by AI. Monitor the findings of the Texas Artificial Intelligence Advisory Council.

- **Committee on Finance**

- Continue Cutting Property Taxes: Identify the best combination to further increase the amount of homestead exemption and compression to continue cutting Texans' property taxes. Additionally, establish and report on the cost of eliminating: School maintenance and operation property taxes; All school property taxes; and All property taxes. Determine the fiscal consequences of each action, including whether revenue reallocations would be required for public education funding and local government funding, and impacts on the state's ability to respond to disasters and other urgent priorities. For example, determine the effect on other state programs if general revenue were used to fully replace school property taxes, particularly during economic downturns. Evaluate and report on how much state revenue would need to be generated to replace foregone property tax revenue, and from what source.
- Mental Health Services and Inpatient Facilities: Monitor the implementation of Senate Bill 30, 88th Legislature, Regular Session, with regard to appropriations made for expanding mental health services and inpatient facilities across the state. Report on the progress of inpatient facility construction projects. Assess and report on the effectiveness of spending on mental health services.
- Monitor Property Tax Relief and Infrastructure Funds: Property Tax Relief: Senate Bill 2 and House Joint Resolution 2, 88th Legislature, Second Called Special Session.

- **Committee on Health and Human Services**

- Children's Mental Health: Review care and services currently available to the growing population of Texas children with high acuity mental and behavioral health needs. Make recommendations to improve access to care and services for these children that will support family preservation and prevent them from entering the child welfare system.
- Access to Health Care: Evaluate current access to primary and mental health care. Examine whether regulatory and licensing flexibilities could improve access to care, particularly in medically underserved areas of

Texas. Make recommendations, if any, to improve access to care while maintaining patient safety.

- Health Insurance: Examine the Texas health insurance market and alternatives to employer-based insurance. Identify barriers Texans face when navigating a complex health insurance market. Make recommendations that help individuals obtain health care coverage.
- Monitoring: Senate Bill 24, relating to the powers and duties of the Health and Human Services Commission and the transfer to the commission of certain powers and duties from the Department of Family and Protective Services.
- Monitoring: Senate Bill 25, relating to support for nursing-related postsecondary education, including scholarships to nursing students, loan repayment assistance to nurses and nursing faculty, and grants to nursing education programs.
- Monitoring: Initiatives to reduce Medicaid fraud, waste, and abuse, as well as other cost containment strategies.
- Monitoring: Medicaid managed care oversight and accountability.
- **Committee on Local Government**
 - Additional Property Tax Relief and Reform: Report on the effects of prior property tax relief and reform, including the \$18 billion tax cut with the \$100,000 homestead exemption authorized by the 88th Legislature. Focus particularly on the interaction between Senate Bill 2, 88th Legislature, 2nd Called Session, and Senate Bill 2, 86th Legislature. Make recommendations for further property tax relief and reform, including methods to improve voter control over tax rate setting and debt authorization, and mechanisms to dissolve taxing entities such as municipal management districts (MMDs) and tax increment reinvestment zones (TIRZs) when they have outlived their purpose.
 - Local Government Spending of Directly Distributed Federal Funds: Examine how local governments spend funds directly distributed to them by the federal government, such as Harris County's use of American Rescue Plan Act (ARPA) funds to set up a guaranteed-income pilot program. Make recommendations to ensure that the spending of such funds is transparent, accountable, and within the legitimate purposes for local governments under Texas law.
- **Committee on Natural Resources and Economic Development**
 - Cement Production Plants: Examine the impacts of permanent cement production plants on local communities. Make recommendations to ensure they are strategically situated and uphold community standards while also fostering economic development.

Texas Medical Board Rulemaking on Exceptions to Abortion – Stakeholder Meeting

On Monday May 20, the Texas Medical Board will hold a virtual stakeholder meeting to take feedback on proposed rules seeking to clarify statutory exceptions to the statewide ban on abortion.

The Texas Hospital Association (THA) plans to submit a comment letter to the Board outlining some concerns with the proposed rules. These include, but are not limited to, overly burdensome and duplicative proposed regulations, potential conflicts with medical committee confidentiality, and potential conflicts with hospital transfer requirements.

Meeting of the Board of Trustees

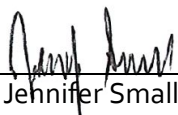
Thursday, May 30, 2024

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

Attached for review and acceptance:

