

To: Harris County Commissioners Court

Through: Katie Short, Director, Commissioners Court's Analyst's Office

Prepared By: Katie Short, Director, Commissioners Court's Analyst's Office

Subject: Transmittal re improvements to cooperation between county public health departments and hospital districts, and related agencies and legal methods to merge said departments

Project ID (If applicable):

Purpose and Request:

Transmittal of memo responding to the Precinct Two request for a survey of other counties on improvements to cooperation between county public health departments and hospital districts, and related agencies and legal methods to merge said departments.

Background and Discussion:

In December 2020, Precinct Two requested the Analyst's Office work in cooperation with the County Attorney, Budget Management, Public Health, relevant county departments, Harris Center, and Harris Health, to conduct a survey of Texas counties to determine methods that improve cooperation between county public health departments and hospital districts, and related agencies and legal methods to merge said departments.

Fiscal Impact:

No anticipated fiscal impact.

Fiscal Summary			
Expenditures	FY 20-21	FY 21-22 Projected	Future Years Projected [3 additional years]
Service Impacted: <i>[Please provide service or division where expenditure will be used]*</i>			
Existing Budget			
Additional Appropriation Requested			
Total Expenditures			0
Funding Sources			
Existing Department Budget			
Please Identify Funding Source (General Fund, PIC, Special Revenue, Grant, Etc.)			
[INSERT FUNDING SOURCE HERE]*			
Total Sources			0

Alternatives:

Not applicable.

Alignment with Strategic Objective:

Continue supporting the Court's decision-making through completed Policy Analysis.

Attachments:

(1) Agenda letter, (2) Memo



1115 Congress Street, 6th Floor, Houston, Texas 77002 ■ (832) 927-6900

AGENDA

March 30, 2020

Honorable Lina Hidalgo and
Members of Commissioners Court
1001 Preston Street, 9th Floor
Houston, Texas 77002

RE: Transmittal of memo responding to the Precinct Two request for a survey of other counties on improvements to cooperation between county public health departments and hospital districts, and related agencies and legal methods to merge said departments.

Dear Judge Hidalgo and Commissioners Ellis, Garcia, Radack, and Cagle:

Precinct Two requested the Analyst's Office work in cooperation with the County Attorney, Budget Management, Public Health, relevant county departments, Harris Center, and Harris Health, to conduct a survey of Texas counties to determine methods that improve cooperation between county public health departments and hospital districts, and related agencies and legal methods to merge said departments.

The Analyst's Office respectfully transmits the enclosed memo responding to this request via the Commissioners Court agenda.

Thank you for your consideration.

A handwritten signature in black ink, appearing to read "Katie Short".

Katie Short
Director
Commissioners Court's Analyst's Office

To: Harris County Precinct Two Commissioner Garcia
From: Katie Short, Director; Amber Weed, Chief of Staff and Director of Policy; Laila Elimam, Analyst
CC: Mike Lykes, Kris Banks, Mohammed Jamal
Date: March 19, 2021
Re: **County Health Coordination Memo**

EXECUTIVE SUMMARY

The Commissioners Court's Analyst's Office (the "Analyst's Office") received the following request from Harris County Precinct Two during the December 1, 2020 Commissioners Court:

"Precinct Two moves for the Commissioners Court's Analyst's Office to work in cooperation with the County Attorney, Budget Management, Public Health, relevant county departments, Harris Center, and Harris Health, to conduct a survey of Texas counties to determine methods that improve cooperation between county public health departments and hospital districts, and related agencies and legal methods to merge said departments."

There are three county health-related agencies in Harris County: Harris County Public Health (HCPH), Harris Health System (HHS), and the Harris Center for Mental Health and IDD (Harris Center). Over the course of the last four decades, there have been more than 15 efforts to improve coordination across those agencies. Two notable reports in the past year, PFM Consulting's *Harris County Operational Review* and HCPH's *Harris Cares: A 2020 Vision for Health*, have identified a continued need for growing collaboration between these three entities.

The Analyst's Office consulted the County Attorney's Office (CAO) to conduct a legal analysis of the potential consolidation of HCPH, HHS, and/or the Harris Center. The CAO advised against consolidating HCPH, HHS, and Harris Center because doing so: violates State statute in select cases; risks current funding sources; and requires approval of all three governing bodies. Instead, the CAO advises (1) forming an advisory or coordinating council, or (2) establishing a community center which houses services from all three entities.

This analysis assesses the collaborative arrangements practiced in health entities in six jurisdictions (Bexar County, Dallas County, Galveston County, Travis County, Los Angeles County, and Miami-Dade County). Highlights include:

- **The health entities reviewed work together through a variety of arrangements:** non-binding arrangements, involving leadership meetings; contractual agreements, including memoranda of understanding and interlocal agreements; and project-based collaborations, including Community Health Needs Assessments (CHNA) and other joint initiatives.

- **Complete consolidation of separate health entities within any given county does not occur in any of the jurisdictions reviewed.**
- **Bexar, Los Angeles, and Miami-Dade counties utilize a non-profit Collaborative, Alliance, and Consortium arrangements, respectively, outside of their health entities for facilitating coordination** among the health entities and other stakeholders.
- **Bexar County's non-profit Collaborative and Miami-Dade County's Consortium arrangements facilitate the completion and implementation of the CHNA** between the health departments, hospital districts, and other organizations.
- **Los Angeles County is in the process of implementing a second iteration of an effort to improve coordination** among their health entities. The County moved away from its initial Health Agency structure to house the Departments of Public Health, Health Services, and Mental Health under a single director. It is currently implementing the Alliance for Health Integration with a Chief Operating Officer, who oversees coordination and integration efforts and reports to the directors of the three health entities.
- **In all jurisdictions, the health entities collaborate with external stakeholders to gauge community input and align health priorities.**

If the Commissioners Court were interested in improving coordination among HCPH, HHS, and the Harris Center, the following policies should be considered:

- **Encourage HCPH, HHS, and the Harris Center to conduct a joint Countywide Community Health Needs Assessment (CHNA).** A CHNA, which is mandated by the Affordable Care Act (ACA) for non-profit hospital districts¹ and required by the National Public Health Accreditation Board (PHAB) for public health departments to receive accreditation,² helps a jurisdiction identify health needs and establish strategies for moving forward on an implementation plan. Participation from all three departments may allow for a more comprehensive review of areas of work, identification of where collaboration can be deepened, and alignment of strategies.
- **Create an external non-profit through a contractual agreement between Harris County Public Health, Harris Health System, and the Harris Center to manage the CHNA and lead other activities.** Harris County can create an external non-profit to oversee and manage collaboration activities similar to the Bexar County Health Collaborative to work closely with HCPH, HHS, and the Harris Center.
- **Designate a Chief Operating Officer or Coordinator to oversee collaboration activities through a contractual agreement between Harris County Public Health, Harris Health System, and the Harris Center.** Harris County can designate a Chief Operating Officer or Coordinator with support staff to report to participating agency directors and oversee collaboration activities among the three entities, similar to the Los Angeles County Alliance for Health Integration (AHI). This COO could help keep track of existing collaborations and identify joint opportunities.
- **Create a council with agency and possibly broad community membership.** As advised by the County Attorney's Office (CAO), a Council or Consortium with agency representatives can improve coordination, including on matters related to data-sharing and on conducting a joint CHNA. To broaden membership and stakeholder engagement, Harris County may choose to expand the membership of the Council similar to the Miami-Dade Consortium, to bring together the three entities with other community members.

INTRODUCTION

This memo is a response to the following request made by Precinct Two and approved by the Commissioners Court on December 1, 2020:

“Precinct Two moves for the Commissioners Court’s Analyst’s Office to work in cooperation with the County Attorney, Budget Management, Public Health, relevant county departments, Harris Center, and Harris Health, to conduct a survey of Texas counties to determine methods that improve cooperation between county public health departments and hospital districts, and related agencies and legal methods to merge said departments.”

