BOARD OF TRUSTEES

Public Meeting Agenda

HARRISHEALTH SYSTEM

Thursday, September 26, 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.	**Approval of the Minutes of Previous Meeting**	**Dr. Andrea Caracostis**	**1 min**

- Fiscal Year 2025 Budget Workshop Meeting – August 1, 2024
- Special Call Board Meeting – August 22, 2024
- Board Meeting – August 29, 2024

III.	**Announcements / Special Presentations**	**Dr. Andrea Caracostis**	**15 min**
A.	**CEO Report** Including Special Announcements **– *Dr. Esmaeil Porsa***		*(10 min)*

- Budget & Tax Rates Update
- Public Art Project on the LBJ Campus
- Update Regarding Underground Power Lines on LBJ Campus

B.	**Board Member Announcements** Regarding Board Member Advocacy and Community Engagements		*(5 min)*
IV.	**Public Comment**	**Dr. Andrea Caracostis**	**3 min**
V.	**Executive Session**	**Dr. Andrea Caracostis**	**45 min**
A.	Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report, Including Report of the Medical Executive Board in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including the Harris Health Quality, Safety Performance Measures, and Possible Action Regarding this Matter Upon Return to Open Session ***– Dr. Cody Pyke, Dr. Steven Brass and Dr. Yashwant Chathampally***		*(10 min)*

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
– Dr. Martha Mims and Dr. Bradford Scott *(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 Egins*** *(10 min)*

D. Consultation with Attorney Regarding Interlocal Agreement between Harris County and Harris Health Related to Correctional Health Services, Pursuant to Tex. Gov't Code Ann. §551.071 and Possible Action Upon Return to Open Session ***– Ms. Sara Thomas*** *(15 min)*

VI. Reconvene to Open Meeting — **Dr. Andrea Caracostis** — **2 min**

VII. General Action Item(s) — **Dr. Andrea Caracostis** — **6 min**

A. General Action Item(s) Related to Quality: Medical Staff

1. Consideration of Approval of Credentialing Changes for Members of the Harris Health System Medical Staff ***– Dr. Martha Mims*** *(2 min)*

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

1. Consideration of Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff ***– Dr. Otis Egins*** *(2 min)*
2. Consideration of Approval of the Harris Health Correctional Health Medical Staff Bylaws ***– Dr. Otis Egins*** *(2 min)*

VIII. New Items for Board Consideration — **Dr. Andrea Caracostis** — **32 min**

A. Consideration of Approval of the First Amendment to an Interlocal Agreement between Harris County and Harris County Hospital District d/b/a Harris Health for Correctional Healthcare ***– Ms. Sara Thomas and Dr. Esmaeil Porsa*** *(2 min)*

B. Consideration of Approval of the Revised Harris Health Fiscal Year 2025 Operating and Capital Budget ***– Ms. Victoria Nikitin*** *(20 min)*

C. Consideration of Approval to Enter into a New Sublease Agreement between Harris Health and Harris County for Clinical Space at Centrico Pasadena Development, 100 Pasadena Blvd., Pasadena, TX 77506 ***– Mr. Patrick Casey*** *(10 min)*

IX. Strategic Discussion — **Dr. Andrea Caracostis** — **25 min**

A. Harris Health Strategic Plan Initiatives *(15 min)*

1. Presentation Regarding New Hospital Construction and Costs
– Mr. Louis Smith and Mr. Patrick Casey
[Strategic Pillar 5: Infrastructure Optimization]

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

- Quality Committee ***– Dr. Cody Pyke***
- Compliance & Audit Committee ***– Ms. Carol Paret***
- Joint Conference Committee ***– Dr. Andrea Caracostis***

X. Consent Agenda Items — **Dr. Andrea Caracostis** — **5 min**

A. Consent Purchasing Recommendations

1. Consideration of Approval of Purchasing Recommendations (Items A1 through A9) ***– Ms. Paige McInnis and Mr. Jack Adger, Harris County Purchasing Office***

   (See Attached Expenditure Summary: September 26, 2024)

B. Consent Committee Recommendations

1. Consideration of Approval of the Annual Reports Regarding Neonatal and Maternal Health Programs for Ben Taub and LBJ Hospitals Discussed at the September 10, 2024 Quality Committee — **Dr. Cody Pyke**
   [Quality Committee]

C. Consent Grant Recommendations

1. Consideration of Approval of Grant Recommendations (Items C1 through C4) ***– Dr. Jennifer Small, Mr. Jeffrey Baker, Dr. Maureen Padilla and Dr. Otis Egins***

   (See Attached Expenditure Summary: September 26, 2024)

D. New Consent Items for Board Approval

1. Consideration of Acceptance of the Harris Health August 2024 Financial Report Subject to Audit ***– Ms. Victoria Nikitin***

E. Consent Reports and Updates to the Board

1. Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health ***– 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*** *(12 min)*

- HCHP September 2024 Operational Update

B. Consideration of Approval of the HCHP C8E Capital Grant Extension ***– Dr. Jennifer Small and Ms. Tracey Burdine*** *(1 min)*

C. Consideration of Approval of the HCHP Service Area Competition Grant Budget ***– Dr. Jennifer Small and Ms. Tracey Burdine*** *(1 min)*

D.	Consideration of Approval of the HCHP Patient Satisfaction Report ***– Dr. Jennifer Small and Ms. Tracey Burdine***		*(1 min)*
XII.	**Executive Session**	**Dr. Andrea Caracostis**	**65 min**
E.	Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Organizational Update and the Year-to-Date July 2024 Financial Performance, Pursuant to Tex. Gov't Code Ann. §551.085 ***– Ms. Lisa Wright, CEO and Ms. Anna Mateja, CFO, Community Health Choice***		*(10 min)*
F.	Consultation with Attorney Regarding Settlement of Claim with Clark Linbeck, Pursuant to Tex. Gov't Code Ann. §551.071 and Possible Action Upon Return to Open Session ***– Ms. Ebon Swofford and Mr. Michael Fritz***		*(10 min)*
G.	Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Health Care Program Requirements, Including Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032 ***– Ms. Carolynn Jones***		*(15 min)*
H.	Discussion Regarding the Chief Executive Officer (CEO) Evaluation, Pursuant to Tex. Gov't Code Ann. §551.074 and Possible Action Upon Return to Open Session ***– Board of Trustees***		*(30 min)*
XIII.	**Reconvene**	**Dr. Andrea Caracostis**	**1 min**
XIV.	**Adjournment**	**Dr. Andrea Caracostis**	**1 min**

MINUTES OF THE HARRIS HEALTH SYSTEM BOARD OF TRUSTEES
Fiscal Year 2025 Budget Workshop
Thursday, August 1, 2024
1:00 p.m.

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
I. Call to Order and Record of Attendance	The meeting was called to order at 1:05 p.m. by Dr. Andrea Caracostis, 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. Discussion Regarding Harris Health System's Operating and Capital Budget	Ms. Alison Perez, Vice President, Financial Planning & Analysis, led the discussion regarding Harris Health System's Fiscal Year (FY 2025) Operating and Capital Budget, noting that the Harris Health financial forecasting process uses Fiscal Year 2024 data (from May YTD actuals) as a baseline for budget projections, incorporating the latest revenue and expense information, inflationary assumptions, and system-wide strategic initiatives, while also accounting for operating costs linked to strategic capital projects and projected tax revenue based on the proposed margin. Ms. Perez discussed the implementation of the 2021-2025 strategic plan and strategic facilities plan, including both approved and pending strategic initiatives. The Board members discussed the construction of updated radiology and radiation therapy facilities at Smith Clinic and the new Pasadena Health Center for FY 2025. Additionally, Mr. Louis Smith, Senior Executive Vice President & Chief Operating Officer, provided an update on the approved strategic initiatives for expanding the Food Farmacy, Food Rx programs, and Emergency Center (EC) Telemedicine. Ms. Perez pointed out that the updates to the Patient Care Platform, which will impact FY 2025 projections, include the expansion of observation beds, the Hospital at Home service, the Cardiac Catheterization Lab at Ben Taub, Emergency Telemedicine, and the Endoscopy Center at Quentin Mease. She also discussed the Patient Volumes, Revenues, and Expenses for FY 2025. Dr. Caracostis asked about the patient day projections and their potential impact from the new facility, as well as whether there are any projections for ambulatory care. Ms. Perez reported that patient days are expected to remain flat until the new facilities open. Ms. Nikitin, Executive Vice President, Chief Financial Officer, clarified that a patient day is defined as one patient occupying a hospital bed for a full 24-hour period, including any portion of a day from admission to discharge. Ms. Ingrid Robinson asked for clarification on what outpatient observation entails. Ms. Perez explained that outpatient observation refers to patients who are not admitted as inpatients and typically remain under observation for 24 hours or less. Discussion ensued concerning the patient length of stay, observation hours, and total patient days. Ms. Perez provided a summary of FY 2025 patient volumes, including inpatient and outpatient numbers, bed occupancy, and total clinic visits. Ms. Nikitin presented the revenue and funding sources for the FY 2023 audited financials, highlighting net patient revenue and Medicaid supplemental payments. She noted that the Medicaid Supplemental Programs account for approximately 28% of Harris Health's total revenue and include Medicaid Disproportionate Share (DSH), Uncompensated Care (UC), High Impecunious Charge	**As Presented.**

	Hospital (HICH), the Comprehensive Hospital Increase Reimbursement Program (CHIRP), Network Access Improvement Program (NAIP), Hospital Augmented Reimbursement Program (HARP), and Graduate Medical Education (GME) funding. Ms. Nikitin explained that the Texas Health and Human Services Commission (HHSC) has not yet finalized more than two-thirds of Harris Health's projected Medicaid Supplemental program revenue, including UC and HICH program revenues, which make up the majority of annual receipts. As a result, these distributions will not be completed until later in the fiscal year, contributing to budgetary uncertainty. In its FY 2025 budget estimates, Harris Health is using the modeling from comparable peer safety net hospitals in Texas and will continue to update and refine these estimates until HHSC provides a payment file. Ms. Nikitin reviewed the 2023 Program Rule Update, outlined new program changes for FY 2025, and presented an overview of the new Medicaid supplemental programs for FY 2025. Additionally, Ms. Nikitin covered the Medicaid Supplemental Programs and their financial impacts, including Medicaid DSH, UC, HICH, HARP, CHIRP, NAIP, and GME. Due to the timing of the presentation, the Office of Management and Budget (OMB) of Harris County was unable to provide calculated 2024 tax year rates and corresponding aggregate tax revenue to Harris Health. Instead, OMB advised Harris Health to propose the required ad valorem revenue for the FY 2025 budget cycle, estimated at $996.2 million, to close the expense gap and maintain a 2.5% margin for reinvestment in the System's aging infrastructure. Ms. Nikitin noted that all other revenue sources are anticipated to remain stable. The $10 million first annual philanthropic commitment from the Strategic Fund is included in the capital gifts and grants section of Other Revenue, while opioid funding from the Texas Opioid Abatement Council is estimated at around $11 million for Harris Health; the timing of this funding is uncertain but will be added to revenues if received within FY 2025. Ms. Perez presented the FY 2023 audited financials, highlighting that 39% of operating expenses are attributed to salaries and wages. She reported that salaries and wages are projected to increase by 5.7%, or $51.7 million, in FY 2025, reaching a total of $960.5 million. Benefits are expected to grow by $12.1 million, or 3.9%, to $322.4 million, while overall supplies, including pharmaceuticals, are anticipated to rise by 4.5%, or $14.9 million, to $345.7 million. Additionally, provider services costs are expected to increase by 4.8% to $462.0 million, purchased services by 14.2% to $328.0 million, and overall depreciation and interest are projected to remain steady at $100.9 million. The preliminary margin target for FY 2025 is set at 2.5%, or $64.2 million, based on the current volume, revenue, and expense assumptions. Discussion ensued regarding salaries and benefits, addressing the adjustments required for Harris Health to maintain competitiveness in the current healthcare market. Ms. Perez reviewed the proposed margin and capital budgets, including routine and significant expenditures, and outlined the upcoming milestones: the preliminary FY 2025 budget will be presented to the County Commissioners on August 15th, the proposed FY 2025 budget will be presented to the Board for approval on August 29th, and a public hearing on the proposed tax rate and FY 2025 budget is scheduled for September 17th, with expected approval by the County Commissioners. The Board members recognized Ms. Nikitin, Ms. Perez, and their team for their thorough and comprehensive Budget Workshop. A copy of the presentation is available in the permanent record.	
XI. Adjournment	There being no further business to come before the Board, the meeting adjourned at 2:52 p.m.	

I certify that the foregoing are the Minutes of the Harris Health System Board of Trustees Meeting held on August 1, 2024.

Respectfully Submitted,

Andrea Caracostis, MD, MPH, Chair

Carol Paret, BS, Secretary

Minutes transcribed by Cherry A. Pierson, MBA

Thursday, August 1, 2024

Harris Health System Board of Trustees FY25 Budget Workshop 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
Afsheen Davis	Sima Ladjevardian
Dr. Andrea Caracostis *(Chair)*	
Carol Paret *(Secretary)*	
Dr. Cody M. Pyke *(Vice Chair)*	
Ingrid Robinson	
Jennifer Tijerina	
Jim Robinson	
Libby Viera-Bland	

EXECUTIVE LEADERSHIP/STAFF/ SPECIAL INVITED GUESTS	
Alison Perez	Matthew Schlueter
Dr. Amy Smith	Maureen Padilla
Anthony Williams	Melanie Stephens
Carolynn Jones	Micah Rodriguez
Dr. Chethan Bachireddy	Michael Hill
Daniel Smith	Nicholas J. Bell
Derek Curtis	Olga Rodriguez
Elizabeth Hanshaw Winn *(Harris County Attorney's Office)*	Omar Reid
Dr. Esmaeil Porsa *(Harris Health System, President & CEO)*	Patricia Darnauer
Jack Adger *(Harris County Purchasing Office)*	Patrick Casey
Jay Aiyer *(Harris County Attorney's Office)*	R. King Hillier
Dr. Jennifer Small	Randy Manarang
Jennifer Zarate	Dr. Sandeep Markan
Jerry Summers	Sara Thomas *(Harris County's Attorney's Office)*
John Matcek	Shawn DeCosta
Kari McMichael	Dr. Steven Brass
Louis Smith	Dr. Tien Ko
Maria Cowles	Victoria Nikitin

MINUTES OF THE HARRIS HEALTH SYSTEM BOARD OF TRUSTEES
Special Call Board Meeting
Thursday, August 22, 2024
9:30 a.m.

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
I. Call to Order and Record of Attendance	The meeting was called to order at 9:41 a.m. by Dr. Andrea Caracostis, 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. Public Comment	There were no public speakers registered to appear before the Board.	
III. Discussion and Possible Action Regarding the Fiscal Year 2025 Harris Health Budget and Request by Commissioner's Court for Proposals Related to Phased Transition of Jail Medical Services to Harris Health	Ms. Victoria Nikitin, Executive Vice President, Chief Financial Officer, led the discussion Regarding the Fiscal Year 2025 Harris Health Budget and Request by Harris County Commissioner's Court for Proposals Related to Phased Transition of Jail Medical Services to Harris Health. She noted that the financial models used for projecting Harris Health's year-end 2024 results and the FY 2025 budget are still pending final calculations from the Texas Health and Human Services Commission (HHSC). This includes Uncompensated Care (UC) and High Impecunious Charge Hospital (HICH) pool from Medicaid supplemental revenues. She stated that, although the pool was initially modeled at $500 million statewide, HHSC has set it at $300 million, a decrease from the previous year. For Harris Health, this results in a $37 million shortfall for FY 2024, reducing the anticipated amount from $120 million (5%) to approximately $80 million (3.6%). This reduction will carry into FY 2025, translating to a $35 million decrease in the budget's revenue line item. HHSC has full discretion over this allocation, and Harris Health will incorporate this loss into its FY 2025 budget. Dr. Porsa outlined the request from Harris County Commissioner's Court for proposals concerning jail medical services. He shared background information on their initial request, budget forecasts, and the impacts of Harris Health providing medical services within the Harris County Jail. He reported that the $100 million budget for Correctional Health services would create a $70 million shortfall in Harris Health's budget, adversely impact our credit rating, and either delay or eliminate the expansion of strategic initiatives, resulting in a zero-operating margin. Dr. Porsa expressed his gratitude to the Correctional Health staff and leadership at Harris County Jail for their dedication and commitment over the past two years. Dr. Cody Pyke, Trustee, inquired about the difference between the amount Harris Health was paid and the amount they should have been received for providing Correctional Health services. Dr. Porsa reported that during the abbreviated fiscal year from February 2022 to September 2022, a $5 million surplus was returned to the County. However, the subsequent period experienced a $7 million budget shortfall, and the current fiscal year is facing a $16 million shortfall, totaling approximately $23 million. Discussion ensued regarding the $23 million shortfall and the possibility of Harris Health assuming the financial responsibility for providing medical services in the jail.	**As Presented.**

IV. Executive Session	At 10:19 a.m., Dr. Caracostis stated that the Board would enter into Executive Session for Item IV. 'A' as permitted by law under Tex. Gov't Code Ann. §551.071.	
	A. Consultation with Attorney Regarding Jail Medical Services Provided by Harris Health at the Harris County Jail, Pursuant to Tex. Gov't Code Ann. §551.071 and Possible Action Upon Return to Open Session	**No Action Taken.**
XI. Reconvene	At 10:58 a.m., Dr. Andrea Caracostis reconvened the meeting in open session; she noted that a quorum was present, and that no action was taken in Executive Session.	
XII. Adjournment	There being no further business to come before the Board, the meeting adjourned at 10:58 a.m.	

I certify that the foregoing are the Minutes of the Harris Health System Board of Trustees Meeting held on August 22, 2024.

Respectfully Submitted,

Andrea Caracostis, MD, MPH, Chair

Carol Paret, BS, Secretary

Minutes transcribed by Cherry A. Pierson, MBA

Thursday, August 22, 2024

Harris Health System Board of Trustees Special Call 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 *(Chair)*	Afsheen Davis
Carol Paret *(Secretary)*	Ingrid Robinson
Dr. Cody M. Pyke *(Vice Chair)*	Sima Ladjevardian
Jennifer Tijerina	
Jim Robinson	
Libby Viera-Bland	
EXECUTIVE LEADERSHIP/STAFF/ SPECIAL INVITED GUESTS	
Alison Perez	Lindsey (Katie) Rutherford *(Harris County Attorney's Office)*
Dr. Amy Smith	Louis Smith
Anthony Williams	Maria Cowles
Bryan McLeod	Matthew Schlueter
Carolynn Jones	Micah Rodriguez
Cherry Pierson	Michael Fritz *(Harris County Attorney's Office)*
Dr. Chethan Bachireddy	Michael Hill
Daniel Smith	Dr. Michael Nnadi
Derek Curtis	Nicholas J. Bell
DeWight Dopslauf *(Harris County Purchasing Office)*	Olga Rodriguez
Elizabeth Hanshaw Winn *(Harris County Attorney's Office)*	Omar Reid
Dr. Esmaeil Porsa *(Harris Health System, President & CEO)*	Dr. O. Reggie Egins
Esperanza "Hope" Galvan	Patricia Darnauer
Dr. Glorimar Medina	R. King Hillier
Holly Gummert *(Harris County Attorney's Office)*	Randy Manarang
Jack Adger *(Harris County Purchasing Office)*	Dr. Sandeep Markan
Dr. Jackie Brock	Sara Thomas *(Harris County's Attorney's Office)*
Jay Aiyer *(Harris County Attorney's Office)*	Shawn DeCosta
Jennifer Zarate	Dr. Steven Brass
Jerry Summers	Taylor McMillan
John Matcek	Tekhesia Phillips
Dr. Joseph Kunisch	Dr. Tien Ko
Kari McMichael	Victoria Nikitin
Dr. Kunal Sharma	

MINUTES OF THE HARRIS HEALTH SYSTEM BOARD OF TRUSTEES
Board Meeting
Thursday, August 29, 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 9:02 a.m. by Dr. Caracostis, 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	• Board Meeting – July 25, 2024	**Motion No. 24.08-113** **Moved by Ms. Jennifer Tijerina, seconded by Ms. Libby Viera - Bland, and unanimously passed that the Board approve the minutes of the July 25, 2024 meeting. Motion carried.**
III. Announcements/ Special Presentations	**A. CEO Report Including Special Announcements** • Budget & Tax Rates Update Dr. Esmaeil Porsa, President and Chief Executive Officer (CEO), presented the CEO Report and provided the following updates: Ben Taub Hospital was again named a best maternity hospital by Newsweek; a recent survey by the Texas Commission on Jail Standards praised the Harris County Jail Health program as the best it has ever been; and Harris Health hosted multiple significant events, including the first Community Listening session, HR Symposium with former Mayor Sylvester Turner, and discussions with Congresswoman Sylvia Garcia and USDA Department Secretary Ms. Xochitl Torres Small on the Food Farmacy program. Dr. Porsa noted that on Wednesday, August 14th, Harris Health held another Community Town Hall in Precinct 2 at the Leonel Castillo Community Center. Additionally, on Tuesday, August 20, 2024, Harris Health hosted an in-person Leadership Forum featuring Dr. Renu Khator, Chancellor of the University of Houston System, as the special guest speaker. Upcoming events include Restart a Heart Day on October 16, 2024, a Heart Walk on October 26, 2024, and Celebrate You, an annual celebration for employees and their families, including Harris Health's medical partners on November 9, 2024. Additionally, Dr. Porsa provided an update on Harris Health's Budget and Tax Rate. He shared that the proposed budget indicates a projected year-end margin of 3.6% or $88 million for FY24, down from the previously-projected 5% or $120 million. For FY25, a 1% operating margin is recommended, and the Board is scheduled to review the proposed budget on August 29, 2024.	**As Presented.**

	He added that the budget reflects a margin of $29.1 million, a $35.1 million decrease from the presentation to the Commissioners Court on August 15th. Dr. Porsa reiterated that Harris Health is working in good faith and full collaboration with the Office of Management and Budget and the Harris County Attorney's Office to find a resolution regarding discussions centered around the correctional health budget. Mr. Jay Aiyer, First Assistant County Attorney at the Harris County Attorney's Office, discussed efforts to collaborate and find a mutually agreeable solution. An interlocal agreement is currently being worked on, which will require approval from both the Board and the Commissioners Court.	
	B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements There were no announcements made by the Board members.	**As Presented.**
IV. Public Comment	Ms. Cynthia Cole, Executive Director of Local #1550 – AFSCME (American Federation of State, County, and Municipal Employees), addressed the Board on employee concerns.	**As Presented.**
V. Executive Session	At 9:16 a.m., Dr. Caracostis stated that the Board would enter into Executive Session for Items V. 'A and B' 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.	
	A. Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report, Including Report of the Medical Executive Board in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including the Harris Health System Quality, Safety Performance Measures, and Possible Action Regarding this Matter Upon Return to Open Session	**No Action Taken.**
	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	**No Action Taken.**
	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	**No Action Taken.**
VI. Reconvene to Open Meeting	At 9:33 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	

	1. Approval of Credentialing Changes for Members of the Harris Health System Medical Staff Dr. Martha Mims, Chair, Medical Executive Board, presented the credentialing changes for members of the Harris Health System Medical Staff. For August 2024, there were fifty (50) initial appointments, 162 reappointments, eight (8) change/add privileges, twenty – seven (27) resignations, twenty – eight (28) temporary privileges and five (5) urgent care need privileges. A copy of the credentialing report is available in the permanent record.	**Motion No. 24.08-114** **Moved by Ms. Carol Paret, seconded by Ms. Sima Ladjevardian, and unanimously passed that the Board approve agenda item VII.A.1. Motion carried.**
	2. Approval of Changes to the General Surgery and Cardiothoracic Surgery Clinical Privileges Dr. Mims indicated that a request was made to add Endoscopic Submucosal Dissection (ESD) and Peroral Endoscopic Myotomy (POEM) to the General Surgery Clinical Privileges and the Cardiothoracic Surgery Clinical Privileges to accommodate practitioners who qualify to request the privilege. A copy of the General Surgery and Cardiothoracic Surgery Clinical Privileges is available in the permanent record.	**Motion No. 24.08-115** **Moved by Mr. Jim Robinson, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item VII.A.2. Motion carried.**
	B. General Action Item(s) Related to Quality: Correctional Health Medical Staff	
	1. Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff Dr. Otis Egins, Chief Medical Officer, Harris Health Correctional Health, presented the credentialing changes for members of the Harris Health System Correctional Health Medical Staff. In August 2024, there was one (1) resignation. A copy of the credentialing report is available in the permanent record.	**Motion No. 24.08-116** **Moved by Ms. Libby Viera - Bland, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item VII.B.1. Motion carried.**
VIII. New Items for Board Consideration		
	A. Approval of the Appointment of Mr. Jim Robinson as Chair, and Ms. Ingrid Robinson as a Member of the Board of Trustees Budget & Finance Committee	**Motion No. 24.08-117** **Moved by Ms. Sima Ladjevardian, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item VIII.A. Motion carried.**

	B. Approval of the Appointment of Ms. Libby Viera-Bland as a Member of the Board of Trustees Governance Committee	**Motion No. 24.08-118** **Moved by Ms. Jennifer Tijerina, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda item VIII.B. Motion carried.**
	C. Approval of a Board Resolution Renaming the Margo Hilliard Alford Clinic to Harris Health Urgent Care at The Outpatient Center Dr. Jennifer Small, Executive Vice President, Ambulatory Care Services, presented the Board resolution to rename the Margo Hilliard Alford Clinic to Harris Health Urgent Care at The Outpatient Center. Discussion ensued regarding any policies changes related to urgent care services and potential delays in services that might arise from the transition. A copy of the resolution is available in the permanent record.	**Motion No. 24.08-119** **Moved by Ms. Afsheen Davis, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item VIII.C. Motion carried.**
	D. Approval of the Proposed Harris Health Public Policy Platform for the Texas 89th Legislative Session Mr. R. King Hillier, Vice President Public Policy & Government Relations, presented the Proposed Harris Health Public Policy Platform for the Texas 89th Legislative Session. A copy of the platform is available in the permanent record.	**Motion No. 24.08-120** **Moved by Ms. Libby Viera - Bland, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda item VIII.D. Motion carried.**
	E. Approval of the Proposed Harris Health Fiscal Year 2025 Operating and Capital Budget Ms. Victoria Nikitin, Executive Vice President, Chief Financial Officer, presented the Proposed Harris Health Fiscal Year 2025 Operating and Capital Budget. She stated that Administration recommends board approval of the following motion: "Approval of the Harris Health System Fiscal Year 2025 Operating and Capital Budget to be presented to the Harris County Commissioners Court for final approval in conjunction with the adoption of the 2024 Tax Rate that will result in an ad valorem tax revenue not to exceed the amount shown in the proposed budget". An executive summary and Fiscal Year 2025 Operating and Capital Budget is available in the permanent record.	**Motion No. 24.08-121** **Moved by Mr. Jim Robinson, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item VIII.E. Motion carried.**

IX. Strategic Discussion		
	A. August Committee Reports **DEI Committee** Dr. Pyke stated that the Diversity, Equity & Inclusion Committee met on August 16, 2024 and the following topics were covered: • Mr. Derek Holmes, Administrative Director, Contracting Diversity, delivered an update regarding Harris Health's Minority/Woman-owned Business (MWBE) Enterprises. • The Committee requested a summary of the presentation by highlighting the following: the three (3) top achievements since the program's launch, the three (3) main areas for growth or improvement, and the three (3) biggest barriers to contracts becoming eligible. ***Top 3 Successes*** • Harris Health stablished a robust Contractor Diversity Outreach program with a focus on developing M/WBE awareness of the program and hosting/participating in events by both trade and industry type. • Harris Health exceeded the program's initial 20% goal, with FY24 YTD Awards of 29%. • Harris Health developed internal awareness of the program within Procurement function and established processes that ensure timely M/WBE evaluation of solicitations. ***Top 3 Barriers*** • Minimal M/WBE participation within Cooperative agreements. • Potential restrictive policies by Primes on construction contracts (i.e., Prequalification and Bonding requirements). ○ *Please note certain requirements may be necessary at times; however, there may be ways to reduce these types of participation barriers.* • M/WBEs must register as vendors with Harris Health in order for Harris Health to consider them. ***Top 3 Areas for Growth*** • Continue capacity building initiatives. • Identify additional opportunities to include M/WBEs in the pool of vendors available for consideration for purchases under $250k. • Increase resources to improve monitoring and tracking of payments. • Additionally, The Committee discussed the 2024 DEI reporting schedule.	**As Presented.**

	Quality Committee • Dr. Caracostis stated that the monthly High Reliability Organization (HRO) Video "Hand Hygiene" was displayed in Open Session at the Quality Committee meeting on August 13, 2024. • Harris Health's Medical Legal Partnership (MLP) with South Texas College of Law – Houston (STCL-Houston) began in October 2022 to address patients' health harming legal needs, such as housing and guardianship. Connecting patents who want assistance to resources is a key activity in Harris Health's health equity strategy.	
X. Consent Agenda Items		
	A. Consent Purchasing Recommendations	
	1. Approval of Purchasing Recommendations (Items A1 through A16) Mr. DeWight Dopslauf, Purchasing Agent, Harris County, noted that Item A6 will be pulled from the consent agenda. A copy of the purchasing agenda is available in the permanent record.	**Motion No. 24.08-122** **Moved by Ms. Sima Ladjevardian, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item X.A.1. (Items A1 – A5, and A7 through A16), as presented. Motion carried.**
	B. Consent Committee Recommendations Ms. Jennifer Tijerina, Trustee, requested to have consent agenda items X.B.1. and X.D.4. pulled from the consent agenda for discussion.	
	1. Approval to Adopt the Revised 2024 DEI Reporting Schedule to Reflect Bi-monthly Meetings with a Lengthened Meeting Time of 90-Minutes, as recommended by the Diversity Equity and Inclusion Committee Ms. Tijerina thanked Dr. Pyke for implementing the proposed revisions to the DEI reporting schedule.	**Motion No. 24.08-124*** **Moved by Ms. Carol Paret, seconded by Ms. Sima Ladjevardian, and unanimously passed that the Board approve agenda items X.B.1. and X.D.4. Motion carried.** ***Note: this item was taken out of order after the vote on agenda item X.C.1.**

	C. Consent Grant Recommendations	
	1. Approval of Grant Recommendations (Items C1 through C3)	**Motion No. 24.08-123** **Moved by Mr. Jim Robinson, seconded by Ms. Libby Viera - Bland, and unanimously passed that the Board approve agenda items X.C.1., X.D.1. through X.D.3., X.D.5., and X.D.6. Motion carried.**
	D. New Consent Items for Board Approval	
	1. Acceptance of the Harris Health June 2024 Financial Report Subject to Audit	**Motion No. 24.08-123** **Moved by Mr. Jim Robinson, seconded by Ms. Libby Viera - Bland, and unanimously passed that the Board approve agenda items X.C.1., X.D.1. through X.D.3., X.D.5., and X.D.6. Motion carried.**
	2. Acceptance of the Harris Health July 2024 Financial Report Subject to Audit	**Motion No. 24.08-123** **Moved by Mr. Jim Robinson, seconded by Ms. Libby Viera - Bland, and unanimously passed that the Board approve agenda items X.C.1., X.D.1. through X.D.3., X.D.5., and X.D.6. Motion carried.**
	3. Approval to Renew and Amend the Interlocal Agreement Between Harris Health and Harris County, Texas for Legal Representation and Related Support Services Provided by the Harris County Attorney's Office	**Motion No. 24.08-123** **Moved by Mr. Jim Robinson, seconded by Ms. Libby Viera - Bland, and unanimously passed that the Board approve agenda items X.C.1., X.D.1. through X.D.3., X.D.5., and X.D.6. Motion carried.**

	4. Approval of Payment of the Total Compensation Amount for the Fifth Contract Year of the Dental Services Agreement with The University of Texas Health Science Center at Houston Ms. Tijerina inquired about the details of the dental contract agreement with the University of Texas Health Science Center at Houston (UTHealth Houston). Dr. Porsa responded with concerns regarding the previous provider.	**Motion No. 24.08-124*** **Moved by Ms. Carol Paret, seconded by Ms. Sima Ladjevardian, and unanimously passed that the Board approve agenda items X.B.1. and X.D.4. Motion carried.** ***Note: this item was taken out of order after the vote on agenda item X.C.1.**
	5. Approval to Enter into a First Amendment of an Interlocal Agreement between The Harris Center for Mental Health & IDD, Harris County, Texas, and Harris County Hospital District d/b/a Harris Health for Electronic Medical Record Software Subscription, Support, and Maintenance	**Motion No. 24.08-123** **Moved by Mr. Jim Robinson, seconded by Ms. Libby Viera - Bland, and unanimously passed that the Board approve agenda items X.C.1., X.D.1. through X.D.3., X.D.5., and X.D.6. Motion carried.**
	6. Approval to Enter into a Second Amendment of an Interlocal Agreement between The Harris Center for Mental Health & IDD and Harris County Hospital District d/b/a Harris Health for Electronic Medical Record Software Subscription, Support, and Maintenance	**Motion No. 24.08-123** **Moved by Mr. Jim Robinson, seconded by Ms. Libby Viera - Bland, and unanimously passed that the Board approve agenda items X.C.1., X.D.1. through X.D.3., X.D.5., and X.D.6. Motion carried.**
	E. Consent Reports and Updates to the Board	
	1. Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System ***{End of Consent Agenda}***	**For Information Only**

XI. Item(s) Related to the Health Care for the Homeless Program		
	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 • HCHP August 2024 Operational Update Ms. Tracey Burdine, Director, Health Care for the Homeless Program, presented the August 2024 Operational Update, which included the Productivity Report and the Q2 Budget Summary Report. She reported that HCHP has provided care to 4,400 unduplicated patients and conducted a total of 15,623 visits year – to – date. In July, HCHP served 971 unduplicated patients, with 660 receiving family practice services. Ms. Burdine observed a decline in services compared to the previous year due to a shortage of providers and also reported 1,746 completed visits for the month of July. Additionally, Ms. Burdine presented the Q2 Budget Summary report, highlighting that the budget covers a multi-year cycle. She noted that at the end of year two, HCHP had utilized 28.4% of the budget. Ms. Burdine discussed the operating items that fell below the 25% threshold, including travel, supplies, equipment, and contractual expenses. She mentioned that while the Health Care for the Homeless Program (HCHP) was previously expected to serve approximately 9,775 patients per year, as mandated by the Health Resources and Services Administration (HRSA), the goal has now been revised to 7,225 patients. A copy of the presentation is available in the permanent record.	**Motion No. 24.08-125** **Moved by Ms. Libby Viera - Bland, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda item XI.A. Motion carried.**
	B. Approval of the HCHP Second Quarter Budget Summary Report	**Motion No. 24.08-126** **Moved by Ms. Libby Viera - Bland, seconded by Ms. Sima Ladjevardian, and unanimously passed that the Board approve agenda item XI.B. Motion carried.**
XII. Executive Session	At 10:25 a.m., Dr. Andrea Caracostis stated that the Board would enter into Executive Session for Items XII. 'D through G' as permitted by law under Tex. Health & Safety Code Ann. §161.032 and Tex. Gov't Code Ann. §§551.071, 551.074, and 551.085.	
	D. Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Organizational Update and the Year-to-Date June 2024 Financial Performance, Pursuant to Tex. Gov't Code Ann. §551.085	**No Action Taken.**

	E. Consultation with Attorney Regarding Jail Medical Services Provided by Harris Health at the Harris County Jail, Pursuant to Tex. Gov't Code Ann. §551.071 and Possible Action Upon Return to Open Session	**No Action Taken.**
	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	**No Action Taken.**
	G. Discussion Regarding the Chief Executive Officer (CEO) Evaluation, Pursuant to Tex. Gov't Code Ann. §551.074	**No Action Taken.**
XIII. Reconvene	At 11:59 a.m., Dr. Andrea Caracostis reconvened the meeting in open session; she noted that a quorum was present, and that no action was taken in Executive Session.	
XIV. Adjournment	There being no further business to come before the Board, the meeting adjourned at 11:59 a.m.	

I certify that the foregoing are the Minutes of the Harris Health System Board of Trustees Meeting held on August 29, 2024.

Respectfully Submitted,

Andrea Caracostis, MD, MPH, Chair

Carol Paret, BS, Secretary

Minutes transcribed by Cherry A. Pierson, MBA

Thursday, August 29, 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
Afsheen Davis	Ingrid Robinson
Dr. Andrea Caracostis *(Chair)*	
Carol Paret *(Secretary)*	
Dr. Cody M. Pyke *(Vice Chair)*	
Jennifer Tijerina	
Jim Robinson	
Libby Viera-Bland	
Sima Ladjevardian	

EXECUTIVE LEADERSHIP/STAFF/ SPECIAL INVITED GUESTS	
Alexander Yaffe *(Pearl Meyer)*	Dr. Jennifer Small
Alison Perez	Jennifer Zarate
Anthony Williams	Jerry Summers
Anwar Mohammad Sirajuddin	Jessey Thomas
Carolynn Jones	John Matcek
Cherry Pierson	Dr. Joseph Kunisch
Dr. Chethan Bachireddy	Kari McMichael
Cynthia Cole *(AFSCME: Public Comment Speaker)*	Dr. Kunal Sharma
Daniel Smith	Lindsey (Katie) Rutherford *(Harris County Attorney's Office)*
Derek Curtis	Lisa Wright *(Community Health Choice, CEO)*
Derek Holmes	Louis Smith
DeWight Dopslauf *(Harris County Purchasing Office)*	Maria Cowles
Ebon Swofford *(Harris County Attorney's Office)*	Dr. Martha Mims
Elizabeth Hanshaw Winn *(Harris County Attorney's Office)*	Dr. Matasha Russell
Dr. Esmaeil Porsa *(Harris Health System, President & CEO)*	Matthew Schlueter
Esperanza "Hope" Galvan	Maureen Padilla
Dr. Glorimar Medina	Michael Fritz *(Harris County Attorney's Office)*
Holly Gummert *(Harris County Attorney's Office)*	Michael Hill
Jack Adger *(Harris County Purchasing Office)*	Dr. Michael Nnadi
Dr. Jackie Brock	Nicholas J. Bell
Jay Aiyer *(Harris County Attorney's Office)*	Olga Rodriguez

EXECUTIVE LEADERSHIP/STAFF/ SPECIAL INVITED GUESTS	
Dr. Sandeep Markan	Omar Reid
Sara Thomas *(Harris County's Attorney's Office)*	Dr. O. Reggie Egins
Shawn DeCosta	Patricia Darnauer
Tai Nguyen	Patrick Casey
Tekhesia Phillips	R. King Hillier
Dr. Tien Ko	Randy Manarang
Tracey Burdine	Ray Gutierrez *(Houston Construction Services)*
Victoria Nikitin	Ron Fuschillo
Vivian Ho-Nguyen	Sam Karim

Public Comment Request and Registration Process

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

How to Request to Address the Board of Trustees

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

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

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

Rules During Public Comment Period

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

Three Minutes

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

Thursday, September 26, 2024

Executive Session

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

Dr. Yashwant Chathampally
Associate Chief Medical Officer, Senior Vice President – Quality & Patient Safety

- Pages 26-27 Were Intentionally Left Blank -

Thursday, September 26, 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 29-44 Were Intentionally Left Blank -

Thursday, September 26, 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.

Otis R. Egins

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

- Pages 46-48 Were Intentionally Left Blank -

Thursday, September 26, 2024

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

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The Harris Health System Medical Executive Board approved the attached credentialing changes for the members of the Harris Health System Medical Staff on September 10, 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

September 2024 Medical Staff Credentials Report

HARRISHEALTH SYSTEM

Medical Staff Initial Appointments: 46

BCM Medical Staff Initial Appointments - 22
UT Medical Staff Initial Appointments - 23
HCHD Medical Staff Initial Appointments - 1

Medical Staff Reappointments: 91

BCM Medical Staff Reappointments - 47
UT Medical Staff Reappointments - 43
HCHD Medical Staff Reappointments - 1

BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Changes in Clinical Privileges: 3

BCM/UT/HCHD Medical Staff Resignations: 14

Other Business

For Information

Temporary Privileges Awaiting Board Approval - 18
Urgent Patient Care Need Privileges Awaiting Board Approval - 14

BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Files for Discussion: 5

Medical Staff Initial Appointment Files for Discussion - 4
Medical Staff Reappointment Files for Discussion - 1

Thursday, September 26, 2024

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

The Harris Health Correctional Health Medical Executive Committee approved the attached credentialing changes for the members of the Harris Health Medical Staff on August 26, 2024.