- **HCHP Operational Updates**

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



Jennifer Small

Executive Vice President – Ambulatory Care Services

HARRIS HEALTH SYSTEM

Health Care for the Homeless Monthly Update Report – May 2024

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

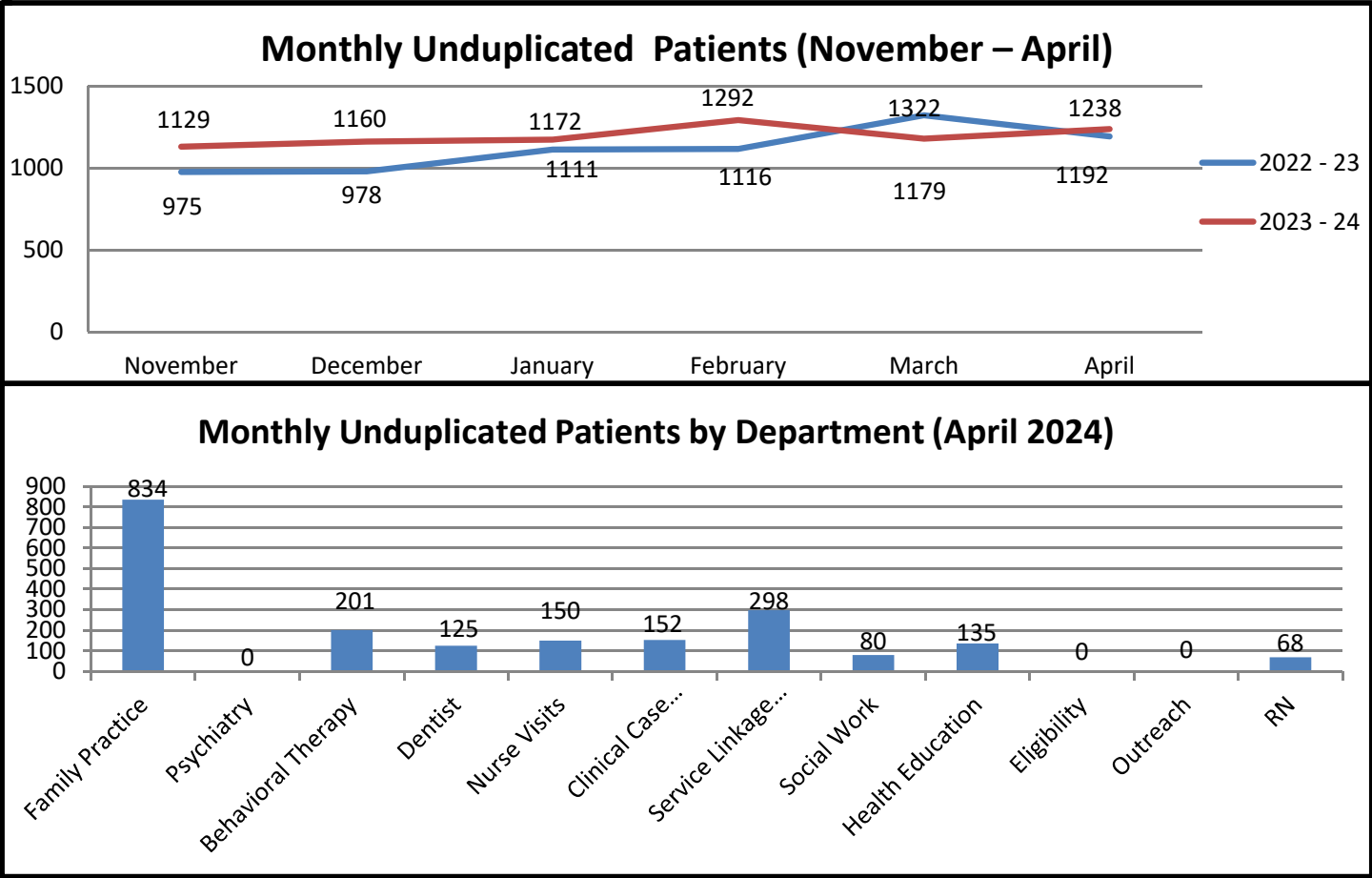
Agenda

- Operational Update
 - Patients served
 - Board Requirements
 - Performance Evaluation
 - Revised Eligibility Policy
 - Community Engagement
 - Mobile Utilization

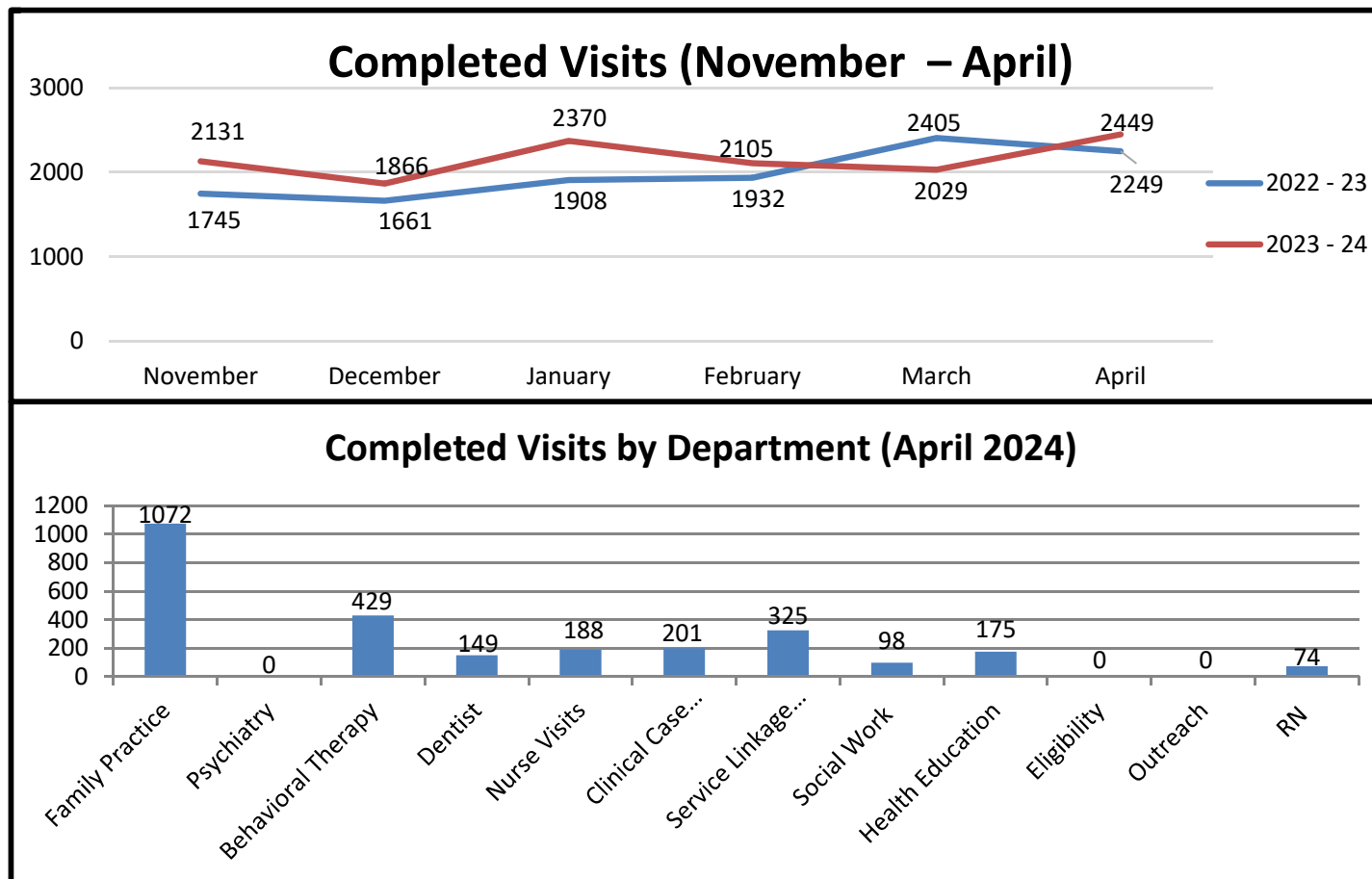
Patients Served

<p>HRSA Unduplicated Patients Target:</p> <p>9,775</p>	<p>HRSA Completed Visit Patients Target:</p> <p>22,500</p>
<p>YTD Unduplicated Patients:</p> <p>3,133</p>	<p>YTD Total Completed Visits:</p> <p>9,737</p>