This memo includes methodology; background on Harris County Public Health (HCPH), Harris Health System (HHS), and the Harris Center, past and existing coordination efforts in Harris County, a legal analysis of potential collaborative structures by the Harris County Attorney’s Office (CAO); and an assessment of coordination efforts between health entities in other jurisdictions, both in Texas and around the country. This memo concludes with policy considerations for Harris County.

METHODOLOGY

This memo summarizes the coordination efforts between health entities in six jurisdictions, four in Texas and two outside of Texas.

Because of the unique issues facing large counties, the most populous counties after Harris County in Texas were chosen for the assessment. In addition, Galveston County was selected to serve as an example of a public health entity overseen by a community-based governance board. Texas counties included in this assessment include:

- Bexar County
- Dallas County
- Galveston County
- Travis County

Though outside the scope of the request, the Analyst’s Office included two counties outside of Texas in the review. The two counties selected were among the five benchmark counties used by PFM Consulting in their Harris County Operational Review.¹ The counties assessed outside of Texas include:

- Los Angeles County, California
- Miami-Dade County, Florida

Cook County, Illinois, which was included in PFM’s *Harris County Operational Review*, and Tarrant County, Texas, are excluded from this analysis because the Analyst’s Office did not receive responses to our inquiries at the time of publication.

This analysis utilized the Congressional Research Service (CRS) report titled, *Interagency Collaborative Arrangements and Activities: Types, Rationales*,

¹ In their recommendations, PFM also urged Harris County to model its health agency restructuring process on the Los Angeles County and Cook County structures.

Considerations, to define the range of collaborative activities maintained by agencies. This framework was selected for its detailed definitions of collaborative activities and its broad application.ⁱⁱ Other frameworks reviewed included definitions for health care that either focus on behavioral health and primary careⁱⁱⁱ or are skewed towards clinical settings.^{iv}

A second framework is used from the Institute of Medicine (IOM) report titled, *Primary Care and Public Health: Exploring Integration to Improve Population Health*,^v to assess a unique characteristic of the collaborative arrangements in each jurisdiction. The unique characteristic selected from the collaborative arrangements of each county demonstrates efforts to facilitate collaboration, bring various stakeholders together, and/or leverage resources.

While these frameworks aid with identifying efforts to improve cooperation, performance metrics related to efforts to improve cooperation are missing or limited in the literature, making it difficult to assess a “best” course. As a substitute for “best practices,” this memo summarizes efforts utilized by other jurisdictions for consideration.

BACKGROUND

The three county health-related agencies in Harris County, Harris County Public Health (HCPH), Harris Health System (HHS), and the Harris Center for Mental Health and IDD (Harris Center), serve three different purposes and are governed by three different entities.

Harris Health, the chief provider of indigent hospital services, and Harris Center, the provider of mental health services, are each governed by separate boards with members appointed by the Harris County Commissioners Court. Harris County Public Health, the provider of public health services, is solely governed by the members of Commissioners Court.

Over the course of the last four decades, there have been more than 15 efforts to improve cooperation across these agencies. Despite these efforts, two reports (PFM Consulting’s *Harris County Operational Review* and HCPH’s *Harris Cares: A 2020 Vision for Health*) issued in the past two years identified a continued need for growing cooperation between these three entities.

ⁱⁱ For example, see “Primary Care and Public Health: Exploring Integration to Improve Population Health.” IOM, *Institute of Medicine*. (2012). Washington, DC: The National Academies Press. While this report stipulates that collaborative activities fall on a continuum with respect to integration activities in primary care and public health, the Analyst’s Office did not consider its definitions for each collaborative or integration category to be detailed enough for the purposes of this assessment.

ⁱⁱⁱ For example, see Heath B, Wise Romero P, and Reynolds K. “A Standard Framework for Levels of Integrated Healthcare. Washington, D.C.SAMHSA-HRSA Center for Integrated Health Solutions.” (March 2013). Retrieved February 10, 2021, from [SAMHSA-HRSA 2013 Framework for Levels of Integrated Healthcare.pdf \(pcpcc.org\)](https://www.samhsa.gov/2k13/framework-for-levels-of-integrated-healthcare.pdf).

^{iv} For example, see “Integrated Health Services – What and Why? World Health Organization.” (2008). Retrieved January 26, 2021, from [service_delivery_techbrief1.pdf \(who.int\)](https://www.who.int/publications-detail/integrated-health-services-what-and-why), p. 3-4.

^v The IOM’s “Primary Care and Public Health: Exploring Integration to Improve Population Health” was a study commissioned in 2010 by the National Academy of Sciences, Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA) with funding from United Health.

OVERVIEW OF HEALTH ENTITIES

This section provides an overview of the structures and services, populations served, budgets, and governance and leadership of the three related agencies.

HARRIS COUNTY PUBLIC HEALTH (HCPH) is the Local Public Health Entity responsible for providing services like public health emergency preparedness and response, infectious and chronic disease control and prevention services, mental/behavioral health, veterinary services, and food safety for Harris County (excluding the City of Houston, which is served by the Houston Health Department).

Structure: Harris County Public Health’s primary authority stems from the Texas Health and Safety Code Chapter 121, known as the Local Public Health Reorganization Act, which mandates HCPH to “provide essential public health services” and “perform health authority duties.”³ HCPH’s authorities are also based on a number of other State mandates.⁴

Population Served: Harris County Public Health serves the 2.3 million residents of Harris County who live in unincorporated areas of Harris County as well as 30 municipalities located throughout the County.⁵ This does not include the City of Houston, which is served by the Houston Health Department.⁶ HCPH’s jurisdiction extends to the City of Houston in the delivery of mosquito and vector control, Ryan White/Part A HIV funding, and refugee health screening.⁷

Budget: In FY2020–2021, Harris County Public Health’s budget was \$123.5 million.⁸ HCPH received 33% of its funding from the Harris County General Fund, 52% from grants, and 15% from special revenues.⁹ HCPH does not have taxing authority independent from Harris County.

Governance and Leadership: Harris County Public Health’s Director is appointed by the Commissioners Court.

HARRIS HEALTH SYSTEM (HHS) is the Hospital District responsible for providing health care and clinical services for the indigent population in Harris County.

Structure: Harris Health System (HHS) was established in 1965 as the Harris County Hospital District after residents voted to create a hospital district with taxing authority.¹⁰ HHS’s statutory authority stems from Chapters 61 and 281 of the Texas Health and Safety Code.¹¹

Population Served: Harris Health System is the primary provider of indigent health services in the County, including incorporated and unincorporated areas. In FY2020, HHS completed 1,695,696 outpatient visits and 730,652^{vi} primary care visits.¹²

Budget: In FY2020, HHS’s budget totaled \$1.7 billion, 45% of which derived from the ad valorem tax.¹³ The remainder of HHS funding comes from net patient service revenue, 35%, Medicaid supplemental programs, 17%, and investments, 3%.¹⁴ Unlike Harris

^{vi} Excludes cases occupying hospital beds, births, surgery cases, emergency visits, and daily census.

County Public Health, Harris Health System maintains independent taxing authority from Harris County.

Governance and Leadership: Harris Health System is run by a nine-person Board of Trustees, whose members are appointed by the Harris County Commissioners Court.¹⁵ Member terms are two years.¹⁶ The Board appoints the Chief Executive Officer.¹⁷

HARRIS CENTER FOR MENTAL HEALTH AND IDD (Harris Center) is the Local Mental Health Authority (LMHA) in Harris County.