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

O. Reggie Egins

O. Reggie Egins, MD, CCHP-P
Chief Medical Officer of Correctional Health

Board of Trustees

HARRISHEALTH SYSTEM

September 2024 Correctional Health Credentials Report

Medical Staff Initial Appointments: 2

Medical Staff Reappointments: 2

Medical Staff Resignations: 0

Medical Staff Files for Discussion: 0

Thursday, September 26, 2024

Consideration of Approval of the Harris Health Correctional Health Medical Staff Bylaws

The Harris Health Correctional Health Medical Executive Committee (MEC) approved the attached Correctional Health Medical Staff Bylaws.

The Harris Health Correctional Health MEC and Dr. Otis Egins, Correctional Health MEC Chair, requests the approval of the Board of Trustees.

Document	Summary
Correctional Health Medical Staff Bylaws	UPDATED • **Article III, Section 2 – Medical Staff Membership, Qualifications for Membership** o Added language to describe the process for individuals to request a waiver of one or more qualifications for membership if he/she is "unusually qualified", as defined in this section. • **Article VI, Section 9 – Temporary Privileges** o Language was revised to further clarify temporary privilege process and requirements. • **Article VII, Section 1 – Corrective Action - Procedure** o Language was added to reflect new state law requirement that any final adverse action that impacts the clinical privileges of a physician for more than fourteen (14) days must be reported to the Texas Medical Board. • **Article VII, Section 4 – Administrative Suspension** o Language added to clarify instances that qualify as an administrative suspension, including the addition of an administrative suspension for delinquency in completion of medical records. • **Article X, Section 1 – Medical Executive Committee** o Language added to include the peer review duties.

O. Reggie Egins

O. Reggie Egins, MD, CCHP-P
Chief Medical Officer of Correctional Health

HARRISHEALTH SYSTEM

CORRECTIONAL HEALTH MEDICAL STAFF BYLAWS

~~June, 2023~~August, 2024

Table of Contents

BYLAWS OF THE

HARRIS HEALTH SYSTEM

CORRECTIONAL HEALTH MEDICAL STAFF

PREAMBLE

WHEREAS, the County owns detention facilities ("Detention Facilities") which are under the supervision and control of the Sheriff of Harris County ("Sheriff"); and

WHEREAS, the Sheriff is charged by law with the responsibility for obtaining and providing adequate medical care for detainees of the County's Detention Facilities (each such facility generally referred to as the "Jail"); and

WHEREAS, the Sheriff desires to outsource the provision and supervision of medical and mental health care (generically, "health care") to a qualified care provider; and

WHEREAS, the Harris County Hospital District d//b/a Harris Health System ("Harris Health") has experience evaluating whether health care services are being provided in a safe and effective manner; and

WHEREAS, in compliance with the Interlocal Cooperation Act, the Sheriff and Harris Health have entered into an Interlocal Cooperation Agreement ("the Agreement"); and

WHEREAS, the Agreement obligates Harris Health to provide certain medical care to Jail detainees; and

WHEREAS, subject to oversight by the Harris Health Board of Trustees ("Governing Body"), the Harris Health Correctional Health Medical Executive Committee ("Medical Executive Committee") is responsible for determining, implementing, and monitoring policies governing the medical care to Jail detainees, including the quality and safety of the medical care in the Jail, and holding the medical staff accountable to fulfill Harris Health's obligations to the Jail detainees; and

WHEREAS, the Medical Executive Committee has approved these Harris Health Correctional Health Medical Staff Bylaws ("Bylaws").

THEREFORE, the Practitioners and Advanced Practice Professionals practicing in the Jail shall carry out the functions delegated to the Medical Staff by the Governing Body in compliance with these Bylaws.

DEFINITIONS

Whenever the context requires, words of masculine gender used herein shall include the feminine and the neuter, and words used in the singular shall include the plural.

1. The term **"ADVANCED PRACTICE PROFESSIONAL" (APP)** shall be defined as an individual who holds a state license in their profession as well as other educational credentials attesting to training and qualifications to provide services in one or more of the following categories: Physician Assistant (PA), Optometrist (OD), or Nurse Practitioner (NP).

2. The term **"CLEAN APPLICATION"** shall mean a completed application in which all aspects of the application are complete; all references have been returned with all questions fully answered as either superior or good; the applicant has not been a party to any malpractice cases, adverse actions involving medical staff membership, clinical privileges or licensure/certification requiring further investigation; and all training, licensure, National Practitioner Data Bank, and OIG database information has been verified, with the results of such verification found to be acceptable. The term "Clean Application" may also be applied to an application from a Medical Staff member requesting new clinical privileges.

3. The term **"CLINICAL PRIVILEGES"** or **"PRIVILEGES"** means the permission granted by the Governing Body to a Practitioner to provide those diagnostic, therapeutic, or medical services which the Practitioner has been approved to render.

4. The term **"COMPLETED APPLICATION"** shall mean a signed Texas State Standardized Application in which all questions have been answered, current copy of licensure (State, DEA, DPS), peer reference letters, delineation of clinical privileges or job description, current appropriate professional liability insurance, National Practitioner Data Bank, OIG, Board Status, hospital affiliations, and verification of any other relevant information from other professional organizations according to the Bylaws and Credentialing Procedures Manual. Additionally, all information and documentation has been provided, and all verifications solicited by the Medical Executive Committee have been received and require no further investigation. A completed application may be determined to be incomplete, based upon the review of Harris Health's Medical Staff Services, the Chief Medical Officer, or the Medical Executive Committee.

5. The term "**CREDENTIALING PROCEDURES MANUAL"** shall mean the policy containing additional details related to the credentialing process of Correctional Health, as further detailed in these Bylaws.

6. The term **"DAYS"** shall mean calendar days, including Saturdays, Sundays, and holidays unless otherwise specified herein. Days are counted beginning on the day following the transmittal or receipt of a notice or other required correspondence.

7. The term **"DENTIST"** means an individual with a D.D.S. or equivalent degree licensed or authorized to practice dentistry by the State of Texas.

8. The term **"EXECUTIVE SESSION"** means any meeting or portion of any meeting, of any section, department, or committee of the Medical Staff at which privileged and/or confidential information regarding quality assessment and improvement and/or peer review information is presented or discussed.

9. The term **"EX-OFFICIO"** shall mean service as a member of a body by virtue of an office or position held and, unless otherwise expressly provided, refers to a position without voting rights.

10. The term **"FEDERAL HEALTH CARE PROGRAM"** shall mean any plan or program that provides health benefits whether through insurance or otherwise, which is funded directly in whole or in part by the United States government or a state health program (with the exception of the Federal Employees Health Benefits program). The most significant federal health care programs are Medicare, Medicaid, Blue Cross Federal Employees Program (FEP)/Tricare/CHAMPUS and the veterans' programs.

11. The term **"GOOD STANDING"** means that, at the time of his or her most recent appointment, this individual was deemed to have met the following requirements: satisfactory clinical competence, satisfactory technical skill/judgment, satisfactory results of Quality Assurance activity, satisfactory adherence to these Bylaws, satisfactory medical records completion, satisfactory physical mental health completion, satisfactory relationships to peers and status.

12. The term **"GOVERNING BODY"** means the Harris Health System Board of Trustees.

13. The term **"INELIGIBLE PERSON"** means any individual or entity that: (i) is currently excluded, debarred, suspended, or otherwise ineligible to participate in any federal and/or state health care programs or in federal and/or state procurement or non-procurement programs (this includes persons who are on the List of Excluded Individuals or Entities of the Inspector General, List of Parties Excluded from Federal Programs by the General Services Administration or the Medicaid Sanction List); or (ii) has been convicted of a criminal offense related to the provision of a health care program that falls within the ambit of 42 U.S.C. §1320a-7(a), but has not yet been excluded, debarred, suspended, or otherwise declared ineligible.

14. The term **"MEDICAL EXECUTIVE COMMITTEE"** means the committee with authority to exercise Correctional Health-wide functions on behalf of the Medical Staff.

15. The term **"MEDICAL STAFF"** means all physicians and dentists who are appointed to the Medical Staff to provide healthcare services at Harris Health Correctional Health and who either (i) hold a faculty appointment at the University of Houston College of Medicine; or (ii) are employed by or have a contractual relationship with University of Houston College of Medicine or Harris Health.

16. The term "**PEER**" shall mean an individual who practices in the same profession as the Practitioner under review. The level of subject-matter expertise required to provide meaningful evaluation of a Practitioner's performance will determine what "practicing in the same profession" means on a case-by-case basis. The Medical Executive Committee shall determine the degree of subject matter expertise required on a case-by-case basis.

17. The term "**PEER REVIEW**" shall mean the evaluation of medical and healthcare services, including evaluation of the qualifications and professional conduct of professional healthcare practitioners and of patient care provided by those Practitioners. The Practitioner is evaluated based on generally recognized standards of care. The Medical Executive Committee conducts a peer review with input from one or more Practitioner colleagues (peers).

18. The term **"PHYSICIAN"** means an individual with an M.D., D.O. or equivalent degree currently licensed to practice medicine in the State of Texas.

19. The term **"PRACTITIONER"** means, unless otherwise expressly limited, any Physician or Dentist holding a current license to practice in the State of Texas.

20. The term **"SPECIAL NOTICE"** shall mean written notification sent by certified or registered mail, return receipt requested, or by personal or e-mail delivery with a receipt of delivery or attempted delivery obtained.

21. The term **"STATE"** shall mean the State of Texas.

22. The term **"STATE BOARD"** shall mean, as applicable, the Texas Medical Board, the State Board of Dental Examiners, or such other licensing board that may license individuals who have clinical privileges at Correctional Health.

ARTICLE I — NAME

The name of this organization governed by these Bylaws shall be Harris Health System Correctional Health (hereinafter referred to as "Correctional Health").

ARTICLE II — PURPOSE

The purposes of this organization are:

1. To provide the best possible care for all Jail detainees;
2. To ensure a high level of professional performance of all Medical Staff members authorized to practice in Correctional Health through appropriate delineation of the clinical privileges that each Medical Staff member may exercise and through an ongoing review and evaluation of each Medical Staff member's performance;
3. To provide an appropriate educational setting for Medical Staff members that will maintain medical and scientific standards that will lead to continuous advancement in professional knowledge and skill;
4. To initiate and maintain these Bylaws for self-governance of the Medical Staff;
5. To provide a means for communication and conflict resolution regarding issues that are of concern to the Medical Staff.

ARTICLE III — MEDICAL STAFF MEMBERSHIP

Section 1. Nature of Medical Staff Membership

Membership on the Medical Staff of Correctional Health is a privilege which shall be extended, without discrimination as to race, sex, religion, disability, national origin, or age only to professionally competent individuals who continuously meet the qualifications, standards and requirements set forth in these Bylaws, and does not in any way imply or preclude employment status by Harris Health. Membership on the Medical Staff shall confer only such clinical privileges as have been granted by the Governing Body in accordance with these Bylaws.

Section 2. Qualifications for Membership

a. Only individuals who have no health problems that could affect his or her ability to perform the privileges requested and can document their background, experience, training and demonstrated competence, their adherence to the ethics of their profession, their good reputation, and their ability to work with others so as to assure the Medical Staff and Governing Body that patients treated by them will be given a high quality of medical care, shall be qualified for membership on the Medical Staff.

b. Only individuals who have and continue to maintain current unrestricted privileges, in Good Standing, at Harris Health Correctional Health.

c. Only individuals who have current licenses and certificates. Medical Staff members must have unrestricted licenses and certificates, with no past adverse licensure actions(s) (~~e.g.~~e.g., probation, suspension, revocation). Past adverse licensure action(s) do not include action(s) taken for administrative reasons, such as failure to timely pay licensure fees. Required licenses and certificates include:

- State of Texas license to practice medicine, osteopathy, or dentistry;

- United States Controlled Substances Registration Certificate (DEA), with exceptions approved by the Medical Executive Committee;
- National Provider Identifier (NPI); and
- Professional liability insurance covering the exercise of all requested privileges, except for Practitioners or APPs employed by Harris Health, whose liability is governed by the Texas Tort Claims Act.

d. Only Practitioners who have no record of denial, revocation, relinquishment or termination of appointment or clinical privileges at any other healthcare facility for reasons related to professional competence or conduct.

e. No Practitioner shall be entitled to membership on the Medical Staff or to the exercise of particular clinical privileges in Correctional Health merely by virtue of the fact that he or she is duly licensed to practice medicine, osteopathy, or dentistry in this State or in any other state, or that he or she is a member of any professional organization, or that he or she had in the past, or presently has, such privileges at another healthcare facility.

f. Acceptance of membership on the Medical Staff shall constitute the staff member's agreement that he or she will strictly abide with all provisions of these Bylaws.

g. The Practitioner will remain in Good Standing so long as he or she is a member of the Medical Staff.

h. The Practitioner is required to be eligible to participate in federal and/or State healthcare programs. The Practitioner may not currently be an Ineligible Person and shall not become an Ineligible Person during any term of membership. The Practitioner must also have no record of conviction of Medicare, Medicaid or insurance fraud and abuse.

(1) A Practitioner is required to disclose immediately any debarment, exclusion, or other event that makes the person an Ineligible Person.

(2) An Ineligible Person is immediately disqualified for membership to the Medical Staff or the granting of clinical privileges or practice prerogatives.

i. A Practitioner or APP who does not meet one or more of the qualifications for membership described above may request the Medical Executive Committee to waive one or more of the qualifications for membership. ~~The Medical Executive Committee's determination not to waive one or more of the qualifications for membership is not a denial of the Practitioner or APP's application for Medical Staff membership, is not reportable to the National Practitioner Databank, and does not entitle the Applicant to the fair hearing rights as described in these Bylaws.~~

In order to be deemed "unusually qualified," Practitioners applying under this exception must (i) receive written recommendations by the Chief Medical Officer~~applicable Chief of Service and Chief of Staff~~, (ii) document sufficient post-training experience in the applicant's primary field at the time of application, and (iii) be a recognized leader or innovator in his or her field, as evidenced by documented research, publications, and/or unique procedural ability not otherwise available or for which there is an unexpected and non-preventable shortage on the current Medical Staff. It is anticipated that approvals of applications under this exception will be rare and are subject to approval by the ~~Credentials Committee,~~ Medical Executive Committee~~Board~~, and the Governing Body.

At the application for reappointment, the practitioner granted privileges under this section must submit a progress report. The Practitioner's progress report shall be confirmed by the ~~Chief of Service and Chief of Staff~~ Chief Medical Officer, demonstrating the exception

continues to be warranted by the ongoing exercise of the privileges for which the exception was granted.

The Medical Executive Committee's determination not to waive one or more of the qualifications for membership is not a denial of the Practitioner or APP's application for Medical Staff membership, is not reportable to the National Practitioner Databank, and does not entitle the Applicant to the fair hearing rights as described in these Bylaws.

Section 3. Basic Responsibilities of Medical Staff Membership

The following responsibilities shall govern the professional conduct of Medical Staff members and failure to meet these responsibilities shall be cause for suspension of privileges or dismissal from the Medical Staff:

a. The principal objective of the Medical Staff is to render service to humanity with full respect for the dignity of each person. Medical Staff members should merit the confidence of patients entrusted to their care, rendering to each a full measure of service, devotion and continuity of care. Medical Staff members are responsible for the quality of the medical care provided to patients.

b. Medical Staff members should strive continually to improve medical knowledge and skill, and should make available to their patients and colleagues the benefits of their professional qualifications.

c. Medical Staff members should observe all laws, uphold the dignity and honor of their profession and accept self-imposed disciplines. They should report without hesitation, illegal or unethical conduct by other Medical Staff members and self-report their own illegal or unethical conduct. Reports should be made to the Chief Medical Officer, who will report the information to Medical Staff Services.

d. Medical Staff members should self-report any physical, behavioral or mental impairment that could affect his or her ability to perform his or her clinical privileges, or treatment for the impairment that occurs at any point during his or her Medical Staff membership. Reports should be made to the Chief Medical Officer, who will report the information to Medical Staff Services.

e. In an emergency, Medical Staff members should render services to the best of their abilities. Having undertaken the care of a patient, a Medical Staff member may not neglect him or her.

f. Medical Staff members should not solicit patients.

g. Medical Staff members should not dispense of their services under terms or conditions that tend to interfere with or impair the free and complete exercise of their professional judgment and skill or tend to cause a deterioration of the quality of their care.

h. Medical Staff members should seek consultation upon request, in doubtful or difficult cases, or whenever it appears that the quality of service may be enhanced thereby.

i. Medical Staff members may not reveal the confidences entrusted to them in the course of professional attendance unless they are required to do so by law or unless it becomes necessary in order to protect the welfare of an individual or of the community.

j. Medical Staff members must abide by these Bylaws and applicable policies and procedures.

k. Medical Staff members must participate cooperatively in quality review and peer evaluation activities, both as a committee member and in conjunction with evaluation of his or her own performance or professional qualifications.

l. Medical Staff members must prepare and complete medical records in a timely fashion for all

patients to whom the member provides care in Correctional Health.

m. Medical Staff members are accountable to the Governing Body.

Section 4. Conditions and Duration of Appointment

a. Initial appointments and reappointments to the Medical Staff shall be made by the Governing Body. The Governing Body shall act on appointments, reappointments, or revocation of appointments after there has been a recommendation from the Medical Executive Committee.

b. Initial appointments shall be acted upon following submittal of a Completed Application.

c. All appointments to the Medical Staff shall be for a period of not more than three (3) years.

d. Appointment or reappointment to the Medical Staff confers on the appointee only such clinical privileges as have been approved by the Governing Body.

e. Each application for Medical Staff appointment shall be signed by the applicant and shall contain the applicant's specific acknowledgement of a Medical Staff member's obligations to provide continuous care and supervision of their patients, to abide by these Bylaws, to accept committee assignments and to accept staff assignments in Correctional Health. All Medical Staff members shall carry an appropriate level of professional liability insurance as determined by the Governing Body.

f. Appointments and reappointments to the Medical Staff shall always conform to applicable State and Federal laws.

Section 5. Leave of Absence

a. Requesting a Leave of Absence. A Practitioner may submit a written request to Medical Staff Services for a leave of absence 30 days prior to the requested leave, unless related to a Medical Leave of Absence. Upon favorable recommendation by the Chief Medical Officer, the Medical Executive Committee may consider a voluntary leave of absence for up to one (1) year. An additional one (1) year may be granted for good cause in accordance with policy. During the period of the leave, the Practitioner shall not exercise clinical privileges at Correctional Health, and the Practitioner's rights and responsibilities shall be inactive. All medical records must be completed prior to granting a leave of absence unless circumstances would not make this feasible.

b. Termination of Leave. At least 45 days prior to the termination of the leave of absence, or at any earlier time, the Practitioner may request reinstatement of privileges by submitting a written notice to Medical Staff Services along with a summary of relevant activities during the leave. The Practitioner's request, activity summary and verification, if applicable, shall be presented to the Chief Medical Officer. The Chief Medical Officer will review the documentation and provide a recommendation to the Medical Executive Committee. Reactivation of membership and clinical privileges previously held shall be subject to quality review as determined by the Medical Executive Committee following recommendation by the Chief Medical Officer. If the practitioner is scheduled for reappointment during the approved leave, the practitioner's application for reappointment must be finalized in accordance with these Bylaws prior to the practitioner's return.

c. Failure to Request Reinstatement. Failure, without good cause, to request reinstatement shall be deemed a voluntary resignation from the Medical Staff and shall not give rise to the right to a fair hearing. A request for Medical Staff membership received from a practitioner subsequent to termination shall be submitted and processed in the manner specified for applications for initial appointments.

d. Medical Leave of Absence. Following recommendation by the Chief Medical Officer, the Medical Executive Committee shall determine the circumstances under which a particular practitioner shall be granted a leave of absence for the purpose of obtaining treatment for a medical condition or disability. Unless accompanied by a reportable restriction of privileges, the leave shall be deemed a voluntary medical leave of absence and will not be reported to the National Practitioner Data Bank.

e. Military Leave of Absence. Requests for leave of absence to fulfill military service obligations shall be granted upon appropriate notice to Medical Staff Services and will be provided to the Medical Executive Committee for information only.

ARTICLE IV — CATEGORIES OF THE MEDICAL STAFF

Section 1. Medical Staff

The Medical Staff shall be divided into the following categories: Active Staff and Moonlighters.

Section 2. Active Staff

a. Service. All Active Staff shall be appointed to a specific service.

b. Qualifications. The Active Staff shall consist of members who:

(1) Meet the general qualifications for membership set forth in Article III, Section 2;

(2) Hold faculty appointment at the University of Houston College of Medicine or are employed by or have a contractual relationship with the University of Houston College of Medicine or Harris Health; and

(3) If the member is a physician, has successfully completed an ACGME- or AOA-accredited residency-training program in their specialty. If the member is a dentist, has successfully completed an American Dental Association-approved school of dentistry accredited by the Commission of Dental Accreditation.

c. Prerogatives. Except as otherwise provided, the prerogatives of an Active Staff member shall be:

(1) Exercise of Clinical Privileges granted to the member pursuant to Article VI;

(2) Attend and vote on matters which are presented at general and special meetings of the Medical Staff or any meeting of any service or committee of which such person is a member;

(3) Hold any staff or service office for which the member is qualified; and

(4) Serve as a voting member on any committee to which such person is duly appointed or elected.

Section 3. Moonlighters

a. Service. All Moonlighters shall be appointed to either the Emergency Medicine, Family Medicine, Internal Medicine, or Psychiatry service.

b. Qualifications. Moonlighters shall consist of members who:

(1) Meet the general qualifications for membership set forth in Article III, Section 2;

(2) Be employed by or have a contractual relationship with Harris Health; and

(3) Has successfully completed at least one (1) year of an ACGME- or AOA- accredited residency-training program with continued enrollment in the program.

c. Prerogatives. Except as otherwise provided, the prerogatives of a Moonlighter shall be:

(1) Exercise of Clinical Privileges granted to the member pursuant to Article VI;

(2) Attend and vote on matters which are presented at general and special meetings of the Medical Staff or any meeting of any service or committee of which such person is a member;

ARTICLE V — ADVANCED PRACTICE PROFESSIONALS

Section 1. Membership

Advanced Practice Professionals are not members of the Medical Staff, but are granted clinical privileges to provide clinical services to Jail detainees.

Section 2. Qualifications

APPs include those non-Medical Staff members whose license or certificate permits, and these Bylaws authorize, to permit the individual provision of patient care services without direction or supervision within the scope of the APP's individually delineated clinical privileges. APPs must:

(1) Meet all applicable standards related to licensure, training and education, clinical competence and health status as described in these Bylaws and applicable policies and procedures;

(2) Be assessed, credentialed, and monitored through existing Correctional Health credentialing, quality assessment, and performance improvement functions;

(3) Maintain an active and current credential file and hold delineated clinical privileges approved by the Medical Executive Committee and Governing Body;

(4) Complete all proctoring requirements as may be established by the Medical Executive Committee; and

(5) Not assume primary patient care responsibilities.

APPs include those categories of individuals identified in the Definitions Section of these Bylaws.

Section 3. Prerogatives

(1) By virtue of their training, experience and professional licensure, APPs are allowed to function within the scope of their licensure and delineated clinical privileges but may not assume primary patient care responsibilities. All APPs shall be under the supervision of a sponsoring physician, who is member of the Medical Staff, who is responsible for delineating the applicant's clinical privileges. If the sponsoring physician's Medical Staff membership is terminated, then the APP's ability to perform clinical services shall be suspended for a period of up to ninety (90) days or until an alternative supervising physician can be secured. If the suspension lasts longer than ninety (90) days or if there is any change in the APP's privileges, then the APP shall complete the initial application procedure. Each APP must notify Medical Staff Services immediately upon loss of required sponsorship or supervision.

(2) APPs holding clinical privileges shall have their privileges or practice prerogatives reviewed and approved through the same mechanism described in these Bylaws unless otherwise determined by the Medical Executive Committee.

(3) The clinical privileges and/or practice prerogatives which may be granted to specific APPs shall be defined by the Medical Staff. Such prerogatives may include:

(a) The provision of specific patient care services pursuant to established protocols, either independently or under the supervision or direction of a physician or other member of the Medical Staff. The provision of such patient care services must be consistent with the APP's licensure or certification and delineated clinical privileges or job description;

(b) Participation by request on Medical Staff and/or administrative committees or teams; and

(c) Attendance by request at Medical Staff and/or administrative meetings.

(4) Participating in quality assessment and performance improvement activities as requested by the Medical Executive Committee, or any other committee of the Medical Staff or Governing Body. Failure of an APP to participate in quality assessment or performance improvement activities when requested by the Medical Staff or Governing Body shall result in responsive action, including the possible revocation or suspension of all privileges or practice prerogatives.

Section 4. Review

Nothing in these Bylaws shall be interpreted to entitle APPs to the fair hearing rights as described in these Bylaws. An APP shall, however, have the right to challenge any action that would adversely affect the APP's ability to provide patient care services in Correctional Health. Under such circumstances, the following procedures shall apply:

(1) Notice. Special Notice of the adverse recommendation or action and the right to a hearing shall be promptly given to the APP subject to the adverse recommendation or action. The notice shall state that the APP has thirty (30) days in which to request a hearing. If the APP does not request a hearing within thirty (30) days, the APP shall have waived the right to a hearing.

(2) Hearing Panel. The Chief Medical Officer shall appoint a hearing panel that will include at least three members. The panel members shall include the Chief Medical Officer, another member of the Medical Staff, and if possible, a peer of the APP, except that any peer review of a nurse shall meet the panel requirements of the Texas Nursing Practice Act. None of the panel members shall have had a role in the adverse recommendation or action.

(3) Rights. The APP subject to the adverse recommendation or action shall have the right to present information but cannot have legal representation or call witnesses.

(4) Hearing Panel Determination. Following presentation of information and panel deliberation, the panel shall make a determination:

i. A determination favorable to the APP shall be reported in writing to the body making the adverse recommendation or action.

ii. A determination adverse to the APP shall result in notice to the APP of a right to appeal the decision to the Chairperson of the Governing Body.

(5) Final Decision. The decision of the Chairperson of the Governing Body shall be the final appeal and represent the final action in the matter.

ARTICLE VI – PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT

Section 1. Burden of Producing Information

In connection with all applications for appointment, reappointment, advancement, or transfer, the applicant shall have the burden of producing sufficient information of clinical and professional performance to permit an adequate evaluation of the applicant's qualifications and suitability for the clinical privileges and staff category requested, to resolve any reasonable doubts about these matters, and to satisfy any request for such information. Failure of a Practitioner to produce required information related to an authorized Medical Staff peer review, quality assessment, performance improvement, or credentialing activity in a timely manner shall result in automatic suspension of all clinical privileges until such time as the required information has been provided. Initial applicants who fail to produce all appropriate information and/or documents as requested may withdraw their application prior to review by the Medical Executive Committee.

Section 2. Application for Appointment

a. All applications for appointment to the Medical Staff shall be signed by the applicant, and shall be submitted on a form prescribed by the State of Texas. The application shall include the following detailed information:

- evidence of current licensure;
- evidence of current United States Controlled Substances Registration Certificate (DEA);
- evidence of current National Provider Identifier (NPI);
- evidence of appropriate professional liability insurance, as determined by the Governing Body;
- privileges requested;
- Evidence of appropriate Basic Life Support (BLS) Certificate.
- relevant training and/or experience;
- current competence;
- physical and mental health status attestation;
- previously successful or currently pending challenges to any licensure or registration (state or district, Drug Enforcement Administration);
- voluntary or involuntary relinquishment of any licensure or registration (state or district, Drug Enforcement Administration);
- voluntary or involuntary termination of Medical Staff membership or voluntary or involuntary decrease of privileges at any other hospital or institution;
- suspension or revocation of membership in any local, state or national medical society;
- suspension or revocation of license to practice any profession in any jurisdiction
- any claims, lawsuits, settlements, or judgments against the applicant in a professional liability action, including consent to the release of information from the present and past malpractice insurance carrier(s);
- loss of clinical privileges;
- a clear, legible copy of a government-issued photo identification, e.g., valid driver's license or passport;

- three professional peer references; and
- evidence of continuing medical education satisfactory to the Medical Executive Committee.

b. The applicant shall have the burden of producing adequate information for a proper evaluation of their competence, character, ethics and other qualifications, and for resolving any doubts about such qualifications.

c. Upon the receipt of a Completed Application, Medical Staff Services shall verify the applicant's information on behalf of the Medical Executive Committee, including consulting with primary sources of information about the applicant's credentials. It is the applicant's responsibility to resolve any problems Harris Health may have in obtaining information from primary sources. Verifications of licensure, controlled substances registrations, and professional liability claims history, as well as queries of the National Practitioner Data Bank and queries to ensure the applicant is not an Ineligible Person shall be completed. Verification may be made by a letter or computer printout obtained from the primary source, verbally, if documented, or electronically if transmitted directly from the primary source to Harris Health. For new applicants, information about the applicant's membership status and/or work history shall be obtained from all organizations where the applicant currently has membership or privileges and/or is employed, and where the applicant has held membership or has been granted clinical privileges and/or has been employed during the previous five (5) years. Associated details on the credentialing process are set forth in Harris Health's Credentialing Procedures Manual.

d. The application and verifications shall be forwarded to Medical Staff Services for review. After review by Medical Staff Services for completeness, the application and all supporting materials shall be transmitted to the Medical Executive Committee for evaluation.

e. By applying for appointment to the Medical Staff, applicants thereby signify their willingness to appear for interviews in regard to the application; authorize Harris Health and/or the Medical Executive Committee, to consult with members of Medical Staffs of other health care organizations with which the applicant has been associated and with others, including past and present malpractice insurance carriers, who may have information bearing on the applicant's competence, character and ethical qualification; consent to the inspection of all records and documents that, in the opinion of the Medical Executive Committee, may be material to an evaluation of professional qualifications and competence to carry out the clinical privileges requested, as well as moral and ethical qualifications for staff membership; releases from any liability all representatives of Harris Health and the Medical Executive Committee for their acts performed in good faith and without malice in connection with evaluation of the applicant and his or her credentials; and releases from any liability all individuals and organizations who provide information to Harris Health and/or the Medical Executive Committee in good faith and without malice concerning the applicant's competence, ethics, character and other qualifications for staff appointment and clinical privileges, including otherwise privileged or confidential information.

f. Each applicant shall sign and return a statement that he or she has received and read these Medical Staff Bylaws and that he or she agrees to be bound by the terms thereof relating to consideration of the application and, if the applicant is appointed, to all terms thereof.

Section 3. Appointment Process

a. Medical Staff Services shall transmit Completed Applications to the Medical Executive Committee at its next regularly scheduled meeting following completion of verifications tasks and receipt of all relevant materials.

b. Within one hundred and twenty days (120) days after receipt of the Completed Application, the Medical Executive Committee shall report its review and recommendation to the Governing Body. Prior to making this report, the Medical Executive Committee shall examine the evidence of the character, professional competence, physical and mental health status, qualifications and ethical standing of the applicant and shall determine, through information contained in references given by the applicant, and from any other sources available to the committee, whether the applicant has established and meets all of the necessary qualifications for the category of staff membership and the clinical privileges requested.

c. Within sixty (60) days of receipt of the recommendation from the Medical Executive Committee, the Governing Body shall determine whether to accept or reject the recommendation. The Governing Body may only make a decision contrary to the recommendation of the Medical Executive Committee if the applicant meets all of the requirements for Medical Staff membership and the Medical Executive Committee's recommendation is unreasonable or not based on sound judgment. If the Governing Body makes a decision contrary to the recommendation of the Medical Executive Committee, the Governing Body must document its rationale for doing so.

d. A decision by the Governing Body to accept a recommendation resulting in an applicant's appointment to the Medical Staff shall be considered a final action. Within twenty (20) days of the Governing Body's final action, the Medical Executive Committee shall provide notice of all appointments approved by the Governing Body by Special Notice to each new Medical Staff member. All such notices shall include a delineation of approved privileges and appointment dates.

e. The time periods specified in Section 3(b) and (c) above are for guidance only and do not create any right for the applicant to have his or her application processed within those time periods.

f. When the recommendation of the Governing Body is adverse to the applicant, either in respect to appointment or clinical privileges, the Chief Medical Officer shall notify the applicant by Special Notice within fifteen (15) days, as described in these Bylaws. No such adverse recommendation shall be forwarded to the Governing Body until after the applicant has exercised his or her right to a hearing as provided in these Bylaws. If the applicant fails to act within thirty (30) days of receipt of the Special Notice, the applicant will have waived his or her right to a hearing as provided in these Bylaws.

g. If, after the Medical Executive Committee has considered the report and recommendations of the hearing committee and the hearing record, the Medical Executive Committee's reconsidered recommendation is favorable to the applicant, it shall be processed in accordance with subparagraph "b" of this section. If such recommendation continues to be adverse, the Chief Medical Officer shall promptly so notify the applicant by Special Notice. The Chief Medical Officer shall so forward such recommendation and documentation to the Governing Body.

h. The Governing Body shall send notice of its final decision regarding any such review under these Bylaws through the Chief Medical Officer to the applicant.

Section 4. Reappointment Process

a. It is the responsibility of Active and Affiliate members and Advanced Practice Professionals to request reappointment to the Medical Staff in accordance with the "Reappointment and Renewal of Clinical Privileges Procedure" in the Credentialing Procedures Manual. Reappointment to the Medical Staff shall be based on the applicant's maintaining qualifications for Medical Staff membership, as described in Section 2 of this Article, current

competence, and consideration of the results of quality assessment activities as determined by the Medical Executive Committee. Failure to submit a completed reappointment application form with required supporting documentation no less than sixty (60) days prior to the expiration of the Practitioner's then current appointment shall constitute a resignation from the Medical Staff and all privileges will terminate upon expiration of said appointment. Such termination shall not give rise to the right to a hearing pursuant to these Bylaws. Reappointment shall occur every three (3) years. Medical Staff Services will transmit the necessary reapplication materials to the Practitioner not less than 120 days prior to the expiration date of their then current appointment.

All claims, lawsuits, settlements, or judgments against the applicant in a professional liability action, either final or pending, since the last appointment or reappointment must be reported.

b. Each recommendation concerning the reappointment of a staff member and the clinical privileges to be granted upon reappointment shall take into consideration the following characteristics:

- the practitioner's specific case record, including measures employed in quality assurance/performance improvement program
- professional competence and clinical judgment in the treatment of patients;
- ethics and conduct;
- relations with other Medical Staff members;
- general attitude toward patients, Correctional Health, and the public;
- documented physical and mental health status;
- evidence of continuing medical education that is related, at least in part, to the Practitioner or APP's clinical privileges;
- previously successful or currently pending challenges to any licensure or registration (state or district, Drug Enforcement Administration);
- voluntary or involuntary relinquishment of such licensure or registration;
- voluntary or involuntary termination of Medical Staff membership; and
- voluntary or involuntary decrease of privileges at any other hospital.

c. Thereafter, the procedure provided in Sections 2 and 3 of this Article relating to recommendations on applications for initial appointment shall be followed.

d. Members of the Medical Staff shall maintain current licensure and certifications, as described in these Bylaws. Members of the Medical Staff must notify the Chief Medical Officer whenever their license to practice in any jurisdiction has been voluntarily/involuntarily limited, suspended, revoked, denied, or subjected to probationary conditions, or when proceedings toward any of those ends have been instituted. Those without current licensure and certifications will be subject to loss of privileges as described in these Bylaws.

e. The appointment of any Practitioner who fails to submit an application for reappointment, loses faculty appointment at University of Houston College of Medicine, or ceases to be employed by have a contractual relationship with University of Houston College of Medicine or Harris Health shall automatically expire at the end of his or her faculty appointment, employment, or contractual relationship. A Practitioner whose appointment has expired must submit a new application, which shall be processed without preference as an application for initial appointment.

f. When the final action has been taken, the Chief Medical Officer shall give written notice of

the reappointment decision to the Practitioner.

Section 5. Performance Data

a. Practitioner or APP specific performance data will be evaluated, analyzed, and appropriate action taken as necessary when variation is present and/or standard of care has not been met as determined by the Medical Staff.

b. Performance data will be routinely collected within the reappointment period or as required as a part of the peer review process and will include specific data elements approved by the Medical Executive Committee.

c. If the Practitioner or APP does not have sufficient performance data from his or her practice at Harris Health Correctional Health, the Practitioner or APP must submit performance data from other clinical locations where he or she practices.

d. The Medical Executive Committee will review summarized performance data as part of the reappointment process for each Practitioner or APP and make appropriate recommendations for any remedial or corrective action or refer the Practitioner or APP to peer review.

Section 6. Application for Clinical Privileges

Every initial application for staff appointment to the Medical Staff and each reappointment application must contain a request for the specific clinical privileges desired by the applicant. The evaluation of such request shall be based upon the applicant's education, clinical training, experience, current competence, references, judgment, and other relevant information. The applicant shall have the burden of establishing his or her qualifications and competency to be granted the clinical privileges requested.

Section 7. Clinical Privileges

a. Every Medical Staff member practicing within Correctional Health by virtue of Medical Staff membership or otherwise, shall, in connection with such practice, exercise only those clinical privileges specifically approved, ratified, and affirmed to him or her by the Governing Body.

b. Clinical privileges will be limited to those activities deemed the responsibility of the specialty area to which the applicant is appointed.

Section 8. Privileges in More Than One Specialty

Practitioners or APPs may be awarded clinical privileges in one or more specialty in accordance with their education, training, experience, and demonstrated competence.

Section 9. Temporary Privileges

a. Upon the basis of information then available, including information from staffing agencies providing applicants to Harris Health, which may reasonably be relied upon as to the competence and ethical standing of the applicant, the Medical Executive Committee may grant temporary clinical privileges to the new applicant. ~~Temporary privileges of the applicant shall persist for no more than 120 days and shall cease at the time of official action upon his or her application for Medical Staff membership.~~

b. **New Applicants**: Following receipt of a Clean Application from a new applicant, the Medical Executive Committee may grant temporary Clinical Privileges to the applicant; but in exercising such privileges, the applicant shall act under the supervision of the Chief Medical Officer. Temporary privileges of the applicant shall persist until the next meeting of the Governing Body

(not to exceed 120 days) and shall cease at the time of official action upon his or her application for Medical Staff membership.

~~a.~~c. Note: New Applicants include individuals applying for clinical privileges for the first time, an individual currently holding clinical privileges who is requesting one or more additional privileges, and an individual who is in the reappointment process and is requesting one or more additional privileges.

~~b.~~d. Termination. Temporary clinical privileges may be terminated by the Chief Medical Officer.

~~c.~~e. Neither termination of temporary clinical privileges nor failure to grant them shall constitute a Final Hearing Review Action and neither is an Adverse Recommendation or Action.

Section 10 Emergency Clinical Privileges

In the case of an emergency, any current Medical Staff member, to the degree permitted by his or her license and regardless of service or staff status, shall be permitted and assisted to do everything possible to save the life of a patient using the appropriate resources available, including the calling for any consultation necessary or desirable. For the purpose of this section, an "emergency" is defined as a condition in which a patient is in immediate danger of serious permanent harm or loss of life, and any delay in administering treatment could add to that danger.

Section 11 Confidentiality of the Credentials File

A Medical Staff member or other individual exercising clinical privileges shall be granted access to his or her own credentials file, subject to the following provisions:

a. A request for access must be submitted in writing to the Chairperson of the Medical Executive Committee.

b. The individual may review, and receive a copy of, only those documents provided by or addressed personally to the individual. All other information, including peer review committee findings, letters of reference, proctoring reports, complaints, and other documents shall not be disclosed.

c. The review by the individual shall take place in Medical Staff Services during normal work hours with an officer or designee of the Medical Staff present.