Operational Update



Operational Update



Board Authority

Requirement:

- **Health center governing board must:**
 - Maintain appropriate authority to oversee the operations of the center
 - Assure that the center is operated in compliance with applicable Federal, State, and local laws and regulations
 - Hold monthly meetings and record in meeting minutes the board's attendance, key actions, and decisions
 - Approve the selection and termination/dismissal of the health center's Project Director/Chief Executive Officer (CEO)
 - Must have authority for establishing or adopting policies for the conduct of the Health Center Program project and for updating these policies
 - Must review and approve the annual Health Center Program project budget
 - Must assess the achievement of project objectives through evaluation of health center activities

Operational Update

Program Director

- FY 2023 Focal Point Review

- Summary Rating: **4.05**
- Managers Comment:

Tracey is the Operational leader for the Healthcare for the Homeless Program. She systematically monitors and evaluates services provided to patients and opportunities to improve services. She effectively collaborates with the triad to improve efficiencies and patient outcomes. The HCHP had no findings during the HRSA Operational Site Visit earlier this year demonstrating compliance in all areas. Tracey collaborates with her team and departments outside of ACS to continuously monitor the environment of care and compliance with policies and regulations. Tracey has had an increased focus on productivity this performance year. She developed a plan to increase productivity to meet HRSA's goal. The program has seen an incremental increase in productivity for unduplicated visits to reach the goal. Tracey is very passionate about this program and the individuals it serves. She's established relationships within the community to identify opportunities to expand the program's reach.

Operational Update

HCHP Revised Eligibility Policy

The purpose of this policy is to establish guidelines for processing applications for financial assistance for individuals and families seeking medical services through Harris Health System's Health Care for the Homeless Program.

Significant Changes/Updates:

- Changes to the eligibility requirements
 - Program participants must re-apply once a year to maintain eligibility
 - Participant must notify HCHP eligibility team within 14 days of any changes to financial circumstances
 - Eligibility will automatically be extended for 6 months from the expiration date upon a patients transition to palliative
- Changes to the policy elaborations definitions
 - Hospice
 - Palliative Care
- Removal of shelter locations where services are no longer provided
- Updated 2024 Sliding Fee Scale
 - Poverty level based on 2024 Federal Poverty Guidelines issued 01/2024

Community Engagement

- Held December 8, 2023 from 10 AM – 2 PM
- Health Care for the Homeless Program collaborating with Star of Hope Mission clinic
- Provided Star of Hope Mission residents with items for winter
- Donations were provided by various departments by Harris Health

Star of Hope Health Fair



- Held April 12, 2024 from 9:30 AM – 2 PM
- The Texas Regional Coalition: Annual Meeting held at Texas Children's Hospital
- Displayed HCHP mobile specialty unit
- Opportunity to network, share proven ideas, strategies, and resources with other programs

Mobile Healthcare Association



- Held Saturday, May 11, 2024 from 11 AM – 2 PM
- Handed out Health Care for the Homeless Program brochures and answering questions
- Behavior health outreach to the community
- Collaborated with the Houston Public Library

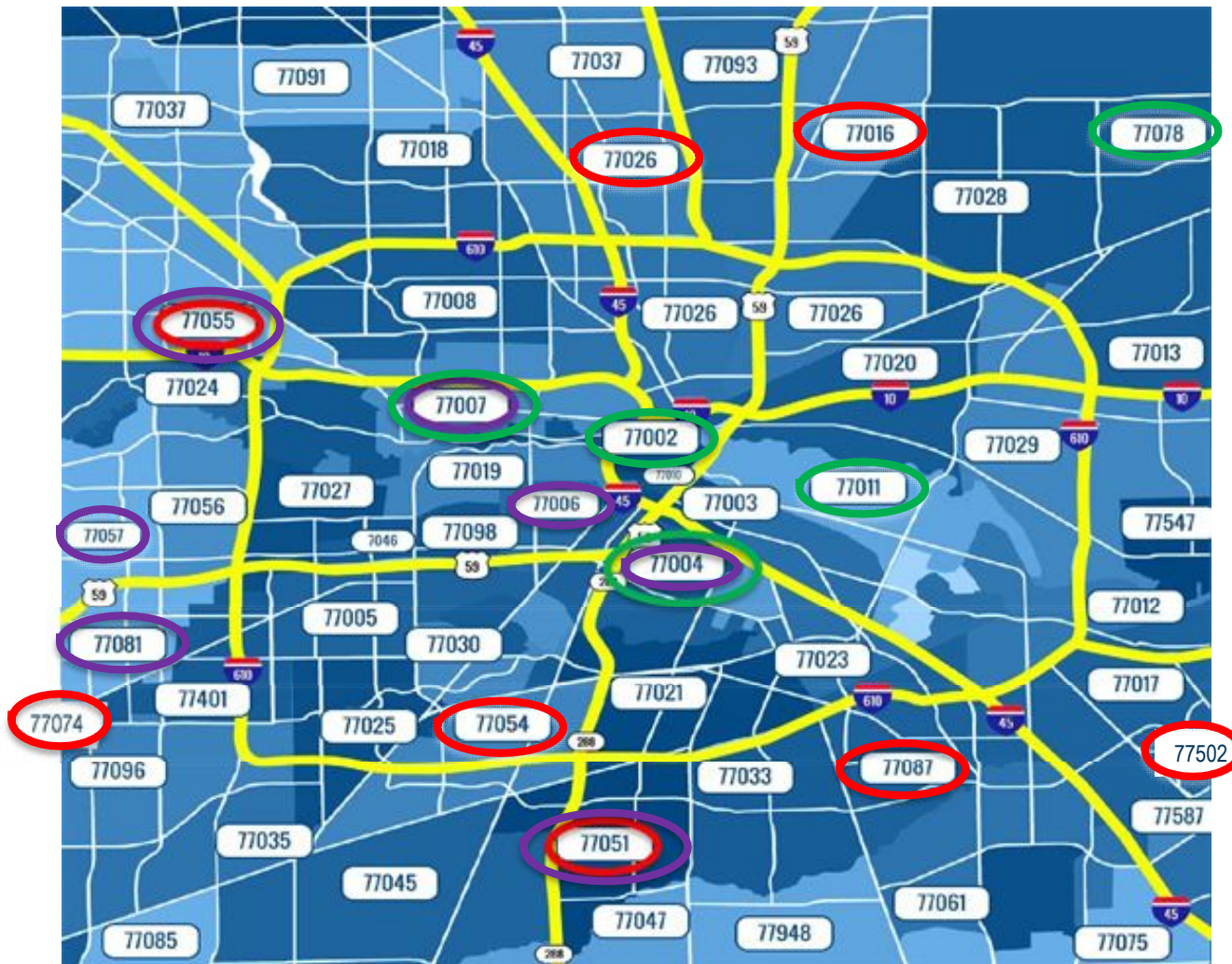
Houston Public Library Fair



Mobile Utilization

Index :