Structure: The Harris Center is a community center established by the Harris County Commissioners Court in 1965 under the Texas Health and Safety Code Chapter 534.¹⁸ The commissioner of the Texas Department of State Health Services and the commissioner of Texas Department of Aging and Disability Services, respectively, (now consolidated into the Texas Health and Human Services Commission) designated The Harris Center as the Local Mental Health Authority (LMHA) and the Local Intellectual and Developmental Disability Authority (LIDDA) for Harris County under Texas State Health and Safety Code Chapter 531.¹⁹ With these designations, the executive commissioner delegates the executive commissioner's authority and responsibility for planning, policy development, coordination, resource allocation and development, and other responsibilities.²⁰

Population Served: Harris Center's 2,300 employees provide services for children and adults with mental illness and intellectual and developmental disabilities. In FY2020, The Harris Center served more than 79,000 patients in 83 locations throughout Harris County.²¹ Additionally, The Harris Center answered more than 125,000 crisis line calls.²² The Harris Center operates the statewide COVID Mental Health Support Line and answered 6,736 calls between March 31 through August 31, 2020.²³ More than 80% of the people served by the agency have household incomes at or below 100% of the Federal Poverty Level.²⁴

Budget: In FY2020, the Harris Center's budget totaled \$248 million, of which \$44 million allocation from Harris County.²⁵ Other sources of funding include: state grants and programs, (about 50%), federal grants, (about 14%), and other sources.²⁶

Governance and Leadership: The Harris Center is led by a Chief Executive Officer, who is selected by its nine-member Board of Trustees. The Board is appointed by the Commissioners Court.²⁷

OVERVIEW OF HEALTH COORDINATION EFFORTS

To date, health related agencies in Harris County have explored more than 15 efforts to improve coordination.

Table 1 reflects past cooperation efforts, including primary activities; participating agencies; years active; and the reason for dissolution. Some of these efforts reportedly continue to exist informally.²⁸ A complete description of each effort can be found in Appendix A.

Of note is the Harris County Healthcare Alliance (HCHA), which reflects the last time the Harris County Commissioners Court created an external coordinating entity to improve cooperation. The HCHA was established by the Commissioners Court in 2006.²⁹ Though lacking statutory power, the HCHA brought together private and public entities, including the County, City, the predecessor agency for Harris Health, and the predecessor agency for Harris Center, to reduce fragmentation of the health system and improve access for the uninsured.³⁰

Table 1 PAST HEALTH COORDINATION EFFORTS IN HARRIS COUNTY				
Collaborative Effort	Participating Entities ^{vii}	Primary Activities	Years Active	Status
Tri / Quad Agencies ³¹	HCPH, HHS, Houston Health Department (HHD) (Tri) Harris Center (Quad) ³²	Coordinated expansion of Medicaid eligibility. ³³	1980s – 2000s ³⁴	Continues on an informal basis. ³⁵
Program to Integrate Eligibility Screenings (PIES) ³⁶	HHS, other City, County, State health agencies. ³⁷	Facilitated the process of determining pregnant women’s eligibility for services. ³⁸	1989 – 1990s ³⁹	Continues on an informal basis. ⁴⁰
Gateway to Care (GTC) ⁴¹	HCPH, HHS, five major healthcare providers. ⁴²	Enhanced access to affordable health care. ⁴³	2000 – 2018 ⁴⁴	The GTC Board dissolved the organization in 2018 ⁴⁵ due to a lack of funding. ⁴⁶
Harris County Public Health Care System Council ⁴⁷	Council of experts from academia, healthcare, community created to address findings of the Greater Houston Partnership’s Public Health Taskforce on the state of public health service delivery (created by Commissioners Court). ⁴⁸	Created to improve coordination among the County health entities and access to affordable healthcare. ⁴⁹	2005 – Unknown ⁵⁰	Harris County Public Health Care System Council and the Greater Houston Partnership recommended the establishment of the Harris County Healthcare Alliance. ⁵¹
Harris County Healthcare Alliance (HCHA) ⁵²	HCPH, HHD, HHS, Harris Center, TMC hospitals, clinics (created by Commissioners Court). ⁵³	Created the Community Care Collaborative Project, ⁵⁴ TexHealth Harris County 3-Share Plan (small business insurance), ⁵⁵ Greater Houston Health Connect, ⁵⁶ State of Health in Houston / Harris County. ⁵⁷	2006 – 2015 ⁵⁸	The HCHA Board of Directors dissolved the agency in 2015, stating that it had fulfilled its purpose. ⁵⁹
Quad Agencies Eligibility Project ⁶⁰	HCPH, HHD, HHS, the Harris Center. ⁶¹	Standardized patient eligibility processes using a software called <i>Medicaider</i> . ⁶²	2007 – 2010 ⁶³	Continues on an informal basis. ⁶⁴

^{vii} Harris County Public Health (HCPH) was formerly called Harris County Public Health and Environmental Services; Harris Health System (HHS) was formerly called Harris County Hospital District; and the Harris Center for Mental Health and IDD (Harris Center) was formerly called the Mental Health and Mental Retardation Authority of Harris County.

Table 2 summarizes select^{viii} current coordination efforts, including descriptions of: the coordination effort, participating entities, and primary activities. HCPH, HHS, and the Harris Center currently collaborate through contractual (interlocal) agreements related to service delivery and coordination, projects, leadership meetings, coalitions, and other matters. For more information about past and current collaborative efforts, see Appendix A.

^{viii} HCPH, HHS, and the Harris Center collaborate in multiple areas and with multiple entities beyond each other. This table captures select current coordination activities, which are expanded upon in Appendix A. Activities for which there is insufficient information are excluded.

Table 2 SELECT CURRENT COORDINATION EFFORTS IN HARRIS COUNTY		
Coordination Effort	Participating Entities	Primary Activities
EPIC Electronic Health Record (EHR) Software ⁶⁵	Harris Health System, Harris Center, Harris County Public Health	-HCPH uses EPIC software as an extension of HHS. -HHS supports the Harris Center in implementation of EPIC software for April 2021 launch.
Neuropsychiatric Center (NPC) ⁶⁶	Harris Health System, Harris Center	-Harris Center operates a co-location of a Neuropsychiatric Center (NPC) at Ben Taub Hospital. -HHS provides integrated physical health services for NPC patients.
Coordination Meetings ⁶⁷	Harris Health System, Harris Center, Harris County Psychiatric Center	-Conducts biweekly meetings to discuss coordination of care.
Opioid Response ⁶⁸	Harris Center, Harris County Public Health	-Behavioral health staff from Harris Center screens patients for opioid use in the HCPH family planning clinic.
Mobile Clinics and Telehealth ⁶⁹	Harris Center, Harris County Public Health	-Harris Center provides telehealth at HCPH mobile clinics.
Ask My Nurse ⁷⁰	Harris Health System, Harris County Public Health	-HHS and HCPH operates a nurse hotline available 24/7 for Harris County residents to ask about COVID-19.
Healthy Living Matters (HLM) ⁷¹	Harris County Public Health and 80 organizations with over 110 individuals from various organizations, including Harris Health System.	-Targets obesity among children through collaborative activities.
Greater Houston Coalition for the Social Determinants of Health (Coalition) ⁷²	Harris County Public Health, American Heart Association, UTHealth, and over 120 organizations, including Harris Health System.	-The Coalition manages eight workgroups focused on health equity. Priority indicator is food insecurity. -Data workgroup focuses on enhancing Health Information Exchange (HIE) among medical providers.
Network of Behavioral Health Providers (NBHP) ⁷³	Harris County Public Health, Harris Health System, Harris Center, and over 40 other organizations from the Houston area.	- Improves access and delivery of behavioral health services.
Greater Houston Health Connect (GHHC) ⁷⁴	Harris Health System, other hospitals in Southeast Texas. ^{ix}	-GHHC connects physicians from clinics and hospitals throughout the region through an HIE.
Law Enforcement Collaborations ⁷⁵	Harris Center, Harris County Sheriff's Office (HCSO), Houston Police Department (HPD), other County and City entities.	-Harris Center mental health professionals collaborate with HCSO, HPD, and others to provide field response to mental health crises in the community. -Jail Diversion Program led by Harris Center, works with HCSO and other entities to treat low-level, non-violent arrestees with mental illnesses.

LEGAL ANALYSIS

One strategy for improving cooperation is to merge health-related entities. The Analyst's Office consulted the County Attorney's Office (CAO) for guidance on the potential consolidation of Harris County Public Health (HCPH), Harris Health System (HHS), and/or the Harris Center for Mental Health and IDD (Harris Center). For the full memoranda from the CAO, see Appendix B.