ARTICLE VII - CORRECTIVE ACTION

Section 1. Procedure

a. Whenever the activities, professional conduct or health status of any Medical Staff member are considered to be lower than the standards or aims of the Medical Staff or to be disruptive to the operations of Correctional Health, corrective action against such Medical Staff member may be requested by the Chief Medical Officer or by the Governing Body. All such requests shall be in writing, shall be made to the Medical Executive Committee, and shall be supported by reference to the specific activities or conduct, which constitute the grounds for the request. The Chief Medical Officer or designee must meet with the member to discuss the issues that are the basis for the request either prior to submission or no later than 72 hours after receipt of a copy of the request. In the event that the member who is the subject of the request for corrective action is the Chief Medical Officer, another voting member of the Medical Executive Committee must conduct the meeting. The party conducting the meeting shall send a letter to the staff member immediately following the meeting confirming that the meeting was held and the matters discussed. The letter must be sent to the staff member via Special Notice procedures with a copy to Medical Staff Services.

b. Whenever the corrective action could be a reduction or suspension of clinical privileges, the Chairperson of the Medical Executive Committee shall immediately appoint an ad hoc committee to investigate the matter.

c. Within thirty (30) days after the ad hoc committee's receipt of the request for corrective action, it shall make a report of its investigation to the Medical Executive Committee. If in the reasonable view of the Medical Executive Committee more than thirty (30) days is needed to complete the investigation, the Medical Executive Committee shall grant an extension to the ad hoc committee. Prior to the making of a report, the Medical Staff member against whom corrective action has been requested shall have an opportunity for an interview with the ad hoc investigating committee. At such interview, the Medical Staff member shall be informed that the meeting shall not constitute a hearing, shall be preliminary in nature, and none of the procedural rules provided in these Bylaws with respect to hearing shall apply thereto. A record of such interview shall be made by the ad hoc committee and included with its report to the Chairperson of the Medical Executive Committee.

d. Within thirty (30) days following the receipt of the report of the ad hoc investigating committee, the Medical Executive Committee shall take action upon the request. If the corrective action could involve a reduction or suspension of clinical privileges, or a suspension or expulsion from the Medical Staff, the affected Medical Staff member shall be permitted to make an appearance before the Medical Executive Committee prior to its taking action on such request, and none of the procedural rules provided in these Bylaws with respect to hearings shall apply thereto. A record of such appearance shall be made by the Medical Executive Committee.

e. The Medical Executive Committee shall take such action as deemed justified as a result of these investigations.

f. Any recommendations by the Medical Executive Committee to the Governing Body for reduction or revocation of clinical privileges, or expulsion from the Medical Staff shall entitle the affected Medical Staff member to the procedural rights provided in these Bylaws.

~~f.~~g. Any final adverse action taken after the procedural rights provided in Article ~~IX~~VIII have been exhausted (1) that adversely affects the Clinical Privileges of a Physician for a period longer than 14 days must be reported in writing to the Texas Medical Board; and (2) that adversely affects the Clinical Privileges of a Practitioner for a period lasting longer than 30 days must be reported to the National Practitioner Data Bank.

~~g.~~h. All decisions resulting from investigations of a Medical Staff member in a medical administrative position shall be reviewed by the Governing Body following the process as outlined in these Bylaws.

~~a.~~i. When the Medical Executive Committee or Governing Body has reason to question the physical and/or mental status of a Medical Staff member, the latter shall be required to submit an evaluation of their physical and/or mental health status by a physician or physicians acceptable to the Medical Executive Committee and the affected physician as a prerequisite to further consideration of: (1) their application for appointment or reappointment, (2) their exercise of previously granted privileges, or (3) their maintenance of a Medical Staff appointment.

Section 2. Summary Suspension

Whenever there is a reasonable belief that a Member's conduct or condition requires that immediate action be taken to protect life or to reduce the likelihood of injury or damage to the health or safety of patients, workforce members, or others, summary action must be taken as to all or any portion of the Member's clinical privileges, and such action shall become effective

immediately upon imposition.

The Chairperson of the Medical Executive Committee, the Medical Executive Committee itself, the Chief Medical Officer, Harris Health's Chief Medical Executive, or the Governing Body shall have the authority, whenever action must be taken immediately in the best interest of patient care, to suspend summarily all or any portion of the clinical privileges of a Medical Staff member, and such summary suspension shall become effective immediately upon imposition.

The Medical Staff member must be immediately notified by Special Notice from the Chief Medical Officer. A suspended member's patients must be assigned to another member by the applicable specialty, considering the wishes of the patient, where feasible, in choosing a substitute practitioner.

As soon as possible, but within ten (10) working days after a summary suspension is imposed, the Medical Executive Committee shall convene to review and consider the action taken. In its sole discretion, the Medical Executive Committee may provide the member the opportunity to meet with the Medical Executive Committee, which may recommend modification, continuation or termination of the terms of the suspension. A Medical Executive Committee recommendation to continue the extension or to take any other adverse action as defined in Article VII entitles the Medical Staff member, upon timely and proper request, to the procedural rights contained in Article VIII.

Section 3. Automatic Suspension

Occurrence of any of the following shall result in an automatic suspension as detailed. An automatic suspension is not considered a final action or an adverse recommendation or action but may be considered in any investigation or proceeding pursuant to Article VIII of these Bylaws.

(1) Suspension, limitation or placement of a condition on a member's professional license by the state licensing board shall result in automatic suspension of the member's privileges until the Medical Executive Committee can assess whether the suspension, limitation, or condition will be adopted by the medical staff. As soon as possible, but no later than the tenth (10^{th}) working day after the automatic suspension, the Medical Executive Committee shall convene to review and consider appropriate action.

(2) Indictment of a member for a felony or indictment of any other criminal charges involving substance abuse, minors, assault, battery, fraud, dishonesty, moral turpitude, or the delivery of health care services shall result in automatic suspension of the member's privileges. As soon as possible, but no later than the tenth (10^{th}) working day after the automatic suspension, the Medical Executive Committee shall convene to review and consider appropriate action.

(3) Failure of the member to maintain current required licensure and certifications, as described in Article III, Section ~~3~~2, shall result in automatic suspension of the member's privileges for up to thirty (30) days. The member's privileges will be reinstated once Medical Staff Services has confirmed that the issue has been resolved to the satisfaction of the Chair of the Medical Executive Committee, or designee. The Chair shall make a report of all such actions at the next regularly scheduled meeting of the Medical Executive Committee and the Medical Executive Committee shall ratify or modify the actions as appropriate. Failure to satisfy this requirement in thirty (30) days will result in a voluntary resignation of the member's privileges and require the submission of an initial credentialing application, which will be processed without preference. In certain circumstances, the Medical Executive Committee may approve an exception to this requirement.

~~(3) A member's delinquency in completion of medical records shall result in automatic suspension of the member's privileges and medical staff membership until Medical Staff Services has confirmed that the issue has been resolved to the satisfaction of the Chair of the Medical Executive Committee, or designee. The Chair shall make a report of all such resolutions at the next regularly scheduled meeting of the Medical Executive Committee and the Medical Executive Committee shall ratify or modify the resolution as appropriate.~~

Section 4. Administrative Suspension

(1) Occurrence of any of the following shall result in an administrative suspension as detailed below. An administrative suspension is not considered a final action or an adverse recommendation or action and therefore, is not reportable or required to be disclosed in subsequent credentialing applications, but an administrative suspension may be considered in any investigation or proceeding pursuant to Article VIII of these Bylaws. Failure to satisfy requirements listed below in thirty (30) days after the administrative suspension will result in a voluntary resignation of the member's privileges and require the submission of an initial credentialing application, which will be processed without preference. In certain circumstances, the Chief Medical Officer, or designee, based on a recommendation from the Medical Executive Committee, may approve an exception to this requirement.

~~(1)~~(2) A member's delinquency in completion of medical records shall result in administrative suspension of the member's privileges and medical staff membership until Medical Staff Services has confirmed that the issue has been resolved to the satisfaction of the Chair of the Medical Executive Committee, or designee. The Chair shall make a report of all such resolutions at the next regularly scheduled meeting of the Medical Executive Committee and the Medical Executive Committee shall ratify or modify the resolution as appropriate.

Section 5. Automatic Termination

Occurrence of any of the following shall result in an automatic termination as detailed. An Automatic termination is not considered an adverse recommendation or action but may be considered in any investigation or proceeding pursuant to Article VIII of these Bylaws.

(1) Revocation of a physician's professional license by the Texas Medical Board shall cause all the member's clinical privileges and the medical staff membership to automatically terminate.

(2) Conviction of or a guilty or nolo contendere plea to (including deferred adjudication) for a felony or conviction of or a guilty or nolo contendere plea to any other criminal charges involving substance abuse, minors, assault, battery, fraud, dishonesty, moral turpitude, or the delivery of health care services by a member shall result in automatic termination of the member's privileges and medical staff membership.

(3) A member's privileges and staff membership shall automatically terminate if the member becomes an Ineligible Person as that term is defined in these Bylaws.

(4) Loss of employment or contractual relationship with University of Houston College of Medicine or Harris Health, to provide clinical care in Correctional Health shall result in automatic termination of the Practitioner~~'s~~ or APP's privileges and staff membership. However, if the loss of employment is related to the member's professional competence or conduct, such action is considered an adverse action under Article VIII, Section 1.

(5) The privileges and medical staff membership of a member who is suspended four times in a twelve (12) month period for delinquency in completion of medical records shall automatically terminate upon the first day of the fourth suspension within twelve months

(6) The privileges and medical staff membership of a member who remains suspended for six (6) continuous weeks for delinquency in completion of medical records shall automatically terminate upon the last day of the sixth week of continuous suspension.

(7) Failure to notify Medical Staff Services of the occurrence of any of the events listed in Article VII, Section 3 shall result in automatic termination of a member's privileges and medical staff membership.

a. Notice

The member must be immediately notified by Special Notice from the Chief Medical Officer.

Section ~~5~~6. Medical Administrative Positions

A Medical Staff member shall not lose staff privileges if his or her medical administrative position is terminated without following the hearing and appellate procedures as outlined in Article VIII.

ARTICLE VIII — PROCEDURAL RIGHTS OF REVIEW

Section 1. Events Giving Rise to Hearing Rights

a. Actions or Recommended Actions

Subject to the exceptions set forth in Section 1.c of this Article, the following actions or recommended actions, if deemed adverse under Section 1.b below, entitle the member (for purposes of this Article, the term "member" shall include an applicant to the Medical Staff whose application for Medical Staff appointment and clinical privileges has been denied) to a hearing upon timely and proper request as provided in Section 4:

(1) Denial of initial Medical Staff appointment;

(2) Denial of reappointment;

(3) Suspension of appointment, provided that summary suspension entitles the member to request a hearing only as specified in this section;

(4) Revocation of appointment;

(5) Denial or restriction of requested clinical privileges;

(6) Reduction in clinical privileges;

(7) Suspension of clinical privileges, provided that summary suspension entitles the member to request a hearing only as specified in this section,

(8) Revocation of clinical privileges;

(9) Individual application of, or individual changes in, mandatory consultation or supervision requirement; or

(10) Summary suspension of appointment or clinical privileges, if the recommendation of the Medical Executive Committee or action by the Governing Body is to continue the suspension or to take other action which would entitle the member to request a hearing under Section 4, provided that if the Medical Executive Committee initiates an investigation of the member in accordance with Article VIII, no hearing rights shall accrue until the Medical Executive Committee had acted upon the report of the ad hoc committee.

b. When Deemed Adverse

Except as provided below, any action or recommended action listed in Section 1.a above is deemed adverse to the member only when it has been:

(1) recommended by the Medical Executive Committee; or

(2) taken by the Governing Body under circumstances where no prior right to request a hearing exists.

c. Exceptions to Hearing Rights

(1) Certain Actions or Recommended Actions: Notwithstanding any provision in these Bylaws, or in the Credentialing Procedures Manual to the contrary, the following actions or recommended actions do not entitle the member to a hearing:

(a) the issuance of a verbal warning or formal letter of reprimand; the imposition of a monitoring or consultation requirement as a condition attached to the exercise of clinical privileges during a provisional period;

(b) the imposition of a probationary period involving review of cases;

(c) the imposition of a requirement for a proctor to be present at procedures performed by the member, provided that there is no requirement for the proctor to grant approval prior to provision of care;

(d) the removal of a Practitioner from a medical administrative office within the hospital unless a contract or employment arrangement provides otherwise; and

(e) any other action or recommended action not listed in Section 1.a above.

(2) Other Situations: An action or recommended action listed in Section 1.a above does not entitle the applicant or member to a hearing when it is:

(a) voluntarily imposed or accepted by the Practitioner;

(b) automatic pursuant to any provision of these Bylaws and related manuals;

(c) taken or recommended with respect to temporary privileges, unless the action must be reported to the National Practitioner Data Bank.

Section 2. Notice of Adverse Action

a. Correctional Health shall, within fifteen (15) days of receiving written notice of an adverse action or recommended action under Section 1.a, give the Practitioner Special Notice thereof. The notice shall:

(1) advise the Practitioner of the nature of and reasons for the proposed action and of his or her right to mediation or a hearing upon timely and proper request pursuant to Section 3 and/or Section 4 of this Article VIII~~IX~~;

(2) specify that the Practitioner has thirty (30) days after receiving the notice within which to submit a request for mediation or a hearing and that the request must satisfy the conditions of Section 3 and/or Section 4;

(3) state that failure to request mediation or a hearing within that time period and in the proper manner constitutes a waiver of rights to mediation or a hearing and to an appellate review on the matter that is the subject of the notice;

(4) state that any higher authority required or permitted under this Article to act on the matter following a waiver is not bound by the adverse action or recommended

action that the Practitioner has accepted by virtue of the waiver but may take whatever action, whether more or less severe, it deems warranted by the circumstances;

(5) state that upon receipt of his mediation or hearing request, the Practitioner will be notified of the date, time, and place of the hearing, and the grounds upon which the adverse recommendation or action is based; and

(6) provide a brief summary of the rights the Practitioner would have at a hearing, as set forth in Sections 12-14 of this Article.

Section 3. Request for Mediation

a. Within ten (10) days of receipt of the notice of adverse recommendations giving rise to hearing rights, an affected member may file a written request for mediation. The request must be delivered by Special Notice to the Chief Medical Officer and state the reason the member believes mediation is desirable. If a hearing has already been scheduled, mediation must be completed prior to the date of the hearing. If no hearing has been scheduled, the mediation must take place within 45 days of receipt of the request. Under no circumstances will a hearing be delayed beyond the originally scheduled date unless both parties agree to a continuance to a date certain.

b. The mediator shall be selected by the Chairperson of the Medical Executive Committee and must have the qualifications required by state law and experience in medical staff privileging and disputes.

c. The fee of the mediator shall be shared equally among the parties.

d. An individual shall be appointed by the Chairperson of the Medical Executive Committee to participate in the mediation and represent the Medical Executive Committee. The affected member and the representative of the Medical Executive Committee may each be accompanied in the mediation by counsel of their choice.

e. Under no circumstances may the mediation delay the filing of any report required by law, or result in an agreement to take any action not permitted by law. No agreement arising out of the mediation may permit or require the Medical Executive Committee, the Governing Body, or Harris Health to violate any legal requirement, accreditation requirement or any requirement of these Bylaws.

f. If no resolution is reached through the mediation, a hearing must be scheduled no later than forty-five (45) days following the mediation, unless otherwise agreed by the parties.

Section 4. Request for Hearing

The Practitioner shall have thirty (30) days after receiving the above notice to file a written request for a hearing. The request must be delivered to the Chief Medical Officer by Special Notice.

Section 5. Waiver by Failure to Request a Hearing

A member who fails to request a hearing within the time and in the manner specified in Section 4 above waives his or her right to any hearing and appellate review to which he or she might otherwise have been entitled. Such waiver shall apply only to the matters that were the basis for the adverse action or recommended action triggering the Section 2 notice. The Chief Medical Officer shall as soon as reasonably and ~~practicable~~ practicably send the member Special Notice of each action taken under any of the following Sections and shall notify the Chairperson of the Medical Executive Committee of each such action. The effect of a waiver is as follows:

a. Adverse Action by the Governing Body

A waiver constitutes acceptance of the adverse action, which immediately becomes the final decision of the Governing Body.

b. Adverse Recommendation by the Medical Executive Committee

A waiver constitutes acceptance of the adverse recommendation, which becomes effective immediately and remains so pending the decision of the Governing Body. The Governing Body shall consider the adverse recommendation as soon as practicable following the waiver but at least at its next regularly scheduled meeting. Its action has the following effect:

(1) If the Governing Body's action accords in all respects with the Medical Executive Committee recommendation, the Governing Body decision becomes effective immediately.

(2) If, on the basis of the same information and material considered by the Medical Executive Committee in formulating its recommendation, the Governing Body proposes a more severe adverse action, the member shall be entitled to a hearing.

Section 6. Additional Information Obtained Following Waiver

When, in considering an adverse Medical Executive Committee recommendation transmitted to it under Section 5.b of this Article VIII~~IX~~, the Governing Body acquires or is informed of additional relevant information not available to or considered by the Medical Executive Committee, the Governing Body shall refer the matter back to the Medical Executive Committee for reconsideration within a set time limit. If the source of the additional information referred to in this Section is the member or an individual or group functioning, directly or indirectly, on his or her behalf, the provisions of this Section shall not apply unless the member demonstrates to the satisfaction of the Medical Executive Committee that the information was not reasonably discoverable in time for presentation to and consideration by the party taking the initial adverse action.

a. If the Medical Executive Committee's recommendation following reconsideration is unchanged, the Governing Body shall act on the matter as provided in Section 5.b. of this Article.

b. If the Medical Executive Committee's recommendation following reconsideration is still adverse but is more severe than the action originally recommended, it is deemed a new adverse recommendation under Section 1.a of this Article and the matter proceeds as such.

c. A favorable Medical Executive Committee recommendation following reconsideration shall be forwarded as soon as reasonably practicable to the Governing Body by the Chief Medical Officer. The effect of the Governing Body action is as follows:

(1) Favorable: Favorable Governing Body action on a favorable Medical Executive Committee recommendation becomes effective immediately.

(2) Adverse: If the Governing Body's action is adverse, the member shall be entitled to a hearing.

Section 7. Notice of Time and Place for Hearing

The Chief Medical Officer shall deliver a timely and proper request for a hearing to the Chair of the Medical Executive Committee or Chairperson of the Governing Body, depending on whose recommendation or action prompted the hearing request. The Chairperson of the Medical Executive Committee or the Chairperson of the Governing Body, as appropriate, shall then schedule a hearing. Hearings held by the Governing Body or any committee of the Governing

Body under this Article of these Bylaws will be closed meetings pursuant to Chapter 151 of the Texas Occupations Code and Section 161.032 of the Texas Health & Safety Code. The hearing date shall be set for as soon as practicable after the Chief Medical Officer received the request but, in any event, no more than forty-five (45) days thereafter. The Chief Medical Officer shall send the member Special Notice of the time, place, and date of the hearing, and the identity of the hearing committee members or hearing officer not less than thirty (30) days from the date of the hearing. The notice provided to the member shall contain a list of the witnesses, if any, expected to testify at the hearing on behalf of the Medical Executive Committee or Governing Body, whichever is appropriate. The member must provide a list of the witnesses expected to testify on his behalf within ten (10) days of this notice. If the member is under suspension, he or she may request that the hearing be held not later than twenty (20) days after the Chief Medical Officer has received the hearing request. The Chief Medical Officer may grant the member's request after consultation with the Chairperson of the Medical Executive Committee or Chairperson of the Governing Body. If the member does not in good faith cooperate in scheduling a hearing date, and as a result, a hearing has not been scheduled within ninety (90) days from the date of the first proposal for a hearing date by the Medical Executive Committee or Chairperson of the Governing Body, the member shall be deemed to have waived the member's right to a hearing in accordance with this Article, Section 5, unless both parties agree to a delayed hearing date.

The notice of hearing shall contain a concise statement of the member's alleged acts or omissions, a list by number of the specific or representative patient records in question, and/or the other reasons or subject matter forming the basis for the adverse action which is the subject of the hearing.

Section 8. Appointment of Hearing Committee or Hearing Officer

a. By Medical Staff

A hearing occasioned by an adverse Medical Executive Committee recommendation shall be conducted by a hearing committee appointed by the Chairperson of the Medical Executive Committee and composed of at least three (3) members of the Medical Staff. The Chairperson of the Medical Executive Committee shall designate one of the appointees as Chairperson of the committee.

b. By the Governing Body

A hearing occasioned by an adverse action of the Governing Body shall be conducted by a hearing committee appointed by the Chairperson of the Governing Body and composed of at least three (3) persons, including at least two (2) medical staff members when feasible. The Chairperson of the Governing Body shall designate one appointee as Chairperson of the committee.

c. Service on Hearing Committee

An individual shall not be disqualified from serving on a hearing committee merely because he or she has heard the case or has knowledge of the facts involved or what he or she supposes the facts to be. Any member of the Hearing Committee shall not be in direct economic competition with the member involved. Direct economic competition may not be shown based solely on the member's medical school affiliation. Within ten (10) days of receipt of the Notice of Hearing, the member under review may submit a written challenge to a member of the hearing panel, specifying the manner in which the hearing committee member is deemed to be disqualified along with supporting facts and circumstances. The Medical Executive Committee or Governing Body, as appropriate,

shall consider and rule on the challenge.

d. Hearing Officer in Lieu of Hearing Committee

Subject to the approval of the Governing Body, the Medical Executive Committee may determine that the hearing will be conducted in front of a hearing officer to be appointed by the Medical Executive Committee. This officer shall not be in direct economic competition with the member involved. The term "hearing officer" as used in this Section 8.d shall be used to refer to a hearing officer who is appointed in lieu of a Hearing Committee and shall not refer to an appointed presiding officer of a Hearing Committee, provided, however, that a presiding officer still may be appointed. The decision of a Hearing Officer appointed in lieu of a Hearing Committee shall have the same force and effect as a decision by the Hearing Committee.

Section 9. Final List of Witnesses

The witness lists required in Section 7 of this Article shall be amended as soon as possible by the appropriate party when additional witnesses are identified. The final list of witnesses must be submitted to the Presiding Officer and exchanged by the member and the Medical Executive Committee or the Governing Body, as appropriate, no later than seven (7) days prior to the hearing. Failure of a party to comply with this requirement shall constitute good cause for the Presiding Officer to grant a continuance or otherwise limit the testimony of witnesses not disclosed within the required timeframe.

Section 10 Documents

All documents the parties plan to introduce into evidence at the hearing must be submitted to the Presiding Officer and exchanged by the member and the Medical Executive Committee or the Governing Body, as appropriate, no later than seven (7) days prior to the hearing. Failure of a party to comply with this requirement shall constitute good cause for the Presiding Officer to grant a continuance or otherwise limit the introduction into evidence of documents not produced within the required timeframe.

Section 11 Personal Presence

The personal presence of the member is required throughout the hearing, unless the member's presence is excused for any specified time by the hearing committee. The presence of the member's representative does not substitute for the personal presence of the member. A member who fails, without good cause, to be present throughout the hearing unless excused or who fails to proceed at the hearing in accordance with this Article of these Bylaws shall be deemed to have waived his or her rights in the same manner and with the same consequence as provided in Sections 4 and 5 of this Article, if applicable.

Section 12 Presiding Officer

The hearing officer, if appointed pursuant to this Article of these Bylaws, or if not appointed, the hearing committee Chairperson, shall be the presiding officer. The presiding officer shall maintain decorum and assure that all participants have a reasonable opportunity to present relevant evidence. He or she shall determine the order of procedure during the hearing and make all rulings on matters of procedure and the admissibility of evidence. The presiding officer shall not act as a prosecuting officer or as an advocate to any party to the hearing. If a hearing officer is appointed, he or she shall not be entitled to vote. If the Chairperson of the hearing committee serves as the presiding officer, he or she shall be entitled to vote.

Section 13 Representation

The member may be represented at the hearing by a member of the Medical Staff in good standing, a member of his or her local professional society, or an attorney of his or her choice. The Medical Executive Committee or Governing Body, depending on whose recommendation or action prompted the hearing, shall designate a medical staff member to support its recommendation or action and, in addition, may appoint an attorney to represent it.

Section 14 Rights of Parties

During the hearing, each party shall have the following rights, which shall be exercised in a manner so as to permit the hearing to proceed efficiently and expeditiously:

(1) provide an opening statement no longer than 5 minutes each;
(2) call and examine witnesses;
(3) introduce exhibits;
(4) cross-examine any witness on any matter relevant to the issues;
(5) impeach any witness; and
(6) rebut any evidence.

If the member does not testify in his or her own behalf, he or she may be called and examined as if under cross-examination.

Section 15 Procedure and Evidence

The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or presentation of evidence. In the discretion of the presiding officer, any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs may be considered, regardless of the admissibility of such evidence in a court of law. Each party shall be entitled, prior to, during, or at the close of the hearing, to submit memoranda concerning any issue of law or fact, and those memoranda shall become part of the hearing record. Written memoranda, if any, must be presented to the presiding officer, and a copy must be provided to the other party. The hearing committee may ask questions of the witnesses, call additional witnesses, or request documentary evidence if it deems it is appropriate.

Section 16 Official Notice

In reaching a decision, the hearing committee may take official notice, either before or after submission of the matter for decision, of any generally accepted technical or scientific matter relating to the issues under consideration and of any facts that may be judicially noticed by the courts of the State of Texas. Participants in the hearing shall be informed of the matters to be noticed and those matters shall be noted in the hearing record. Either party shall have the opportunity to request that a matter be officially noticed and to refute the officially noticed matters by written or oral presentation of authority, in a manner to be determined by the hearing committee. Reasonable additional time shall be granted, if requested, to present written rebuttal of any evidence admitted on official notice.

Section 17 Burden of Proof

The body whose adverse action or recommended action occasioned the hearing shall have the burden of coming forward with evidence in support thereof. Thereafter, the member shall have the burden of coming forward with evidence and proving by clear and convincing evidence that the adverse action or recommended action lacks any substantial factual basis or is otherwise arbitrary, unreasonable, or capricious.

Section 18 Hearing Record

A court reporter shall be used to record the hearing, although those giving testimony need not be sworn by said reporter. The court reporter shall transcribe the hearing and submit a written copy to the presiding officer within 10 business days after adjournment of the hearing for his/her review. The presiding officer shall return any noted corrections to the court reporter within 7 days. The member may within ten days after the hearing's adjournment also request a copy of the hearing report upon payment of any reasonable costs associated with the preparation of said report and in such event may review the hearing report and return any noted corrections to the court reporter within 7 days. If the member fails to request a copy of the hearing report or if the hearing report is not returned in 7 days, the right to make any changes is waived.

Section 19 Postponement

Requests for postponement or continuance of a hearing may be granted by the presiding officer or hearing committee only upon a timely showing of good cause.

Section 20 Presence of Hearing Committee Members and Vote

A majority of the hearing committee must be present throughout the hearing and deliberations. If a committee member is absent from any part of the hearing or deliberations, the presiding officer, in his or her discretion, may rule that such member may not participate further in the hearing or deliberations or in the decision of the hearing committee.

Section 21 Recesses and Adjournment

The hearing committee may recess and reconvene the hearing without Special Notice for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon conclusion of the presentation of oral and written evidence, the hearing shall be adjourned. The hearing committee shall, at a time convenient to itself, conduct its deliberations outside the presence of the parties.

Section 22 Hearing Committee Report

Within twenty (20) days after adjournment of the hearing, the hearing committee shall make a written report of its findings and recommendations with such reference to the hearing record and other considered documentation as it deems appropriate. The hearing committee shall forward the report to the body whose adverse action or recommended action occasioned the hearing. The member shall also be given a copy of the report by Special Notice. The hearing record and other documentation shall be transmitted to the Medical Staff Office for safekeeping as official records and minutes of the Medical Staff and shall be made available for review by any party between the hours of 8:00 a.m. and 4:30 p.m. Monday through Friday, excluding holidays.

Section 23 Action on Hearing Committee Report

Within thirty (30) days after receiving the hearing committee report, the body whose adverse action or recommended action occasioned the hearing shall consider said report and affirm, modify, or reverse its action or recommended action. It shall transmit the result to the Chief Medical Officer.

Section 24 Notice and Effect of Result

a. Notice

As soon as is reasonably practicable, the Chief Medical Officer shall send a copy of the result to the member by Special Notice and to the Chairperson of the Medical Executive Committee.

b. Effect of Favorable Result

(1) Adopted by the Governing Body: If the Governing Body's determination is favorable to the member, it shall become effective immediately.

(2) Adopted by the Medical Executive Committee: If the Medical Executive Committee result is favorable to the member, the Chief Medical Officer shall, as soon as is reasonably practicable, forward it to the Governing Body which may adopt or reject the result in whole or in part, or refer the matter back to the Medical Executive Committee for further reconsideration. Any referral back shall state the reasons, set a time limit within which a subsequent recommendation must be made, and may include a directive for an additional hearing. After receiving a subsequent recommendation and any new evidence, the Governing Body shall take action. Favorable action by the Governing Body shall become effective immediately.

c. Effect of Adverse Result

If the hearing results in an adverse recommendation, the member shall receive Special Notice of his or her right to request appellate review.

Section 25 Request for Appellate Review

A member shall have thirty (30) days after receiving Special Notice of an adverse result to file a written request for an appellate review. The request must be delivered to the Chief Medical Officer by Special Notice.

Section 26 Waiver by Failure to Request Appellate Review

A member who fails to request an appellate review within the time and in the manner specified in Section 24 of this Article shall have waived any right to a review. The waiver has the same force and effect as provided in Sections 5 and 6 of this Article, if applicable.

Section 27 Notice of Time and Place for Appellate Review

The Chief Medical Officer shall deliver a timely and proper request for appellate review to the Chairperson of the Governing Body. As soon as practicable, said Chairperson shall schedule an appellate review to commence not less than thirty (30) days nor more than sixty (60) days after the Chief Medical Officer received the request. If the member is under suspension, he or she may request that the appellate review be held not later than twenty (20) days after the Chief Medical Officer has received the appellate review request. The Chief Medical Officer may grant the member's request after consultation with the Chairperson of the Medical Executive Committee or Governing Body. At least thirty (30) days prior to the appellate review, the Chief Medical Officer shall send the member Special Notice of the time, place, and date of the review. The time for appellate review may be extended by the Chairperson of the Governing Body for good cause.

Section 28 Appellate Review Body

The appellate review may be conducted by the Governing Body. The Chairperson of the Governing Body will appoint a committee consisting of three (3) to nine (9) members of the Governing Body to hear the appeal, including at least one (1) physician. The Chairperson shall designate one of the members as Chairperson.

Section 29 Nature of Proceedings

The proceedings by the review body are a review based upon the hearing record, the hearing committee's report, all subsequent results and actions, the written statements, if any, provided

below, and any other material that may be presented and accepted. The presiding officer shall direct the Medical Staff Office to make the hearing record and hearing committee report available at the appellate review for use by any party. The review body shall determine whether the foregoing evidence demonstrates that the member has met the applicable burden of proof as required under Section 16 of this Article.

Section 30 Written Statements

The member may submit a written statement detailing the findings of fact, conclusions, and procedural matters with which he or she disagrees and his or her reasons. This written statement may cover any matters raised at any step in the hearing process. The statement shall be submitted to the appellate review body and to the group whose adverse action or recommended action occasioned the review through the Chief Medical Officer at least five (5) days prior to the scheduled date of the review, except if the time limit is waived by the review body or its presiding officer. A similar statement may be submitted by the body whose adverse action or recommended action occasioned the review, and if submitted, the Chief Medical Officer shall provide a copy to the member and to the appellate review body at least ten (10) days prior to the scheduled date of the appellate review.

Section 31 Presiding Officer

The Chairperson of the appellate review body is the presiding officer. He or she shall determine the order of procedure during the review, make all required rulings, and maintain decorum.

Section 32 Oral Statement

The appellate review body, in its sole discretion, may allow the parties or their representatives to personally appear and make oral statements in favor of their positions. Any party or representative appearing shall be required to answer questions put by any member of the review body.

Section 33 Consideration of New or Additional Matters

New or additional matters or evidence not raised or presented during the original hearing or in the hearing report and not otherwise reflected in the record may be introduced at the appellate review only at the discretion of the review body and only if the party requesting consideration of the matter or evidence demonstrates to the satisfaction of the review body that it could not have been discovered in time for the initial hearing. The requesting party shall provide, through the Chief Medical Officer, a written, substantive description of the matter or evidence to the appellate review body and the other party prior to its being introduced at the review. Any such new or additional matters or evidence shall be subject to the same rights of cross-examination, impeachment, and rebuttal provided at the hearing pursuant to Section 13 of this Article.

Section 34 Powers

The appellate review body has all the powers granted to the hearing committee, and any additional powers that are reasonably appropriate to or necessary for the discharge of its responsibilities.

Section 35 Presence of Members and Vote

A majority of the members of the review body must be present throughout the appellate review and deliberations. If a member is absent from any part of the proceedings, the presiding officer of the appellate review may, in his discretion, rule that said member shall not be permitted to participate further in the review or deliberations or in the decision of the review body.

Section 36 Recesses and Adjournments

The review body may recess and reconvene the proceedings without Special Notice for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. At the conclusion of the oral statements, if allowed, the appellate review shall be adjourned. The review body shall then, at a time convenient to itself, conduct its deliberations outside the presence of the parties.

Section 37 Action Taken

Within thirty (30) days after adjournment pursuant to Section 21 of this Article, the review body shall prepare its report and conclusion with the result as provided below. The Chief Medical Officer shall send notice of each action taken under Section 22 of this Article below to the Chairperson of the Medical Executive Committee for transmittal to the appropriate Staff authorities and to the member by Special Notice.

a. Governing Body Decision

(1) Within fifteen (15) days after adjournment, appellate review body shall make its decision, including a statement of the basis of the decision. The appellate review body may decide:

(a) that the adverse recommendation be affirmed;

(b) that the adverse recommendation be denied;

(c) that the matter be the subject of further hearing or other appropriate procedures within a specified time period; or

(d) that modification of the adverse recommendation be made so that it is no longer unreasonable, arbitrary, capricious, or discriminatory.

If the appellate review body finds that the procedures were substantially complied with and that the adverse recommendation which is the subject of the appeal was not unreasonable, arbitrary, capricious, discriminatory, or lacking in basis, it shall affirm the adverse recommendation in its decision.

(2) A majority vote of the members of the appellate review body authorized to vote is required for an adverse decision.

(3) The decision of the appellate review body on behalf of the Governing Body shall be effective upon the date of such decision, unless reversed or modified by the Governing Body within thirty (30) days.

(4) A copy of the appellate review body's decision shall be sent to the member by Special Notice within five (5) days following its decision.

Section 38 Hearing Officer Appointment and Duties

The use of a hearing officer to preside at the evidentiary hearing is optional and is to be determined by, and the actual officer if any to be used is to be selected by the Chairperson of the Medical Executive Committee in conjunction with the Chief Medical Officer. A hearing officer may or may not be an attorney at law, but must be experienced in and recognized for conducting Medical Staff hearings in an orderly, efficient, and non-partisan manner.

Section 39 Number of Hearings and Reviews

Notwithstanding any other provision of these Bylaws, no member shall be entitled as a right to more than one evidentiary hearing and appellate review with respect to the subject matter that is

the basis of the adverse action or recommended action giving use to the right.

Section 40 Release

By requesting a hearing or appellate review under this Article, a member agrees to be bound by the provisions of Article VII of these Bylaws.

ARTICLE IX – CHIEF MEDICAL OFFICER

Section 1. Appointment

The Chief Medical Officer shall be an employee of Harris Health and be a direct report of Harris Health's Chief Medical Executive.

Section 2. Responsibilities

The Chief Medical Officer is invested with the following duties and prerogatives, which he may perform personally or delegate to appropriate members of his or her leadership team:

1. Call and preside over Quality Improvement (QI) meetings.
2. Facilitate adherence of the Medical Staff of these Bylaws.
3. Be chief spokesperson and enunciator of policy for the Medical Staff.
4. Monitor adherence to policies with respect to patient rights.
5. Assist in arranging for an appropriately trained, professional staff capable of providing safe, efficient, quality patient care.
6. Assist in developing a structure that clearly delineates the authority and responsibility of the Medical Staff within the organization.
7. Take the initiative in developing, on behalf of the Medical Staff, appropriate policies and procedures for the safe, effective conduct of business and provision of patient care; and review all clinical policies and procedures.
8. Take the initiative in developing, on behalf of the Medical Staff, Quality Improvement, Risk Management, and Peer Review programs in accordance with applicable standards.
9. Assist in arranging for ancillary services including laboratory, radiology, and pathology services.
10. Carry out all other duties specifically entrusted to him/her by the Medical Executive Committee, Governing Body, or any other provision of these Bylaws.

ARTICLE X — COMMITTEES

The Governing Body or Chief Medical Officer, may establish such committees as are necessary to fulfill the functions of Correctional Health.

Unless otherwise specified in these Bylaws or at the time of selection or appointment of a Committee, non-~~Medical~~medical staff members of a committee shall serve in an ex-officio capacity without a vote.

Committees of the Medical Staff described in these Bylaws all function as "medical committees" and/or "medical peer review committees" pursuant to state law. Each committee's records and proceedings are, therefore, confidential, legally privileged, and protected from discovery under certain circumstances.

The function that the committee performs determines the protected status of its activities. Information is protected by the privilege if it is sought out or brought to the attention of the medical committee and/or medical peer review committee for purposes of an investigation, review, or other deliberative proceeding. Medical peer review activities include the evaluation of medical and

health care services, including the evaluation of the qualifications of professional health care practitioners and of patient care provided by those practitioners. These review activities include evaluating the merits of complaints involving health-care practitioners, and determinations or recommendations regarding those complaints. The medical peer review privilege applies to records and proceedings of the committee, and oral and written communications made to a medical peer review committee when engaged in medical peer review activities. Medical committee activities also include the evaluation of medical and health care services. The medical committee privilege protection extends to the minutes of meetings, correspondence between committee members relating to the deliberative process, and any final committee product, such as any recommendation or determination.

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

The records and proceedings of the Correctional Health and/or Harris Health departments ***that support*** the quality and peer review functions of a committee, such as the Patient Safety/Risk Management and Quality Program departments are also confidential, legally privileged, and protected from discovery, if the records are prepared by or at the direction of the committee, and are not kept in the ordinary course of business. Routine administrative records prepared by Correctional Health in the ordinary course of business are not legally privileged or protected from discovery. Documents that are gratuitously submitted to the committee, or which have been created without committee impetus and purpose, are also not protected.

Section 1. The Medical Executive Committee

a. Membership

All Medical Staff members are eligible for membership on the Medical Executive Committee. The Chief Medical Officer shall serve as the Chair of the Medical Executive Committee.

b. Voting Members

The Medical Executive Committee shall consist of five (5) members of the Medical Staff, including the Chief Medical Officer.

c. Election of Voting Members

Voting members of the Medical Executive Committee will be elected every two (2) years. Nominations and voting will occur at the beginning of the first Medical Executive Committee meeting of the new term. In the event a voting member is unable to complete his or her term, a special election will occur at the next Medical Executive Committee to fill the position.

d. Ex-officio Non-Voting Members:

(1) Harris Health System President & Chief Executive Officer;

(2) Harris Health System Chief Strategy Officer; and

(3) Harris Health System Chief Medical Executive.

e. Invited Guests

At the request of a committee member, non-voting guests may attend meetings of the Medical Executive Committee.

f. Duties

(1) Report to the Governing Body on all evaluation, monitoring and recommendations regarding the appropriateness and quality of health care services rendered to the patients;

(2) Review, investigate, and make recommendations on matters relating to the professional competence and conduct of Practitioners and APPs, including the merits of complaints and appropriate corrective action;

(3) Represent and act on behalf of the Medical Staff and APPs between meetings, subject to such limitations imposed by these Bylaws;

(4) Coordinate the activities of and initiate and implement general policies applicable to the Medical Staff;

(5) Receive and act upon committee reports;

(6) Act as the liaison between the Medical Staff and the Governing Body;

(7) Periodically review all information available concerning the performance and clinical competence of Practitioners and APPs with clinical privileges and make recommendations for reappointment or changes in clinical privileges;

(8) Take all reasonable steps to ensure professional, ethical conduct and competent clinical performance on the part of the Practitioners and APPs with clinical privileges;

(9) Review credentials of all applicants to the Medical Staff, as well as APPs, make recommendations on initial appointment and reappointment to the medical staff, and delineate clinical privileges;

(10) Perform appropriate functions related to quality assessment and improvement, medical records, infection control, medical staff utilization, pharmacy and therapeutics, and other such functions; and

(11) Perform other duties as requested by the Governing Body.