- Current Dental
- Current Medical
- Medical Expansion




Thursday, May 30, 2024

Consideration of Approval of the Revised HCHP Eligibility Process Policy

Attached for review and approval:

- **Revised HCHP Eligibility Process Policy**

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



Jennifer Small

Executive Vice President – Ambulatory Care Services



Origination 12/1/2016
 Last Approved N/A
 Effective Upon Approval
 Last Revised 4/13/2024
 Next Review 3 years after approval

Owner Nelson Gonzalez:
 Document Owner
 Area Ambulatory Care
 Services
 References Small, Jennifer

Eligibility for Financial Assistance for the Health Care for the Homeless Program_7.38.01

PURPOSE:

To establish guidelines for processing applications for financial assistance for individuals and families seeking medical services through Harris Health System's Health Care for the Homeless Program.

POLICY STATEMENT:

Individuals and families seeking medical services provided by or through Harris Health System's ("Harris Health") Health Care for the Homeless Program must apply for Harris Health's Financial Assistance Program and supply the information described herein to appropriate Health Care for the Homeless Program Eligibility staff for application processing. No patient who qualifies and applies for Harris Health's Financial Assistance Program will be refused medical services due to their inability to pay or their race, color, sex, national origin, disability, religion or sexual orientation.

POLICY ELABORATIONS:

I. DEFINITIONS:

- A. **FAMILY:** A family is a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family. For instance, if an older married couple, their daughter and her husband and two children, and the older couple's nephew all lived in the same house or apartment; they would all be considered members of a single family.
- B. **HARRIS HEALTH HEALTHCARE HEALTH CARE FOR THE HOMELESS PROGRAM (HOMELESS PROGRAM):** A program that provides outreach services to the 330(H) Homeless Population through Harris Health's Ambulatory Care Services Community Health Program. Members of the 330(H) Homeless Population who are eligible to receive financial assistance and enroll in the Homeless Program ("Participants") are provided comprehensive primary health services through

shelter-based clinics and through mobile health and mobile dental units. The Program also provides 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.

C. **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); or
2. Whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations; or
3. Who reside in transitional housing; or
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 who 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.

D. **HOSPICE:** Provides compassionate care for people in the last phases of incurable disease so that they may live as fully and comfortably as possible. It is a collaboration between professionals and family to manage symptoms so that a person's last days may be spent with dignity and quality, surrounded by their loved ones.

E. **INCOME:** Earnings used to support an individual or Family, including in the form of unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Noncash benefits (such as food stamps and housing subsidies) do not count.

F. **OUTREACH:** Efforts to approach and engage the 330(H) Homeless Population where such persons are found (such as shelters, the streets, parks, camps, libraries, bus stations, and public buildings) with the objective of developing a relationship of trust. ~~utreach takes~~ Outreach involves: offering a homeless person alternatives to the homeless individual's current living situation; informing the individual of the availability of ~~health-care~~ healthcare, substance abuse, mental health, social ~~services~~ services, and other related services; and assisting the individual in accessing needed services and providing ongoing emotional support and follow-up.

G. **PALLIATIVE CARE:** An approach that improves the quality of life for patients and their families facing the problems associated with the terminal or an irreversible condition, through the prevention and relief of suffering by means of early identification and goal-setting with the patients and their families. Palliative care supports a medical treatment plan for pain and other issues, such as, physical, psychosocial, spiritual and bereavement, along with coordination of other identified medical and social support.

II. GENERAL PROVISIONS GUIDELINES:

- A. All individuals and Families seeking medical care and financial assistance through Harris Health's Health Care for the Homeless Program ("**Program Applicants**") are required to submit a completed application to an appropriate Eligibility staff member.
- B. The application process involves a financial screening to determine if the Program Applicant's

Income is at or below 200% of the Federal Poverty Guidelines ("FPG").

1. The FPG is based on the latest version of the FPG published by the Department of Health & Human Services in the Federal Register.
 2. The Program Applicant's Income will be applied to the entire Family.
- C. If the Program Applicant's Income and housing status makes the Program Applicant eligible for participation in the Health Care for the Homeless Program ("Program"), the Program Applicant will be assigned to one of the following financial assistance categories:
1. Category A: income falls between 0% - 100% of FPG.
 2. Category B: income falls between 100.01% - 150% of FPG.
 3. Category C: income falls between 150.01% - 185% of FPG.
 4. Category D: income falls between 185.01% - 200% of FPG.

Harris Health will post the information regarding these categories at all locations where Harris Health provides primary care services to the 330(h) Homeless Population.

- D. A full discount is provided for individuals and families in Category A. No nominal charges will be applied to those in Category A.
- E. Partial discounts are provided for individuals and families in Categories B, C and D. These discounts are adjusted based on gradation in income levels and include three discount pay classes. HCHP Health Care for the Homeless Program offers a flat fee for categories B, C and D, regardless of services provided at the visit.
- F. If a Program participant has any third-party insurance coverage, the services rendered will be billed to the participant's insurance plan.
- G. Program Applicants with a family gross income that exceeds two hundred percent (200%) of the FPG will be enrolled, as applicable, with Harris Health's financial assistance plan. Enrollees will be expected to pay deposits at the time of service.
1. If an Enrollee has any third-party insurance coverage, the services rendered will be billed to the respective insurance plan; any remaining balance will be billed according to Harris Health plans.
 2. Services provided at homeless shelters and/or at Harris Health facilities will be billed according to the Harris Health plans.
- H. Program participants who are eligible for sliding fee discounts and have third-party coverage are charged no more for any out-of-pocket costs than they would have paid based on the sliding-fee discounts they receive. Such discounts are subject to potential legal and contractual restrictions, including limitations specified by applicable Federal or state programs, or private payor contracts.