The CAO advised against pursuing any consolidation of HCPH, HHS, and the Harris Center. In summary, the CAO advised that pursuing a merger: is prohibited by statute in several cases (e.g. consolidating Harris County Public Health into Harris Health); would jeopardize funding sources for all three entities (e.g. dissolving the hospital district would eliminate the Harris Health's independent ad valorem tax revenue); would threaten the designation of these agencies (e.g. Harris Center's status as a Local Mental Health Authority might be revoked, also jeopardizing funding sources for the entity); and would face a significant hurdle of requiring the governing bodies of each of the three entities to adopt any such change.⁷⁶

To improve cooperation, the CAO recommends: (1) forming an advisory or coordinating council through contractual agreements between the three entities, or (2) creating a community center through contractual agreement to administer mental and behavioral health services along with health and human services in one space.⁷⁷

The CAO explains that a community center, created by contractual agreement or grant received from local, state, or federal agency, could house mental and behavioral services along with health and human services in one physical space. However, the CAO states that housing the center outside of the Harris Center may create a challenge as the Department for Health Services may designate the community center as another provider of mental health and/or IDD services in the County as opposed to a LMHA.⁷⁸

The Harris Center advises that an additional community center would duplicate existing services. Based on the feedback from the CAO and the Harris Center, the Analyst's Office excludes the creation of a new community center in the policy considerations.

OVERVIEW OF REPORTS

Two existing reports offer recommendations on restructuring the Harris County's health entities: the *Harris Cares Report* by HCPH, completed in 2019, and *Harris County Operational Review* by PFM Consulting, published in 2020.

The *Harris Cares: A 2020 Vision Of Health in Harris County* study was completed by Harris County Public Health (HCPH) and partners at the request of the Harris County Commissioners Court.⁷⁹ The report examines the state of health in Harris County in three broad areas: "Transforming Health in Harris County, Building Resilience in Harris County, and a Snapshot of Health in Harris County."⁸⁰

Harris Cares includes several recommendations, which among other suggestions, describe areas for greater collaboration. Specifically, *Harris Cares* suggests the creation of a "countywide health-related initiative (through a formal governance structure such as a health coordinating council) that includes multi-disciplinary department and stakeholder representatives."⁸¹ Coordinating the "delivery of existing health care

⁷⁶ Harris County Public Health is contracted with GHHC to receive services.

services” is another recommendation to improve access and efficiency.⁸² *Harris Cares* also encourages the health entities to complete a joint Community Health Needs Assessments (CHNA) to address preventative health.⁸³

PFM Consulting’s report, *Harris County Operational Review*, makes three recommendations that echo those made in *Harris Cares*:

1. The creation of a “Deputy County Administrator for Environment and Health (DCAEH),”⁸⁴ one of four Deputy County administrator positions under the proposed County Administrator, to coordinate all three health entities along with other departments.⁸⁵
2. The creation of an umbrella organization that facilitates coordination among the health entities, the Health Integration Initiative, which also allow HCPH, HHS, and the Harris Center to maintain financial and administrative autonomy.⁸⁶ PFM Consulting recommends modeling this organization after similar structures in Los Angeles and Cook counties.⁸⁷
3. The creation of a Health Coordinating Council, which would create greater integration among the activities of the three entities, the Houston Health Department, and other agencies.⁸⁸ This is essentially the same recommendation made in the *Harris Cares* report on creating a health coordinating council.

ASSESSMENT: COLLABORATION IN OTHER COUNTIES

This section assesses six counties (four in Texas and two outside of Texas) for attributes of improved coordination.

FRAMEWORKS FOR ASSESSMENT

Two frameworks aid with assessing collaboration in other jurisdictions, one from the Congressional Research Service (CRS) and one from the Institute of Medicine (IOM).

The first framework is the six types of collaborative arrangements from the CRS report, *Interagency Collaborative Arrangements and Activities: Types, Rationales, Considerations*. The CRS’s types of collaborative arrangements are definitions that categorize activities involving cooperation among more than one entity. Some activities fall under more than one type of collaborative arrangement.

The CRS’s six types of collaborative arrangements include:

1. **Collaboration:** Relies on non-binding participation of parties, who are somewhat equal in the arrangement;
2. **Coordination:** Designates a lead director to carry-out a project or program involving more than one agency;
3. **Merger:** Combines all or areas of more than one agency or the capacities, jurisdictions, staff, or resources of the agencies permanently to another entity, whether it’s a newly established or already existing entity;

4. **Integration:** Creates either a long-term or temporary arrangement, which combines different parts of agencies to undertake a specific program or project for an indicated amount of time (non-permanent);
5. **Networks:** Brings together agencies on different government levels;^x and
6. **Partnerships:** Establishes partnerships between public sector agencies, with private, non-profit, for-profit companies, or other private sector organizations.⁸⁹

The second framework used in this memo is from the Institute of Medicine (IOM)'s report titled *Primary Care and Public Health: Exploring Integration to Improve Population Health*. The IOM report defines five “principles for successful integration” based on a literature review of past integration efforts around the country.

The IOM's five principles for successful integration include:

- “A shared goal of population health improvement;
- Community engagement in defining and addressing population health needs;
- Aligned leadership;
- Sustainability, key to which is the establishment of a shared infrastructure and a foundation for enduring value and impact; and
- The sharing and collaborative use of data and analysis.”⁹⁰

The IOM framework is used to evaluate a “unique characteristic” in each jurisdiction that facilitates collaboration. The characteristic is described at the end of each section.

ASSESSMENT OF COLLABORATIVE ARRANGEMENTS IN OTHER COUNTIES

Collaborative arrangements occur among the public health entity, the hospital entity, and the mental health entity in other counties. For each jurisdiction, the following is included in the assessment:

- Summary of health entities and population in each jurisdiction;
- The definition of collaborative activities that could be categorized according to the six collaborative arrangements from the CRS;^{xi}
- Assessment of a unique characteristic of collaboration in that jurisdiction using the IOM's “Principles for Successful Integration;” and
- Description of a unique characteristic from the collaborative arrangements.

Key highlights from the assessment include:

- The health entities reviewed work together through a variety of arrangements: non-binding arrangements, involving leadership meetings; contractual agreements, including memoranda of understanding and interlocal agreements; and project-based collaborations, including Community Health Needs Assessments (CHNA) and other joint initiatives.
- Complete consolidation of separate health entities within any given county does not occur in any of the jurisdictions reviewed.

^x In CRS's definition, “networks” involve the Federal government agencies with other levels of government, including federal, state, local, or tribal (p. 3-4). For the purposes of this report, “networks” will be defined in terms of the County involvement with other government levels as opposed to the Federal level.

^{xi} Collaborative activities that could not be placed in one of the six categories or for which there was not enough information are excluded.

- Bexar, Los Angeles, and Miami-Dade counties utilize non-profit Collaborative, Alliance, and Consortium arrangements, respectively, outside of their health entities for facilitating coordination among the health entities and other stakeholders.
- Bexar County's non-profit Collaborative and Miami-Dade County's Consortium arrangements facilitate the completion and implementation of the CHNA between the health departments, hospital districts, and other organizations.
- Los Angeles County is in the process of implementing a second iteration of an effort to improve coordination among their health entities. The County moved away from its initial Health Agency structure to house the Departments of Public Health, Health Services, and Mental Health under a single director. It is currently implementing the Alliance for Health Integration with a Chief Operating Officer, who oversees coordination and integration efforts and reports to the directors of the three health entities.
- In all jurisdictions, the health entities collaborate with external stakeholders to gauge community input and align health priorities.

Table 3 summarizes the health entities and unique characteristics in the jurisdictions reviewed.