(12) Monitor and determine that system issues that are identified as part of professional practice evaluation activities are successfully resolved;

(13) Work with Service Chiefs to disseminate educational lessons learned from the review of cases pursuant to the Professional Practice Evaluation (PPE) Policy, either through peer learning sessions in the Service or through some other mechanism

(14) Educating the CH Medical Staff and other CH staff regarding illness and impairment recognition issues specific to Practitioners and APPs;

(15) Encourage self-reporting by Practitioners and APPs and referral by other members of the CH Medical Staff

(16) Determining the best avenue of referral to care for a Practitioner or APP;

(17) Monitoring the progress of an affected Practitioner of APP until the rehabilitation process is complete

~~(11)~~(18) Reporting to the CH Medical Director or their designee, instances when there is evidence that a Practitioner or APP represents a clear and imminent danger to self, others, or patients.

ARTICLE XI— IMMUNITY FROM LIABILITY

The following shall be express conditions to any Medical Staff member's application for clinical privileges within Correctional Health:

Condition 1.

Any act, communication, report, recommendation, or disclosure, with respect to any such Medical Staff member performed, or made in good faith and without malice, for the purpose of achieving and maintaining quality patient care in this or any other health care facility, shall be privileged and immune from liability to the fullest extent permitted by law.

Condition 2.

All such privileges and immunities shall extend to members of Correctional Health Medical Staff and of its Governing Body, its other Practitioners, its Chief Medical Officer and his or her representatives, and to third parties who supply information to any of the foregoing authorized to receive, release, or act upon the same. For the purpose of this Article, the term "third parties" means both individuals and organizations who provide information to an authorized representative of the Governing Body or of the Medical Staff.

Condition 3.

There shall be, to the fullest extent permitted by law, absolute immunity from civil liability arising from any such act, communication, report, recommendation, or disclosure, even where the information involved would otherwise be deemed privileged.

Condition 4.

All such immunity shall apply to all acts, communications, reports, recommendations, or disclosures performed or made in connection with this or any other health care institution's activities, including, but not limited to:

a. Applications for appointment or clinical privileges;
b. Periodic reappraisals for reappointment or clinical privileges;
c. Corrective action, including summary suspension;
d. Hearings and appellate reviews;
e. Medical care evaluations;
f. Utilization reviews; and
g. Other activities related to quality patient care and inter-professional conduct. Condition 5.

The acts, communications, reports, recommendations and disclosures referred to in this Article may relate to a Medical Staff member's professional qualifications, ethics, or any other matter that might directly or indirectly have an effect on patient care.

Condition 6.

Each Medical Staff member shall, upon request, execute a release in favor of the entities identified in the Second paragraph of this Section and consistent with the provisions of this Article.

ARTICLE XII — CONFLICTS OF INTEREST

Section 1. Definitions

Conflicts of Interest – A conflict of interest potentially exists when a Medical Staff member, or a relative, has direct or indirect interests, including financial and personal interests, or business transactions or professional activities, that may compromise or appear to compromise: (1) the Medical Staff member's clinical judgment; (2) the delivery of patient care; or (3) the Medical Staff member's ability to fulfill his or her Medical Staff obligations.

Section 2. Compliance

Medical Staff members must comply with the Conflict of Interest policies of their affiliated organization (e.g., The University of Houston College of Medicine or Harris Health).

Section 3. Disclosure of Potential Conflict of Interest

a. Medical Staff member shall have a duty to disclose any conflict of interest when such interest is relevant to a matter of action (including a recommendation to Harris Health Administration or the Governing Body) being considered by a committee, department or other body of the Medical Staff. In a Medical Staff member's dealings with and on behalf of Correctional Health, the Medical Staff member shall be held to a strict rule of honest and fair dealing with Correctional Health. The Medical Staff member shall not use his or her position, or knowledge gained there from, so that a conflict might arise between the interests of Correctional Health and those of the Medical Staff ~~membe~~member.

b. As a matter of procedure, the Chairperson of the Medical Staff committee or other body designated to consider a matter that may lead to the provision of items, services or facilities to Correctional Health by a third party or the establishment of a business relationship between a third party and Correctional Health shall inquire, prior to any discussion of the matter, whether any Medical Staff member has a conflict of interest. The existence of a potential conflict of interest on the part of any committee member may be called to the attention of the committee Chairperson by any Medical Staff member with knowledge of the matte

c. Any Medical Staff member with a conflict of interest on any matter should not vote or use his or her personal influence regarding the matter, and he or she should not be counted in determining the quorum for the body taking action or making a recommendation to the Governing Body. The minutes of that meeting should reflect that a disclosure was made, the abstention from voting, and the quorum ~~situatio~~situation.

d. The foregoing requirements should not be construed as preventing the Medical Staff member from briefly stating his or her position in the matter, nor from answering pertinent questions by the Governing Body or other Medical Staff members since his or her knowledge may be of great assistance.

ARTICLE XIII — CREDENTIALING POLICIES AND PROCEDURES

The Medical Staff shall adopt a Medical Staff Credentialing Procedures Manual as may be necessary to implement more specifically the general principles found within these Bylaws, subject to the approval of the Governing Body. These shall relate to the proper conduct of Medical Staff organizational activities, as well as embody the level of practice that is to be required of each Practitioner and APP in Correctional Health. Such Medical Staff Credentialing Procedures Manual shall be a part of these Bylaws, except that the Manual may be amended or repealed without previous notice at any general meeting of Medical Staff, or by the Medical Executive Committee or at any

special Medical Staff meeting on notice, provided a quorum is present. A majority vote of those present shall be required for amendment or repeal.

ARTICLE XIV — AMENDMENTS

Section 1. Amendment Process

a. Amendment(s) to the Bylaws may be proposed at any meeting of the Medical Executive Committee.

b. All proposed amendments to the Bylaws approved by the Medical Executive Committee shall be submitted to the members of the Active Medical Staff for approval. The proposed amendment(s) to be adopted shall require a majority vote of the Active Medical Staff voting on the proposed amendment. Proposed Bylaws may be voted on at any regular or special meeting of the Medical Staff or submitted to the members of the Active Medical Staff for vote by written or electronic ballot, as approved by the Medical Executive Committee. Notice of such regular or special meeting shall be made at least fifteen (15) days in advance and shall include the Bylaws amendment(s) to be voted upon.

c. Bylaws Amendment(s) approved by the Medical Executive Committee and the Medical Staff shall be forwarded to the Governing Body, which shall approve, disapprove or approve with modifications. If the Governing Body modifies any Bylaw amendments approved by the Medical Executive Committee and the Medical Staff, such amendments, as modified, shall be returned to the Medical Executive Committee, which may accept or reject the modifications. If the Medical Executive Committee accepts the modifications, the amendment shall be submitted to the members of the Active Medical Staff for approval or disapproval as described in Section (b) above. If the Medical Executive Committee rejects the modification, the amendment shall be submitted again to the Governing Body, which may either approve or disapprove the amendment. Any disputes regarding proposed bylaws amendments shall be referred to the Joint Conference Committee for discussion and further recommendation to the Medical Executive Committee and the Governing Body.

d. Bylaws Amendments may also be proposed to the Governing Body by the Medical Staff by majority vote of the members of the Active Medical Staff voting on the proposed amendment. Proposed Bylaws shall be brought before the Active Medical Staff by petition signed by 20% of the members of the Active Staff. Any such proposed Bylaw amendment shall be submitted to the Medical Executive Committee for review and comment before it is submitted to the voting members of the Active Medical Staff. Any Bylaw amendment approved by a majority of the Active Medical Staff shall be presented to the Governing Body for final action along with any comments from the Medical Executive Committee.

e. These Bylaws, and all amendments thereto, shall be effective when approved by the Governing Body, unless otherwise stated in the Bylaw provision or amendment approved by the Governing Body, and shall apply to all pending matters to the extent practical, unless the Governing Body directs otherwise.

~~e.~~f. These Bylaws shall not be unilaterally amended by the Governing Body or the Medical Staff.

Section 2. Editorial Amendments

Notwithstanding Section 1 of this Article, Medical Staff Services shall have the authority to make non-substantive editorial changes to the Bylaws and to correct any typographical, formatting, and inadvertent errors.

Section 3. Review Process

These Bylaws shall be reviewed at least annually and amendments made according to the described amendment procedure.

ARTICLE XV — PARLIAMENTARY PROCEDURES

Where these Bylaws do not conflict, *Robert's Rules of Order* shall be used in the conduct of Medical Staff meetings.

ARTICLE XVI — CONFLICT MANAGEMENT

A conflict management process shall be developed and implemented when a conflict arises between the Medical Executive Committee and Medical Staff on issues including, but not limited to, proposals to adopt provisions of, or amendments to, the Rules and Regulations or these Bylaws. The conflict management process shall include a meeting between the involved parties as early as possible to identify the conflict, gathering information about the conflict, working with all parties to manage and, to the extent possible, resolve the conflict, and ultimately protect patient safety and quality of care. As necessary, the Chief Medical Officer shall appoint an individual to act as mediator between the groups in an effort to resolve the conflict. The Governing Body shall have the ultimate discretion to determine an effective resolution to any conflict between the Medical Staff and the Medical Executive Committee, should the parties not be able to come to a resolution. The Governing Body shall regularly review whether the process is effective at managing conflict and shall revise the process as necessary.

ARTICLE XVII - ADOPTION

These Bylaws shall be adopted at any regular or special meeting of the Medical Executive Committee, shall replace any previous Bylaws, and shall become ~~immediately~~ effective when approved by the Governing Body of Correctional Health, unless a specific effective date is listed below.

~~Accepted and adopted by the Chief Medical Officer/Chair of Medical Executive Committee of Correctional Health and the Governing Body of Correctional Health on February 24, 2022 with an effective date of March 1, 2022.~~

APPROVED BY THE ~~CHIEF MEDICAL OFFICER / CHAIR OF~~ MEDICAL EXECUTIVE COMMITTEE OF CORRECTIONAL HEALTH:

DATE: _____

_____
Otis Egins, MD
Chief Medical Officer
Chair, Medical Executive Committee

_____
~~Otis Egins, MD~~
~~Chief Medical Officer/Chair of Medical Executive Committee~~

APPROVED BY THE GOVERNING BODY OF CORRECTIONAL HEALTH:

DATE: _____

Andrea Caracostis, MD
Chairperson, Governing Body

~~Art Bracey, MD~~
~~Chair, Governing Body~~

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH SYSTEM

Thursday, September 26, 2024

Consideration of Approval of the First Amendment to an Interlocal Agreement between Harris County and Harris County Hospital District d/b/a Harris Health for Correctional Healthcare

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L. Sara Thomas
Chief Legal Officer/Division Director
Harris County Attorney's Office
Harris Health System

FIRST AMENDMENT TO INTERLOCAL AGREEMENT BETWEEN HARRIS COUNTY AND HARRIS COUNTY HOSPITAL DISTRICT D/B/A HARRIS HEALTH FOR CORRECTIONAL HEALTH CARE

THIS FIRST AMENDMENT ("First Amendment") to the Interlocal Agreement ("Agreement") for Correctional Health Services effective on March 1, 2022, is made by and between Harris County ("County"), a body politic and corporate organized under the laws of the State of Texas, on behalf of the Harris County Sheriff ("HCSO"), and the Harris County Hospital District d/b/a Harris Health ("Harris Health"), a special purpose district, each a Party and collectively the Parties. This First Amendment shall be effective as of the date of the last Party's signature hereto (the "Amendment Effective Date").

RECITALS

WHEREAS, Article 8.F of the Agreement allows the Parties to amend the Agreement through a signed writing; and

WHEREAS, the Parties desire to amend the Agreement as described herein, including to clarify the compensation for the Services in Fiscal Year 2024; and

WHEREAS, the Parties further desire to amend the Agreement to allow for a shorter extension of the term; and

WHEREAS, the Parties also desire to document their intent to enter into a new agreement outlining the responsibilities of the Parties in the provision of correctional healthcare ("New ILA"); and

NOW THEREFORE, in consideration of the foregoing premises and the benefits to be gained by Harris Health for continued support, the Parties agree to amend the Agreement as follows:

1. The Parties hereby amend Article 3, Section A.2.h to add a new subsection (iii) that reads:

> iii. *Second Renewal Term.* From the period of July 1, 2023, through June 30, 2024, Harris Health incurred a certain amount of costs for correctional healthcare, which the County was responsible for paying under the existing Agreement. The County did not allocate sufficient funds to pay Harris Health for $23,000,000.00 of those costs, and Harris Health will not request that the County allocate funds in this amount for the next County fiscal year to reimburse Harris Health. Harris Health shall forego payment of the $23,000,000.00 from the County and may, if Harris Health determines that all or a portion of the costs can be properly classified as indigent health care under applicable law, include such costs in its tax rate calculations.

2. The Parties agree to the following amendment to the Agreement:

Article 3, Section A. is hereby amended by adding a new Subsection 6 to read:

> 6. **Transfer of Biomedical Equipment**. The County will begin the process of identifying and transferring, or requiring the Sheriff to transfer, certain medical equipment and software that the Parties agree upon prior to the commencement of the New ILA.

3. The Parties hereby amend Article 3, Section B.7, captioned Daily Census, by renaming the section as "Daily Census and Other Reports" and adding the following new sentences at the end of the section:

   To assist Harris Health in identifying eligible indigent health care costs incurred during the period of July 1, 2023, through June 30, 2024, the County will provide Harris Health information in its possession regarding the financial status and county residency of detainees solely for purposes of determining eligibility under the version of Harris Health's Financial Assistance Policy that was in effect for the period of July 1, 2023, through June 30, 2024. In future years, eligibility determinations will be conducted in accordance with the New ILA.

4. The Parties hereby amend Section 6.A by deleting it in its entirety and replacing it to read:

   The initial term of this Agreement will begin on March 1, 2022, and end on September 30, 2023. Thereafter, this Agreement may be renewed for up to two (2) additional one-year periods (each a "Renewal Term") and extended for any period of time that is mutually agreed to by the Parties.

5. The Parties hereby agree to extend the Agreement until December 31, 2024, in order to allow time for the Parties to enter into the New ILA for Correctional Healthcare Services, as defined herein.

6. The Parties hereby amend Article 8 by adding a new Section N to read:

   New ILA. The Parties will use best efforts to develop and enter into a New ILA by December 31, 2024, that relates to the provision of correctional healthcare. The New ILA will include, at a minimum, provisions that address, obligate, or are designed to accomplish the following goals:

   a. Harris Health will continue to provide healthcare services that are determined to fulfill a hospital purpose to inmates in County jails;
   b. the County and Harris Health will define who is responsible for managing and paying for services required by relevant statutes and standards ("Correctional Health Services"), regardless of whether such services are performed by Harris Health or by a third party vendor;
   c. Commencing in the fiscal year ending September 30, 2026, Harris Health will fund all allowable expenses related to Correctional Healthcare Services as outlined in the New ILA;
   d. the County will supply all available physical space, utilities, and janitorial services in County Facilities, as well as agreed upon equipment and services that the Parties reasonably determine must be provided by the Sheriff; and
   e. the Parties will jointly plan and evaluate necessary renovations or additional space necessary to provide or improve Correctional Healthcare Services.

7. Except as expressly set forth herein, all other terms and conditions set forth in the Agreement shall remain in full force and effect. In the event of any conflict between the terms of this First Amendment, and the terms of the Agreement, the terms of this First Amendment shall control.

[Execution Page Follows]

IN WITNESS WHEREOF, the Parties have caused this First Amendment to be executed and effective as of the Amendment Effective Date.

HARRIS COUNTY, TEXAS

By: _____

Name: _____

Title: _____

Date: _____

APPROVED AS TO FORM
CHRISTIAN D. MENEFEE
Harris County Attorney

By:_____
Philip Berzins
Assistant County Attorney
C.A. File No. 22GEN3509

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

By: _____

Name: _____

Title: _____

Date: _____

APPROVED AS TO FORM ONLY
CHRISTIAN D. MENEFEE
Harris County Attorney

By:_____
Holly Gummert
Deputy Division Director – Transactions Lead
C.A. File No. 22HSP0484

ORDER OF COMMISSIONERS COURT
Authorizing execution of an Amendment

The Commissioners Court of Harris County, Texas, convened at a meeting of said Court at the Harris County Administration Building in the City of Houston, Texas, on the ____ day of _____, 2024 with all members present except _____.

A quorum was present. Among other business, the following was transacted:

ORDER AUTHORIZING EXECUTION OF AN AMENDMENT BETWEEN HARRIS COUNTY AND THE HARRIS COUNTY HOSPITAL DISTRICT D//B/A HARRIS HEALTH SYSTEM

Commissioner _____ introduced an order and made a motion that the same be adopted. Commissioner _____ seconded the motion for adoption of the order. The motion, carrying with it the adoption of the order, prevailed by the following vote:

Vote of the Court	Yes	No	Abstain
Judge Hidalgo	□	□	□
Comm. Ellis	□	□	□
Comm. Garcia	□	□	□
Comm. Ramsey P.E.	□	□	□
Comm. Briones	□	□	□

The County Judge thereupon announced that the motion had duly and lawfully carried and that the order had been duly and law-fully adopted. The order thus adopted follows:

IT IS ORDERED that County Judge is hereby authorized to execute for and on behalf of Harris County, an Amendment with the Harris County Hospital District d//b/a Harris Health System for the Harris County Sheriff's Office to obtain and provide adequate medical care for detainees of the County's Detention Facilities. The Amendment is incorporated herein by reference for all purposes as though fully set forth word for word.

All Harris County officials and employees are authorized to do any and all things necessary or convenient to accomplish the purpose of this Order.

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH SYSTEM

Thursday, September 26, 2024

Consideration of Approval of the Revised Harris Health Fiscal Year 2025 Operating and Capital Budget

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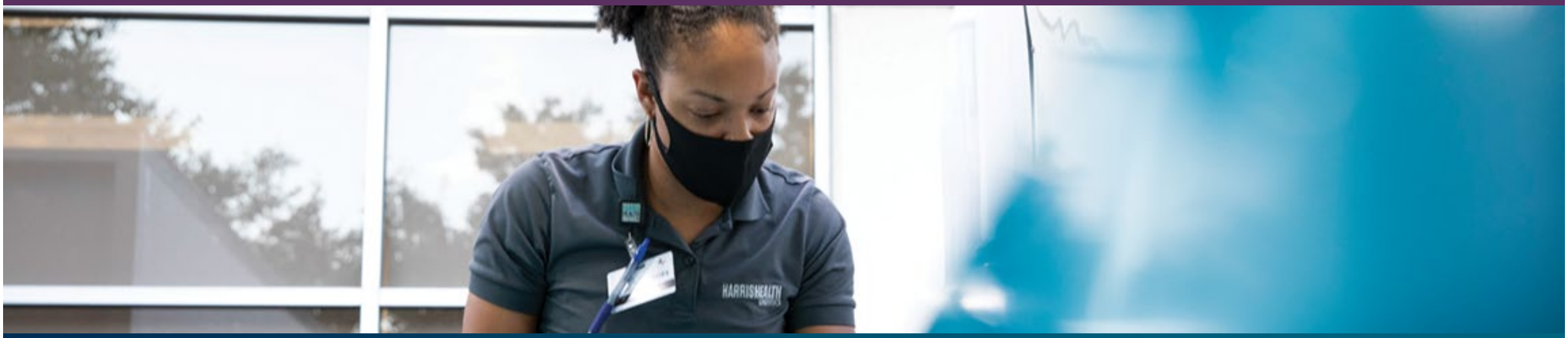
Victoria Nikitin

Victoria Nikitin
Executive Vice President – Chief Financial Officer



FY 2025 Revised Budget
September 26, 2025

Victoria Nikitin, EVP and Chief Financial Officer

HARRISHEALTH

FY 2025 Revised Budget

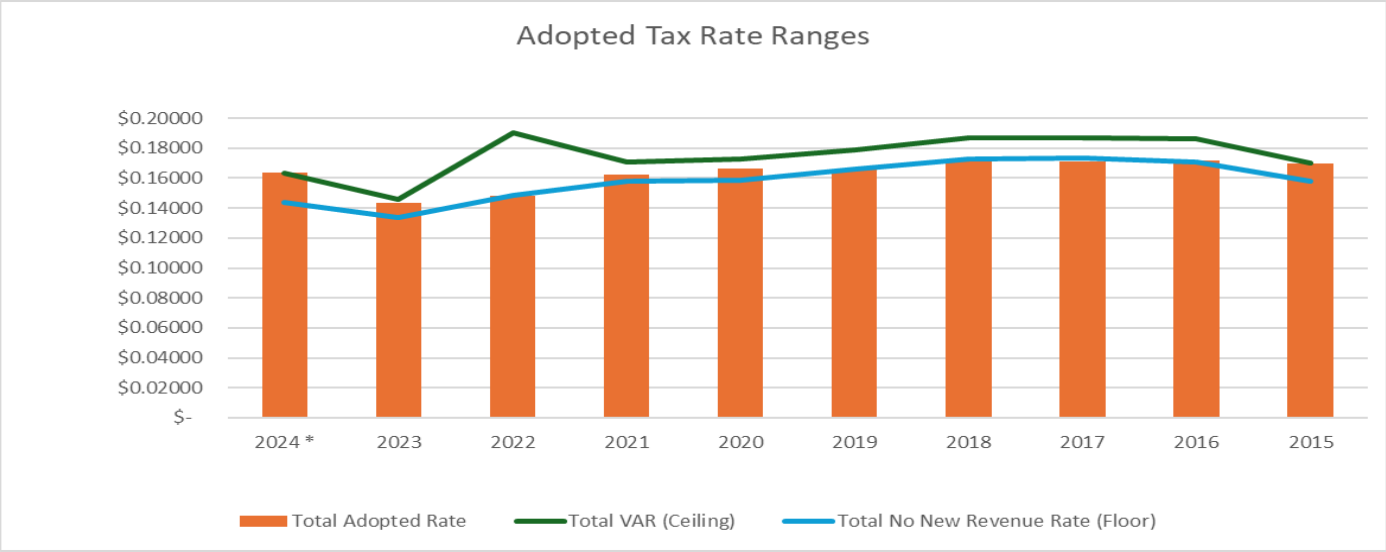
$ In Millions	FY 2025 Proposed Budget Excluding Correctional Health NNR Tax Rate	FY 2025 Proposed Budget Excluding Correctional Health VAR Tax Rate	FY 2025 Revised Budget/ Approved by HCCC Excluding Correctional Health
Revenue:			
Net Patient Service Revenue	$ 754.7	$ 754.7	$ 754.7
Medicaid Supplemental Programs	647.2	647.2	647.2
Capital Gifts & Grants	10.0	10.0	10.0
Other Operating Revenue	48.9	48.9	48.9
Total Operating Revenue	**1,460.8**	**1,460.8**	**1,460.8**
Net Ad Valorem Tax Revenue	896.3	996.5	1,020.8
Net Tobacco Settlement Revenue	15.2	15.2	15.2
Interest Income & Other	76.1	76.1	76.1
Total Nonoperating Revenue	**987.6**	**1,087.9**	**1,112.2**
Total Net Revenue	**$ 2,448.4**	**$ 2,548.7**	**$ 2,572.9**
Expense:			
Salaries and Wages	$ 960.5	$ 960.5	$ 960.5
Employee Benefits	322.4	322.4	322.4
Total Labor Cost	**1,282.9**	**1,282.9**	**1,282.9**
Supplies	345.7	345.7	345.7
Physician Services	462.0	462.0	462.0
Purchased Services	328.0	328.0	328.0
Depreciation, Amortization & Interest	100.9	100.9	100.9
Total Operating Expense	**$ 2,519.5**	**$ 2,519.5**	**$ 2,519.5**
Operating Income (Loss)	**$ (71.1)**	**$ 29.1**	**$ 53.4**
Total Margin	**-2.9%**	**1.1%**	**2.1%**

Note: The FY2025 tax rate approved by the Harris County Commissioners Court includes an additional $24.3M in Unreimbursed Care attributed to the FY2024 Correctional Health ILA with Harris County.

Trended Tax Rates

	2024 *	2023	2022	2021	2020	2019	2018	2017	2016	2015
Property Tax Rates Proposed										
No New Revenue Rate (aka Effective Tax Rate)	$ 0.14217	$ 0.13219	$ 0.14678	$ 0.15636	$ 0.15704	$ 0.16491	$ 0.17201	$ 0.17211	$ 0.16890	$ 0.15763
I&S Portion	0.00136	0.00137	0.00153	0.00174	0.00180	0.00100	0.00108	0.00110	0.00179	-
Total No New Revenue Rate (Floor)	$ 0.14353	$ 0.13356	$ 0.14831	$ 0.15810	$ 0.15884	$ 0.16591	$ 0.17309	$ 0.17321	$ 0.17069	$ 0.15763
VAR M&O Portion of Tax Rate	$ 0.16212	$ 0.14468	$ 0.18870	$ 0.16923	$ 0.17097	$ 0.17804	$ 0.18585	$ 0.18596	$ 0.18434	$ 0.17024
I&S Portion	0.00136	0.00137	0.00153	0.00174	0.00180	0.00100	0.00108	0.00110	0.00179	-
Total VAR (Ceiling)	$ 0.16348	$ 0.14605	$ 0.19023	$ 0.17097	$ 0.17277	$ 0.17904	$ 0.18693	$ 0.18706	$ 0.18613	$ 0.17024
Adopted Rates										
M&O Rate	$ 0.16212	$ 0.14206	$ 0.14678	$ 0.16047	$ 0.16491	$ 0.16491	$ 0.17000	$ 0.17000	$ 0.17000	$ 0.17000
I&S Rate	0.00136	0.00137	0.00153	0.00174	0.00180	0.00100	0.00108	0.00110	0.00179	-
Total Adopted Rate	$ 0.16348	$ 0.14343	$ 0.14831	$ 0.16221	$ 0.16671	$ 0.16591	$ 0.17108	$ 0.17110	$ 0.17179	$ 0.17000
	*VAR rate adopted by Harris County Commissioners' Court on 9/19/2024.									

Trended Tax Rates



*VAR rate adopted by Harris County Commissioners' Court on 9/19/2024.

Thursday, September 26, 2024

Consideration of Approval to Enter into a New Sublease Agreement between Harris Health and Harris County for Clinical Space at Centrico Pasadena Development, 100 Pasadena Blvd., Pasadena, TX 77506

The Centrico Pasadena (Formerly Avenida Pasadena) is the proposed redevelopment of the Macroplaza Mall in Pasadena, Texas into a mixed-use development including healthcare, office, education, retail, and entertainment. The former Dillard's Department Store within the development at 100 Pasadena Blvd. has a total gross square footage of 142,400 square feet on 2 levels and Harris County has secured a lease with an option to purchase the Premises as the primary lessee/owner occupying approximately 70,030 square feet on level two. Harris Health intends to consolidate and relocate the Monroe Same Day Clinic, Strawberry Health Center and Pediatric & Adolescent Health Center Pasadena into approximately 72,370 sq. ft. on the first floor.

Administration recommends approval of a new twenty-year Sublease Agreement between Harris Health and Harris County with a five-year renewal option to lease the first floor of the former Dillard's Department Store at 100 Pasadena Blvd., Pasadena, TX 77506 at an estimated annual base rate of $3,328,622 plus operating expenses. The base rate will reimburse the costs Harris County extends on behalf of Harris Health for the development of the project. A rent commencement letter will be utilized to true-up the final development costs and establish the final base rate.

Patrick Casey
SVP, Facilities Construction & Systems Engineering

BOARD OF TRUSTEES
Centrico Pasadena Clinic
Harris County
September 26, 2024
Page 2

Fact Sheet

Purpose of Lease: Ambulatory Care Clinic-Consolidation of Strawberry, PAHC Pasadena, and Monroe Clinics

Lessor: Harris County

Lessee: Harris Health

Location of Lease Space: 100 Pasadena Blvd
Pasadena, Texas 77506

Lease Space: Approximately 72,370 gross square feet

Lease Term: 20-years with automatic renewals every 5-years; Lease terms to begin upon substantial completion; Rates based on maximum total tenant improvement allowance of $52M.

Lease Terms	Est. Monthly Lease Rate	Est. Monthly Operating Expenses	Est. Monthly Payment	Est. Annual Payment	Est. Gross Annual Rate
Years 1 -20	$277,385.17	$60,308.33	$337,693.50	$4,052,322	$55.99

BOARD OF TRUSTEES
Centrico Pasadena Clinic
Harris County
September 26, 2024
Page 3

Executive Summary

Centrico Pasadena Development

- The Centrico Pasadena (Formerly Avenida Pasadena) is the proposed redevelopment of the Macroplaza Mall in Pasadena, Texas into a mixed-use development including healthcare, office, education, retail, and entertainment. The former Dillard's Department Store within the development at 100 Pasadena Blvd. has a total gross square footage of 142,400 square feet on 2 levels. Harris County will be partnering with Harris Health in the project and will be the primary tenant of the building. Harris County has secured a lease with an option to purchase the premises as the primary lessee/owner occupying approximately 70,030 square feet on level two. Harris Health intends to consolidate and relocate the Monroe Same Day Clinic, Strawberry Health Center, and the Pediatric & Adolescent Health Center-Pasadena into approximately 72,370 sq. ft. on the first floor.
- Monroe Same Day Clinic will transition to an Urgent Care Clinic with expanded scope of services, which will decompress hospital emergency departments. Urgent Care services will include minor procedures and patient monitoring. The consolidation and relocation of the three clinics into one facility will result in on-site access to laboratory, radiology, and pharmacy services currently provided at Strawberry Health Center, which are not on-site at Monroe Same Day Clinic and the Pediatric & Adolescent Health Center-Pasadena.
- Administration recommends approval of a new twenty-year Sublease Agreement between Harris Health and Harris County with a five-year renewal option to lease the first floor of the former Dillard's Department Store at 100 Pasadena Blvd., Pasadena, TX 77506 at an estimated annual base rate of $3,328,622 plus operating expenses. The base rate will reimburse the costs Harris County extends on behalf of Harris Health for the development of the project. A rent commencement letter will be utilized to true-up the final development costs and establish the final base rate.

2024 Strategic Discussion Reporting Schedule

Strategic Pillar	Executive Owner	JAN 2024	FEB 2024	MAR 2024	APR 2024	MAY 2024	JUN 2024	JUL 2024	AUG 2024	SEP 2024	OCT 2024	NOV 2024	DEC 2024
Pillar 1: Quality & Patient Safety	Dr. Steven Brass												
Rollout of HRO Progress (Presented in Quality Committee)	Dr. Steven Brass			x									
Physician Engagement Survey (Presented in Joint Conference Committee)	Dr. Steven Brass			x									
Pillar 2: People	Omar Reid/ Dr. Jackie Brock										x		
Employee Engagement Survey	Omar Reid/ Gary Marsh				x								
Pillar 3: One Harris Health	Louis Smith										x		
Hospital at Home - Program Operations	Dr. Amy Smith/ Dr. Shazia Sheikh					x							
Pillar 4: Population Health Management	Dr. Jennifer Small/ Dr. Chethan Bachireddy												
Systematizing Screening & Referrals for Health-Related Social Needs (HRSN) (Presented in Quality Committee)	Hope Galvan/ Denise LaRue	x											
Community Health Worker Home Visit Program (Presented in DEI Committee)	Hope Galvan				x								
Social Determinants of Health: Medical Legal Partnership (Presented in Quality Committee)	Dr. Chethan Bachireddy/ Hope Galvan								x				
Access to Care as a Social Determinant of Health (Will be presented in DEI Committee)	Dr. Chethan Bachireddy/ Hope Galvan										x		
Pillar 5: Infrastructure Optimization	Louis Smith												
New LBJ Hospital and LBJ Campus Planning	Louis Smith/ Trish Darnauer					x							
IT Technology Governance	Louis Smith/ Ron Fuschillo						x						
New Hospital Construction and Costs	Louis Smith/ Patrick Casey									x			
Pillar 6: Diversity & Inclusion	Omar Reid												
Minority Women Owned Business Enterprise (Presented in DEI Committee)	Dr. Jobi Martinez/ Derek Holmes				x								
M/WBE Annual Report (Presented in DEI Committee)	Dr. Jobi Martinez/ Derek Holmes								x				

*Subject to Change
Revised: 9.19.24

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH SYSTEM

Thursday, September 26, 2024

Presentation Regarding New Hospital Construction and Costs

Patrick Casey
SVP, Facilities Construction & Systems Engineering

New Hospital Construction and Costs

Patrick M. Casey, AIA, ACHE
SVP, Facilities Construction & Systems Engineering
September 26, 2024

HARRISHEALTH

Timeline for LBJ Campus Expansion

Groundbreaking
May 2024

Spring 2026

Patient/Visitor Garage

Spring 2027

Central Plant

1st Qtr. 2029

New Hospital

HARRISHEALTH

Summary of Projected LBJ Construction Costs

New Hospital

Original Projected Construction Budget $1-Billion

Current Trending Construction Cost $1.3-Billion

Central Utility Plant

Original Projected Construction Budget $100-Million

Current Trending Construction Cost $128-Million

Patient/Visitor Garage

Original Projected Construction Budget $36-Million

Current Trending Construction Cost $38-Million

HARRISHEALTH

Cost Mitigation Opportunities – ($289-Million)

New Hospital

Budget Refinements: ($100-Million)

Competitive Bid Savings: ($37-Million)

CMAR Contingency: ($34-Million)

Central Utility Plant

Budget Refinements ($10-Million)

Competitive Bid Savings: ($4-Million)

CMAR Contingency: ($6-Million)

Patient/Visitor Garage

Budget Refinements: N/A

Competitive Bid Savings: N/A

Unused Contingency: ($3-Million)

Owner's Project Contingency ($95-Million)

HARRISHEALTH

Three Major Categories Driving LBJ Construction Costs

1 Design Goals

- Energy Performance Goal – to be 30% more efficient than typical healthcare.
  - MEP Systems sized and designed to be more efficient/lower operating costs
  - Exterior design enhancements
- Resiliency – 50-year building life-span target
  - Quality and redundancy with MEP design
  - Higher performance materials
- Patient/Staff Experience
  - High Exterior Finish Standards
    - Exterior Terraces
    - Building Envelope
    - Landscape / Farm
  - Improved acoustical requirements – Increase cost due to non-typical requirements
    - Mechanical System
    - Partition Requirements
  - Improved durability interior finishes
    - Door Finish
    - Flooring
    - Wall Coverings (Tile, Wall Protection, Wall Panels)
    - Millwork (Solid Surface throughout)

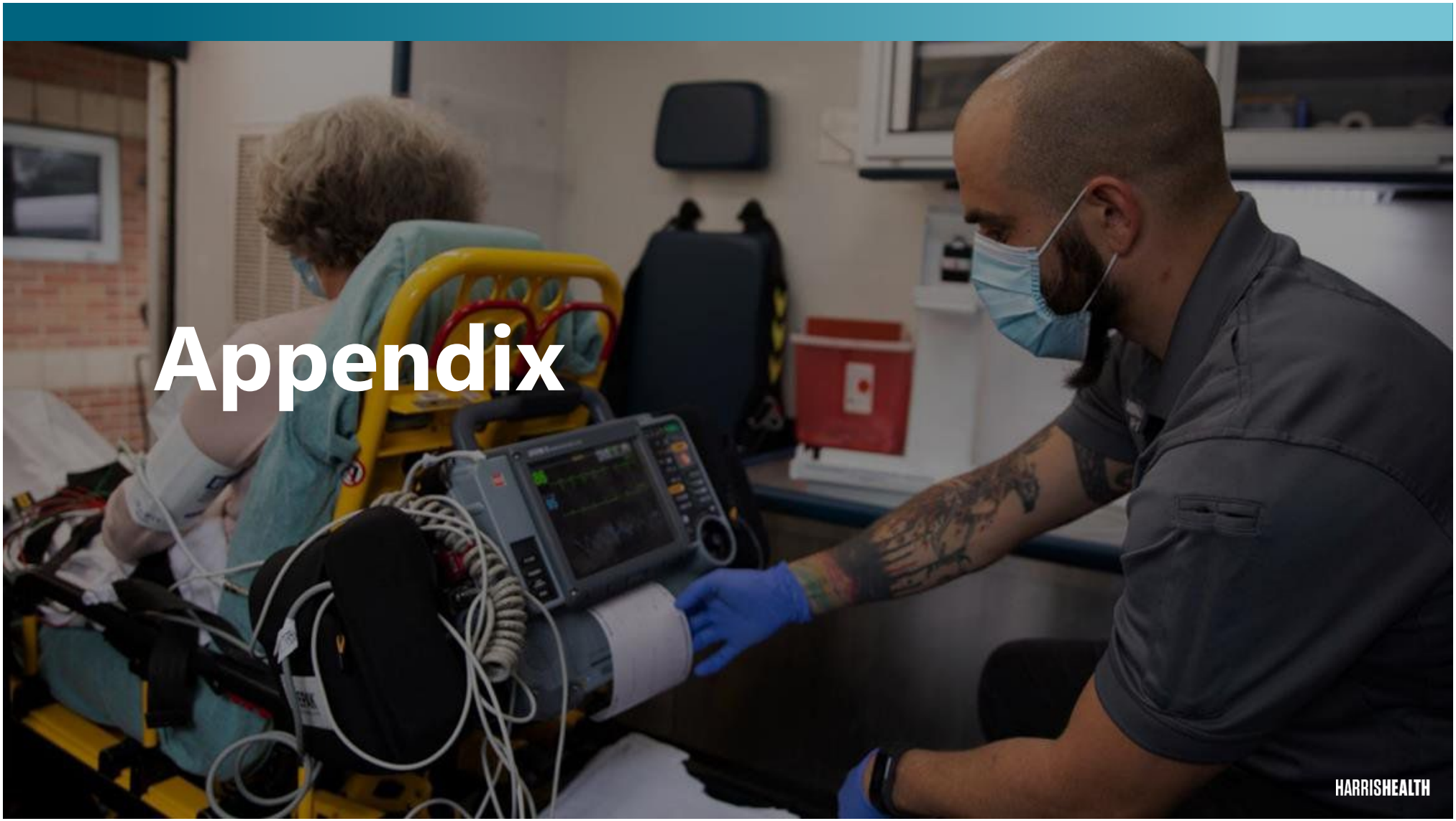
2 Market Conditions

- Healthcare Capacity – Significant large healthcare projects starting over the next 5 years will continue to strain the subcontractor market, which will result in future higher costs.
  - MDA CSB (2024-2027)
  - MDA SCRB 5 (2022-2027)
  - HMH Centennial (2022-2027)
  - Memorial Herman Sugarland (2024-2027)
  - MDA Sugarland HAL (2024-2027)
  - MDA ACB 2&3 (2024-2030)
- Non-Healthcare Major Competing Projects – significant large projects over the 5 years will continue to strain the subcontractor market with will result in future higher costs.
  - Houston Astros Entertainment District (starting in 2025)
  - George R. Brown Convention Center Expansion (2025-2028)
  - IAH Airport Improvements (Ongoing – 2027)
- Escalation – Current LBJ buyout strategy to expedite construction start mitigates a potential $25M in escalation. Building costs are expected to continue to rise. Current forecast anticipates escalation costs of 1% per Quarter to new project costs.