III. ELIGIBILITY REQUIREMENTS:

- A. All Program Applicants must meet the following requirements to be eligible to receive services from or through Harris Health:
1. Meet the applicable guidelines of the Health Care for the Homeless Program;
 2. Must be residents of Harris County;
 3. Must provide a letter with an original signature from an authorized agency which can

verify the homeless status of the applicant. This must ~~besubmitted~~be submitted within sixty (60) days from the original request for financial assistance (See Appendix A - Homeless Shelter List); ~~and~~

4. Provide proof of identity and income for themselves and for any family members also applying for assistance. The acceptable proofs are included on the form 283421 page 1, "Financial Assistance Application Instruction-";
5. Program Participants must re-apply once a year to maintain their eligibility for the financial assistance, otherwise their eligibility for financial assistance will expire. Participants must notify the Homeless Program Eligibility staff within 14 days of any change in his or her financial circumstances, Harris County residency, or family size that could potentially affect the member's eligibility for the financial assistance. Failure to report any such changes may cause the participant to lose his or her eligibility in the program, and to be held liable for all benefits received while ineligible.; and
6. Upon a patients transition to Palliative Care or Hospice, their eligibility will automatically be extended for six months from the expiration date and such extension will be documented.

IV. EVALUATION OF SLIDING FEE DISCOUNT PROGRAM:

- A. Harris Health will evaluate, at least once every three (3) years, its sliding fee discount program. Harris Health will:
 1. Collect utilization data to assess the rate at which patients within each of the ~~Categories~~categories as well as those at or below one hundred (100) percent of the FPGs are accessing Health Care for the Homeless Program services;
 2. ~~Utilize~~Use utilization data ~~and, if applicable along with other data, other data~~ (such as the ~~results of~~outcomes from patient satisfaction surveys or feedback obtained through focus groups and surveys ~~of~~targeting patients ~~at various across different income levels~~) ~~to evaluate the effectiveness~~brackets. This comprehensive approach helps assess the efficacy of the sliding fee discount program in ~~reducing~~alleviating financial ~~barriers to care~~obstacles to accessing healthcare; and
 3. Identify and implement changes as needed.
- B. The Homeless Program Sliding Fee Discount Program is reviewed and approved no less than annually by the Board of Trustees to align with the US Department of Health and Human Services Poverty Guidelines under the authority of 42 U.S.C. 9902(2).

V. PROCEDURES:

See Appendix A

REFERENCES / BIBLIOGRAPHY:

HRSA website <https://bphc.hrsa.gov/programrequirements/compliancemanual/glossary.html>

Harris Health System Policy and Procedures 5.05 Financial and Grant Management – Health Care for the Homeless Program

Harris Health System Policy and Procedures 5.02 Harris County Hospital District Financial Assistance Program

Harris Health Eligibility Services Departmental Guidelines and Procedures 1.04 Communication to Patient Regarding Financial Assistance Determination

APPENDICES:

Appendix A: Homeless Shelter List

Appendix B: Sliding Scale Fees Schedule for Homeless ~~Healthcare~~Health Care Program

OFFICE OF PRIMARY RESPONSIBILITY:

Harris Health System Health Care for the Homeless Program

APPENDIX A

~~ELIGIBILITY~~ELIGIBILITY FOR FINANCIAL ASSISTANCE FOR THE HEALTH CARE FOR THE HOMELESS PROGRAM PROCEDURES

- A. Homeless Program Applicants who apply for financial assistance for medical care must complete, sign, date, and submit ~~Form~~Harris Health's "Application for Financial Assistance ~~Healthcare~~Health Care for the Homeless Program," form." All applications shall be date- stamped on the date received.
- B. The applications and copies of verifications will be scanned into the Eligibility software system.
- C. The Harris Health Eligibility staff will screen/assess Homeless Program Program Applicants for Medicare, Medicaid, Supplemental Security Income (SSI), Refugee Medicaid, Title V or other assistance program eligibility, and refer to appropriate government program, if applicable.
- D. Homeless Program Applicants' applications and interviews are completed face- to-face at designated shelter and day shelter locations. The applications and verification documentations will be reviewed by HCHP Eligibility staff.
- E. Applicable Harris Health forms will be provided to Homeless Program Applicants in accordance with Harris Health System Eligibility Services Departmental Guidelines and Procedures 1.04, "Communication to Patient Regarding Financial Assistance Determination."
- F. Scanning of Credit Cards and/or Bank Statements:
To protect the client's privacy, before scanning the copies of credit cards and/or bank statements into the Eligibility software system, Eligibility staff shall mark out all digits except for the last four digits of the credit card or bank account numbers on all copied statements.

APPENDIX ~~A~~B HEALTH CARE FOR THE HOMELESS PROGRAM SERVICES CAN BE ACCESSED THROUGH THE

FOLLOWING SHELTERS:

<div>  </div>			
Health Care for the Homeless Program			
SHELTER LOCATIONS	SERVICES	SHELTER LOCATIONS	SERVICES
Harmony House Respite Center 602 Girard St., Houston, Texas 77007 713-223-8104 Medical Clinic Hours of Operation: MONDAY - FRIDAY (7:30am-4:00pm) Psychiatry Hours: Tuesday 7:30 am-4:00 pm Eligibility: Mondays and Thursdays 7:30am-12pm, Fridays 7:30am-4:00pm	* Open Access • Medical • Eligibility • Dental • Psychiatry	Star of Hope Cornerstone - 832-369-3260 2575 Reed Rd., Houston, TX 77051 Medical Clinic Hours of Operation: MONDAY - FRIDAY (7:30am-4:00pm) Psychiatry Hours: Wednesday 7:30 am-12 pm Eligibility: Wednesdays and Fridays 1pm-4:00 pm	• Medical • Eligibility • Psychiatry • Dental
Lord of the Streets 3401 Fannin St., Houston, Texas 77004 713-526-0311 Medical Clinic Hours of Operation: MONDAY, THURSDAY, FRIDAY (7:30am-4:00pm) Procedure Clinic Hours: TUESDAY (7:30am-4:00pm) Psychiatry Hours: Tuesday 7:30 am-4:00 pm Eligibility: Mon, Wed & Fri 7:30am-12:00pm	* Open Access • Medical • Eligibility • Psychiatry • Dental	Star of Hope Mission Men's Development Center 1811 Ruiz St., Houston, Texas 77002 713-227-8900 Medical Clinic Hours of Operation: MONDAY, TUESDAY, THURSDAY, FRIDAY (7:30am-4:00pm) Eligibility: Mondays 1:00 pm-4:00 pm, Tuesdays 7:30 am-4:00 pm	• Medical • Eligibility • Dental
Open Door Mission 5803 Harrisburg Blvd., Houston, Texas 77011 713-921-7520 Medical Clinic Hours of Operation: MONDAY- FRIDAY (7:30am-4:00pm) Psychiatry Hours: Thursday 7:30 am-4:00 pm Eligibility: Monday-Friday 7:30 am - 4:00 pm	* Open Access • Medical/Lab • Eligibility • Dental • Psychiatry	Compass 1212 Prairie St., Houston, Texas 77002 713-229-8319 Eligibility Hours of Operation: Tuesdays 7:30 am - 4:00 pm, Wednesdays 1:00 pm - 4:00 pm	• Eligibility
Salvation Army Adult Rehabilitation Center 2118 Washington Ave., Houston, Texas 77007 713-869-3551 Medical Clinic Hours of Operation: MONDAY - FRIDAY (7:30am-4:00pm) Eligibility: Mondays & Thursdays 1:00 pm - 4:00 pm	• Medical • Eligibility • Dental	Crossroads 7843 Park Place Blvd., Houston, Texas 77087 713-252-3604 Eligibility Hours of Operation: Tuesdays & Thursdays 7:30 am - 12:00 pm	• Eligibility
Salvation Army Family Residence 1603 McGowen St., Houston, Texas 77004 713-650-6530 Medical Clinic Hours of Operation: WEDNESDAY (7:30-4:00pm) Eligibility: Tuesdays & Thursdays - 1:00 pm - 4:00 pm	• Medical • Eligibility • Dental	SEARCH 2015 Congress St., Houston, Texas 77002 713-739-7752 Eligibility Hours of Operation: Not in operation at this time	• Eligibility
		Thomas Street Clinic 2015 Thomas Street, Houston, Texas 77009 713-873-4000 Eligibility Hours of Operation: Fridays 7:30 am - 4:00 pm	• Eligibility
		Mobile Dental Outreach 832-986-0358	• Dental
		Mobile Medical Outreach 832-547-4381	• Medical
		* Open Access: Services are open to all people experiencing homelessness, regardless of their shelter status, based on appointment, and then, those on a 'first come, first served' basis.	
		ALL SITES ARE CLOSED: 1st THURSDAY OF THE MONTH FROM 1:30 pm - 4:00pm FOR STAFF MEETING	

HARRIS HEALTH SYSTEM			
Health Care for the Homeless Program			
SHELTER LOCATIONS	SERVICES	SHELTER LOCATIONS	SERVICES
Harmony House Respite Center 602 Girard St., Houston, Texas 77007 713-223-8104 Medical Clinic Hours of Operation: MONDAYS - FRIDAYS (7:30am - 4:30pm) Eligibility: Mondays - Fridays 7:30am - 4:30pm	* Open Access • Medical • Eligibility • Dental	Star of Hope Cornerstone 2575 Reed Rd., Houston, TX 77051 832-369-3260 Medical Clinic Hours of Operation: MONDAYS - FRIDAYS (7:30am - 4:30pm) Eligibility: Tuesdays 7:30am - 4:30pm	• Medical • Eligibility • Dental
Lord of the Streets 3401 Fannin St., Houston, Texas 77004 713-526-0311 Medical Clinic Hours of Operation: MONDAYS - FRIDAYS (7:30am - 4:30pm) Eligibility: Mondays - Fridays 7:30am - 4:30pm	* Open Access • Medical • Eligibility • Dental	Star of Hope Mission Men's Development Center 1811 Ruiz St., Houston, Texas 77002 713-227-8900 Medical Clinic Hours of Operation: TUESDAYS, THURSDAYS & FRIDAYS (7:30am - 4:30pm) Eligibility: Thursdays 1:00pm - 4:30pm	• Medical • Eligibility • Dental
Open Door Mission 5803 Harrisburg Blvd., Houston, Texas 77011 713-921-7520 Medical Clinic Hours of Operation: MONDAYS - FRIDAYS (7:30am - 4:30pm) Eligibility: Mondays - Fridays 7:30am - 4:30pm	* Open Access • Medical/Lab • Eligibility • Dental	Salvation Army Adult Rehabilitation Center 2118 Washington Ave., Houston, Texas 77007 713-869-3551 Medical Clinic Hours of Operation: MONDAYS & WEDNESDAYS (7:30am - 4:30pm) Eligibility: Mondays & Wednesdays 7:30am - 4:30pm	• Medical • Eligibility • Dental
Navigation Center 2903 Jensen Drive Houston, Texas 77026 713-497-0966 Medical Clinic Hours of Operation: MONDAYS - FRIDAYS (7:30am - 4:30pm) Eligibility: Mondays - Fridays 7:30am - 4:30pm	* Open Access • Medical/Lab • Eligibility • Dental	Mobile Dental Outreach 832-986-0358 Mobile Medical Outreach 832-547-4381	• Dental • Medical
ALL SITES ARE CLOSED: 3rd WEDNESDAY OF THE MONTH FROM 1:30pm - 4:30pm FOR STAFF MEETING			
* Open Access: Services are open to all people experiencing homelessness, regardless of their shelter status, based on appointment, and then, those on a 'first come, first served' basis.			