Table 3 COLLABORATIVE ARRANGEMENTS IN OTHER JURISDICTIONS				
Jurisdiction	Public Health Entity	Hospital Entity	Mental Health Entity	Unique Characteristic
Bexar County	San Antonio Metropolitan Health District (SAMHD) (City-County)	University Health System (UHS) (County)	Center for Health Care Services (CHCS) (County)	Bexar County Health Collaborative (non-profit)
Dallas County	Dallas County Health and Human Services (DCHHS) (County)	Parkland Health and Hospital System (County)	-North Texas Behavioral Health Authority (County) -Metrocare Services (County)	Joint CHNA and implementation
Galveston County	Galveston County Health District (GCHD) (County)	Coastal Health and Wellness (CHW) (County)	Gulf Coast Center (GCC) (County)	United Board of Health (UBOH)
Travis County	Austin Public Health (City), Travis County Health and Human Services (County)	Central Health (County)	Integral Care (County)	Joint CHA and CHIP
Los Angeles County	Department of Public Health (DPH) (County)	Department of Health Services (DHS) (County)	Department of Mental Health (DMH) (County)	Health Agency, now Alliance for Health Integration (AHI)
Miami-Dade County	Florida Department of Health – Miami-Dade County (State)	Jackson Health System (County)	Florida Department of Children and Families – Miami-Dade County (State), contracted to the South Florida Behavioral Network d/b/a Thriving Mind	Consortium for a Healthier Miami-Dade

BEXAR COUNTY

The public health entity is the San Antonio Metropolitan Health District (SAMHD); the hospital district is the Bexar County Hospital District d/b/a University Health System (UHS); and the mental health authority is the Center for Health Care Services (CHCS). The population of Bexar County was 2 million in 2019.⁹¹

Collaborative Arrangements⁹²

SAMHD, UHS, and CHCS participate in the following collaborative arrangements:

- **Collaboration:** The health entities collaborate by holding regular one-on-one leadership meetings.⁹³
- **Coordination:** The Analyst's Office is not aware of any coordination activities, where a lead agency or director carries out a program involving multiple agencies, in Bexar County.
- **Merger:** The Bexar County Health Collaborative is a non-profit housed outside of SAMHD, UHS, and CHCS.⁹⁴ Membership in the Health Collaborative is contingent on financial contributions from each participant.⁹⁵ CHCS does not participate regularly, but it provided initial funding for the Health Collaborative.⁹⁶
- **Integration:** SAMHD, CHCS, UHS, and the Health Collaborative work together through Memorandums of Understanding (MOUs).⁹⁷ One example is an agreement between UHS and SAMHD, where UHS pays SAMHD to provide basic public health services to Bexar County residents.⁹⁸ SAMHD has around seven MOUs with the Health Collaborative, where the Collaborative provides services in areas such as education and outreach and care coordination.⁹⁹
- **Networks:** SAMHD has public health emergency preparedness coordination plans with all local, regional, and state organizations.¹⁰⁰
- **Partnerships:** The Health Collaborative brings together participants from City and County agencies, including non-profits, hospitals, and community members to complete the CHNA, CHIP, and provide support for other health initiatives.¹⁰¹

Principles for Successful Integration:¹⁰²

- **Shared goal of population health improvement:** Bexar County Health Collaborative's objective is to "improve the health status of the community through collaborative means."¹⁰³
- **Community engagement in defining and addressing population health needs:** The Health Collaborative brings in other non-profit organizations as partners for project support.¹⁰⁴ The Health Collaborative uses surveys and does outreach to ensure that CHNA / CHIP priority areas resonate with the community.¹⁰⁵
- **Aligned leadership:** The organization has an Executive Director and eight staff members.¹⁰⁶ Board members include the SAMHD, UHS, and other government, community, and hospital members.¹⁰⁷ The focus on completing the CHNA / CHIP helps align the priorities of its members.

- **Sustainability:** Membership in the Health Collaborative is paid.¹⁰⁸ Paid membership funds salaries of the staff and sometimes supports projects' initial stages.¹⁰⁹ Staff fundraises for much of the rest of their funding.¹¹⁰
- **The sharing and collaborative use of data and analysis:** The Health Collaborative has agreements with university partners to acquire data for their analyses.¹¹¹ SAMHD's Chief of Informatics serves on the Board of the Health Collaborative and the CHNA Steering Committee.¹¹²

Unique Characteristic: A unique characteristic of Bexar County is the Bexar County Health Collaborative, a 501(3)(c) organization that is housed outside of the SAMHD, UHS, and the CHCS.¹¹³ The non-profit has been in operation for 23 years and includes membership from across the County, including hospitals, community members, and government entities, among others.¹¹⁴ The Health Collaborative's main areas of focus are the CHNA, CHIP, and Pathways Community Hub, designed to link vulnerable families with medical and social services.¹¹⁵

DALLAS COUNTY

The public health entity is the Dallas County Health and Human Services (DCHHS); the hospital district is the Parkland Health and Hospital System (Parkland); the local behavioral health authority is the North Texas Behavioral Health Authority (NTBHA); and the local Mental Health and Mental Retardation Authority (MHMRA) is Metrocare Services (Metrocare). Dallas County's population in 2019 was 2.6 million.¹¹⁶

Collaborative Arrangements¹¹⁷

Dallas County's health entities participate in the following collaborative arrangements:

- **Collaboration:** DCHHS and Parkland collaborate through high-level leadership meetings and completion of the Community Health Needs Assessment (CHNA).¹¹⁸ DCHHS and Parkland are publishing an article for the New England Journal of Medicine on Dallas County's COVID-19 response.¹¹⁹
- **Coordination:** DCHHS led the CHNA conducted in 2013 with the Parkland Community Health Institute and a workgroup with membership from hospitals, community organizations, and schools in Dallas County.¹²⁰
- **Merger:** The Behavioral Health Leadership Team (BHLT) is a community initiative that combines capacities from the County, State, and regional groups to improve behavioral health service delivery.¹²¹
- **Integration:** Integration occurs in the completion and implementation of the CHNA. Other integration includes program and project-based collaborations between Parkland and Metrocare.¹²²
- **Networks:** The BHLT, created by the Commissioners Court and Parkland's Board of Managers, engages with the NTBHA and other County, State, and regional groups to better coordinate and deliver mental and behavioral health services.¹²³

- **Partnerships:** The engagement of community organizations and advocates in the BHLT is an example of a partnership.¹²⁴ The completion of the CHNA and its implementation brought County agencies together with external organizations.¹²⁵

Principles for Successful Integration:¹²⁶

- **Shared goal of population health improvement:** DCHHS and Parkland's 2019 CHNA and implementation plan focuses on key priority areas to address, such as chronic diseases and maternal and child health.¹²⁷ It also develops strategies to improve access to care and reduce health disparities.¹²⁸
- **Community engagement in defining and addressing population health needs:** The CHNA integrated Community Based Participatory Research (CBPR) facilitated by medical organizations and IBM Watson to receive community feedback.¹²⁹
- **Aligned leadership:** DCHHS and Parkland decided to collaborate to leverage their expertise and resources in completing the CHNA.¹³⁰
- **Sustainability:** Joint completion and implementation of the CHNA has taken place since 2013.¹³¹ Leadership and workgroups meet frequently and regularly to follow-up on implementation.¹³²
- **The sharing and collaborative use of data and analysis:** DCHHS and Parkland share data for completing and implementing the CHNA.¹³³

Unique Characteristic: A unique characteristic of Dallas County's collaboration is the joint completion of a DCHHS and Parkland Health CHNA and implementation plan. The Affordable Care Act (ACA) requires hospital systems with tax-exempt statuses to conduct a CHNA once every three years and completion of a CHNA is required for public health departments to receive accreditation.¹³⁴ DCHHS and Parkland decided to collaborate to leverage their expertise and resources in completing the CHNA.¹³⁵

GALVESTON COUNTY

The public health entity is Galveston County Health District; the community clinics are Coastal Health and Wellness (CHW), a Federally Qualified Health Clinic (FQHC); and the mental health authority is the Gulf Coast Center, which serves both Galveston and Brazoria counties. Galveston County does not have a hospital district.¹³⁶ Galveston County's population in 2019 was 342,139.¹³⁷

Collaborative Arrangements¹³⁸

Galveston County's health entities participate in the following collaborative arrangements:

- **Collaboration:** GCHD, CHW, and GCC informally collaborate on a regular basis.¹³⁹ The entities have been in contact to discuss strategies related to the Section 1115 Waiver of the Social Security Act, especially regarding service delivery and preventative care.¹⁴⁰
- **Coordination:** GCHD and CHW share the same CEO.¹⁴¹