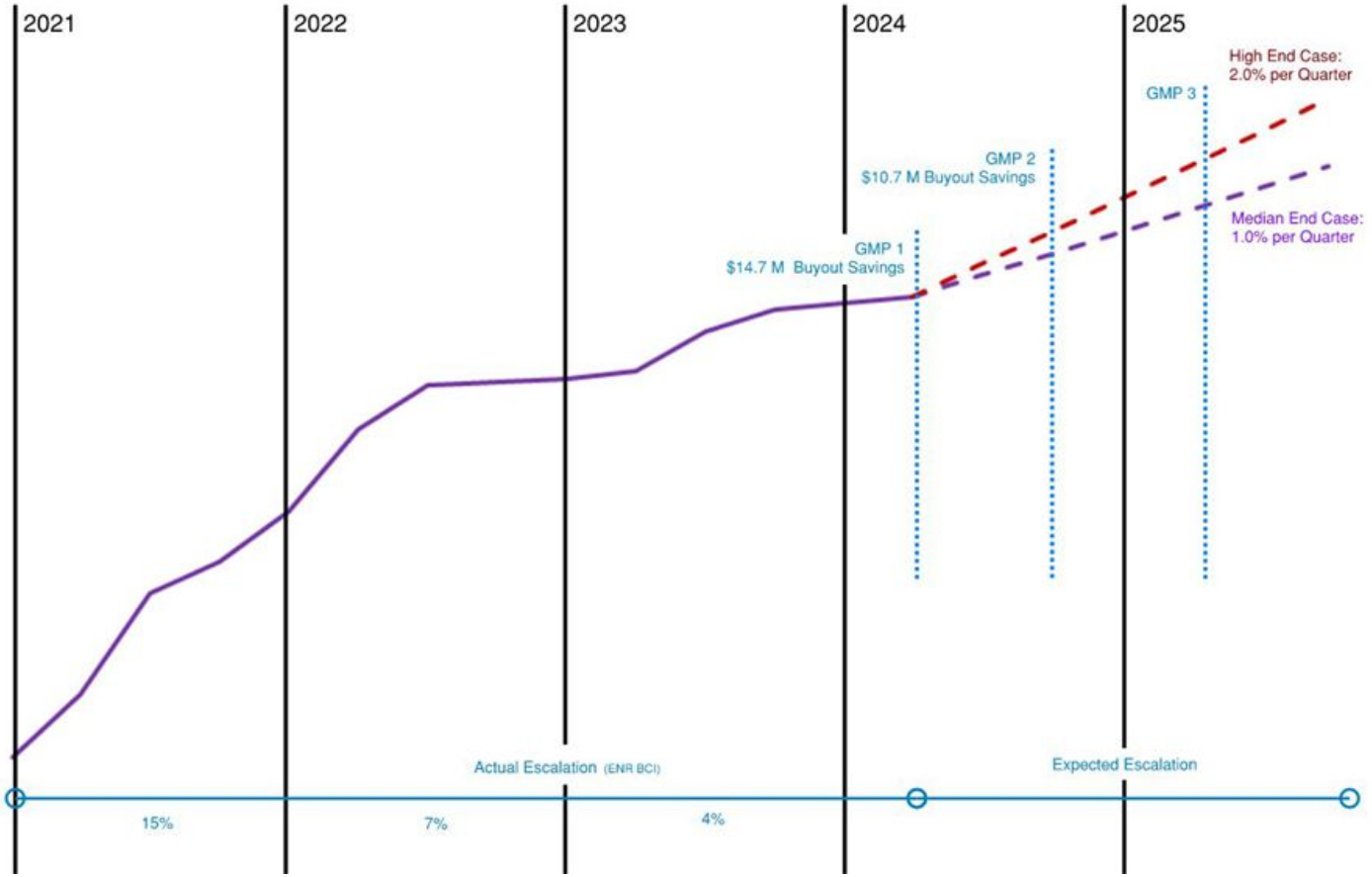
3 Site Conditions/ Organizational Policies

	Lower Range	Upper Range
Safety, Wage, MWBE, Apprenticeship, Parking	**$ 53M**	**$ 79.5M**

HARRISHEALTH


Appendix
HARRISHEALTH

Construction Buy-Out Strategy vs. Escalation

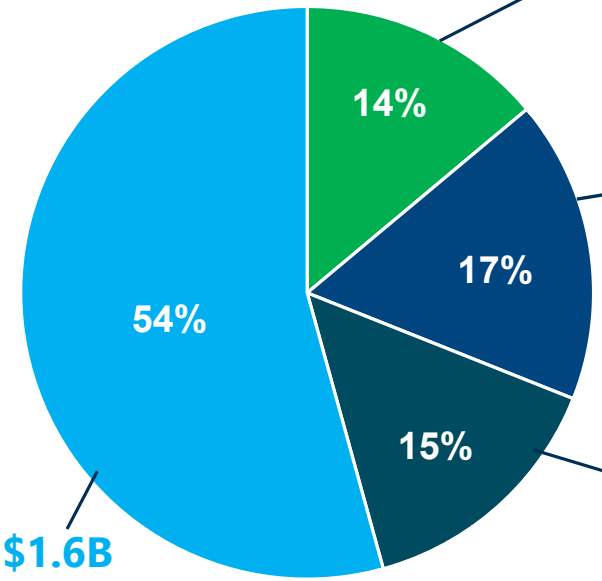


HARRISHEALTH

Harris Health's Strategic Facilities Plan: The Projects

ONE INTERCONNECTED HEALTHCARE SYSTEM

- Investing in preventative care reduces demand on our hospitals and increases their capacity.
- Renovating both Ben Taub and LBJ will reduce the burden on the public hospital system and add capacity.
- Expanding LBJ's capability to a Level 1 trauma center will address critical service gaps and lessen the burden on Ben Taub, improving access to care for those in need.



Ben Taub: $410M

- Extend facility lifespan by 15 years
- Address existing capacity limitations
- Improving clinical inefficiencies
- New Inpatient Tower adding approx. 120 incremental patient rooms

Ambulatory Care Services: $504M

- Three new outpatient facilities
  - Northshore/Cloverleaf – Precinct 2
  - Northwest – Precinct 3
  - Southwest – Precinct 4
- Transition low volume sites to larger comprehensive sites

LBJ Legacy Renovations: $433M

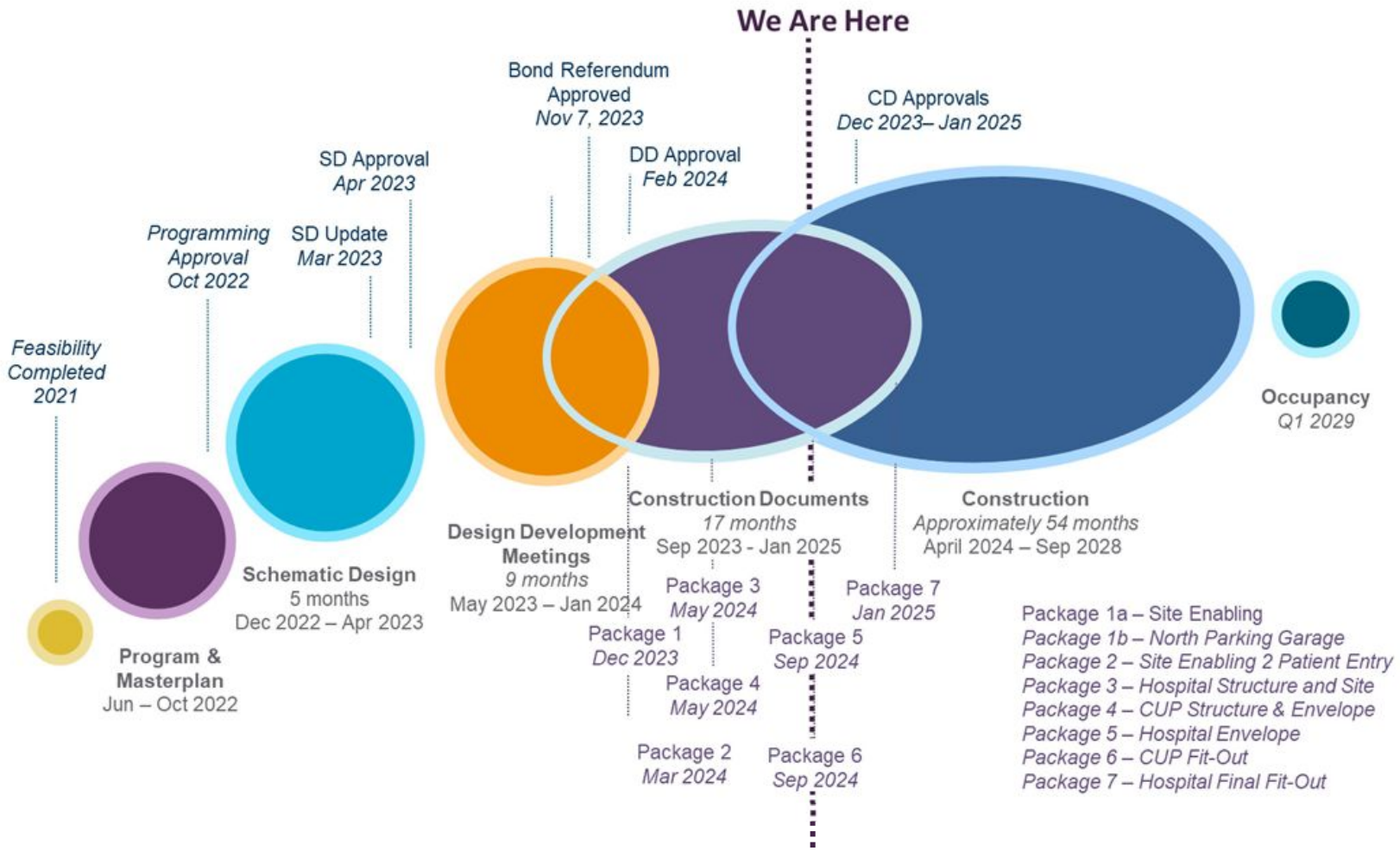
- Transform facility to address critical service gaps
- Provide for outpatient access as part of campus master planning

LBJ Hospital Expansion: $1.6B

- Increase patient capacity in multiple areas
- Position for future Level 1 trauma
- Economic boost for NE Harris County

HARRISHEALTH

LBJ Campus Expansion – New Hospital Schedule



HARRISHEALTH

Thursday, September 26, 2024

September Committee Reports

September Committee Meetings:

- Quality Committee – September 10, 2024
  A summary was attached for your review.

  - HRO Safety Message – Video: Antibiotics Before Surgery
  - Social Determinants of Health: Just and Accountable Culture
    - Red Rule Policy Update

- Compliance & Audit Committee – September 12, 2024

  - Presentation Regarding the Harris Health System Quarterly Internal Audit Update as of September 12, 2024
  - Presentation Regarding Compliance Education [Part 2 of 3]
    - U.S. Department of Health and Human Services, Office of Inspector General's General Compliance Program Guidance (November, 2023)

- Joint Conference Committee – September 12, 2024

  - Physician Leadership Reports

Please refer to the reports presented at the Quality Committee Executive Session on September 10, 2024 for additional details.

HRO Safety Message – Video: Antibiotics Before Surgery

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.

Just and Accountable Culture: Red Rule Policy Update

The Red Rule Policy was updated to ensure all staff operate within a just and accountable culture. The review focused on defining, differentiating, and responding to the three behaviors that can lead to risk and patient harm: (1) human error; (2) at-risk behavior; and (3) reckless behavior. Recommendations for improvement include: (1) creating a subset of high-risk red rules that, if verified, will result in a *final* written disciplinary action; (2) Red Rule Huddle will only occur with high-risk red rules; and (3) Non-High Risk red rules (misidentifications) will no longer require a Red Rule Huddle. These rules are associated with nationally accepted standardized work. If not followed, a stop-the-line action should occur to prevent serious harm to a patient. The changes were effective August 26, 2024.

DeWight Dopslauf, C.P.M., CPPO
Harris County Purchasing Agent

September 10, 2024

Board of Trustees Office
Harris Health

RE: Board of Trustees Meeting – September 26, 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,

Paige Mcelvenis for

DeWight Dopslauf
Purchasing Agent

JA/ea
Attachments

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

Expenditure Summary: September 26, 2024 (Approvals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A1	**See Attached** MWBE Goal: 16%	**Information Technology Consulting and Staff Augmentation Services** - This is a multi-award solicitation. The three highest-scored vendors from the RFP will receive a contract for each of the six IT Staff Augmentation categories. ***Job No. 240174***	Ratify Award Best proposal meeting requirements One-year initial term with four (4) one-year renewal options	Antony Kilty		*
A2	**Marsh USA LLC** MWBE Goal: 5%	**Insurance and Insurance Broker Services for Harris Health** - To provide broker insurance services to acquire property, crime, cyber, and other commercial insurance policies for Harris Health. ***Job No. 240179***	Award Best proposal meeting requirements One (1) year initial term with six (6) one-year renewal options	James Camp		*
A3	**E Contractors USA LLC** MWBE Goal: 23%	**Construction and Buildout of New Echo Lab at Ben Taub Hospital for Harris Health** - To provide all labor, materials, equipment and incidentals for the construction and buildout of new echo lab at Ben Taub Hospital. The owner contingency provides for coverage on unanticipated costs throughout the construction project. ***Job No. 240203***	Best proposal meeting requirements	Babak Zare		**$ 1,816,000**
A4	**Protiviti, Inc. (GA-07572)** MWBE Goal: N/A Contract was procured prior to MWBE program	**Information Technology Consulting, Implementation and Staff Augmentation Services for Harris Health** - Additional funds are needed to pay for services rendered prior to the expiration of the agreement. ***Job No. 180274, Board Motion 24.01-10***	Ratify Additional Funds May 21, 2023 through May 20, 2024	Antony Kilty	$ 2,100,000	**$ 1,200,000**
A5	**Bright Horizons Family Services, Inc. (HCHD-1399)** MWBE Goal: 15%	**Backup Child and Elderly Care Services for Harris Health** - To provide in-home and center-based backup child and elderly care services to Harris Health employees as part of a comprehensive benefits package. ***Job No. 240155***	Award Best proposal meeting requirements One (1) year initial term with six (6) one-year renewal options	Amanda Jones-Duncan		*
A6	**Baylor College of Medicine (HCHD-1346)** MWBE Goal: 0% Non-Divisible	**Medical Services to Eligible HIV-Infected Patients of Harris Health** - Physicians and healthcare practitioners will provide comprehensive outpatient primary health services for eligible HIV-infected patients at Harris Health. ***Professional Services Exemption, Board Motion 23.09-146***	Ratify Purchase Professional Services Exemption One (1) year initial term	Dawn Jenkins		**$ 1,135,739**

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A7	**The Brandt Companies, LLC - #22-049MF** MWBE Goal: 7%	**Replacement of Fire Tank at Ben Taub Hospital for Harris Health** - Equipment replacement, a temporary tank will be placed on site to maintain life safety coverage throughout the duration of the project. The new fire tank will be equipped with updated controls that will integrate with the current Building Automation System (BAS) for improved monitoring of tank levels. Additionally, the new tank and its associated components will be connected to emergencies. ***Choice Partners, a division of Harris County Department of Education Cooperative Program***	Award Only quote	Babak Zare		**$ 499,290**
A8	**Alliant Insurance Services, Inc. (HCHD-1401)** MWBE Goal: 25%	**Human Resources Consulting Services for Harris Health** - To provide comprehensive advisory services to assist Human Resources in the areas of health and welfare benefit plan strategy and management. ***Job No. 240169***	Award Best proposal meeting requirements One (1) year initial term with six (6) one-year renewal options	Amy Salinas		*
A9	**Fisk Electric Company** MWBE Goal: Exempt Public Health or Safety	**ATS Generator Switches for Harris Health** - Fisk will provide four (4) temporary ATS and four (4) temporary disconnect switches for the previously purchased generators at LBJ Hospital. The switches will be rented for four (4) months until the conclusion of hurricane season. ***Public Health or Safety Exemption***	Ratify Purchase Public Health or Safety Exemption	Patrick Casey		**$ 296,191**
					Total Expenditures	$ 52,798,220
					Total Revenue	$ (0)

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

Expenditure Summary: September 26, 2024 (Transmittals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B1	**Accudata Systems, Inc. (DIR-TSO-4315)** MWBE Goal: 0% Specialized, Technical, or Unique in Nature	**Citrix Universal Hybrid Multi-Cloud Software Application and Maintenance** - Citrix Universal Hybrid Multi-Cloud and Maintenance required for remote communication and connectivity to Harris Health network. ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Purchase Only quote Three-year initial term	Mohammad Manekia		**$ 3,574,700**
B2	**Mark III Systems - Government Solutions, LLC (DIR-TSO-3763)** MWBE Goal: 100%	**vSAN cluster expansion project consisting of software, hardware, support and services** - To provide VMware software, hardware, support and services to increase storage capacity, improve performance, and increase resilience over the Harris Health network ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Purchase Only quote	Antony Kilty		**$ 1,685,400**
B3	**General Datatech, L.P.** MWBE Goal: 0% Specialized, Technical, or Unique in Nature	**Cisco Identity Services Engine (ISE) Application Servers and Smartnet Support** - To provide hardware, maintenance, support, and technical services for the Harris Health's data communications network ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Purchase Low quote	Mohammad Manekia		**$ 1,007,928**
B4	**ASD Healthcare (PPPW24ASD01)** MWBE Goal: Exempt GPO	**Plasma, Vaccine and Specialty Distribution** - Distribution of plasma-derived products, vaccines and specialty pharmaceutical to Harris Health. ***Premier Healthcare Alliance, L.P. Contract***	Best Offer(s) Meeting Requirements March 15, 2024 through June 30, 2028	Sunny Ogbonnaya	$ 995,107	**$ 995,107**
B5	**PFVT Motors LLC dba Peoria Ford** MWBE Goal: 0% Drop Shipped	**Vehicle Fleet Refresh for Harris Health** - The CFY24 Fleet Refresh project will replace old fleet vehicles throughout Harris Health. This purchase will replace 16 vehicles. ***Houston-Galveston Area Council (H-GAC) Cooperative Purchasing Program***	Purchase Best quote meeting specifications	Peka Owens		**$ 985,988**
B6	**Philips Healthcare** MWBE Goal: Exempt GPO	**General Radiography** - To replace three (3) radiographic systems that are past their expected useful lives with new units throughout Harris Health System. ***Premier Healthcare Alliance, L.P. Contract***	Award Best Offer(s) Meeting Requirements	Patrick Casey		**$ 839,900**
B7	**Welch Allyn, Inc. through Cardinal Health (PP-NS-1777)** MWBE Goal: Exempt GPO	**Auditory and Visual Exam Diagnostics and Systems** - To replace four hundred twenty five (425) wall mounted diagnostic sets past their expected useful life with new units for the ACS Clinics. ***Premier Healthcare Alliance, L.P. Contract***	Award Lowest Offer	Arun Mathew		**$ 632,103**
B8	**Trace3 LLC** MWBE Goal: 0% Specialized, Technical, or Unique in Nature	**Proofpoint Email Security Software, Automation and Support.** - Provide security assessments and impact of user risk across email platforms offering critical protection against cyber-attacks for all of the organization's workforce email users. ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Purchase Low quote One (1) year initial term	Tom Oduor		**$ 549,955**

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B9	**Philips Healthcare (PP-IM-287)** MWBE Goal: Exempt GPO	**Ultrasound Machine** - To add two (02) ECHO Ultrasound machines (model EPIQ CVxi) for Cardiology department at Ben Taub Hospital to expand their services to CV patients. ***Premier Healthcare Alliance, L.P. Contract***	Award Only Offer Received	Arun Mathew		**$ 508,042**
B10	**Presidio Networked Solutions Group LLC** MWBE Goal: 0% Specialized, Technical, or Unique in Nature MWBE Goal: something different	**WebEx Cloud Contact Center for the Harris Health** - To support and migrate the existing on premises contact centers with the Cisco WebEx Cloud contact center platform in support of Harris Health. ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Purchase Low quote	Mohammad Manekia		**$ 465,020**
B11	**Ricoh USA, Inc. (DIR-CPO-4435)** MWBE Goal: 0% Specialized, Technical, or Unique in Nature	**Multi-Function Print Equipment Lease, Support, and Supplies** - To provide Multi-Function Print equipment lease required to support Harris Health document management requirements ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Purchase Only quote	Mohammad Manekia		**$ 460,000**
B12	**Draeger, Inc (PP-OR-2049)** MWBE Goal: Exempt GPO	**Anesthesia Equipment, Accessories and Supplies** - To replace two (2) anesthesia machines at Ben Taub Hospital GI lab that are past their life expectancy and also add vaporizers and machine vaporizer communication feature for existing ten (10) Draeger Perseus Anesthesia machines at Ben Taub and LBJ Hospitals. ***Premier Healthcare Alliance, L.P. Contract***	Award Best Offer(s) Meeting Requirements	Arun Mathew		**$ 432,173**
B13	**Philips Healthcare (PP-IM-287)** MWBE Goal: Exempt GPO	**Ultrasound Machine** - To add two (02) new ECHO ultrasound machines (EPIQ CVx 3D) for Non-Invasive Cardiology department at LBJ. ***Premier Healthcare Alliance, L.P. Contract***	Award Only Offer Received	Arun Mathew		**$ 400,888**
B14	**Pfizer (PPPH18PFZ01)** MWBE Goal: Exempt GPO	**COVID Vaccines 2024/2025** - To provide Harris Health with COVID vaccines for the upcoming year 2024-2025. ***Premier Healthcare Alliance, L.P. Contract***	Best Contract(s) One (1) year initial term	Charles Motley	$ 364,990	**$ 364,990**
B15	**Philips Healthcare (PP-IM-280)** MWBE Goal: Exempt GPO	**Cardiovascular Imaging** - To add two (02) intra-vascular ultrasound machines (IntraSight 7) for the Cardiology department at Ben Taub Hospital to expand their services to CV patients. ***Premier Healthcare Alliance, L.P. Contract***	Award Only Offer Received	Arun Mathew		**$ 362,000**
B16	**Steris Corporation (PP-FA-2074)** MWBE Goal: Exempt GPO	**Stainless Steel Equipment** - To replace warming cabinets that are past their life expectancy at Ben Taub & LBJ Hospitals, Ambulatory Surgery Center, and Smith Clinic. Also adding one (01) net new warming cabinet to meet the requirements for the Ben Taub Hospital Cath Lab relocation project. ***Premier Healthcare Alliance, L.P. Contract***	Award Best Offer(s) Meeting Requirements	Arun Mathew		**$ 328,000**
B17	**Penumbra (PP-CA-636)** MWBE Goal: Exempt GPO	**Neurovascular Interventional Radiology Products** - To provide Harris Health products use to diagnose and treat cerebral vascular disease. ***Premier Healthcare Alliance, L.P. Contract***	Best Contract(s) December 31, 2023 through November 30, 2024	Charles Motley	$ 327,123	**$ 327,123**

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B18	**CyberOne LLC** MWBE Goal: 0% Specialized, Technical, or Unique in Nature	**Rapid7 security software renewal** - Rapid7 security software is an essential software needed to protect the systems and employees of Harris Health. ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Purchase Low quote	Tom Oduor		**$ 322,224**
B19	**Philips Healthcare** MWBE Goal: Exempt GPO	**Ultrasound** - To replace two (2) radiology ultrasound machines that are past their expected useful lives with new units at Lyndon B. Johnson Hospital. ***Premier Healthcare Alliance, L.P. Contract***	Award Lowest Offer	Patrick Casey		**$ 318,136**
B20	**Insight Direct USA, Inc. (PP-IT-241)** MWBE Goal: 0% Non-Divisible	**Forcepoint Data Loss Prevention Software and Gateway Support for Harris Health** - Forcepoint detects unauthorized transmission of sensitive data such as Protected Health Information (PHI) and credit card information leaving the organization through the network environment. The WebSecurity Gateway protects users from threats while browsing the Internet. ***Premier Healthcare Alliance, L.P. Contract***	Award Only Offer Received July 29, 2024 through July 28, 2025	Darrell Jones		**$ 311,072**
B21	**TDIndustries, Inc.** MWBE Goal: 6%	**Rooftop Unit and Exhaust Fan Replacement at Lyndon B. Johnson Hospital** - To replace one (1) rooftop unit and ten (10) rooftop exhaust fans at Lyndon B. Johnson Hospital. ***Texas Association of School Boards (TASB) BuyBoard Cooperative Program***	Award Low quote	Babak Zare		**$ 282,909**
B22	**Insight Direct USA, Inc. (PP-IT-241)** MWBE Goal: 0% Specialized, Technical, or Unique in Nature	**Radware Web Application Firewall (WAF) Support for Harris Health** - Radware Cloud WAF Enterprise solution to protect Harris Health System web applications from cyber-attacks. Web DDoS (Distributed Denial-of-Service) protection is included to protect the traffic of the server, service, or network. This specific technology provides in-depth monitoring of application systems. ***Premier Healthcare Alliance, L.P. Contract***	Award Lowest Offer July 14, 2024 through July 13, 2025	Darrell Jones		**$ 276,023**
B23	**Philips Healthcare** MWBE Goal: Exempt GPO	**General Radiography** - To replace one (1) radiographic system that is past its expected useful life with a new unit at Ben Taub Hospital. ***Premier Healthcare Alliance, L.P. Contract***	Award Best Offer(s) Meeting Requirements	Patrick Casey		**$ 275,000**
B24	**Trace3 LLC** MWBE Goal: 0% Specialized, Technical, or Unique in Nature	**Gigamon GigaVue and GigaSMART software, hardware, and support** - To provide security software, hardware, and support to protect the Harris Health Network. ***Choice Partners, a division of Harris County Department of Education Cooperative Program***	Purchase Low quote	Vinh Gguyen		**$ 269,146**
B25	**Aggreko LLC (OMNIA#02-94)** MWBE Goal: 0% Non-Divisible	**Generators and Related Equipment for Service Rental and Leasing** - To provide four (4) chillers for LBJ Hospital. The chillers will be used in conjunction with the back up generators at LBJ. Chillers are being rented from 8/28/2024 through 11/1/2024. ***OMNIA Partners, Public Sector Cooperative Purchasing Program***	Purchase Only quote	Patrick Casey		**$ 265,312**

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B26	**Protiviti, Inc (HCHD-1188)** MWBE Goal: 0% Specialized, Technical, or Unique in Nature	**Procurement Cycle Assessment for Harris Health System** - To allow Harris Health to utilize this contract to conduct a current procurement assessment. ***Job No. 210317, Board Motion 23.12-176***	Additional Funds March 22, 2024 through March 21, 2025	Charles Motley	$ 750,000	**$ 250,000**
B27	**Draeger, Inc. (PP-OR-2049)** MWBE Goal: Exempt GPO	**Anesthesia Equipment** - To add three (3) Draeger anesthesia machines, vaporizers, and machine vaporizer communication features to the Cardiology Department at Ben Taub Hospital in order to expand their scope of services to CV patients. ***Premier Healthcare Alliance, L.P. Contract***	Award Best Offer(s) Meeting Requirements	Patrick Casey		**$ 248,312**
B28	**General Datatech, L.P.** MWBE Goal: 0% Specialized, Technical, or Unique in Nature	**Network Equipment for VPO Expansion** - Additional funds are needed for more network equipment required for the VPO expansion project at Ben Taub and Lyndon B. Johnson Hospitals. ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Additional Funds	Ronald Fuschillo	$ 288,908	**$ 243,305**
B29	**Philips Healthcare (PP-IM-280)** MWBE Goal: Exempt GPO	**Cardiovascular Imaging** - To add one (01) laser excimer angioplasty system to meet the patient care needs as part of the relocation and expansion of CATH Lab at Ben Taub Hospital. ***Premier Healthcare Alliance, L.P. Contract***	Award Only Offer Received	Arun Mathew		**$ 230,488**
B30	**Azteca Enterprises, LLC** MWBE Goal: 22%	**Renovation of Radiographics Lab at Ben Taub Hospital for Harris Health** - To provide all labor, materials, equipment and incidentals for the renovation of radiographics lab at Ben Taub Hospital. The owner contingency provides for coverage on unanticipated costs throughout the construction project ***Job No. 240166***	Best proposal meeting requirements	Babak Zare		**$ 230,463**
B31	**XTGlobal, Inc. [HCHD-1335]** MWBE Goal: 100%	**Accounts Payable (AP) Processing Software for Harris Health** - To provide an AP Processing Software solution that will automate and report invoice workflow entry and tracking, including but not limited to, escalation of issues to ensure timely payment and reporting. ***Job No. 230448***	Award Best proposal meeting requirements One (1) year initial term with four (4) one-year renewal options	Kari McMichael		**$ 228,650**
B32	**EAN Holdings, LLC (HCHD-1331)** MWBE Goal: 0% Drop Shipped	**Rental of Vehicles for Harris Health System** - Additional funds are needed to cover vehicle rental increase based on aged non-repairable fleet vehicles, non-receipt of new replacement leased vehicles and expansion of new Correctional Health Park & Ride and Hospital at Home system service programs. ***Job No. 220272, Board Motion 23.12-177***	Additional Funds October 01, 2023 through September 30, 2024	Timothy Brown	$ 575,956	**$ 217,500**
B33	**McCoy Rockford Inc (TXMAS-24-42504)** MWBE Goal: 0% Drop Shipped	**Furniture for Harris Health** - Purchase of furniture for the MLK Expansion into Eligibility Center. ***Texas Multiple Award Schedule (TXMAS) Cooperative Program***	Purchase Only quote	Cindy Perez		**$ 205,473**
B34	**Cook Medical (PP-CA-627)** MWBE Goal: Exempt GPO	**Endovascular Stent Grafts & Accessories** - Harris Health is currently using Cook Medical for Endovascular Stent Grafts and Accessories. ***Premier Healthcare Alliance, L.P. Contract***	Award Best Offer(s) Meeting Requirements July 01, 2024 through June 30, 2026	Sophonie Barron		**$ 202,888**

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B35	**U.S. Bank National Association** MWBE Goal: 0% Specialized, Technical, or Unique in Nature	**Depository, Comprehensive Payables, Custodial and Merchant Services for Harris Health** - To provide investment custodial services and prepaid debit card services for Harris Health. ***Job No. 220266***	Award Best proposal meeting requirements One (1) year initial term with five (5) one-year renewal options	Crystal Cooper		*
B36	**ePlus Technology Inc.** MWBE Goal: 0% Specialized, Technical, or Unique in Nature	**Technology Solutions Products and Services** - To provide security to network and IT systems against cyber attack, intrusion, and data loss in support of Harris Health. ***The Interlocal Purchasing System (TIPS)***	Purchase Low quote One (1) year initial term	Tom Oduor		**$ 193,728**
B37	**Master's Transportation, Inc.** MWBE Goal: 0% Drop Shipped	**Wheelchair Accessible Vans for Harris Health** - To purchase two (2) wheelchair accessible vans needed for the Hospital at Home program at Harris Health. ***The Interlocal Purchasing System (TIPS)***	Purchase Low quote	Peka Owens		**$ 184,240**
B38	**Alacrinet Consulting Services, Inc (NCPA 01-67)** MWBE Goal: 0% Non-Divisible	**IBM QRadar Software, Hardware, and Support for Security Incident and Event Monitoring (SIEM)** - To provide software, hardware, and support for Harris Health to manage network security by consolidating log events and network flow data ***OMNIA Partners, Public Sector Cooperative Purchasing Program***	Purchase Only quote	Tom Oduor		**$ 169,079**
B39	**Aggreko LLC (OMNIA#02-94)** MWBE Goal: 0% Drop Shipped	**Rental of generators for Harris Health** - To provide two (02) generators at Smith Clinic. Generators are being rented on a monthly basis not to exceed two months. ***OMNIA Partners, Public Sector Cooperative Purchasing Program***	Purchase Only quote	Teong Chai		**$ 168,000**
B40	**MorganFranklin Cyber** MWBE Goal: 0% Specialized, Technical, or Unique in Nature	**HIPAA Risk Assessment Services for Harris Health** - Information Risk Security Assessment Services in support of compliance with HIPAA Risk Security Standards. ***Job No. CEB052124***	Award Lowest priced offer meeting requirements	Jose Mathew		**$ 164,000**
B41	**Himagine Solutions LLC an Omega Healthcare owned Company** MWBE Goal: 12%	**Cancer Registry Services for Harris Health** - Additional funds are required to cover additional volume of current services that support the Cancer Registry Manager for cancer patients treated at Harris Health. ***Professional Services Exemption, Board Motion 23.12-177***	Additional Funds Professional Services Exemption December 04, 2023 through December 03, 2024	Vivian Ho-Nguyen	$ 341,000	**$ 160,000**
B42	**General Datatech, L.P.** MWBE Goal: 0% Specialized, Technical, or Unique in Nature	**Netscout user experience monitoring software solution** - Netscout provides real-time, pervasive visibility and insights needed to accelerate and secure digital transformation. Provides on-demand monitoring, packet caputure, and troubleshooting tools for Harris Health networks. ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Purchase Low quote	Mohammad Manekia		**$ 152,466**

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B43	**SHI Government Solutions Inc. (DIR-CPO-5237)** MWBE Goal: 100%	**Microsoft Windows Server Software Licenses** - To provide Microsoft Windows Server software licenses for Harris Health to increase security and reduce business risk. ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Purchase Only quote	Antony Kilty		**$ 152,339**
B44	**Shipcom Wireless, Inc.** MWBE Goal: Exempt Sole Source	**Replacement Temperature Sensors for Harris Health** - Shipcom Wireless will replace 240 standard grade non-NIST sensors with NIST certified temperature sensors. Total purchase includes sensors, configuration, installation, testing, and go live support. ***Sole Source Exemption***	Purchase Sole Source Exemption	Timothy Brown		**$ 150,334**
B45	**Insight Direct USA Inc (PP-IT-241)** MWBE Goal: 0% Non-Divisible	**Hardware/Software Resellers, Services and Refurbished Equipment** - To provide NetApp software, warranty, services and support to assist Harris Health in managing data across cloud and on premises environments ***Premier Healthcare Alliance, L.P. Contract***	Award Only Offer Received	Antony Kilty		**$ 150,100**
B46	**Alcon Laboratories Inc.** MWBE Goal: Exempt Sole Source	**Maintenance and Repair Services for Alcon Eye Lasers for Harris Health** - Alcon will provide maintenance and repair services for four (04) eye lasers at Ben Taub Hospital and three (03) eye lasers at LBJ Hospital. ***Sole Source Exemption***	Purchase Sole Source Exemption Three-year initial term	James Young		**$ 146,500**
B47	**Philips Healthcare (PP-IM-485)** MWBE Goal: Exempt GPO	**MRI Ancillary Equipment and Coils; Physiological Monitoring Systems** - To purchase one (01) MR400 Expression Patient Monitor (MRI compatible) and two (02) patient transport monitors for the complete configuration to meet NICU Level III designation standards. ***Premier Healthcare Alliance, L.P. Contract***	Award Only Offer Received	Arun Mathew		**$ 141,305**
B48	**SensoScientific, Inc.** MWBE Goal: Exempt Sole Source	**Service and Maintenance of the Remote Temperature Monitoring System for Harris Health System** - To provide service and maintenance for the remote temperature monitoring system throughout Harris Health System. ***Sole Source Exemption***	Purchase Sole Source Exemption	James Young		**$ 140,915**
B49	**Avidex Industries, LLC (PP-FA-1051)** MWBE Goal: Exempt GPO	**Television Hardware and Interactive Software Systems** - To provide DirecTV programming and support services to Ben Taub and LBJ Hospitals in support of patient satisfaction ***Premier Healthcare Alliance, L.P. Contract***	Award Only Offer Received October 01, 2024 through September 30, 2025	Russ Burlew		**$ 125,650**
B50	**The Brandt Companies, LLC** MWBE Goal: 0% Non-Divisible	**Exhaust Fan Replacement at Smith Clinic for Harris Health** - To replace eight (8) rooftop exhaust fans at the Smith Clinic. ***Choice Partners, a division of Harris County Department of Education Cooperative Program***	Award Low quote	Babak Zare		**$ 123,984**
B51	**Pendulum Dependent Care Solutions, LLC (HCHD-1320)** MWBE Goal: 12%	**Consulting Services for Development and Management of a Daycare Facility** - To provide consulting services to advise Harris Health in developing and managing a daycare facility ***Job No. 230334***	Award Only proposal received	Aown Syed		*

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B52	**Karl Storz Endoscopy-America, Inc. (PP-OR-2256)** MWBE Goal: Exempt GPO	**Video Laryngoscopes** - To replace seventeen (17) video laryngoscope monitors that are past their expected useful life at LBJ and Ben Taub Hospitals with new equipment. ***Premier Healthcare Alliance, L.P. Contract***	Award Best Offer(s) Meeting Requirements	Arun Mathew		**$ 118,269**
B53	**General Datatech, L.P. (DIR-TSO-4288)** MWBE Goal: 0% Specialized, Technical, or Unique in Nature	**Gigamon software, maintenance, and support** - To provide continued maintenance and support for network visibility in support of Harris Health ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Purchase Only quote	Mohammad Manekia		**$ 111,113**
B54	**Trace3 LLC** MWBE Goal: 0% Specialized, Technical, or Unique in Nature	**Ordr Securities Essentials Software Package with analytics, standard support, and appliance subscription** - To provide Ordr Securities Essentials software, hardware and support to protect Harris Health's network. ***Choice Partners, a division of Harris County Department of Education Cooperative Program***	Purchase Low quote	Tom Oduor		**$ 110,183**
B55	**Lonestar Communications Houston** MWBE Goal: 0% Specialized, Technical, or Unique in Nature	**All-Touch Software Licensing for Harris Health** - To provide licenses for All-Touch software being used at Ben Taub and Lyndon B. Johnson Hospitals. ***Job No. SER051024***	Purchase Only offer received	Ronald Fuschillo		**$ 104,600**
B56	**Agiliti Health, Inc. (PP-NS-1659)** MWBE Goal: Exempt GPO	**Peak Use Rental Equipment** - Additional funds are required to cover higher than estimated rental of various equipment to supplement facilities during periods of high patient census throughout Harris Health. ***Premier Healthcare Alliance, L.P. Contract, Board Motion 24.01-10***	Additional Funds December 01, 2023 through November 30, 2024	Charles Motley	$ 243,773	**$ 81,256**
					Total Expenditures	$ 21,468,191
					Total Revenue	$ (0)

Thursday, September 26, 2024

Consideration of Approval of Grant Recommendations (Items C1 through C4)

Grant Recommendations:

C1. Ratification of a Grant Agreement Renewal
- Grantor: The Houston Regional HIV/AIDS Resource Group (TRG)
- Term: September 1, 2024 – August 31, 2025
- Award Amount: $150,000.00
- Project Owner: Dr. Jennifer Small

C2. Amendment of a Grant Agreement
- Grantor: Harris County Hospital District Foundation, funded by the Roots & Wings Foundation Grant
- Term: November 26, 2024 – November 26, 2026
- Award Amount: $165,000.00
- Project Owner: Mr. Jeffrey Baker

C3. Ratification of a Grant Agreement
- Grantor: Texas Office of the Governor, funded by the SAFE-Ready Facilities Program
- Term: September 1, 2024 – August 31, 2025
- Award Amount: Reimbursement not to exceed $250,000.00
- Project Owner: Dr. Maureen Padilla

C4. Grant Agreement
- Grantor: The Harris Health Strategic Fund
- Term: September 2024 – September 2025
- Award Amount: $25,720.82
- Project Owner: Dr. Otis Egins

Grant Agenda Items for the Harris County Hospital District dba Harris Health System, Board of Trustees Report
Grant Agreement Summary: September 26, 2024

No.	Grantor	Description/Justification	Action, Basis of Recommendation	Term	Project Owner	Award Amount
C1	The Houston Regional HIV/AIDS Resource Group (TRG)	Consideration of Approval to Ratify a Grant Agreement Renewal from The Houston Regional HIV/AIDS Resource Group (TRG) to Harris Health, Funded by Texas Department of State Health Services (DSHS) to **Provide two (2) AIDS Drug Assistance Program (ADAP) Enrollment Workers at Harris Health's Thomas Street at Quentin Mease**.	**Ratification of a Grant Agreement Renewal**	September 1, 2024 through August 31, 2025	Dr. Jennifer Small	$ 150,000.00
C2	Harris County Hospital District Foundation, *Funded by the Roots & Wings Foundation Grant*	Consideration of Approval of a Grant Agreement Amendment between Harris Health and the Harris County Hospital District Foundation, Expanding the use of the remaining grant funds from the Roots & Wings Foundation, **benefiting Harris Health's Medical Legal Partnership (MLP) Program.**	**Amendment of a Grant Agreement**	November 26, 2024 through November 26, 2026	Mr. Jeffrey Baker	$ 165,000.00
C3	Texas Office of the Governor, *Funded by the SAFE-Ready Facilities Program*	Consideration of Approval to Ratify a Grant Agreement Between Harris Health and the Texas Office of the Governor to **fund Forensic Nursing Services.**	**Ratification of a Grant Agreement**	September 1, 2024 through August 31, 2025	Dr. Maureen Padilla	$ 250,000.00
C4	The Harris Health Strategic Fund	Consideration of Approval of a Grant Agreement between the Harris Health Strategic Fund and Harris County Hospital District d/b/a Harris Health in the amount of $25,720.82 to be used **solely for the purposes of supporting the Correctional Health program delivered by Harris Health within the Harris County Jail via employee well-being and team building support**.	**Grant Agreement**	September 2024 through September 2025	Dr. Otis Egins	$ 25,720.82
					TOTAL AMOUNT:	**$ 590,720.82**

Thursday, September 26, 2024

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

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

Administration recommends that the Board accept the financial report for the period ended August 31, 2024, subject to final audit.