APPENDIX BC SLIDING SCALE FEE SCHEDULE HOMELESS HEALTH CARE PROGRAM

HARRIS HEALTH SYSTEM - HEALTH CARE FOR THE HOMELESS PROGRAM - FAP																	
Family Size	HCHP Assistance Category A (100%)			HCHP Assistance Category B (150%)			HCHP Assistance Category C (185%)			HCHP Assistance Category D (200%)			Self-pay				
	Flat Fee Amount - \$0			Flat Fee Amount - \$3			Flat Fee Amount - \$5			Flat Fee Amount - \$7			Min income	FPL			
	Min income	Max income	FPL	Min income	Max income	FPL	Min income	Max income	FPL	Min income	Max income	FPL	Min income	FPL			
1	0	1,133	0% 100.00%	0	1,133.01	1,199	100.01% 150.00%	0	1,699.01	2,095	150.01% 185.00%	0	2,096.01	2,265	185.01% 200.00%	2,265.01	200.01% and >
2	0	1,526	0% 100.00%	0	1,526.01	2,269	100.01% 150.00%	0	2,269.01	2,823	150.01% 185.00%	0	2,823.01	3,052	185.01% 200.00%	3,052.01	200.01% and >
3	0	1,920	0% 100.00%	0	1,920.01	2,734	100.01% 150.00%	0	2,874.01	3,551	150.01% 185.00%	0	3,551.01	3,839	185.01% 200.00%	3,839.01	200.01% and >
4	0	2,313	0% 100.00%	0	2,313.01	3,449	100.01% 150.00%	0	3,449.01	4,772	150.01% 185.00%	0	4,772.01	4,925	185.01% 200.00%	4,925.01	200.01% and >
5	0	2,706	0% 100.00%	0	2,706.01	4,059	100.01% 150.00%	0	4,059.01	5,006	150.01% 185.00%	0	5,006.01	5,412	185.01% 200.00%	5,412.01	200.01% and >
6	0	3,100	0% 100.00%	0	3,100.01	4,649	100.01% 150.00%	0	4,649.01	5,734	150.01% 185.00%	0	5,734.01	6,199	185.01% 200.00%	6,199.01	200.01% and >
7	0	3,493	0% 100.00%	0	3,493.01	5,239	100.01% 150.00%	0	5,239.01	6,452	150.01% 185.00%	0	6,452.01	6,985	185.01% 200.00%	6,985.01	200.01% and >
8	0	3,886	0% 100.00%	0	3,886.01	5,829	100.01% 150.00%	0	5,829.01	7,189	150.01% 185.00%	0	7,189.01	7,772	185.01% 200.00%	7,772.01	200.01% and >
9	0	4,280	0% 100.00%	0	4,280.01	6,419	100.01% 150.00%	0	6,419.01	7,917	150.01% 185.00%	0	7,917.01	8,550	185.01% 200.00%	8,550.01	200.01% and >
10	0	4,673	0% 100.00%	0	4,673.01	7,009	100.01% 150.00%	0	7,009.01	8,645	150.01% 185.00%	0	8,645.01	9,345	185.01% 200.00%	9,345.01	200.01% and >
11	0	5,066	0% 100.00%	0	5,066.01	7,599	100.01% 150.00%	0	7,599.01	9,372	150.01% 185.00%	0	9,372.01	10,132	185.01% 200.00%	10,132.01	200.01% and >
12	0	5,460	0% 100.00%	0	5,460.01	8,189	100.01% 150.00%	0	8,189.01	10,100	150.01% 185.00%	0	10,100.01	10,919	185.01% 200.00%	10,919.01	200.01% and >
13	0	5,853	0% 100.00%	0	5,853.01	8,779	100.01% 150.00%	0	8,779.01	10,829	150.01% 185.00%	0	10,829.01	11,706	185.01% 200.00%	11,706.01	200.01% and >
14	0	6,246	0% 100.00%	0	6,246.01	9,369	100.01% 150.00%	0	9,369.01	11,555	150.01% 185.00%	0	11,555.01	12,492	185.01% 200.00%	12,492.01	200.01% and >
15	0	6,640	0% 100.00%	0	6,640.01	9,959	100.01% 150.00%	0	9,959.01	12,263	150.01% 185.00%	0	12,263.01	13,279	185.01% 200.00%	13,279.01	200.01% and >

Patient responsibility for categories A = \$0, B = \$3, C = \$5, D = \$7

Poverty level based on 2022 Federal Poverty Guidelines issued 01/2022.
Income figures represent gross monthly income.

This sliding scale applies only to patients of the Health Care for the Homeless Program.