- **Merger:** GCHD and CHW are housed in a single department and share operational resources, including a shared CEO and human resources.¹⁴²
- **Integration:** The completion of the GCHD 2017-2022 Strategic Health Plan was led by the GCHD, though it involved members from CHW, the United Board of Health, and other community members.¹⁴³
- **Networks:** An interlocal agreement between Galveston County and 13 cities establishes the authority of GCHD as the regional health district.¹⁴⁴ It also designates the 13-member United Board of Health (UBOH), whose members are appointed by the Galveston County Commissioners Court, to oversee the activities of the GCHD.¹⁴⁵
- **Partnerships:** CHW and GCC refer patients to each other for health care and mental health services. GCHD also worked closely with stakeholders to develop the Strategic Health Plan 2017-2022.¹⁴⁶

Principles for Successful Integration:¹⁴⁷

- **Shared goal of population health improvement:** The United Board of Health (UBOH) is responsible for overseeing GCHD's activities and work towards achieving its goal of "protecting and promoting the optimal health and well-being of Galveston County."¹⁴⁸
- **Community engagement in defining and addressing population health needs:** Members of the UBOH come from the community.¹⁴⁹
- **Aligned leadership:** UBOH's leadership governs GCHD's activities in a way that is consistent with the health district's mission and vision.¹⁵⁰
- **Sustainability:** The UBOH was established by an Interlocal Agreement governing the 13 cities that are served by the GCHD.¹⁵¹
- **The sharing and collaborative use of data and analysis:** The UBOH is involved in the planning stages of GCHD's strategic plan.¹⁵²

Unique Characteristic: A unique characteristic of Galveston County's collaborations is the United Board of Health (UBOH), which oversees the activities of the GCHD through community-based governance.¹⁵³ Members from the community are nominated by the Commissioners Court.¹⁵⁴ The GCC's leadership provides updates to the UBOH, thus ensuring communication between the health entities.¹⁵⁵

TRAVIS COUNTY

The public health entity is Austin Public Health; the health and human services department is Travis County Health and Human Services (HHS); the hospital district is Central Health; and the mental health authority is Integral Care. The population of Travis County was 1.27 million in 2019.¹⁵⁶

Collaborative Arrangements¹⁵⁷

Travis County's health entities participate in the following collaborative arrangements:

- **Collaboration:** Austin Public Health, Travis County HHS, and the other entities collaborate closely through monthly leadership meetings.¹⁵⁸
- **Coordination:** Coordination occurs in the completion of the Community Health Assessment (CHA) and its implementation.¹⁵⁹ The CHA brings multiple parties to the table, while the Director of public health chairs the Steering Committee.¹⁶⁰
- **Merger:** The Analyst's Office is not aware of any coordination activities, where areas of more than one agency are combined to create a new entity in Travis County.
- **Integration:** Integration occurs in the completion and implementation of the CHA. Austin Public Health and its partners decide on the priority areas and come up with actionable items to work together on achieving.¹⁶¹ Other areas of integration include contractual agreements between Austin Public Health and Integral Care.¹⁶²
- **Networks:** Austin Public Health is a City health entity, while Travis County HHS and Central Health are county entities. The entities collaborate frequently through interlocal agreements and meetings.¹⁶³
- **Partnerships:** The completion of the CHA and CHIP includes a partnership that extends beyond the health entities in Travis County. Some participating organizations include the transportation department, other hospitals, and universities.¹⁶⁴

Principles for Successful Integration:¹⁶⁵

- **Shared goal of population health improvement:** Austin Public Health and its partners collaborated to complete the CHA and subsequent CHIP to identify health issues and implement strategies to solve these issues.
- **Community engagement in defining and addressing population health needs:** The CHA process included a community engagement committee, which participated in collecting data to inform the CHA through focus groups, interviews, community forums, and surveys.¹⁶⁶
- **Aligned leadership:** Austin Public Health, Travis County HHS, Central Health, Integral Care, and other organizations collaborate to leverage their expertise and resources in completing the CHA and CHIP.
- **Sustainability:** Joint CHAs and CHIPs were completed in 2012 / 2013 and 2017 / 2018.¹⁶⁷ Austin Public Health also developed a Year Two Action Plan to develop strategies for the implementation of the CHIP in its second year.¹⁶⁸
- **The sharing and collaborative use of data and analysis:** Data was gathered and shared from across the partner agencies as well as other sources to complete the CHA and CHIP.¹⁶⁹

Unique Characteristic: Based on the collaborative arrangements, a unique characteristic of collaborations in Travis County is the completion of a joint CHA, which brings together the public health department, Travis County HHS, the hospital district, the mental health authority, and other government and community organizations.

LOS ANGELES COUNTY, CALIFORNIA

The public health entity is the Department of Public Health (DPH); the county hospital system is the Department of Health Services (DHS); and the mental health entity is the Department of Mental Health (DMH). Los Angeles County's population was 10 million in 2019.¹⁷⁰

PFM Consulting recommended that Harris County restructure its health entities based on the model of the Los Angeles County Health Agency, established in 2015 by the Board of Supervisors.¹⁷¹ The Health Agency housed the Departments of Public Health, Health Services, and Mental Health under a single director. The Director chosen for the position was the former director of the DHS. The Director left the Agency after two years, in 2017.¹⁷²

Upon the departure of the Director, the leadership of the DPH, DHS, and DMH approached the Board of Supervisors with a proposal for a new entity—the Alliance for Health Integration (AHI).¹⁷³ In February 2020, the Los Angeles Board of Supervisors adopted a motion to proceed with establishing the AHI to replace the Health Agency.¹⁷⁴

Rather than being overseen by a single director, the AHI is lead jointly by the directors of the three agencies, with one director rotating in annually as the chair of the group of three. AHI has a Chief Operating Officer (COO) reporting to the three directors on a weekly basis.¹⁷⁵ The AHI is funded through a proportional allocation from each department based on their budgets.¹⁷⁶ It is currently still in its initial stages, with the COO recruiting staff.¹⁷⁷ Staff support for the AHI includes an Executive Secretary, five project managers, and integration teams made up of staff from the three departments.¹⁷⁸

Collaborative Arrangements¹⁷⁹

Los Angeles County's Departments of Public Health (DPH), Health Services (DHS), and Mental Health (DMH) participate in the following collaborative arrangements:

- **Collaboration:** The directors of the three departments were jointly involved in developing the new Alliance for Health Integration (AHI) model.¹⁸⁰ The AHI's leadership plans on using a consensus decision-making model.¹⁸¹
- **Coordination:** The former Director of DHS was also the Director of the former Health Agency.¹⁸² This was an example of coordination since one entity led the collaborative effort. The new AHI model includes a rotating chair from one of the agencies to oversee the activities undertaken by the Chief Operating Officer (COO) and the project managers.¹⁸³ Though this role changes on an annual basis, it is an example of coordination because a lead director heads the entity.

- **Merger:** The AHI's funding model demonstrates a merger because each of the three departments contributes a proportional allocation (50% from DHS, 35% from DMH, and 15% from DPH) to fund the AHI.¹⁸⁴
- **Integration:** Integration occurs in the completion and implementation of the CHNA and CHIP. Coordination of CHIP strategy implementation occurs among DPH, DHS, and DMH, and other organizations.¹⁸⁵
- **Networks:** The former Los Angeles Health Agency engaged with state and city entities to achieve several goals, including increasing the number of psychiatric beds.¹⁸⁶
- **Partnerships:** The Directors of the three departments consulted with members of community-based organizations, labor unions, and other entities with respect to identifying priorities.¹⁸⁷