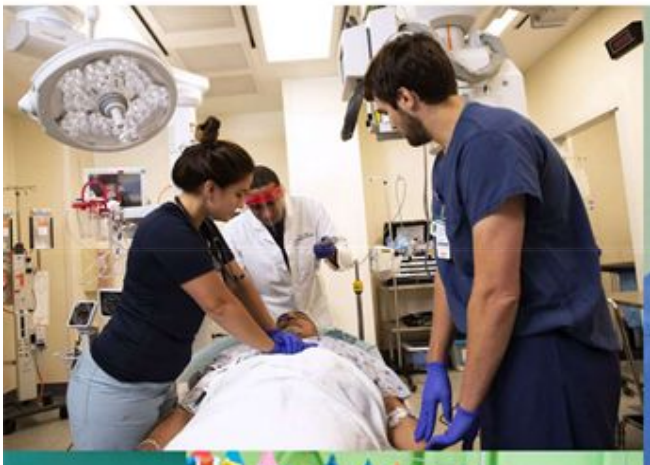
Victoria Nikitin

Victoria Nikitin
Executive Vice President – Chief Financial Officer

HARRISHEALTH

Financial Statements

As of the Month Ended August 31, 2024
Subject to Audit



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HARRISHEALTH

Financial Highlights Review

HARRISHEALTH

As of August 31, 2024

Operating income for August was $20.4 million compared to a budgeted income of $137 thousand.

Total net revenue for August of $222.2 million was $4.4 million or 2.0% more than budget. Net patient revenue and investment earnings were $9.2 million and $1.3 million more than budget, respectively. Medicaid Supplemental programs were $6.4 million less than expected.

In August, total expenses of $201.8 million were $15.8 million or 7.3% less than budget. Total labor costs were $8.8 million less than budget primarily due to lower pension expense adjusted to the recently issued actuarial report. Total services had a favorable variance of $2.3 million. Depreciation and interest expense was $5.1 million less than planned mainly due to the timing of the new bond issuance shifting to FY 2025.

Also, in August, total patient days and average daily census increased 7.3% compared to budget. Inpatient case mix index, a measure of patient acuity, was 3.0% higher than planned with length of stay 12.2% more than budget. Emergency room visits were 0.5% lower than planned for the month. Total clinic visits, including telehealth, were 1.5% higher compared to budget. Births were up 2.7% for the month.

Total cash receipts for August were $(51.9) million. The System has $1,125.1 million in unrestricted cash, cash equivalents and investments, representing 180.2 days cash on hand. Harris Health System has $157.4 million in net accounts receivable, representing 76.9 days of outstanding patient accounts receivable at August 31, 2024. The August balance sheet reflects a combined net receivable position of $443.3 million under the various Medicaid Supplemental programs. The first Texas Opioid Abatement Fund Council disbursement of $15.3 million was received, and will be deferred until provisions of the grant have been met. As requirements are met, the deferred Opioid funds will be released and recognized as grant revenue.

The current portion of ad valorem taxes receivable is $16.1 million, which is offset by ad valorem tax collections as received. Deferred ad valorem tax revenue is $75.8 million, and is released as ad valorem tax revenue is recognized. As of August 31, 2024, $878.8 million ad valorem tax collections were received and $825.4 million in current ad valorem tax revenue was recognized.

Income Statement

HARRISHEALTH

As of August 31, 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	$ 68.6	$ 59.4	15.4%	$ 687.6	$ 646.2	6.4%	$ 658.1	4.5%
Medicaid Supplemental Programs	61.7	68.0	-9.4%	640.6	748.4	-14.4%	712.3	-10.1%
Other Operating Revenue	10.0	10.0	-0.7%	116.8	111.4	4.9%	111.8	4.5%
Total Operating Revenue	**$ 140.2**	**$ 137.5**	**2.0%**	**$ 1,445.0**	**$ 1,506.0**	**-4.0%**	**$ 1,482.1**	**-2.5%**
Net Ad Valorem Taxes	75.2	74.7	0.6%	827.9	821.8	0.7%	765.8	8.1%
Net Tobacco Settlement Revenue	-	-	0.0%	15.2	15.2	0.2%	15.2	0.2%
Capital Gifts & Grants	-	-	0.0%	-	-	0.0%	9.5	-100.0%
Interest Income & Other	6.8	5.5	22.8%	72.3	61.0	18.6%	71.5	1.1%
Total Nonoperating Revenue	**$ 82.0**	**$ 80.3**	**2.1%**	**$ 915.4**	**$ 898.0**	**1.9%**	**$ 862.0**	**6.2%**
Total Net Revenue	**$ 222.2**	**$ 217.8**	**2.0%**	**$ 2,360.5**	**$ 2,403.9**	**-1.8%**	**$ 2,344.1**	**0.7%**
EXPENSE								
Salaries and Wages	$ 82.3	$ 83.0	0.9%	$ 870.5	$ 886.4	1.8%	$ 804.4	-8.2%
Employee Benefits	21.4	29.5	27.5%	265.5	324.3	18.1%	288.1	7.8%
Total Labor Cost	**$ 103.7**	**$ 112.5**	**7.8%**	**$ 1,136.0**	**$ 1,210.7**	**6.2%**	**$ 1,092.5**	**-4.0%**
Supply Expenses	28.2	27.9	-1.1%	277.2	294.4	5.8%	263.9	-5.1%
Physician Services	37.3	37.3	0.0%	409.5	420.8	2.7%	391.9	-4.5%
Purchased Services	24.8	27.0	8.3%	255.2	295.9	13.7%	225.5	-13.2%
Depreciation & Interest	7.8	12.9	39.4%	92.3	122.7	24.8%	80.2	-15.1%
Total Operating Expense	**$ 201.8**	**$ 217.6**	**7.3%**	**$ 2,170.3**	**$ 2,344.6**	**7.4%**	**$ 2,054.0**	**-5.7%**
Operating Income (Loss)	**$ 20.4**	**$ 0.1**		**$ 190.2**	**$ 59.4**		**$ 290.1**	
Total Margin %	**9.2%**	**0.1%**		**8.1%**	**2.5%**		**12.4%**	

Balance Sheet

HARRISHEALTH

August 31, 2024 and 2023 (in $ Millions)

	CURRENT YEAR	PRIOR YEAR
CURRENT ASSETS		
Cash, Cash Equivalents and Short Term Investments	$ 1,125.1	$ 1,323.1
Net Patient Accounts Receivable	157.4	156.6
Net Ad Valorem Taxes, Current Portion	16.1	2.3
Other Current Assets	562.3	339.4
Total Current Assets	**$ 1,860.9**	**$ 1,821.4**
CAPITAL ASSETS		
Plant, Property, & Equipment, Net of Accumulated Depreciation	$ 550.9	$ 467.3
Construction in Progress	204.1	182.7
Right of Use Assets	37.5	49.0
Total Capital Assets	**$ 792.5**	**$ 698.9**
ASSETS LIMITED AS TO USE & RESTRICTED ASSETS		
Debt Service & Capital Asset Funds	$ 37.5	$ 41.3
LPPF Restricted Cash	69.9	66.8
Capital Gift Proceeds	54.8	47.3
Other - Restricted	1.0	1.0
Total Assets Limited As to Use & Restricted Assets	**$ 163.2**	**$ 156.4**
Other Assets	47.8	40.2
Deferred Outflows of Resources	175.5	252.8
Total Assets & Deferred Outflows of Resources	**$ 3,040.0**	**$ 2,969.7**
CURRENT LIABILITIES		
Accounts Payable and Accrued Liabilities	$ 273.0	$ 243.5
Employee Compensation & Related Liabilities	135.2	143.4
Deferred Revenue - Ad Valorem	75.8	70.2
Estimated Third-Party Payor Settlements	28.4	16.9
Current Portion Long-Term Debt and Capital Leases	37.5	21.5
Total Current Liabilities	**$ 549.9**	**$ 495.6**
Long-Term Debt	279.6	320.5
Net Pension & Post Employment Benefits Liability	685.9	741.1
Other Long-Term Liabilities	6.6	7.5
Deferred Inflows of Resources	114.3	153.5
Total Liabilities	**$ 1,636.3**	**$ 1,718.1**
Total Net Assets	**$ 1,403.7**	**$ 1,251.6**
Total Liabilities & Net Assets	**$ 3,040.0**	**$ 2,969.7**

Cash Flow Summary

HARRISHEALTH

As of August 31, 2024 and 2023 (in $ Millions)

	MONTH-TO-MONTH		YEAR-TO-DATE	
	CURRENT YEAR	PRIOR YEAR	CURRENT YEAR	PRIOR YEAR
CASH RECEIPTS				
Collections on Patient Accounts	$ 71.9	$ 64.5	$ 754.6	$ 636.9
Medicaid Supplemental Programs	(152.3)	19.0	586.2	876.8
Net Ad Valorem Taxes	1.4	2.3	878.8	825.5
Tobacco Settlement	-	-	15.2	15.2
Other Revenue	27.1	27.6	228.5	259.4
Total Cash Receipts	**$ (51.9)**	**$ 113.3**	**$ 2,463.4**	**$ 2,613.8**
CASH DISBURSEMENTS				
Salaries, Wages and Benefits	$ 143.8	$ 98.4	$ 1,243.9	$ 1,176.0
Supplies	30.0	21.1	297.4	277.5
Physician Services	33.8	33.9	384.7	376.7
Purchased Services	25.8	18.2	253.5	212.9
Capital Expenditures	13.1	15.4	169.2	127.4
Debt and Interest Payments	4.4	0.2	11.3	20.3
Other Uses	(8.2)	(0.7)	(9.2)	(77.3)
Total Cash Disbursements	**$ 242.6**	**$ 186.5**	**$ 2,350.9**	**$ 2,113.5**
Net Change	**$ (294.4)**	**$ (73.2)**	**$ 112.5**	**$ 500.3**

Unrestricted Cash, Cash Equivalents and Investments - Beginning of year	$ 1,012.6
Net Change	112.5
Unrestricted Cash, Cash Equivalents and Investments - End of period	**$ 1,125.1**

Performance Ratios

HARRISHEALTH

As of August 31, 2024 and 2023 (in $ Millions)

	MONTH-TO-MONTH		YEAR-TO-DATE		
	CURRENT YEAR	CURRENT BUDGET	CURRENT YEAR	CURRENT BUDGET	PRIOR YEAR
OPERATING HEALTH INDICATORS					
Operating Margin %	9.2%	0.1%	8.1%	2.5%	12.4%
Run Rate per Day (In$ Millions)	$ 6.3	$ 6.9	$ 6.2	$ 6.8	$ 5.9
Salary, Wages & Benefit per APD	$ 2,212	$ 2,696	$ 2,338	$ 2,637	$ 2,374
Supply Cost per APD	$ 602	$ 669	$ 571	$ 641	$ 573
Physician Services per APD	$ 795	$ 892	$ 843	$ 916	$ 852
Total Expense per APD	**$ 4,304**	**$ 5,214**	**$ 4,467**	**$ 5,106**	**$ 4,463**
Overtime as a % of Total Salaries	3.7%	2.9%	3.5%	2.9%	3.5%
Contract as a % of Total Salaries	3.9%	4.4%	4.2%	4.4%	5.1%
Full-time Equivalent Employees	10,488	10,312	10,398	10,200	9,969
FINANCIAL HEALTH INDICATORS					
Quick Ratio			3.3		3.6
Unrestricted Cash (In $ Millions)			$ 1,125.1	$ 782.9	$ 1,323.1
Days Cash on Hand			180.2	115.0	221.8
Days Revenue in Accounts Receivable			76.9	87.6	79.7
Days in Accounts Payable			47.4		50.8
Capital Expenditures/Depreciation & Amortization			212.3%		184.9%
Average Age of Plant(years)			10.5		11.5

Harris Health Key Indicators

Statistical Highlights

HARRISHEALTH

As of August 31, 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	46,884	41,729	12.4%	485,894	456,703	6.4%	460,665	5.5%
Outpatient % of Adjusted Volume	63.0%	61.5%	2.5%	62.3%	61.0%	2.2%	60.9%	2.2%
Primary Care Clinic Visits	49,915	48,917	2.0%	477,369	504,333	-5.3%	485,522	-1.7%
Specialty Clinic Visits	22,256	21,445	3.8%	223,953	224,664	-0.3%	225,279	-0.6%
Telehealth Clinic Visits	10,509	11,090	-5.2%	103,923	118,380	-12.2%	117,735	-11.7%
Total Clinic Visits	**82,680**	**81,452**	**1.5%**	**805,245**	**847,377**	**-5.0%**	**828,536**	**-2.8%**
Emergency Room Visits - Outpatient	12,291	12,294	0.0%	131,696	122,553	7.5%	121,879	8.1%
Emergency Room Visits - Admitted	1,712	1,783	-4.0%	19,632	18,472	6.3%	20,138	-2.5%
Total Emergency Room Visits	**14,003**	**14,077**	**-0.5%**	**151,328**	**141,025**	**7.3%**	**142,017**	**6.6%**
Surgery Cases - Outpatient	1,082	986	9.7%	10,534	9,934	6.0%	10,150	3.8%
Surgery Cases - Inpatient	979	969	1.0%	9,496	9,566	-0.7%	8,850	7.3%
Total Surgery Cases	**2,061**	**1,955**	**5.4%**	**20,030**	**19,500**	**2.7%**	**19,000**	**5.4%**
Total Outpatient Visits	**133,578**	**133,820**	**-0.2%**	**1,367,681**	**1,385,195**	**-1.3%**	**1,367,419**	**0.0%**
Inpatient Cases (Discharges)	2,696	2,804	-3.9%	28,210	29,484	-4.3%	28,859	-2.2%
Outpatient Observation Cases	943	1,065	-11.5%	10,555	10,490	0.6%	9,281	13.7%
Total Cases Occupying Patient Beds	**3,639**	**3,869**	**-5.9%**	**38,765**	**39,974**	**-3.0%**	**38,140**	**1.6%**
Births	528	514	2.7%	4,854	4,952	-2.0%	4,986	-2.6%
Inpatient Days	17,345	16,072	7.9%	183,158	178,273	2.7%	179,891	1.8%
Outpatient Observation Days	3,363	3,231	4.1%	36,548	30,679	19.1%	30,180	21.1%
Total Patient Days	**20,708**	**19,303**	**7.3%**	**219,706**	**208,952**	**5.1%**	**210,071**	**4.6%**
Average Daily Census	668.0	622.7	7.3%	653.9	621.9	5.1%	627.1	4.3%
Average Operating Beds	706	702	0.6%	704	702	0.3%	685	2.8%
Bed Occupancy %	94.6%	88.7%	6.7%	92.9%	88.6%	4.8%	91.5%	1.5%
Inpatient Average Length of Stay	6.43	5.73	12.2%	6.49	6.05	7.4%	6.23	4.2%
Inpatient Case Mix Index (CMI)	1.745	1.694	3.0%	1.715	1.694	1.2%	1.704	0.6%
Payor Mix (% of Charges)								
Charity & Self Pay	43.0%	44.3%	-2.9%	43.4%	44.3%	-1.8%	44.2%	-1.6%
Medicaid & Medicaid Managed	19.4%	22.7%	-14.3%	19.4%	22.7%	-14.1%	23.0%	-15.3%
Medicare & Medicare Managed	11.0%	11.4%	-3.3%	11.5%	11.4%	0.6%	11.4%	1.0%
Commercial & Other	26.6%	21.7%	22.6%	25.6%	21.7%	18.2%	21.5%	19.1%
Total Unduplicated Patients - Rolling 12				**246,917**			**249,539**	**-1.1%**
Total New Patient - Rolling 12				**89,446**			**88,047**	**1.6%**

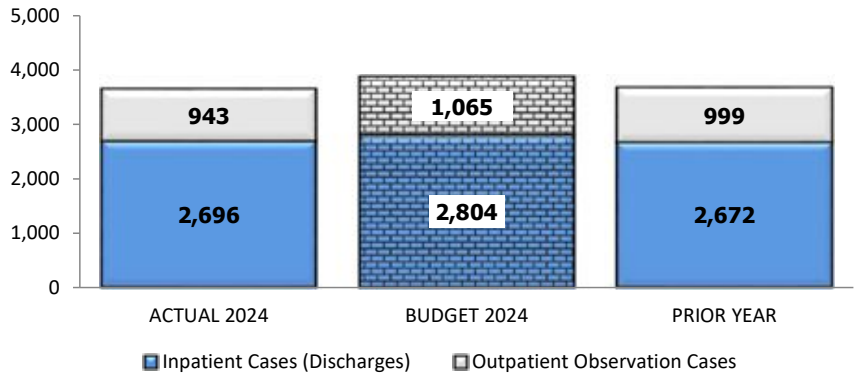
Harris Health

Statistical Highlights

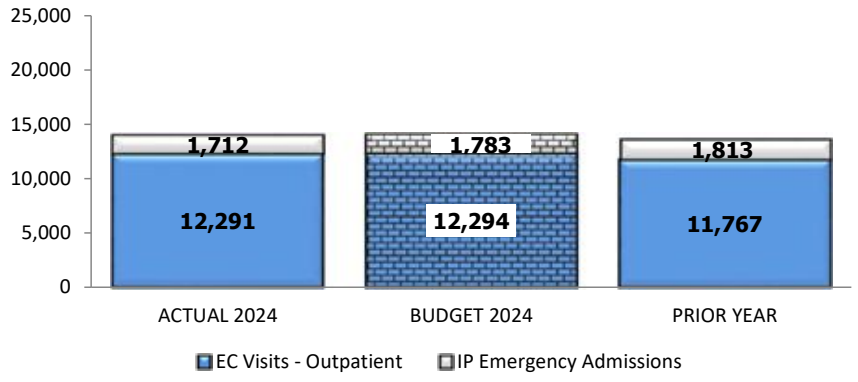
August FY 2024

Cases Occupying Beds - CM			Cases Occupying Beds - YTD			Emergency Visits - CM			Emergency Visits - YTD		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
3,639	3,869	3,671	38,765	39,974	38,140	14,003	14,077	13,580	151,328	141,025	142,017

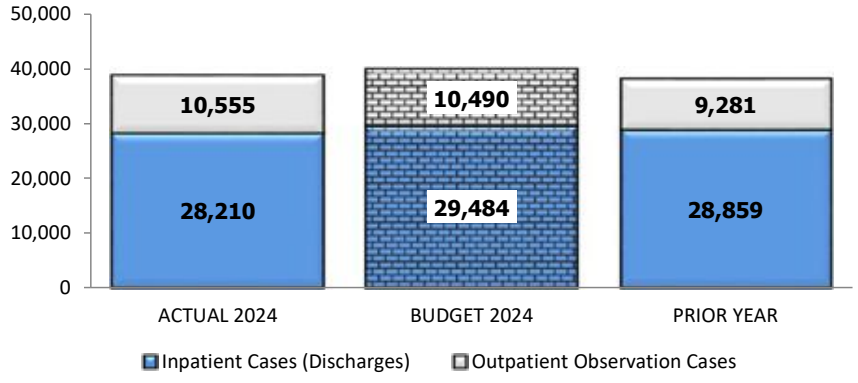
Cases Occupying Beds - Current Month



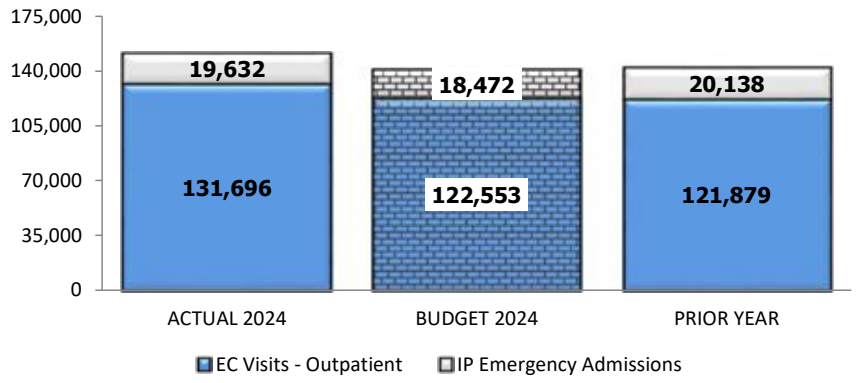
Emergency Visits - Current Month



Cases Occupying Beds - YTD



Emergency Visits - YTD



Harris Health

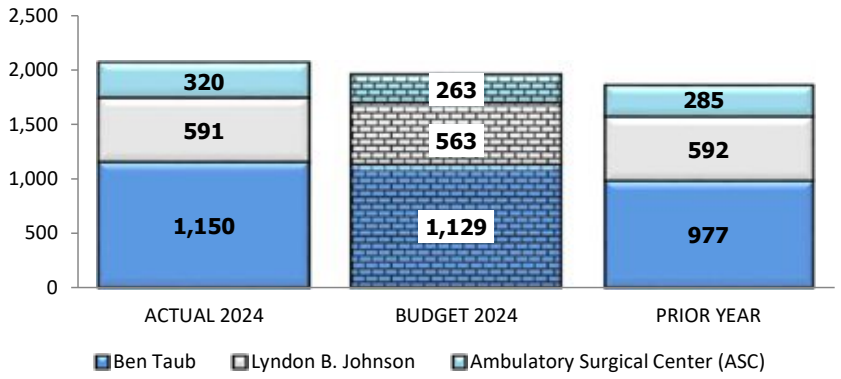
Statistical Highlights

August FY 2024

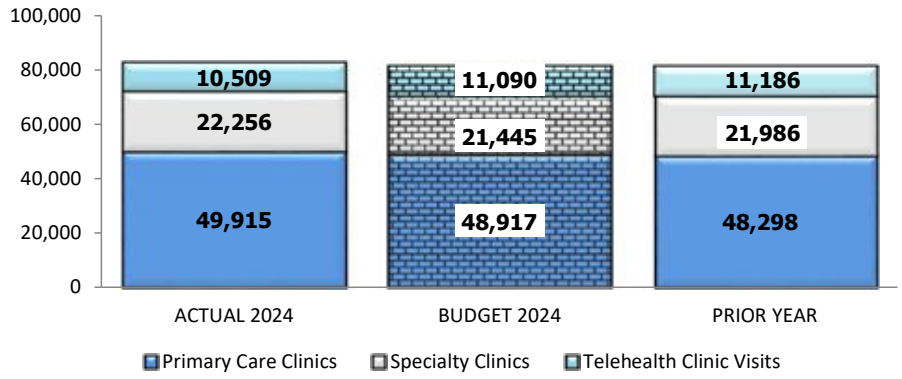
Surgery Cases - CM			Surgery Cases - YTD		
Actual	Budget	Prior Year	Actual	Budget	Prior Year
2,061	1,955	1,854	20,030	19,500	19,002

Clinic Visits - CM			Clinic Visits - YTD		
Actual	Budget	Prior Year	Actual	Budget	Prior Year
82,680	81,452	81,470	805,245	847,377	828,536

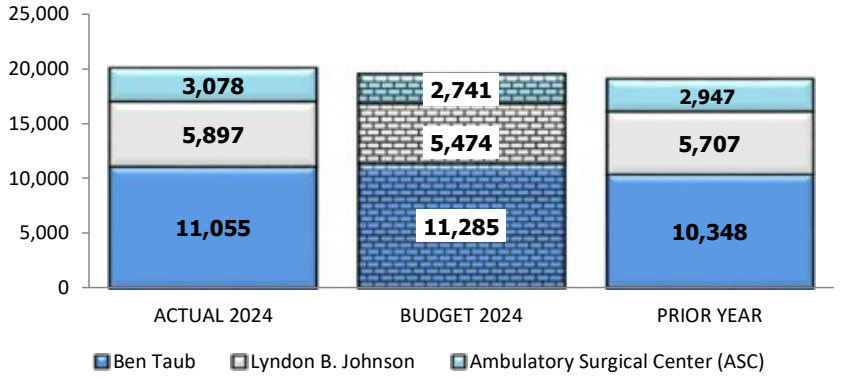
Surgery Cases - Current Month



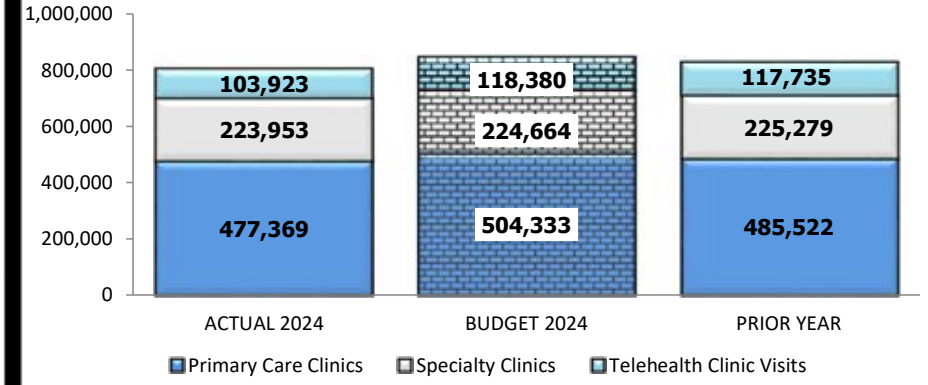
Clinic Visits - Current Month



Surgery Cases - YTD



Clinic Visits - YTD



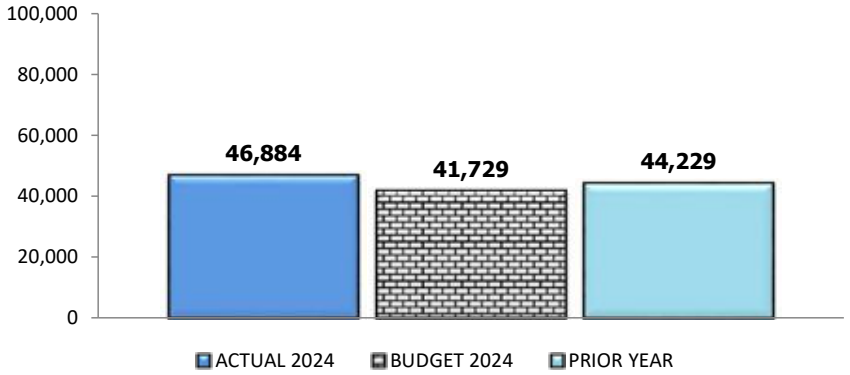
Harris Health

Statistical Highlights

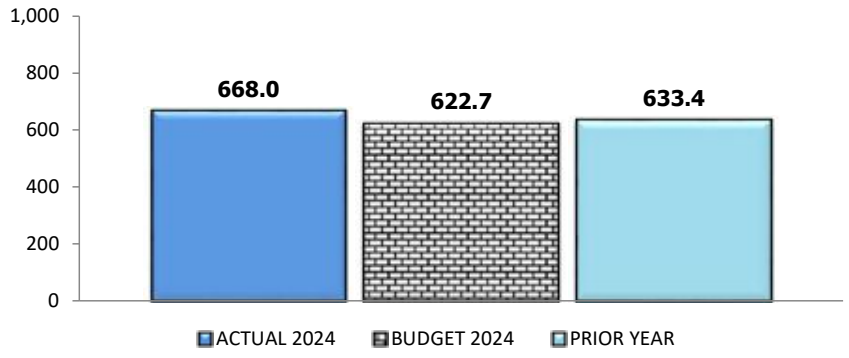
August FY 2024

Adjusted Patient Days - CM	Adjusted Patient Days - YTD	Average Daily Census - CM	Average Daily Census - YTD
46,884	485,894	668.0	653.9

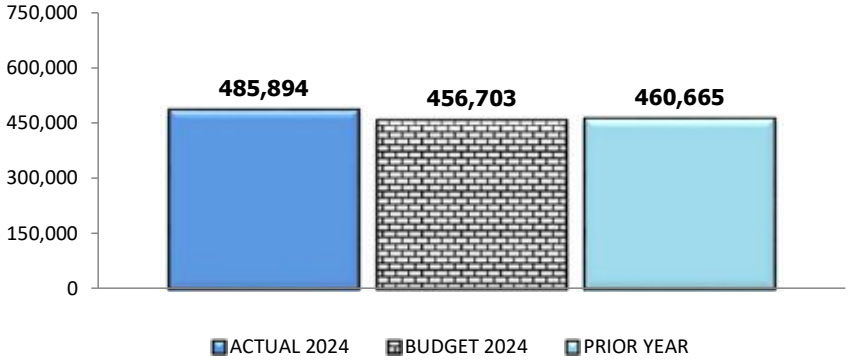
Adjusted Patient Days - Current Month



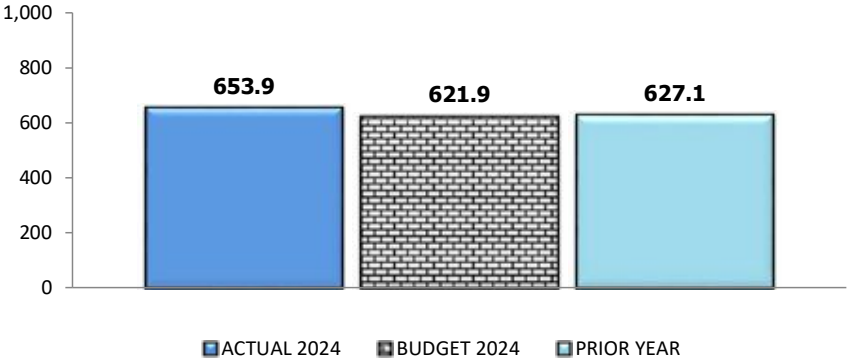
Average Daily Census - Current Month



Adjusted Patient Days - YTD



Average Daily Census - YTD



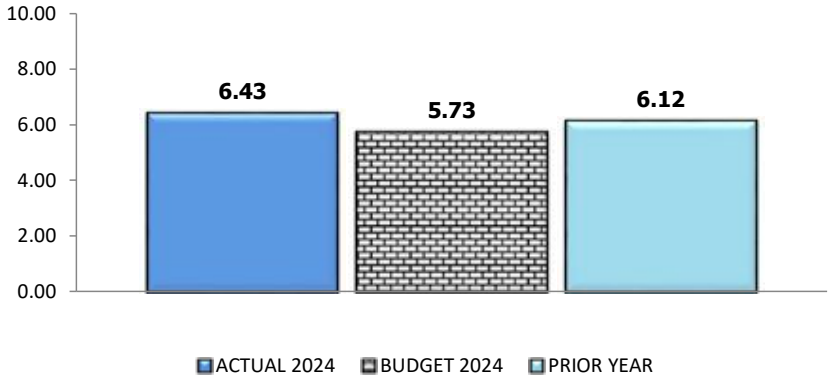
Harris Health

Statistical Highlights

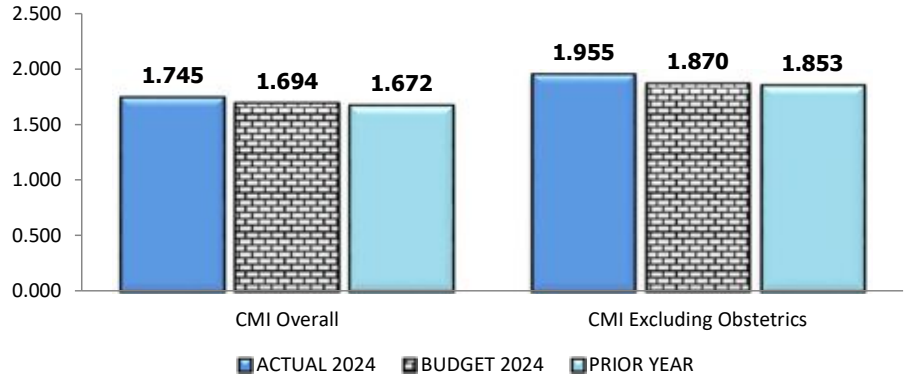
August FY 2024

Inpatient ALOS - CM	Inpatient ALOS - YTD	Case Mix Index (CMI) - CM		Case Mix Index (CMI) - YTD	
		Overall	Excl. Obstetrics	Overall	Excl. Obstetrics
6.43	6.49	1.745	1.955	1.715	1.895

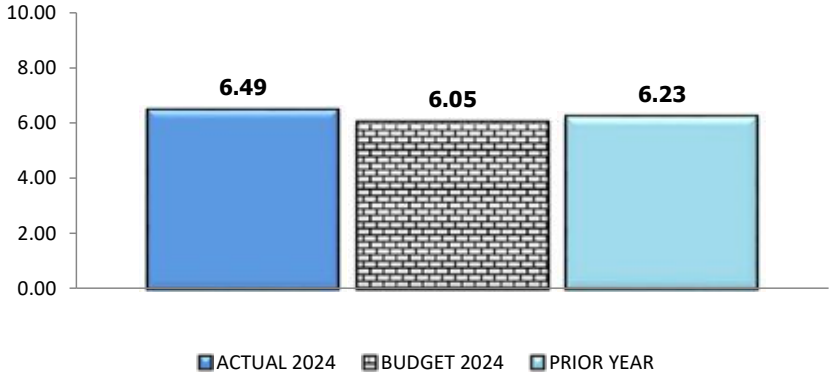
Inpatient ALOS - Current Month



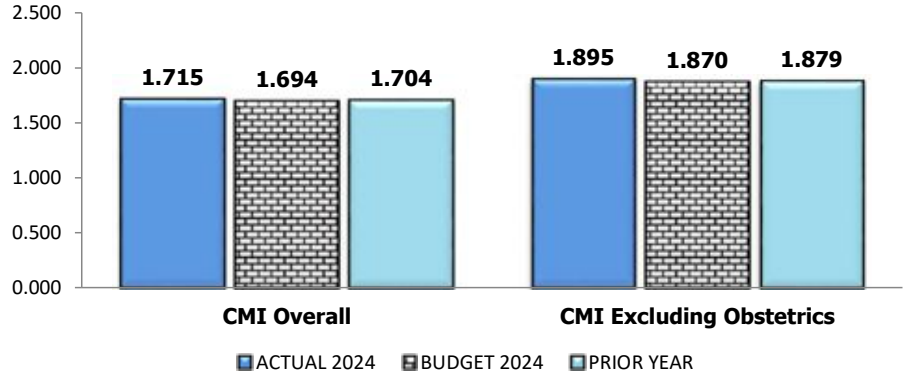
Case Mix Index - Current Month



Inpatient ALOS - YTD



Case Mix Index - YTD



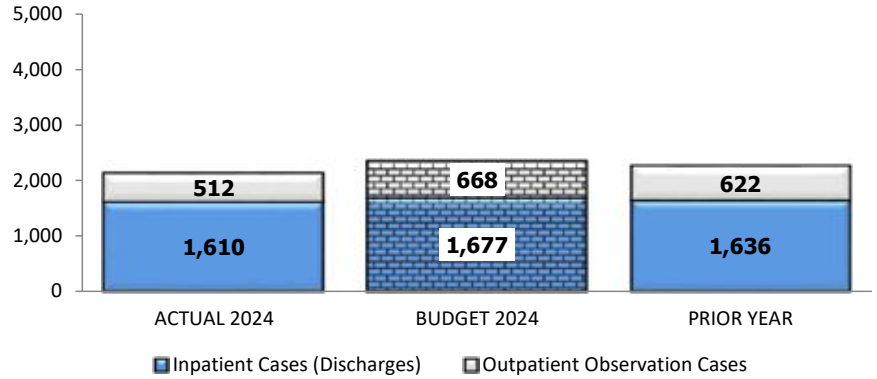
Harris Health

Statistical Highlights - Cases Occupying Beds

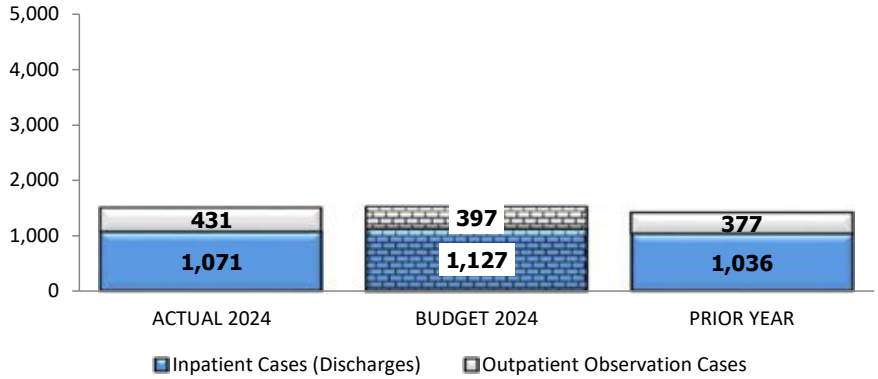
August FY 2024

BT Cases Occupying Beds - CM			BT Cases Occupying Beds - YTD			LBJ Cases Occupying Beds - CM			LBJ Cases Occupying Beds - YTD		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
2,122	2,345	2,258	23,038	24,010	22,751	1,502	1,524	1,413	15,687	15,964	15,389