Health Care for the Homeless Program																	
Effective March 2024																	
HARRIS HEALTH SYSTEM - HEALTH CARE FOR THE HOMELESS PROGRAM - FAP																	
Family Size	HCHP Assistance Category A (100%)			HCHP Assistance Category B (150%)			HCHP Assistance Category C (185%)			HCHP Assistance Category D (200%)			Self-pay				
	Flat Fee Amount -- \$0			Flat Fee Amount -- \$3			Flat Fee Amount -- \$5			Flat Fee Amount -- \$7							
	Min income	Max income	FPL	Min Income	Max Income	FPL	Min Income	Max Income	FPL	Min Income	Max Income	FPL	Min Income		FPL		
1	0	\$ 1,255	0% 100.00%	\$ 1,255.01	\$ 1,883	100.01% 150.00%	\$ 1,883.01	\$ 2,322	150.01% 185.00%	\$ 2,322.01	\$ 2,510	185.01% 200.00%	\$ 2,510.01	200.01% and >			
2	0	\$ 1,703	0% 100.00%	\$ 1,703.01	\$ 2,555	100.01% 150.00%	\$ 2,555.01	\$ 3,151	150.01% 185.00%	\$ 3,151.01	\$ 3,407	185.01% 200.00%	\$ 3,407.01	200.01% and >			
3	0	\$ 2,152	0% 100.00%	\$ 2,152.01	\$ 3,228	100.01% 150.00%	\$ 3,228.01	\$ 3,981	150.01% 185.00%	\$ 3,981.01	\$ 4,303	185.01% 200.00%	\$ 4,303.01	200.01% and >			
4	0	\$ 2,600	0% 100.00%	\$ 2,600.01	\$ 3,900	100.01% 150.00%	\$ 3,900.01	\$ 4,810	150.01% 185.00%	\$ 4,810.01	\$ 5,200	185.01% 200.00%	\$ 5,200.01	200.01% and >			
5	0	\$ 3,048	0% 100.00%	\$ 3,048.01	\$ 4,573	100.01% 150.00%	\$ 4,573.01	\$ 5,639	150.01% 185.00%	\$ 5,639.01	\$ 6,097	185.01% 200.00%	\$ 6,097.01	200.01% and >			
6	0	\$ 3,497	0% 100.00%	\$ 3,497.01	\$ 5,245	100.01% 150.00%	\$ 5,245.01	\$ 6,469	150.01% 185.00%	\$ 6,469.01	\$ 6,993	185.01% 200.00%	\$ 6,993.01	200.01% and >			
7	0	\$ 3,945	0% 100.00%	\$ 3,945.01	\$ 5,918	100.01% 150.00%	\$ 5,918.01	\$ 7,298	150.01% 185.00%	\$ 7,298.01	\$ 7,890	185.01% 200.00%	\$ 7,890.01	200.01% and >			
8	0	\$ 4,393	0% 100.00%	\$ 4,393.01	\$ 6,590	100.01% 150.00%	\$ 6,590.01	\$ 8,128	150.01% 185.00%	\$ 8,128.01	\$ 8,787	185.01% 200.00%	\$ 8,787.01	200.01% and >			
9	0	\$ 4,842	0% 100.00%	\$ 4,842.01	\$ 7,263	100.01% 150.00%	\$ 7,263.01	\$ 8,967	150.01% 185.00%	\$ 8,967.01	\$ 9,683	185.01% 200.00%	\$ 9,683.01	200.01% and >			
10	0	\$ 5,290	0% 100.00%	\$ 5,290.01	\$ 7,935	100.01% 150.00%	\$ 7,935.01	\$ 9,787	150.01% 185.00%	\$ 9,787.01	\$ 10,580	185.01% 200.00%	\$ 10,580.01	200.01% and >			
11	0	\$ 5,738	0% 100.00%	\$ 5,738.01	\$ 8,608	100.01% 150.00%	\$ 8,608.01	\$ 10,616	150.01% 185.00%	\$ 10,616.01	\$ 11,477	185.01% 200.00%	\$ 11,477.01	200.01% and >			
12	0	\$ 6,187	0% 100.00%	\$ 6,187.01	\$ 9,280	100.01% 150.00%	\$ 9,280.01	\$ 11,445	150.01% 185.00%	\$ 11,445.01	\$ 12,373	185.01% 200.00%	\$ 12,373.01	200.01% and >			
13	0	\$ 6,635	0% 100.00%	\$ 6,635.01	\$ 9,953	100.01% 150.00%	\$ 9,953.01	\$ 12,275	150.01% 185.00%	\$ 12,275.01	\$ 13,270	185.01% 200.00%	\$ 13,270.01	200.01% and >			
14	0	\$ 7,083	0% 100.00%	\$ 7,083.01	\$ 10,625	100.01% 150.00%	\$ 10,625.01	\$ 13,104	150.01% 185.00%	\$ 13,104.01	\$ 14,167	185.01% 200.00%	\$ 14,167.01	200.01% and >			
15	0	\$ 7,532	0% 100.00%	\$ 7,532.01	\$ 11,298	100.01% 150.00%	\$ 11,298.01	\$ 13,934	150.01% 185.00%	\$ 13,934.01	\$ 15,063	185.01% 200.00%	\$ 15,063.01	200.01% and >			
Patient responsibility for categories A = \$0, B = \$3, C = \$5, D = \$7																	
Poverty level based on 2024 Federal Poverty Guidelines issued 01/2024.																	
Income figures represent gross monthly income.																	
This sliding scale applies only to patients of the Health Care for the Homeless Program.																	

Attachments

[Image 01](#)

[Image 02](#)

Approval Signatures

Step Description	Approver	Date
Policy SOS Committee	Lauren Banks: Executive Owner	Pending
Policy Owner	Nelson Gonzalez: Document Owner	4/3/2024
Workflow Start Notification	Nathan Peeples: Executive Owner	4/3/2024

History

Edited by Gonzalez, Nelson: Document Owner on 3/5/2024, 1:47PM EST

Added two definitions and added two eligibility criteria.

Administrator override by PolicyStat Staff on 3/9/2024, 6:04PM EST

PolicyStat performed system maintenance. One or more images have been converted to inserted

image attachments. To learn more visit our article "[Why were my images updated by System Maintenance?](#)"

Draft saved by Hill, Mirna: Technical Writer on 3/14/2024, 12:18PM EDT

Edited by Hill, Mirna: Technical Writer on 3/14/2024, 3:02PM EDT

Technical Writer review

Draft saved by Walther, Catherine: Document Owner on 3/25/2024, 3:37PM EDT

Draft saved by Nolan, Michael: Attorney on 3/26/2024, 1:15PM EDT

Draft saved by Peeples, Nathan: Executive Owner on 4/3/2024, 12:45PM EDT

Draft saved by Gonzalez, Nelson: Document Owner on 4/3/2024, 12:45PM EDT

Edited by Gonzalez, Nelson: Document Owner on 4/3/2024, 12:46PM EDT

Revised appendix b and c, as were titled wrong as a and b.

Draft saved by Peeples, Nathan: Executive Owner on 4/3/2024, 12:53PM EDT

Edited by Peeples, Nathan: Executive Owner on 4/3/2024, 12:58PM EDT

L/C Reviewed 4/3/24; Updated attachment w/ minor formatting. Ready for May SOS.

Last Approved by Peeples, Nathan: Executive Owner on 4/3/2024, 12:58PM EDT

Last Approved by Gonzalez, Nelson: Document Owner on 4/3/2024, 1:14PM EDT

Administrator override by PolicyStat Staff on 4/13/2024, 5:48PM EDT

PolicyStat performed system maintenance. One or more images have been converted to inserted image attachments. To learn more visit our article "[Why were my images updated by System Maintenance?](#)"

Meeting of the Board of Trustees

Thursday, May 30, 2024

Executive Session

Harris Health, by and through the Board of Trustees, Hereby Approves Community Health Choice Inc (CHCI), the Borrower, to Enter into an Internal Line of Credit Agreement with Community Health Choice Texas Inc (CHCT), the Lender, to Renew its Internal Revolving Line of Credit in Aggregate Principal Amount Up to \$120 Million. Other Terms will be Defined in a Manner Acceptable for Texas Department of Insurance Approval. The Board Also Hereby Authorizes Lisa Wright, President and CEO of Community Health Choice Inc. and Community Health Choice Texas, Inc., to Execute Any and All Documents Related to Such Transaction and Any Future Renewals within an Aggregate Principal Amount up to \$120 Million, Pursuant to Tex. Gov't Code Ann. §551.085, Including Consideration of Approval Upon Return to Open Session.



Anna Mateja

Chief Financial Officer, Community Health Choice

- Pages 162-163 Were Intentionally Left Blank -