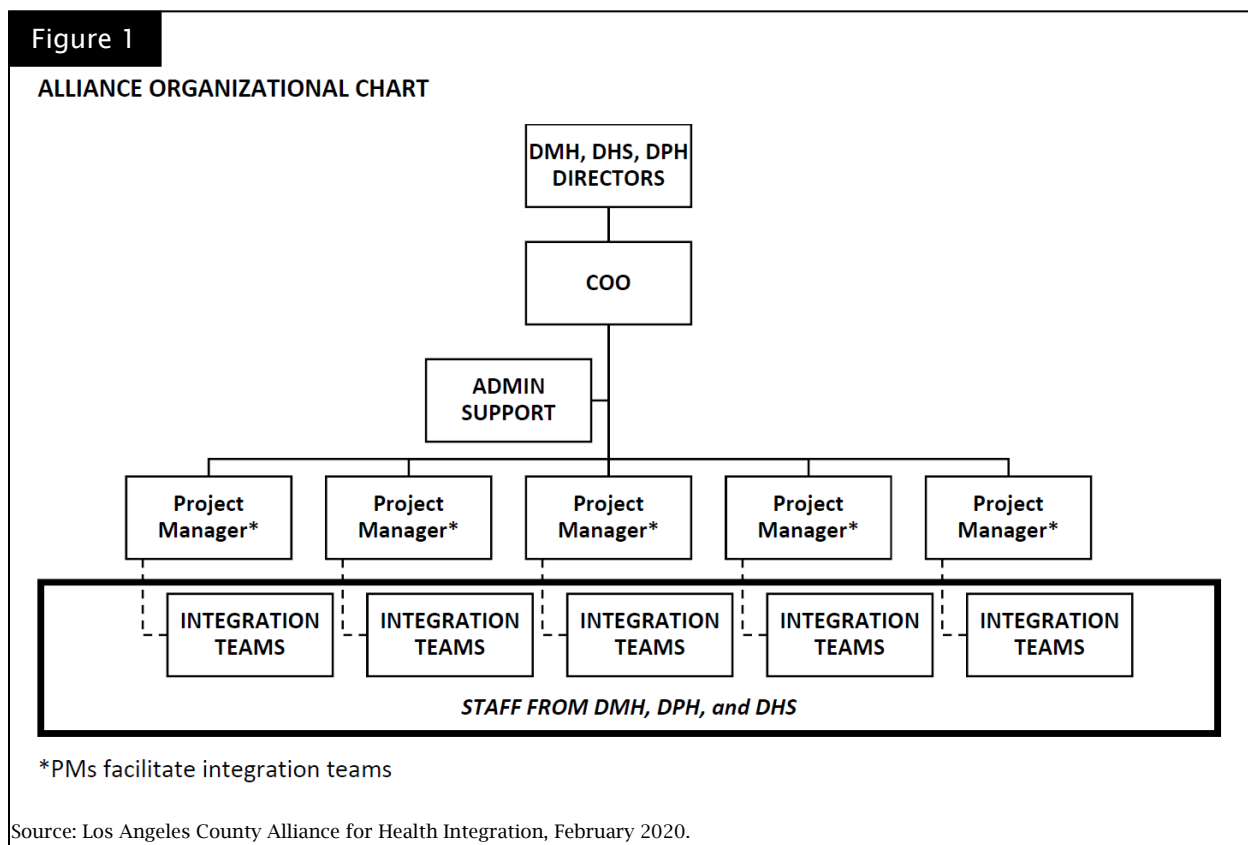
Principles for Successful Integration:¹⁸⁸

- **Shared goal of population health improvement:** The Los Angeles County Departments of Public Health, Mental Health, and Health Services proposed “forming an Alliance for Health Integration (Alliance) that strengthens innovation and collaboration in order to make significant improvements in health outcomes for LA county residents.”¹⁸⁹
- **Community engagement in defining and addressing population health needs:** The three current broad priorities of the AHI were developed and shared with community members, including community stakeholders, leadership from the departments, unions, and health-related commissioners.¹⁹⁰
- **Aligned leadership:** The new AHI structure was proposed from the directors of the three agencies once it was determined that the previous Health Agency structure was not feasible.¹⁹¹
- **Sustainability:** Though still nascent, the AHI's financing, namely, where each department allocates a percentage of funding based on their budgets to support staffing and basic infrastructure indicates a consistent funding stream. The new structure, which stresses the equality among the three agencies by rotating leadership annually, may help towards achieving sustainability in the long run.
- **The sharing and collaborative use of data and analysis:** Metric 3.3 under “Improvement of Organizational Effectiveness,” AHI's third priority area, emphasizes the need to “redesign and / or streamline...data integration.”¹⁹²

Unique Characteristic: The Los Angeles County's Alliance for Health Integration (AHI) is a unique characteristic of the collaborative arrangements in the County that was proposed to increase coordination among the health entities. Directors of the DHS, DPH, and DMH, who report to the Los Angeles Board of Supervisors, oversee a Chief Operating Officer (COO).¹⁹³ The COO works with five project managers who facilitate the activities of integration teams across the three departments.¹⁹⁴ The integration

teams work on implementing three priority areas, which were developed by the department directors alongside partners and stakeholders.¹⁹⁵

Figure 1 displays the organizational chart of the AHL.¹⁹⁶



MIAMI-DADE COUNTY, FLORIDA

The public health entity is the Florida Department of Public Health – Miami-Dade County (DOH-Miami-Dade); the hospital district is Jackson Health System (Jackson Health); and the mental health department is the Florida Department of Children and Families – Miami-Dade County (DCF-Miami-Dade). In 2019, Miami-Dade County’s population was 2.7 million.¹⁹⁷

Collaborative Arrangements¹⁹⁸

Miami-Dade County’s health entities participate in the following collaborative arrangements:

- **Collaboration:** Participation in the Consortium for a Healthier Miami-Dade is voluntary.¹⁹⁹ The Consortium brings together the DOH, Jackson Health, and DCF²⁰⁰ (though it does not involve membership from the Substance Abuse and Mental Health division in DCF).²⁰¹
- **Coordination:** Coordination occurs through the DOH’s Office of Community Health and Planning, which facilitates completion of the CHNA and CHIP.²⁰²

- **Merger:** Staff resources and capacities from the three agencies are combined in the Consortium, though it is housed under the DOH, which provides staff support and oversees the completion of the CHNA and CHIP.²⁰³
- **Integration:** Members of the Consortium's committees meet regularly, usually on a monthly basis, to develop and work on the action plans in relation to the priority areas of the CHNA and CHIP.²⁰⁴
- **Networks:** The DOH is a state-level agency, which collaborates with Jackson Health, Miami-Dade County's hospital district. Other government levels, such as the City of Miami, are involved with the Consortium's activities.
- **Partnerships:** Partnerships exist between the DOH, Jackson Health, and DCF as well as other entities when there is consistent participation in the Consortium for a Healthier Miami-Dade. DCF's Substance Abuse and Mental Health Division (SAMH) partners with several organizations, including the DOH and Jackson Memorial Hospital, among others, in the Miami-Dade Opioid Affected Youth Initiative Grant.²⁰⁵

Principles for Successful Integration:²⁰⁶

- **Shared goal of population health improvement:** The Consortium for a Healthier Miami-Dade is housed in DOH's Office of Community Health and Planning and brings together "over 400 organizations, all united by the common belief that through collaboration and prevention-focused initiatives, Miami-Dade County residents can live longer, healthier and happier lives."²⁰⁷
- **Community engagement in defining and addressing population health needs:** The Consortium engages members of the community through the participation of community-based organizations.
- **Aligned leadership:** The Consortium is housed under the DOH-Miami-Dade County with participation from Jackson Health and the DCF. The broad scope of the Consortium's membership does not translate to consistent attendance by all members, though the opportunity to collaborate with the DOH and other entities encourages consistent participation.²⁰⁸
- **Sustainability:** The Consortium is supported by a dedicated manager and staff of the Office of Community Health and Planning in DOH.²⁰⁹
- **The sharing and collaborative use of data and analysis:** Data and analyses are shared among organizations in the committee meetings.²¹⁰

Unique Characteristic: A unique characteristic of collaboration is the Consortium for a Healthier Miami-Dade. The Consortium is a voluntary, unfunded entity. Though not all entities participate regularly, its noncommittal nature has encouraged over 400 organizations to join.