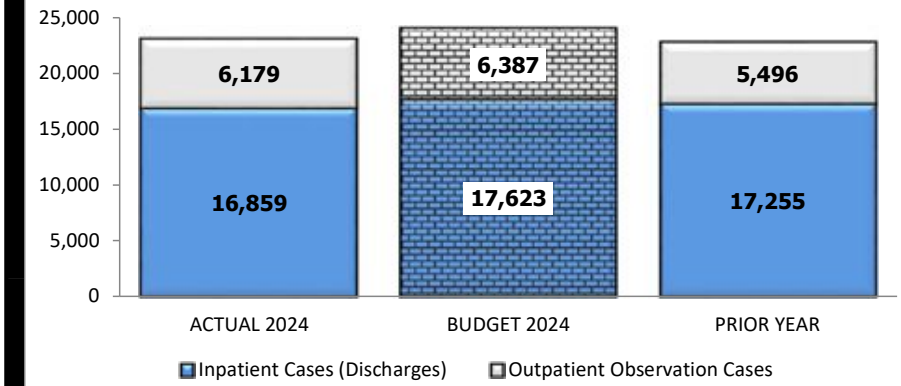
Ben Taub Cases - Current Month



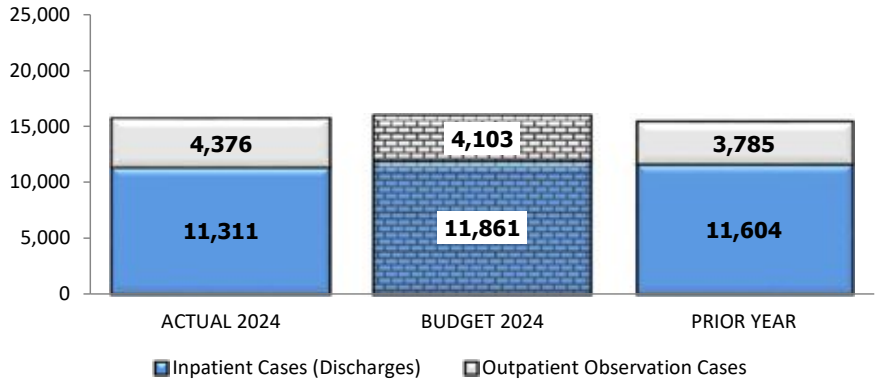
Lyndon B. Johnson Cases - Current Month



Ben Taub Cases - YTD



Lyndon B. Johnson Cases - YTD

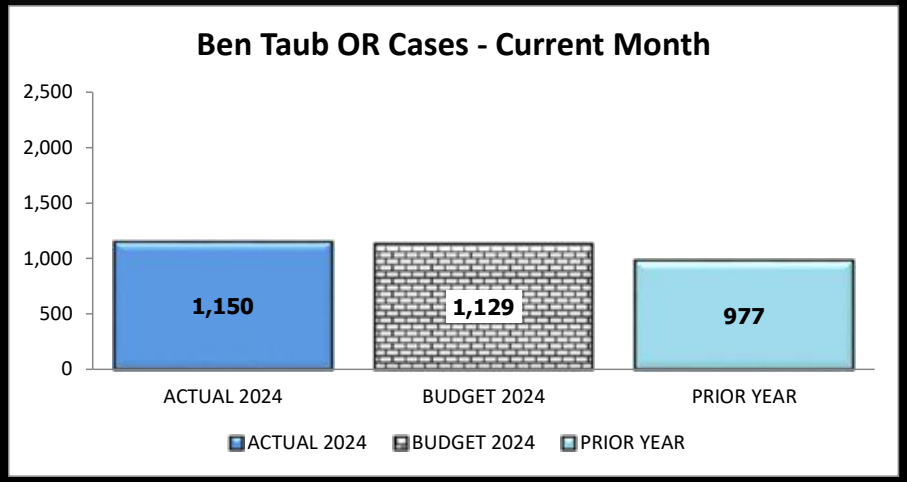


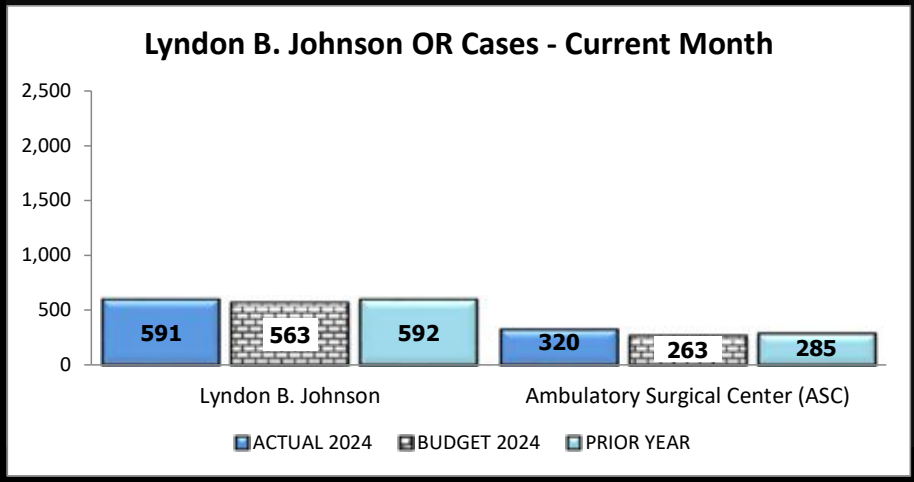
Harris Health

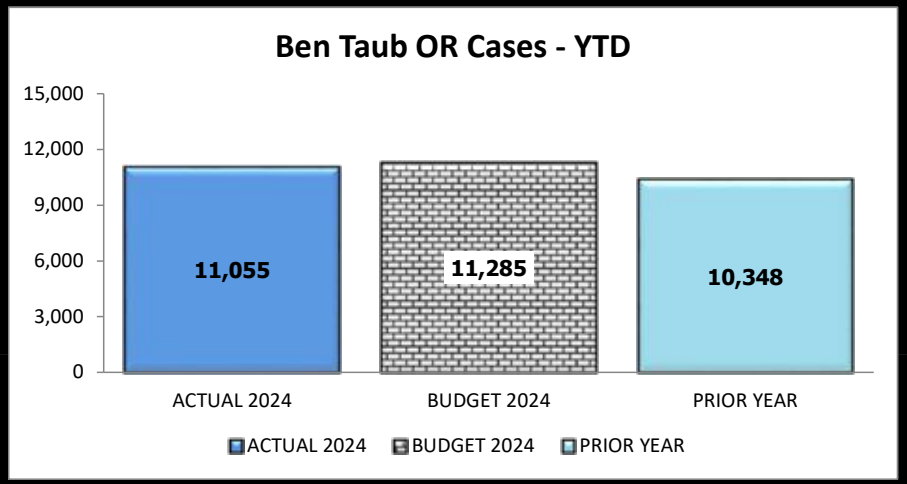
Statistical Highlights - Surgery Cases

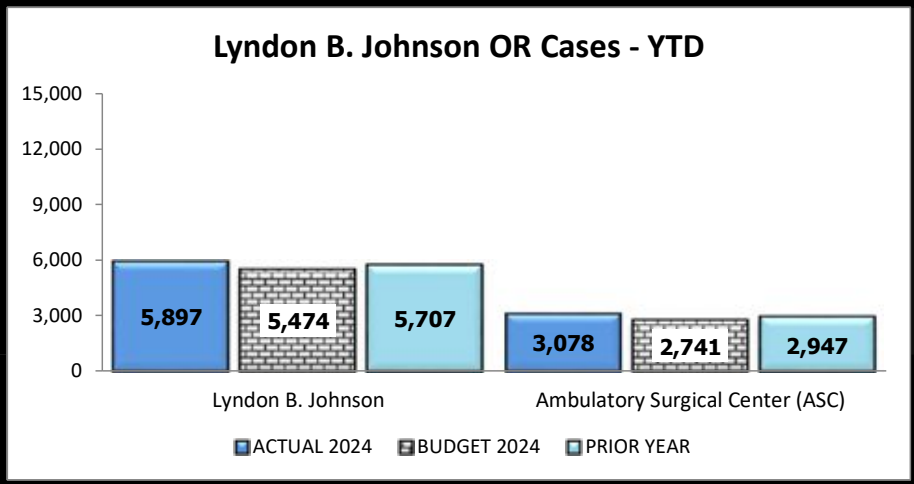
August FY 2024

BT Surgery Cases - CM			BT Surgery Cases - YTD			LBJ Surgery Cases - CM			LBJ Surgery Cases - YTD		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
1,150	1,129	977	11,055	11,285	10,348	911	826	877	8,975	8,215	8,654







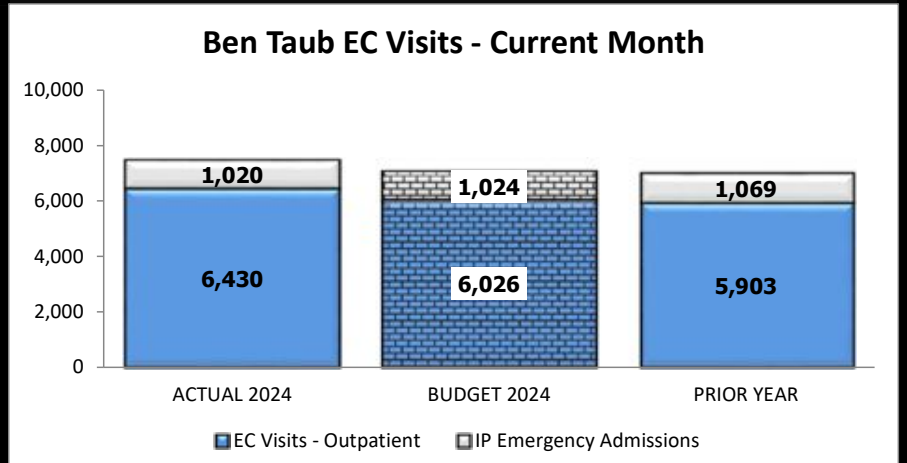


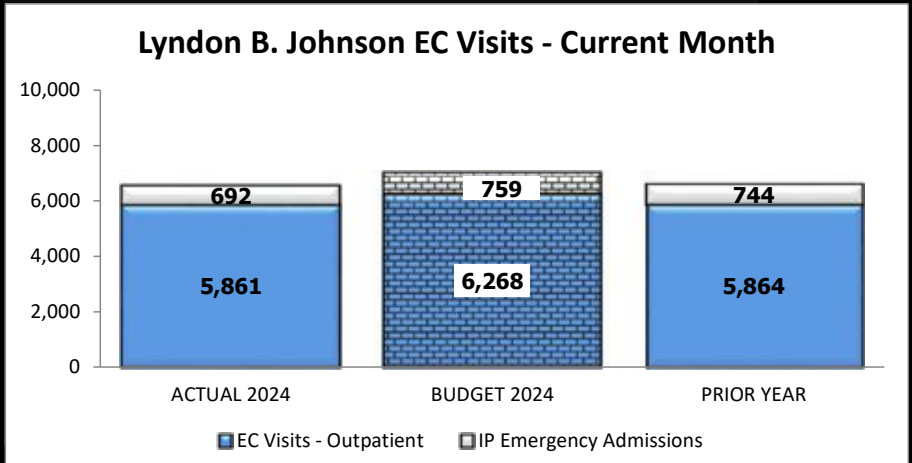
Harris Health

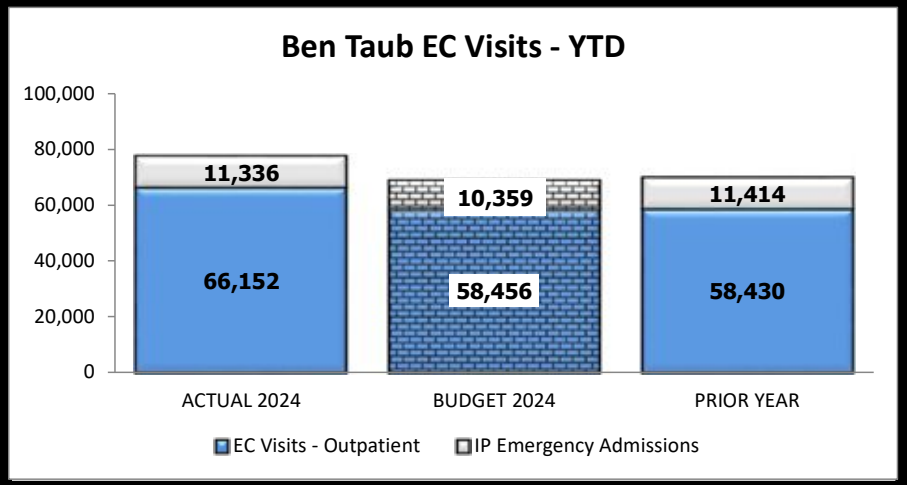
Statistical Highlights - Emergency Room Visits

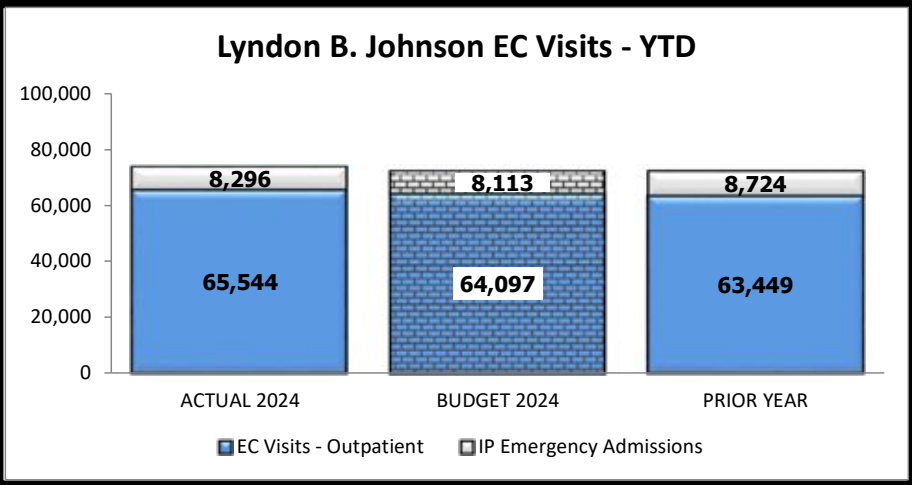
August FY 2024

BT Emergency Visits - CM			BT Emergency Visits - YTD			LBJ Emergency Visits - CM			LBJ Emergency Visits - YTD		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
7,450	7,050	6,972	77,488	68,815	69,844	6,553	7,027	6,608	73,840	72,210	72,173







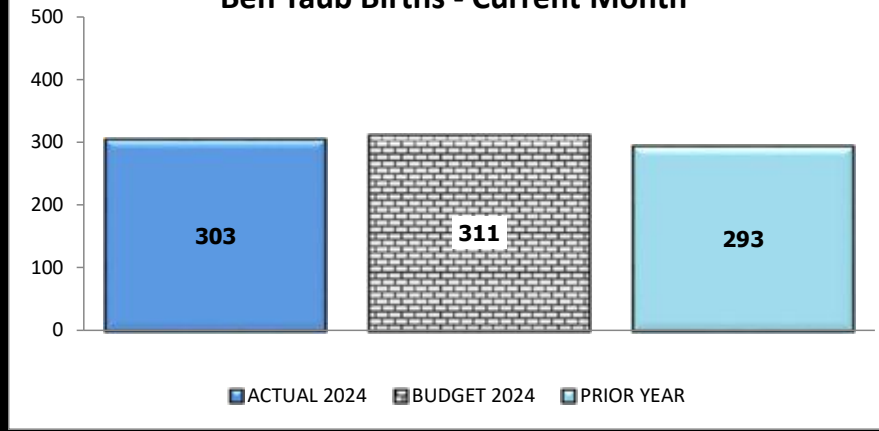


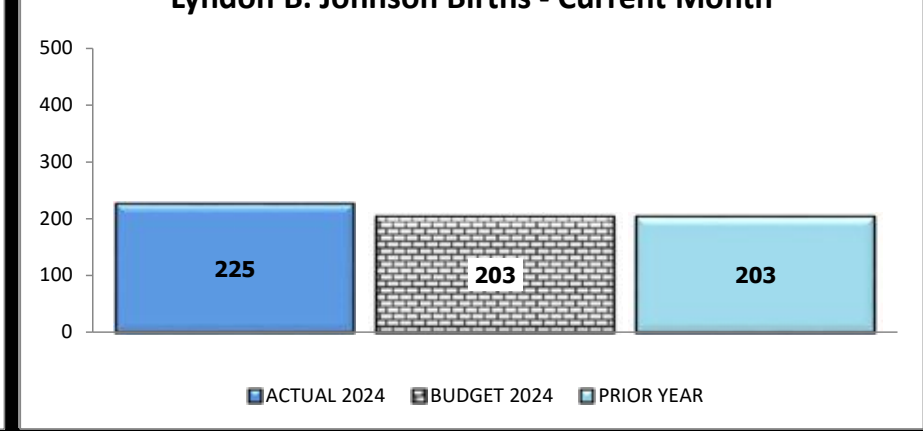
Harris Health

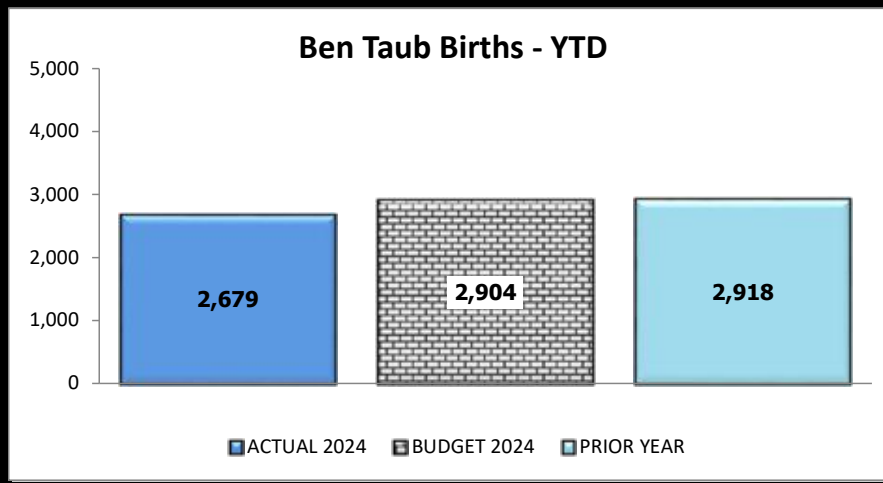
Statistical Highlights - Births

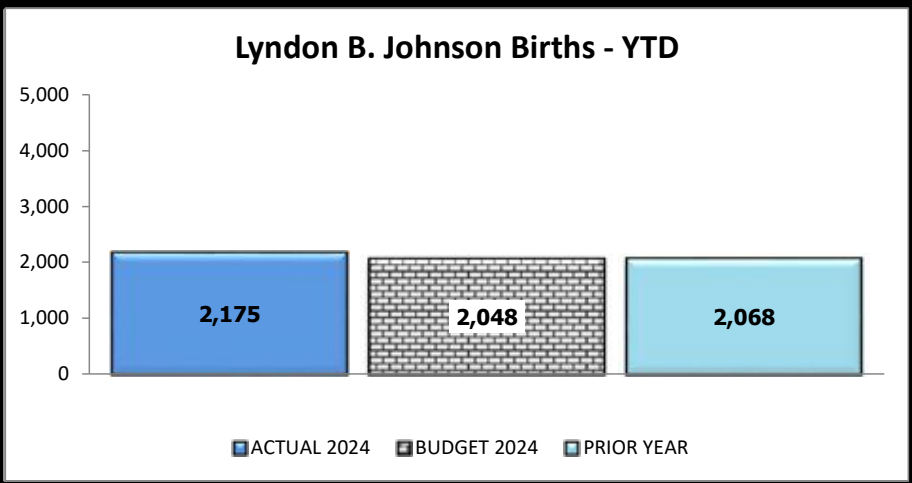
August FY 2024

BT Births - CM			BT Births - YTD			LBJ Births - CM			LBJ Births - YTD		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
303	311	293	2,679	2,904	2,918	225	203	203	2,175	2,048	2,068









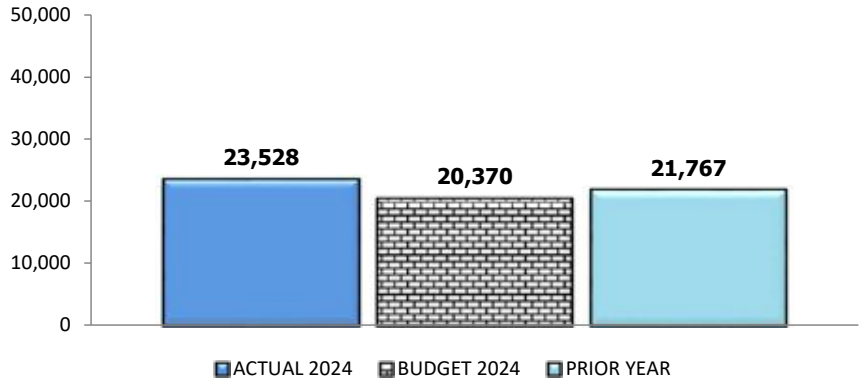
Harris Health

Statistical Highlights - Adjusted Patient Days

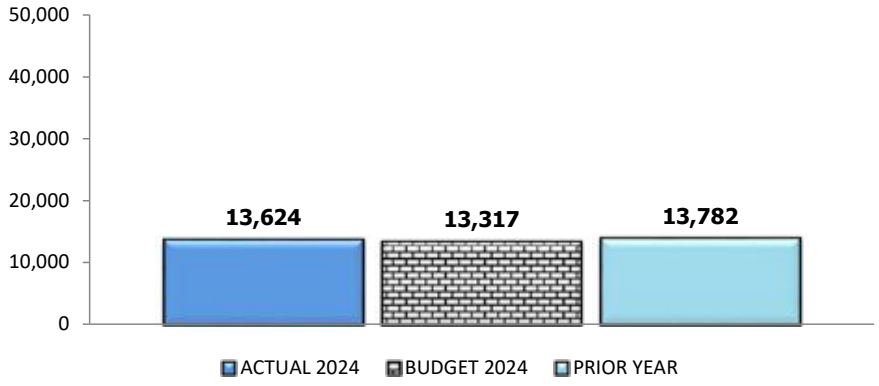
August FY 2024

BT Adjusted Patient Days - CM	BT Adjusted Patient Days - YTD	LBJ Adjusted Patient Days - CM	LBJ Adjusted Patient Days - YTD
23,528	242,428	13,624	146,809

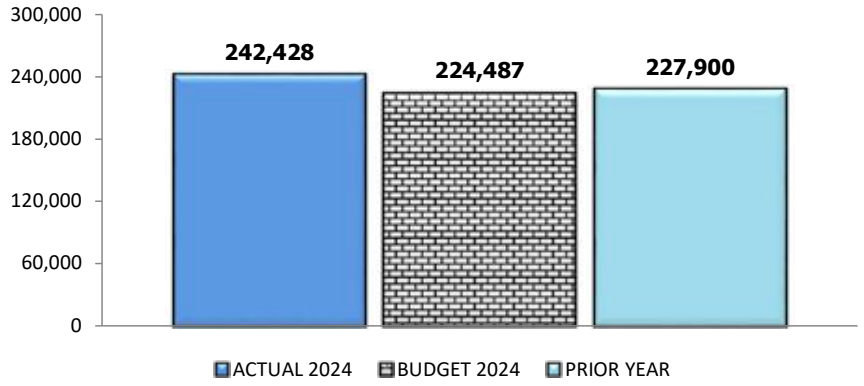
Ben Taub APD - Current Month



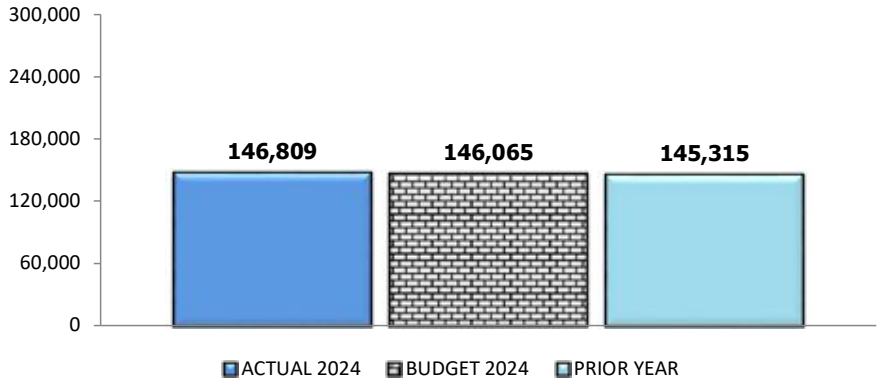
Lyndon B. Johnson APD - Current Month



Ben Taub APD - YTD



Lyndon B. Johnson APD - YTD



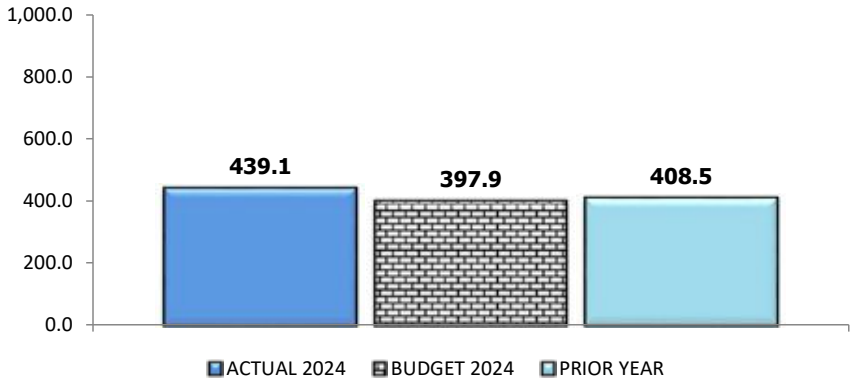
Harris Health

Statistical Highlights - Average Daily Census (ADC)

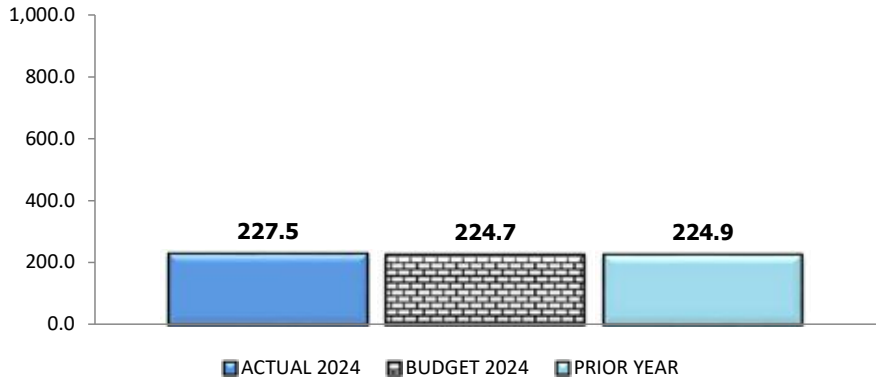
August FY 2024

BT Average Daily Census - CM	BT Average Daily Census - YTD	LBJ Average Daily Census - CM	LBJ Average Daily Census - YTD
439.1	426.4	227.5	227.0

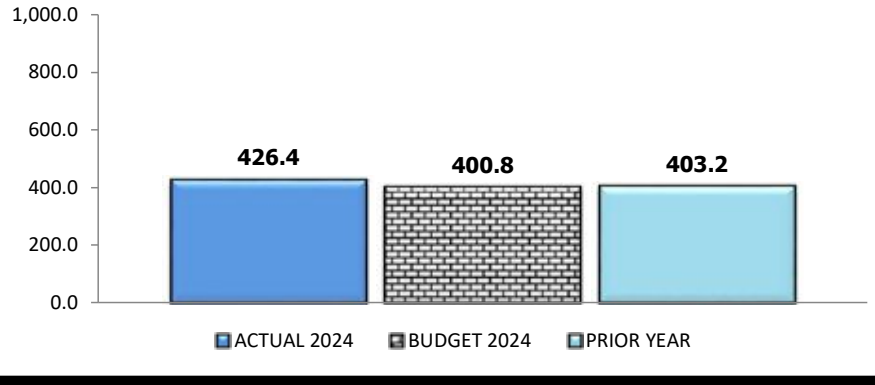
Ben Taub ADC - Current Month



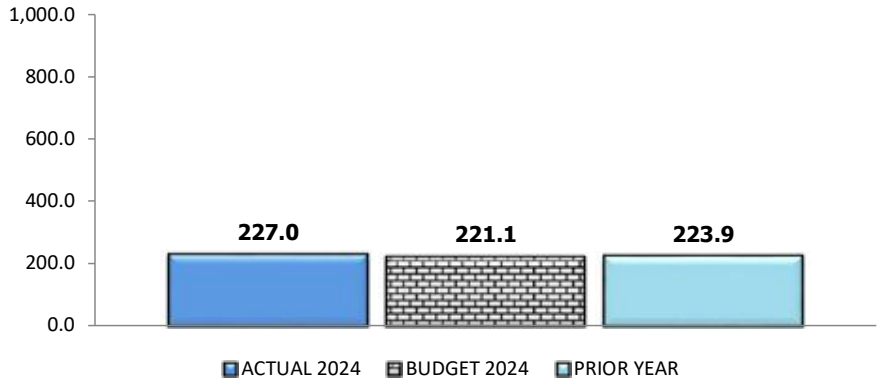
Lyndon B. Johnson ADC - Current Month



Ben Taub ADC - YTD



Lyndon B. Johnson ADC - YTD



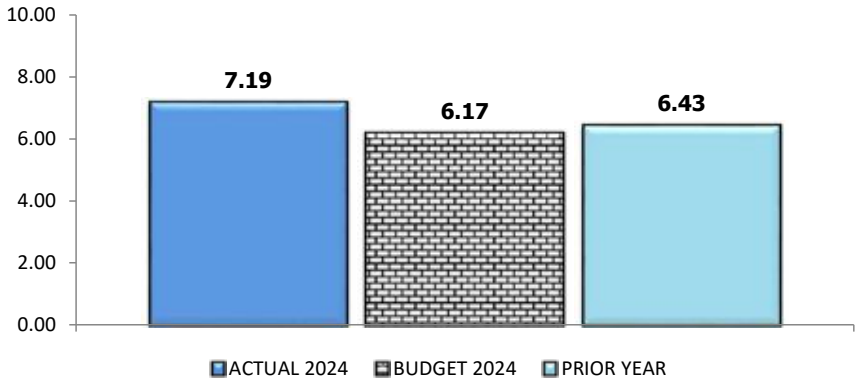
Harris Health

Statistical Highlights - Inpatient Average Length of Stay (ALOS)

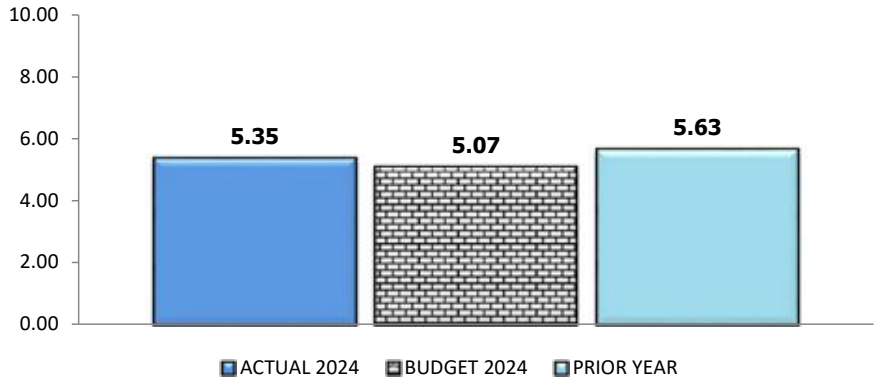
August FY 2024

BT Inpatient ALOS - CM	BT Inpatient ALOS - YTD	LBJ Inpatient ALOS - CM	LBJ Inpatient ALOS - YTD
7.19	7.12	5.35	5.57

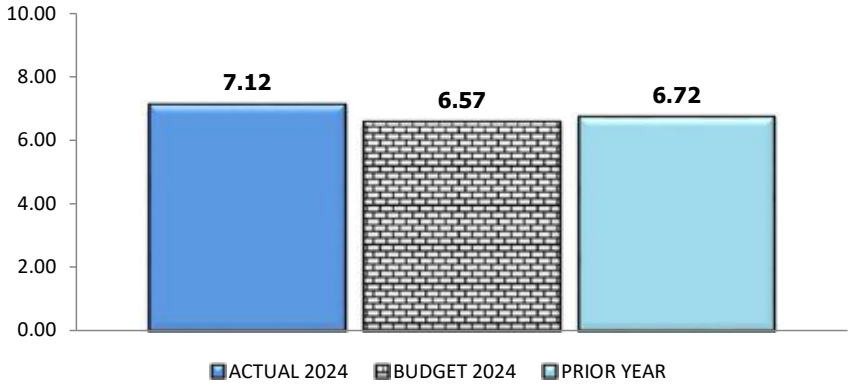
Ben Taub ALOS - Current Month



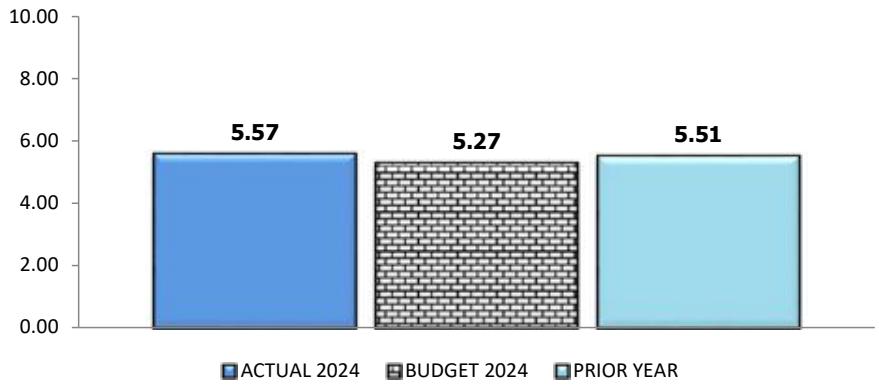
Lyndon B. Johnson ALOS - Current Month



Ben Taub ALOS - YTD



Lyndon B. Johnson ALOS - YTD



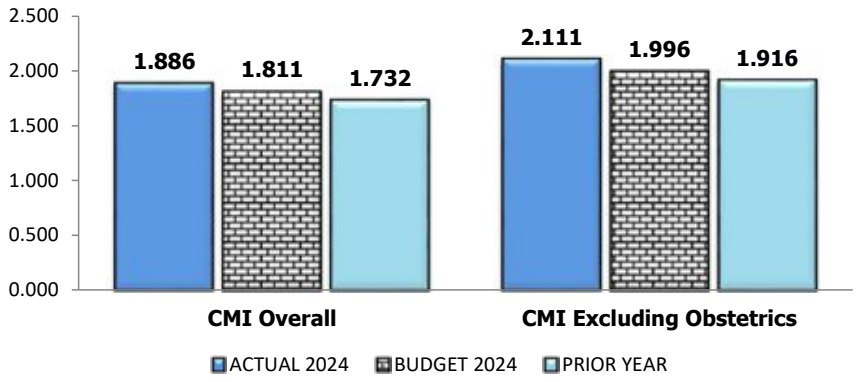
Harris Health

Statistical Highlights - Case Mix Index (CMI)

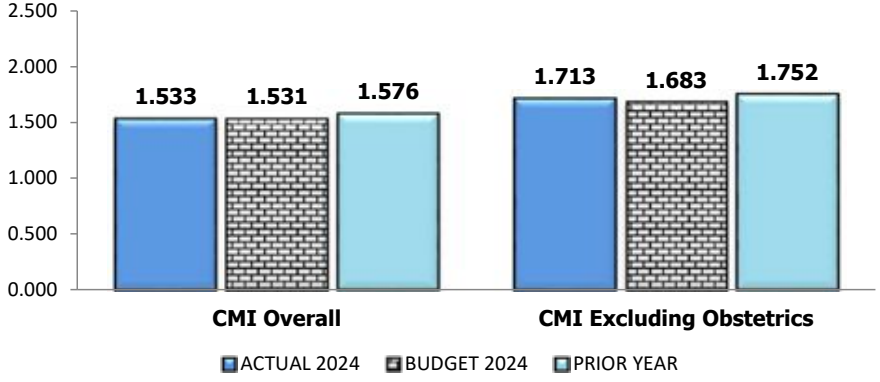
August FY 2024

BT Case Mix Index (CMI) - CM		BT Case Mix Index (CMI) - YTD		LBJ Case Mix Index (CMI) - CM		LBJ Case Mix Index (CMI) - YTD	
Overall	Excl. Obstetrics	Overall	Excl. Obstetrics	Overall	Excl. Obstetrics	Overall	Excl. Obstetrics
1.886	2.111	1.834	2.018	1.533	1.713	1.539	1.705

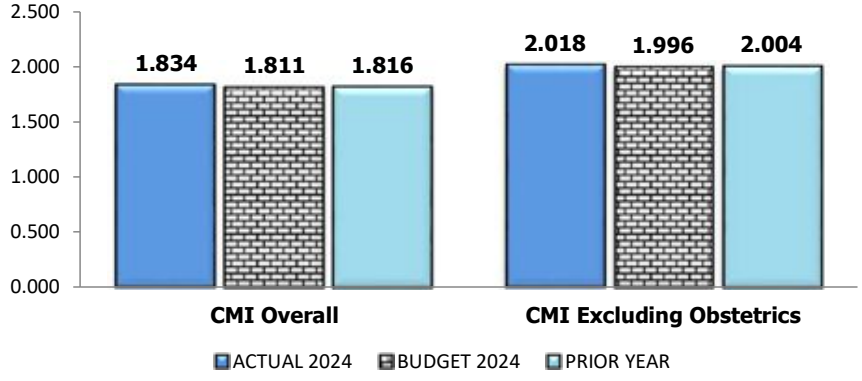
Ben Taub CMI - Current Month



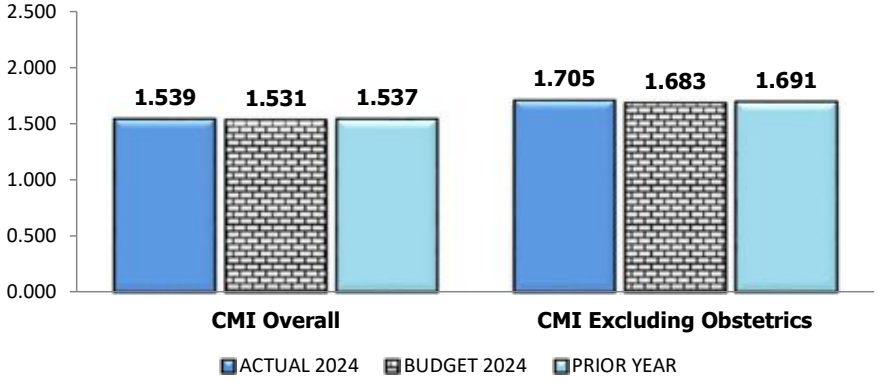
Lyndon B. Johnson CMI - Current Month



Ben Taub CMI - YTD



Lyndon B. Johnson CMI - YTD



BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH SYSTEM

Thursday, September 26, 2024

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

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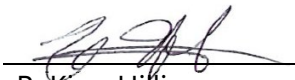

R. King Hillier
Senior Vice President, Public Policy & Government Relations

Harris Health System
4800 Fournace Place
Bellaire, Texas 77401

September 26, 2024
Board of Trustees Monthly Report

Federal Update

340B Update: On Aug. 23, J&J announced it would transition from point-of-sale discounts to post-dispensing rebates for Stelara and Xarelto under the 340B Drug Pricing Program. The drug maker said it would implement the change on Oct. 15, 2024.

In a statement to the media, HRSA quickly responded to the proposed changes, calling the unilateral decision "inconsistent" with federal law and saying it has not approved J&J's rebate model. The agency said it had shared this with J&J and will take "appropriate actions as warranted."

A letter from Americas Essential Hospitals (AEH) to HRSA urged the administration to take additional actions to stop J&J and other manufacturers from withholding up-front 340B discounts. The letter also highlighted the negative consequences of the proposed rebate model for patients and essential hospitals.

On Sept 11, Harris Health, Metro Health, University of Cincinnati Heath and Front Line Hospital Alliance (FLHA) staff were on capitol hill educating senior congressional offices and committees regarding the impact of the actions by J&J. It is estimated to have a $5 million impact on Harris Health.

The two drugs included in J&J's proposed rebate model, Stelara and Xarelto, are high-cost drugs with 2023 list prices greater than $13,800 and $500, respectively, for a 30-day supply. The two products are among 10 the Centers for Medicare & Medicaid Services selected to negotiate pricing under new authority granted by the Inflation Reduction Act.

FLHA Update: As referenced above, the FLHA on Sept 11 had a D.C. Congressional Fly-in to discuss 340B modernization and FLHA designation. Julie Rabat Torki and King Hillier represented Harris health.

Meetings held included Congressman Billy Carter (R-GA), retiring Congressman Bucshon (R-IN), Senator Thun's 340B Gang of 6, minority and majority staff of the Senate Labor HHS Committee, and minority and majority staff of the Energy and Commerce Committee.

It is anticipated that Congressman Carter will take the congressional lead in the new congress when Congressman Bucshon retires at the end of the year. Thun and the 340B Gang of 6 will continue leading the effort in the new year in the Senate.

In meetings with the Senate Gang of 6 it appears the FLHA 340B Patient Definition may be closely aligned to what the Senate is going to propose. We are awaiting a copy of that language to verify.

Attached are the talking points used during the recent Hill visits.

With the current budget stalemate in the House and limited number of legislative days prior to the November elections, it is uncertain if there will be comprehensive 340B modernization legislation in this Congress. If anything moves it will be in the Lame Duck session after the November election cycle. Those election results will dictate how much does or does not get accomplished before a new Congress and a new Administration.

All efforts are now focused on Speaker Johnson and how to avoid a looming government shut down by Sept 30. Without a continuing resolution and legislative action, the ACA Medicaid DSH reductions of approximately $2.4 billion for Texas will be implemented over a 3-year period beginning in Federal FY 2025.

State Update

Gov. Abbott Issues Executive Order Directing Hospitals to Gather Date on Undocumented Immigrant Care: Gov. Greg Abbott recently issued an Executive Order directing the Texas Health and Human Services Commission (HHSC) to collect information on undocumented immigrants who use Texas hospitals for inpatient and emergency care and to report incurred healthcare costs. HHSC will also be required to report annually to the Governor and Texas Legislature all inpatient and emergency care costs for undocumented immigrants so the State of Texas can seek reimbursement from the federal government.

At the Governor's direction, HHSC will immediately begin to:

- Direct hospitals and additional identified providers to collect information regarding the cost of medical care provided to undocumented immigrants, beginning by November 1, 2024.
- Direct covered hospitals to report such data to HHSC quarterly, with initial submissions due March 1, 2025.
- Direct those hospitals to inform the patient that federal law mandates that any response to such questions will not affect patient care.
- Report annually, beginning on January 1, 2026, to the Governor, the Lieutenant Governor, and the Speaker of the House on the preceding year’s costs for medical care provided to undocumented immigrants.

Harris Health staff is working to ensure compliance while also ensuring every member of the Harris County community continues to receive needed care in the most appropriate setting.

Speaker’s Race: After prevailing in a hard-fought primary runoff, the incumbent House Speaker, Dade Phelan (R-Beaumont), turns his attention to the race to retain his leadership role.

Five House colleagues have officially filed to challenge Phelan for the speakership—Rep. Tom Oliverson (R-Cypress), Rep. Shelby Slawson (R-Stephenville), Rep. David Cook (R-Mansfield), John Smithee (R-Amarillo) and Rep. James Frank (R-Wichita Falls).

Of note, Reps. Oliverson and Frank chair committees with jurisdiction over issues central to Harris Health—the House Committee on Insurance and the House Committee on Human Services respectively.

Phelan has been roundly criticized by elements within his party for keeping with the longstanding practice of appointing committee chairs from the minority party. Though many Republican priority bills have become law under Phelan's leadership, critics claim this practice has hindered GOP priorities from passing the House.

All of Phelan's official challengers have pledged to only appoint Republican chairs.

Phelan for his part recently hired legislative veteran, Mike Toomey, as his new chief of staff and former Governor Rick Perry as a senior advisor, affording him top tier support as he navigates the crowded field to prevail as Speaker for a third term.

Chairman James Frank (R-Wichita Falls) Pens Letter to HHSC re: Medicaid Procurement: The Chair of the House Human Services Committee, and speaker candidate, Rep. James Frank (R-Wichita Falls), wrote to Health and Human Services Executive Commissioner Cecil Young requesting she delay any finalization of new STAR/CHIP contracts until after the legislature has had the opportunity to provide additional direction to the agency.

Frank states his primary objection is many of the best performing plans—according to HHSC's own measurements—were not awarded a new STAR/CHIP contract. He asserts, per HHSC's own metrics, 12 of the 13 service delivery areas (SDAs) will not be keeping their highest quality plan.

In a separate letter to committee members, Frank also lays out some specifics regarding possible procurement legislation he may file next session:

- First, existing performance of health plans must be taken into account in the procurement process.
- Establishing a preference for all community plans.

Frank ends his letter by saying more conversations need to happen in preparation for the 89th Legislative Session, and he wants to work with Executive Commissioner Young and his colleagues as those conversations progress.

Harris Health and Community Health Choice staff continue to engage with lawmakers, trade associations, and our hospital district counterparts to ensure our plans and the patients they serve remain protected as any potential changes move forward.

Texas Higher Education Coordinating Board (THECB) Healthcare Workforce Task Force: The THECB's Task Force on Health Care Workforce Shortages held its final meeting in the beginning of September.

Harris Health's Chief Nurse Executive, Dr. Jaqueline Brock, was appointed to an advisory role for the Task Force and has already participated in workshop discussions with fellow appointees.

Harris Health personnel throughout the Task Force's work have shared data and coordinated messaging with Task Force members and other stakeholders.

As part of this, we have helped advocate for priorities such as increased support for nurse preceptors in addition to additional support for workers in need of child care. Many other stakeholders in the process have echoed these concerns, and the Task Force will issue a report with recommendations in October.

House Committee on Insurance Hearing: Some members and opposition advocates have been pushing wholesale prohibitions on hospital facility fees, though from testimony taken at this hearing, they appear to have eased their positions somewhat. There appears to now be more of a focus on preventing facility fees for telehealth, clinician administered drugs, and primary care.

Though we know facility fees are often justified in these instances as well, lawmakers on the panel are focused on examining facility fees in such instances where a physician practice is purchased by a larger organization, and there is no change in quality or services due to the acquisition.

Certain lawmakers demonstrated facility fees can be justified if the acquisition provides the patients with additional quality, services, or convenience.

Harris Health staff continues to work with lawmakers, advocates, and associations to ensure all parties are aware of the quality care and services facility fees support and to ensure Harris Health retains the autonomy to structure fees in a way that promotes patient value.

House Committee on Environmental Regulations: The House Committee on Environmental Regulations met to hear, among other items, testimony on the impact of concrete batch plants on air, land, and water in Houston.

Harris Health staff provided committee members with information on the proposed concrete and rock crushing plant slated to be constructed across the street from LBJ Hospital.

We will continue to pursue legislative and political solutions to ensure this health hazard does not negatively impact Harris Health patients, personnel, or facilities as well as the communities in which we operate.

Upcoming Texas Legislative Interim Hearings:

TEXAS SENATE

Natural Resources/Economic Development, Sept. 17, 2024 – The committee will examine the impacts of permanent cement production plants on local communities and make recommendations to ensure they are strategically situated and uphold community standards while also fostering economic development.

Health & Human Services, Sept. 18, 2024 – The committee will review care and services currently available to the growing population of Texas children with high acuity mental and behavioral

health needs and 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.

It will also evaluate current access to primary and mental health care and examine whether regulatory and licensing flexibilities could improve access to care, particularly in medically underserved areas of Texas. It will make recommendations, if any, to improve access to care while maintaining patient safety.

TEXAS HOUSE

Ways & Means, Sept. 26, 2024 – The committee will meet jointly with the Select Study Committee on Sustainable Property Tax Relief to review the impact of HJR 2/SB 2 (88-S2), which provides property tax relief through various mechanisms, on achieving the goal of providing sustainable property tax relief for Texas property owners.

It will evaluate the effects of tax rate compression, limits on taxable value, and homestead exemption increases to maximize savings to property owners, and evaluate whether Texas economic performance and state tax revenues support further compression of school district tax rates.

It will examine historical rates of appraisal increases, and methods to reduce the tax burden of appraisal increases on all real property and examine whether to extend the limitation on appraised value of certain non-homestead real property past the current expiration date of December 31, 2026, and whether to further reduce the limit on appraised value of homesteads.

It will examine the long-term value of homestead exemptions to Texas homeowners in conjunction with the impact of appraisal increases and evaluate whether to maintain the homestead exemption at its current rate.

SUGGESTED TALKING POINTS 340B MEETINGS

OPEN: King

- The Front Line Alliance is a coalition of super safety-net hospitals for whom we believe the 340B program was originally intended. We provide the highest-DSH, teaching and tertiary care. We are perpetually financially challenged.
- We support 340B modernization that is balanced and addresses key concerns of all stakeholders.
- We want to work with you and appreciate your willingness to listen and engage with us.
- We've brought our 340B experts to share their perspective on how to improve the program.

REPORTING ISSUES – Child Sites and Charity Care: Julie

In general -- we support transparency and reporting as long as it (i) aligns with hospital accounting systems and is not overly burdensome, and (ii) addresses our key issues as well including up front discount, contract pharmacy, fixing child sites, capturing all losses and a patient definition that aligns with how care is actually delivered.

1. Child Site Issue: HRSA antiquated definition of "child site" is problematic because it is tied to Medicare provider-based status, is not aligned with hospital accounting systems (and therefore cannot enable reporting and visibility at each child site) and inadvertently incentivizes acquisition of physician practices by hospitals which raises beneficiary copays.

Our Solution:

- Greatly simplifies "child sites" by aligning the definition with the physical location of each site, as already reported to CMS on Form 855, thus making it verifiable, and enabling financial reporting by hospitals.
- This benefits all stakeholders and enables appropriate oversight by HRSA.

2. Charity Care vs Total Loss: Charity care does not accurately capture all of our losses.

Our Solution:

- Reworks the section to clarify certain terms, and adds essential reporting elements including total patient losses beyond charity care for all covered entities.
- Creates an additional reporting requirement for hospitals, given their complexity, and enables more robust evaluation of their participation in 340B.

PATIENT DEFINITION: Jeff

Issue: Lack of clear and simple definition is confusing for all stakeholders. It simply isn't consistent with how patient care is really delivered in hospitals.

Our Solution:

- Provides a clear definition of patient that is workable for covered entities, grounded in how health care is delivered, and is limited to 18 months from the medical service to ensure patients can be easily identified as part of the clearinghouse function for all stakeholders and at the contract pharmacy.
- Defines "patient" to mean an individual with whom the covered entity has a provider-patient relationship evidenced by the provision of a medical service (defined) within 18 months of the 340B prescription by an affiliated clinical provider (defined) of the covered entity to a patient at a parent or child site of the covered entity and is documented in the medical record of the covered entity.

- Does not confine the prescription to match the exact medical service provided, which is unrealistic, particularly for patients with chronic conditions and comorbidities.

340B CLEARINGHOUSE: Angela

Issue: The released current draft needs to go further to create a robust clearinghouse that will solve numerous problems in the 340B program and the clearinghouse needs to be balanced for all stakeholders.
Our Solution:

- Provides a very clear and robust function for the clearinghouse that will benefit all 340B stakeholders and the responsibilities of each stakeholder in the 340B enterprise to participate in it.
- Protects patients at the contract pharmacy counter by ensuring they are identified as patients at the time of service.
- Enables manufacturers and Medicaid programs, real time information to avoid duplicate discounts.

JOHNSON & JOHNSON and CONTRACT PHARMACIES: Kinsey

1. J&J Issue: We will have a massive cash flow issue if we don't get the up front discount. And, current contract pharmacy requirements by manufacturers keep changing and are problematic.
Our Solution: Clarify by statute that covered entities receive the discount is up front, contract pharmacies are allowable and have guardrails to protect patients.

2. **Contract Pharmacy Issue**: Pharma requirements are different and frequently change, making it very difficult to administer. We understand why they need real time information given other discounts they give to PBM's, but it is coming at our expense.
Our Solution: We generally support the SUSTAIN Act's approach, but it is imperative that the language include protections so that it is our hospitals and patients that benefit, and not the major retailers and PBMs.

BREEZE OVER OTHER ISSUES, *IF THERE IS TIME*: Lisa

Inpatient Drug Discount: Provides a limited number of hospitals dedicated to the underserved which are clearly defined to utilize the discount for inpatient drugs: Front Line Multimission Urban Hospitals (133); Endangered Rural Hospitals (428); and Vulnerable Community Hospitals (63).
GPO Prohibition: Eliminates GPO prohibition for hospitals.

CLOSE: Candace

- Within the DSH hospital category, It is our hospitals that need 340B the most.
- We appreciate your efforts to address the needs of multiple stakeholders.
- We support a balanced approach to 340B modernization – all stakeholders get something and give something.

Thursday, September 26, 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

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Attached for review and acceptance:

- **HCHP September 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 – September 2024

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

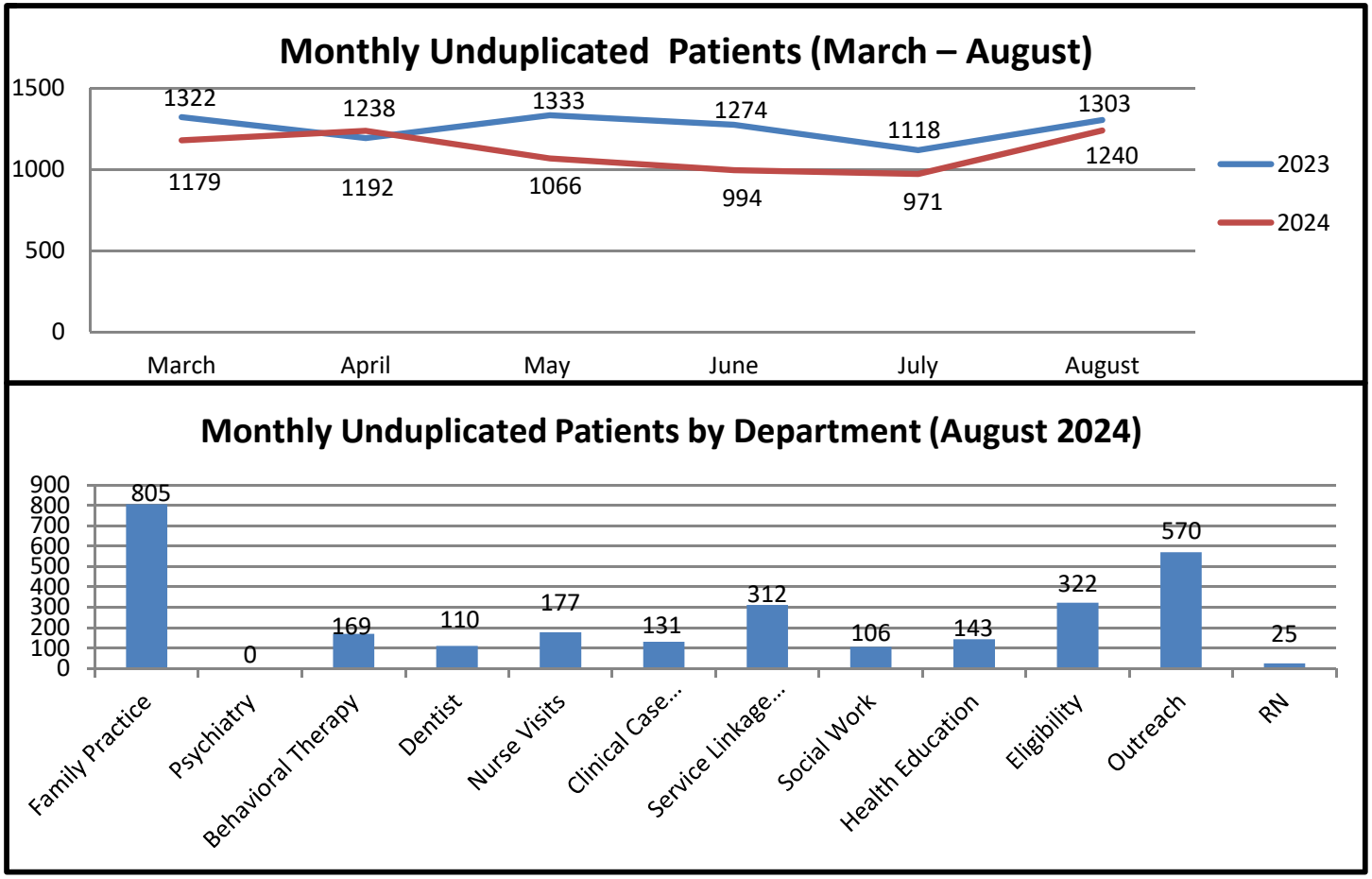
Agenda

- Operational Update
  - Productivity Report
  - C8E Capital Grant Extension
  - Service Area Competition Grant Budget
  - Patient Satisfaction Report

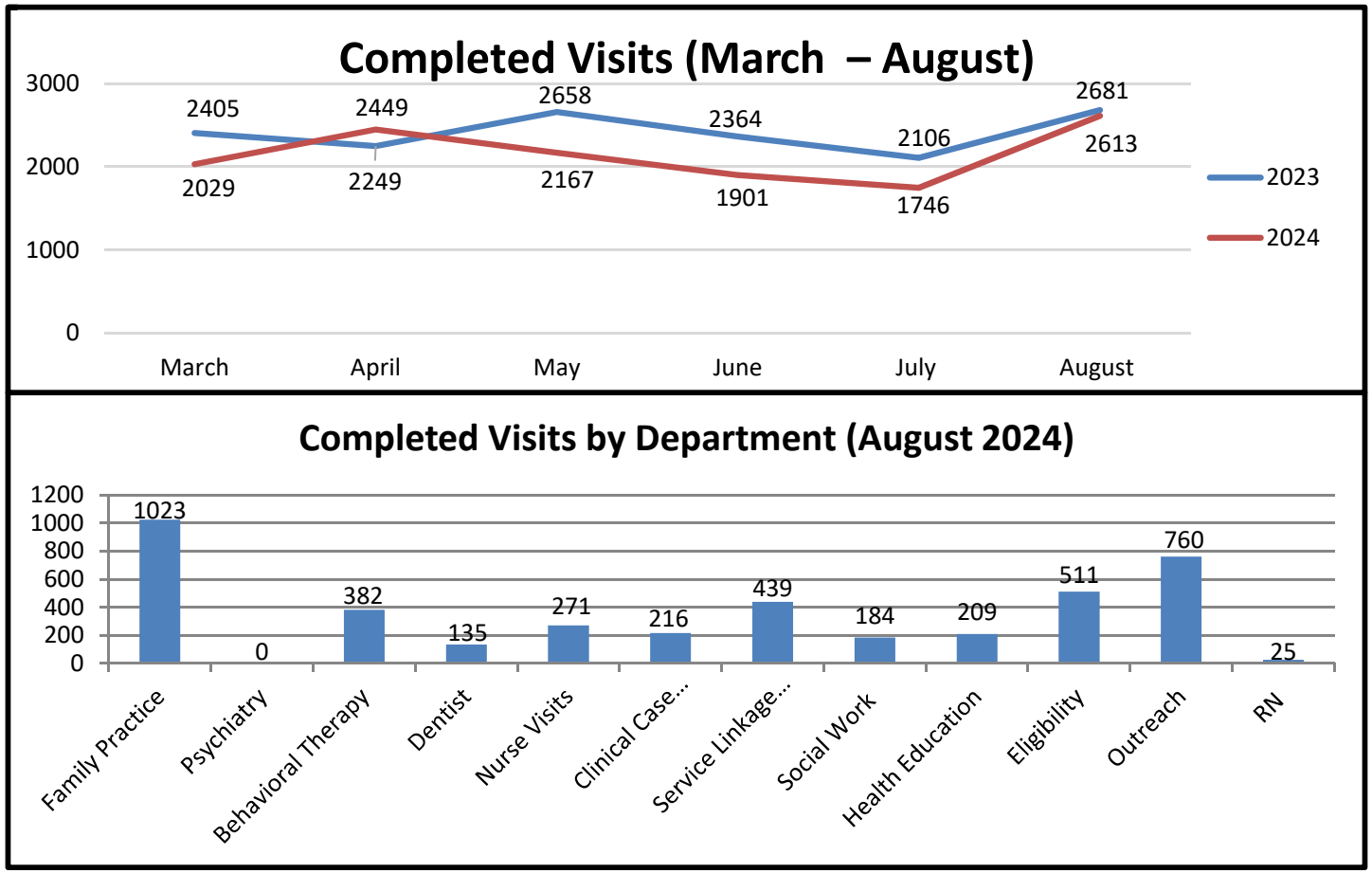
Patients Served

HRSA Unduplicated Patients Target:	HRSA Completed Visit Patients Target:
7,250	**22,500**
YTD Unduplicated Patients:	YTD Total Completed Visits:
4,902	18,403

Operational Update



Operational Update



Operational Update

American Rescue Plan - Health Center Construction & Capital Improvements (No Cost Extension)

Award Date: **August 5, 2024**

- Pending Board Approval
- Funding Amount: **$613,179**
- Focus: Existing grant, extended for another year-period to complete renovation.

- Services Provided
  - Renovation of Open Door Mission clinic and equipment for multiple clinics.

C8E Capital Grant

HARRIS HEALTH SYSTEM
HEALTH CARE FOR THE HOMELESS PROGRAM
HARRIS COUNTY HOSPITAL DISTRICT dba Harris Health System
C8E44701
September 15, 2021 through September 14, 2025

REVENUE	FEDERAL
Equipment	
Equipment for Multiple Clinics	$ 77,649
Total Equipment	**$ 77,649**
Renovation	
Renovation Costs for Open Door Mission	$ 535,530
Total Equipment	**$ 535,530**
Total Direct Charges	**$ 613,179**

Operational Update

Service Area Competition Grant Application Budget

- Pending Board Approval
- Funding Amount: **$21,768,609**
- Focus: Existing grant, extended for another 3 year-period to provide patient-centered services.

- Services Provided
  - Eligibility and Registration services
  - Health Education
  - Prevention services
  - Primary care
  - Dental care
  - Case management
  - Mental Health care
  - Substance use disorder services
  - Class D pharmacy

SAC Application Budget

HARRIS HEALTH SYSTEM

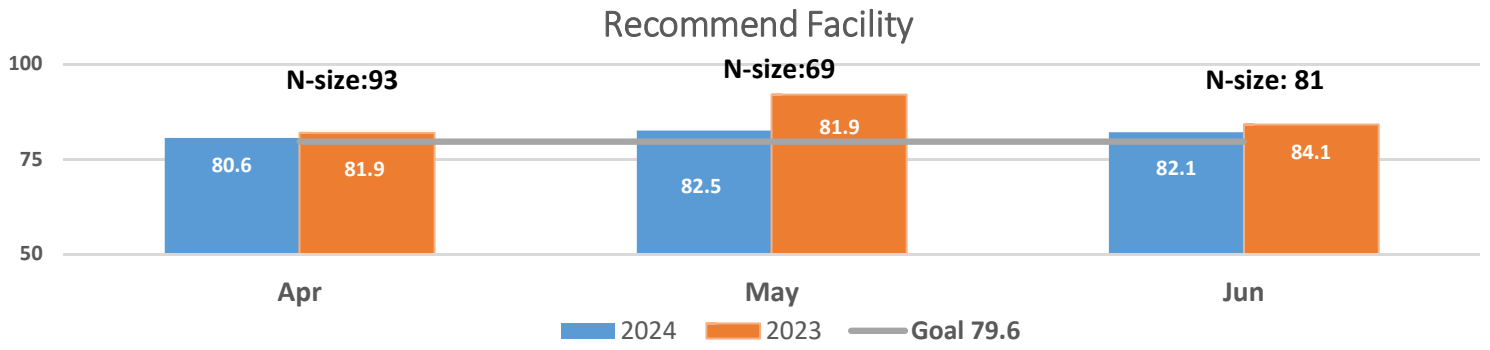
HEALTH CARE FOR THE HOMELESS PROGRAM

HARRIS COUNTY HOSPITAL DISTRICT dba Harris Health System

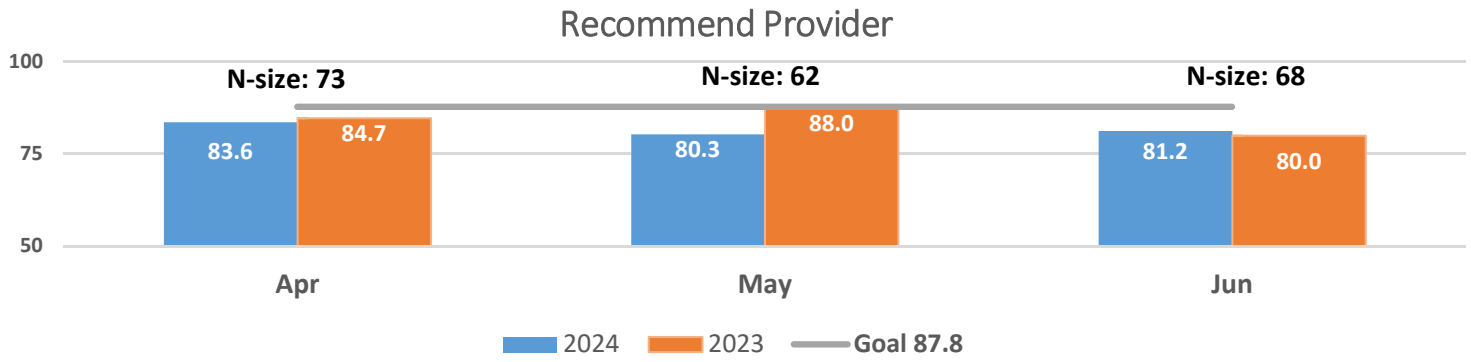
January 1, 2025 through December 31, 2027

REVENUE	Year 1 Federal Resources	Year 1 Non-Federal Resources	Total - Year 1	Total - Year 2	Total - Year 3
SAC Grant Request	$4,412,560	$0	$4,412,560	$4,412,560	$4,412,560
Applicant Organization	$0	$2,317,033	$2,317,033	$2,666,473	$3,036,880
Local Funds	$0	$0	$0	$0	$0
Other Support	$0	$0	$0	$0	$0
Program Income	$0	$170,181	$170,181	$170,181	$170,181
TOTAL REVENUE	$4,412,560	$2,487,214	$6,899,774	$7,249,214	$7,619,621

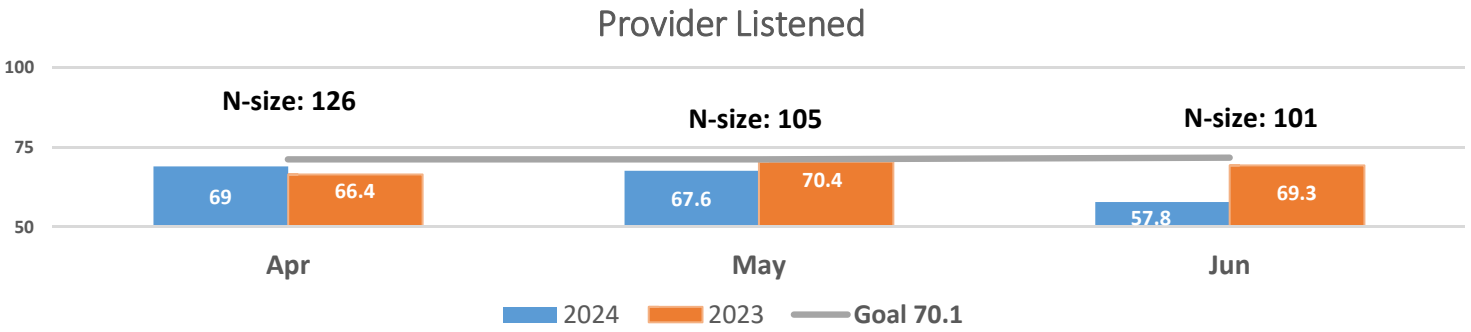
HCHP Patient Satisfaction Trending Data Q2



Q2 Average: 81.7
N-size: 243

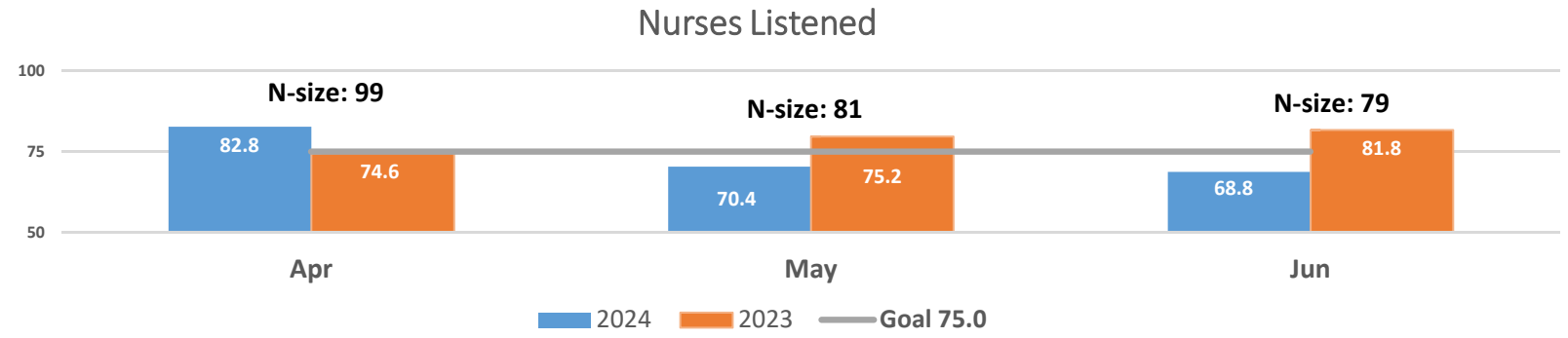


Q2 Average: 81.7
N-size: 203

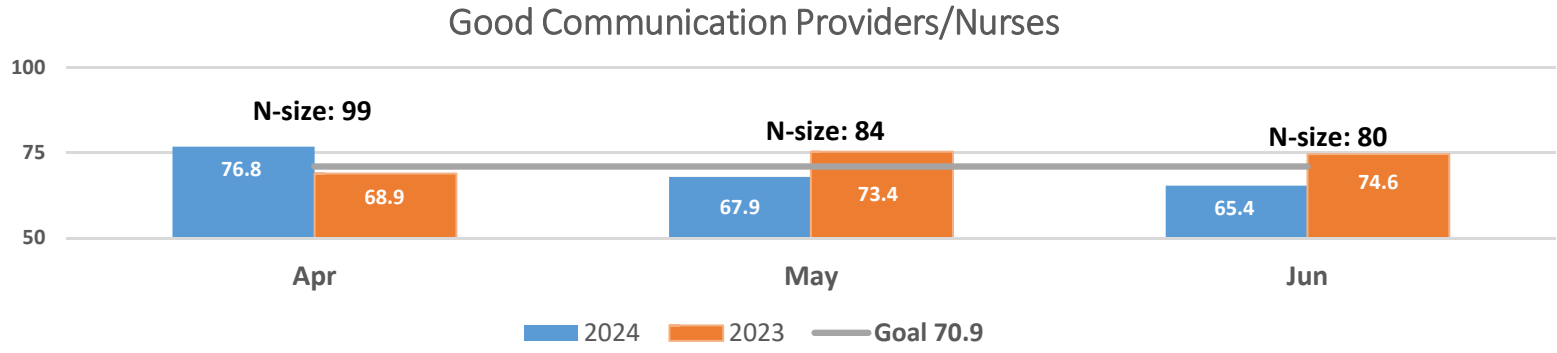


Q2 Average: 64.8
N-size: 332

HCHP Patient Satisfaction Trending Data Q2



Q2 Average: 74.0
N-size: 259



Q2 Average: 70.0
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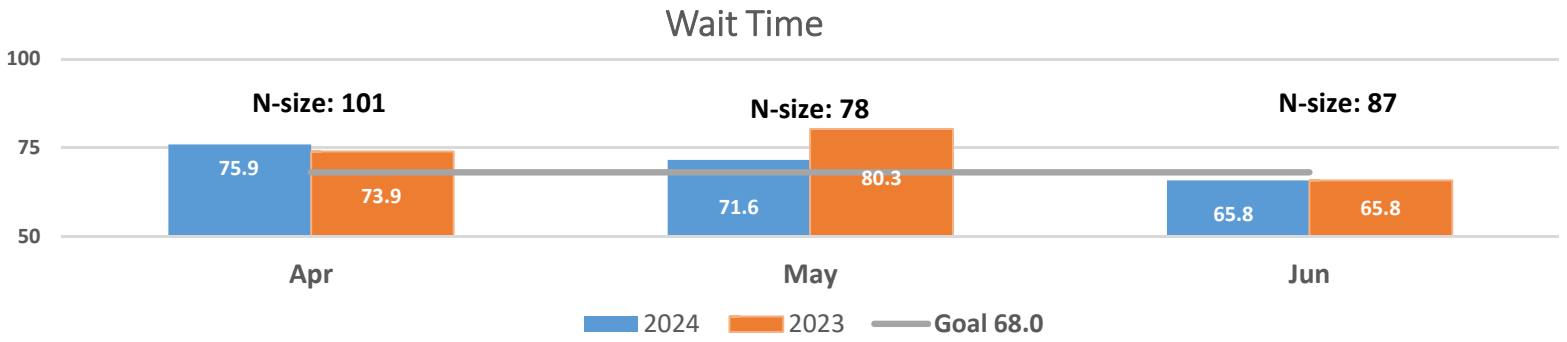

Q2 Average: 71.1
N-size: 266

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH SYSTEM

Thursday, September 26, 2024

Consideration of Approval of the HCHP C8E Capital Grant Extension

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Attached for review and approval:

- **HCHP C8E Capital Grant Extension**

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

HARRIS COUNTY HOSPITAL DISTRICT
C8E44701
American Rescue Plan – Health Center Construction and Capital Improvements Funding
BUDGET NARRATIVE
SEPTEMBER 15, 2021 THROUGH SEPTEMBER 14, 2025

REVENUE:

REVENUE	Federal Resources	Non-Federal Resources	Total
Grant Request	$ 613,179		$ 613,179
Applicant Organization			$ -
Local Funds			$ -
Other Support			
Program Income			$ -
TOTAL REVENUE	$ 613,179	$ -	$ 613,179

EXPENSES:

Equipment	Federal Request	Non-Federal Resources	Total
Equipment for Multiple Clinics	$ 77,649	$ -	$ 77,649
TOTAL EQUIPMENT:	$ 77,649	$ -	$ 77,649

Renovation	Federal Request	Non-Federal Resources	Total
Renovation Costs for Open Door Mission	$ 535,530	$ -	$ 535,530
TOTAL EQUIPMENT:	$ 535,530	$ -	$ 535,530

TOTAL DIRECT CHARGES	**$ 613,179**	**-**	**$ 613,179**

Thursday, September 26, 2024

Consideration of Approval of the HCHP Service Area Competition Grant Budget

Attached for review and approval:

- **HCHP Service Area Competition Grant Budget**

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

Jennifer Small
Executive Vice President – Ambulatory Care Services

HARRIS COUNTY HOSPITAL DISTRICT
BUDGET NARRATIVE
JANUARY 1, 2025 TO DECEMBER 31, 2027

REVENUE:

REVENUE	Year 1 Federal Resources	Year 1 Non-Federal Resources	Total - Year 1	Total - Year 2	Total - Year 3
SAC Grant Request	$4,412,560	$0	$4,412,560	$4,412,560	$4,412,560
Applicant Organization	$0	$2,317,033	$2,317,033	$2,666,473	$3,036,880
Local Funds	$0	$0	$0	$0	$0
Other Support	$0	$0	$0	$0	$0
Program Income	$0	$170,181	$170,181	$170,181	$170,181
TOTAL REVENUE	$4,412,560	$2,487,214	$6,899,774	$7,249,214	$7,619,621

EXPENSES:

PERSONNEL	Year 1 Federal Resources	Year 1 Non-Federal Resources	Total - Year 1	Year 2	Year 3
ADMINISTRATION	$472,607	$283,679	$756,285	$801,663	$849,762
MEDICAL STAFF	$1,547,016	$952,217	$2,499,233	$2,649,187	$2,808,139
MENTAL HEALTH SERVICES	$228,849	$12,894	$241,743	$256,248	$271,622
SUBSTANCE ABUSE SERVICES	$64,299	$3,384	$67,683	$71,744	$76,049
ENABLING STAFF	$743,209	$39,116	$782,325	$829,265	$879,020
DENTAL STAFF	$92,999	$13,581	$106,580	$112,975	$119,753
PATIENT SERVICES SUPPORT STAFF	$0	$156,432	$156,432	$165,818	$175,767
FACILITY PERSONNEL STAFF	$0	$86,496	$86,496	$91,686	$97,187
TOTAL PERSONNEL	$3,148,979	$1,547,799	$4,696,778	$4,978,585	$5,277,300

FRINGE	Year 1 Federal Resources	Year 1 Non-Federal Resources	Total - Year 1	Year 2	Year 3
FICA @ 7.65%	$240,897	$118,407	$359,304	$380,862	$403,713
Retirement/401K match @ 5%	$157,449	$77,390	$234,839	$248,929	$263,865
Insurance @ 11.35%	$357,409	$175,675	$533,084	$565,069	$598,974
TOTAL FRINGE @ 24%	$755,755	$371,472	$1,127,227	$1,194,860	$1,266,552

TRAVEL	Year 1 Federal Resources	Year 1 Non-Federal Resources	Total - Year 1	Year 2	Year 3
Local - all staff = .655/mile X 9,572 miles = $6,270	$0	$6,270	$6,270	$6,270	$6,270
Airfare to National Health Care for the Homeless Council Conference for 2 staff members. $780 per individual X 2 individuals = $1,560	$0	$1,560	$1,560	$1,560	$1,560
Hotel for National Health Care for the Homeless Council Conference for 2 staff members. $400 per night X 4 nights X 2 individuals = $3,200	$0	$3,200	$3,200	$3,200	$3,200
Travel related meals for National Health Care for the Homeless Council Conference for 2 staff members. $60 per day X 5 days X 2 individuals = $600	$0	$600	$600	$600	$600
Mileage to airport for travel to National Health Care for the Homeless Council Conference for 2 staff members. 40 miles x 2 ways X .655 cents per mile x 2 individuals = $105	$0	$105	$105	$105	$105

Airport transfers for travel in conference city for National Healthcare for the Homeless Council Conference for 2 staff members. $40 per trip X 2 trips X 2 individuals = $160.	$0	$160	$160	$160	$160
TOTAL TRAVEL:	$0	$11,895	$11,895	$11,895	$11,895

SUPPLIES	**Year 1 Federal Resources**	**Year 1 Non-Federal Resources**	**Total - Year 1**	**Year 2**	**Year 3**
Office Supplies: $8,334/mo X 12 months= $100,008	$0	$100,008	$100,008	$100,008	$100,008
Office Supplies: $219/mo X 12 months= $2,633	$2,633	$0	$2,633	$2,633	$2,633
Medical & Dental Supplies: $20,834/month X 12 months = $250,008	$53,008	$197,000	$250,008	$250,008	$250,008
Pharmaceuticals: $22,915 per month X 12 months = $274,980	$90,000	$184,980	$274,980	$274,980	$274,980
TOTAL SUPPLIES	$145,641	$481,988	$627,629	$627,629	$627,629

CONTRACTUAL	**Year 1 Federal Resources**	**Year 1 Non-Federal Resources**	**Total - Year 1**	**Year 2**	**Year 3**
Psychiatry services contractor TBD Salary =$110,484 ; Benefits=$26,516 (Total=$137,000)	$133,140	$3,860	$137,000	$137,000	$137,000
Cenikor Foundation - Residential substance abuse services. Total costs = $45,000. This is a fixed agreement to be paid at $3,750 per month to include reimbursement for residential services, counseling, and other services and supplies related to substance abuse treatment. $3,750 per month X 12 months = $45,000	$45,000	$0	$45,000	$45,000	$45,000
Dental services provided by UTHealth School of Dentistry to homeless individuals on the mobile dental unit. Reimbursement at $106.28 per hour of service. The position is a .80 FTE and the federal request is $176,845.	$176,845	$0	$176,845	$176,845	$176,845
TOTAL CONTRACTUAL	$354,985	$3,860	$358,845	$358,845	$358,845

OTHER	**Year 1 Federal Resources**	**Year 1 Non-Federal Resources**	**Total**	**Year 2**	**Year 3**
Cab vouchers/Lyft for patients - $1,300 per month X 12 months = $15,600	$0	$15,600	$15,600	$15,600	$15,600
Bus tokens for patients - $750 per month X 12 months = $9,000	$0	$9,000	$9,000	$9,000	$9,000
Registration fee for 2 staff members to attend the National Health Care for the Homeless Council conference. $600 per individual X 2 individuals = $1,200.	$0	$1,200	$1,200	$1,200	$1,200
Copier Lease - $300 X 12 months = $3,600	$0	$3,600	$3,600	$3,600	$3,600
Meeting Meals & Incentives for Staff	$0	$3,000	$3,000	$3,000	$3,000
Internet connectivity fees for access to Harris Health server from homeless sites. $300 per month X 12 months = $3,600.	$0	$3,600	$3,600	$3,600	$3,600

Membership - Nat'l Health Care for the Homeless Council - Annual membership fee = $4,200	$0	$4,200	$4,200	$4,200	$4,200
Portable toilet pump out service. This service will include emptying the waste tank and filling the water tanks of each mobile unit. $ 200 a month per unit X 3units= $600 per month X 12 months = $7,200	$7,200	$0	$7,200	$7,200	$7,200
Insurance for mobile units	$0	$30,000	$30,000	$30,000	$30,000
TOTAL OTHER:	$7,200	$70,200	$77,400	$77,400	$77,400
TOTAL DIRECT CHARGES	**$4,412,560**	**$2,487,214**	**$6,899,774**	**$7,249,214**	**$7,619,621**

Thursday, September 26, 2024

Executive Session

Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. organizational update and the year-to-date July 2024 financial performance, pursuant to Tex. Gov't Code Ann. §551.085.

Anna Mateja
Chief Financial Officer
Community Health Choice, Inc.
Community Health Choice Texas, Inc.

Victoria Nikitin
EVP & Chief Financial Officer
Harris Health

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BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH SYSTEM

Thursday, September 26, 2024

Executive Session

Consultation with Attorney Regarding Settlement of Claim with Clark Linbeck, Pursuant to Tex. Gov't Code Ann. §551.071 and Possible Action Upon Return to Open Session.

L. Sara Thomas
Chief Legal Officer/Division Director
Harris County Attorney's Office
Harris Health System

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