POLICY CONSIDERATIONS

Policy considerations presented in this section are based on the activities of other jurisdictions and the CAO's legal analysis. Any policy consideration pursued should not minimize already-existing collaboration efforts of HCPH, HHS, and the Harris Center. Commissioners Court can consider the following options:

- **Encourage HCPH, HHS, and the Harris Center to conduct a joint Countywide Community Health Needs Assessment (CHNA).** A CHNA, which is mandated by the Affordable Care Act (ACA) for non-profit hospital districts²¹¹ and required by the National Public Health Accreditation Board (PHAB) for public health departments to receive accreditation,²¹² helps a jurisdiction identify health needs and establish strategies for moving forward on an implementation plan. As recommended by *Harris Cares*, HCPH and HHS should leverage their resources to fulfill these requirements by partnering on the completion of a CHNA and including other entities, such as the Harris Center, in the process. Participation from all three departments may allow for a more comprehensive review of areas of work, identification of where collaboration can be deepened, and alignment of strategies.
- **Create an external non-profit through a contractual agreement between Harris County Public Health, Harris Health System, and the Harris Center to manage the CHNA and lead other activities.** Harris County can create an external non-profit to oversee and manage collaboration activities similar to the Bexar County Health Collaborative to work closely with HCPH, HHS, and the Harris Center. A non-profit in Harris County should start with completing a joint CHNA before expanding into future initiatives or projects. Board membership could depend on a financial contribution by each member entity to support the staff and ensure member engagement. This arrangement should not burden staff of the entities since it would be supported by members' funding.
- **Designate a Chief Operating Officer or Coordinator to oversee collaboration activities through a contractual agreement between Harris County Public Health, Harris Health System, and the Harris Center.** Harris County can designate a Chief Operating Officer or Coordinator with support staff to report to participating agency directors and oversee collaboration activities among the three entities, similar to the Los Angeles County Alliance for Health Integration (AHI). This COO could help keep track of existing collaborations and identify joint opportunities. Future iterations of this structure can expand the role of the COO to oversee integration and coordination activities among the staff of the entities.
- **Create a council with agency and possibly broad community membership.** As advised by the County Attorney's Office (CAO), a Council or Consortium with agency representatives can improve coordination, including on matters related to data-sharing and on conducting a joint CHNA. To broaden membership and stakeholder engagement, Harris County may choose to expand the membership of the Council similar to the Miami-Dade Consortium, to bring together the three entities with other community members.

APPENDIX A. PAST AND CURRENT COLLABORATION EFFORTS

PAST COLLABORATION EFFORTS IN HARRIS COUNTY

This section provides more detail on past collaborative efforts in Harris County that have brought together Harris County Public Health, Harris Health System, and the Harris Center for Mental Health and IDD, and other entities.

Tri / Quad Agencies, (1980s through 2000s)

- **Participating Entities:** The tri-agencies initially included the leadership of Harris County Public Health and Environmental Services (HCPHES, now Harris County Public Health), the Houston Health Department (HHD), and the Harris County Hospital District (HCHD, now the Harris Health System).²¹³ In the 2000s, the Mental Health and Mental Retardation Authority (MHMRA, now the Harris Center for Mental Health and IDD) was added, making them the quad agencies.²¹⁴
- **Description:** In light of the rapid expansion of Medicaid, the leadership of HCPHES, HHD, and HCHD, dubbed the “tri-agencies” as the three major healthcare providers in the City and County, held regular meetings to discuss the activities of their agencies as well as coordination for Medicaid eligibility.²¹⁵
- **Reason for Dissolution:** The Quad Agencies continue to collaborate on an informal basis.²¹⁶

Program to Integrate Eligibility Screenings (PIES), (1989 – 1990s)

- **Participating Entities:** Harris County Hospital District, other City, County, and State health agencies.²¹⁷
- **Description:** The Program to Integrate Eligibility Screenings (PIES) in the late-1980s was established by the Houston Campaign for Healthier Babies, initially funded by Southwestern Bell, then by the Rockwell Fund, and eventually, by the Houston Endowment and March of Dimes.²¹⁸ The Houston Campaign for Healthier Babies was created to improve healthcare and service accessibility for indigent pregnant women.²¹⁹

PIES was created to facilitate the process of determining a pregnant women’s eligibility for certain services.²²⁰ Women applying for “prenatal, maternity, nutrition and social services,” could go to one of three clinic locations to determine what services they qualify for and to enroll in them.²²¹ The process also integrated a software package called T/PASS, which allowed staff to check women’s eligibility in a broader number of programs.²²²

- **Reason for Dissolution:** PIES continues to exist on an informal basis.²²³

Gateway to Care, (2000 – 2018)

- **Participating Entities:** Gateway to Care (GTC) started out in Harris County Public Health and Environmental Services, then moved to Harris County Hospital District.²²⁴ It eventually became an independent non-profit.²²⁵

- **Description:** Gateway to Care was established in 2000 as part of the Harris County Public Health and Environmental Services (HCPHES, now Harris County Public Health), and included a partnership among five major health care providers.²²⁶

The objective of the organization was to enhance accessibility and target provision of coverage for the uninsured population.²²⁷ In 2002, Gateway to Care moved to the Harris County Hospital District, where it remained for four years until it became an independent non-profit in 2006.²²⁸

Gateway to Care gained traction as an incubator for Federally Qualified Health Clinics (FQHCs) when the Federal Community Access Program commenced around 2004, which provided funding to FQHCs.²²⁹

- **Reason for Dissolution:** Gateway to Care was dissolved by its Board in 2018 after it was unable to secure funding.²³⁰

Harris County Public Health Care System Council (2005 – Unknown)

- **Participating Entities:** Council of experts from academia, healthcare, and the community created based on the recommendations of a Public Health Taskforce, group of health care experts commissioned by the Greater Houston Partnership, former County Judge, and former City of Houston Mayor.²³¹
- **Description:** In 2004, the Greater Houston Partnership collaborated with former County Judge Robert Eckels and former City of Houston Mayor Bill White, to establish a Public Health Taskforce.²³²

The Task Force was made up of 19 members from the public and private sector, including representatives from medical schools, businesses, and the community, and was tasked with conducting a study and providing recommendations on the state of the public health delivery system in Houston and Harris County.²³³

The Task Force focused on the activities of the Harris County health department, hospital district, mental health authority, and the Harris County Psychiatric Center.²³⁴ The members were divided into four working groups: finance, services, structure, and technology.²³⁵ Their meetings culminated in a report with recommendations on improving three major problem areas, fragmentation of the public health delivery system, lack of access to care, and a significantly high uninsured population.²³⁶

To remedy these shortcomings, the Task Force's report recommended the creation of a "a single consolidated entity with control over and accountability for the full continuum of services currently provided through the existing five public agencies," or a "coordinating council...to overcome fragmentation barriers."²³⁷

In early 2005, the Harris County Commissioners Court acted on this recommendation, appointing 21 individuals to serve as members of what

became called the Harris County Public Health Care System Council.²³⁸ The council's authority was going to be limited given the lack of "authority to set policy and allocate money."²³⁹

Reason for Dissolution: The Public Health Care System Council recommended the establishment of the Harris County Healthcare Alliance in 2006.²⁴⁰

Harris County Healthcare Alliance (HCHA), (2006 – 2015)

- **Participating Entities:** Core membership of the HCHA included Harris County Public Health and Houston Health Department, the hospital district, and the MHMRA, as well as hospitals from the Texas Medical Center and other public and private entities.²⁴¹
- **Description:** The HCHA was established by the Commissioners Court to address the uninsured crisis.²⁴² In 2013, HCHA funded the launch of the Community Care Collaborative Project, which designated safety-net clinics and Federally Qualified Healthcare Clinics (FQHCs) as one-stop shop hubs offering more extensive preventative care services.²⁴³

HCHA also created the TexHealth Harris County 3-Share Plan alongside UnitedHealthcare and Community Health Choice, which allowed eligible small businesses to provide healthcare options for their employees.²⁴⁴ HCHA and the Center for Houston's Future in 2010 partnered to establish the Greater Houston Health Connect (GHHC), which was meant to allow patient record access for health care providers and clinics across 20 Texas counties.²⁴⁵

Finally, the HCHA led the completion of "The State of Health in Houston / Harris County" report alongside community members and partners.²⁴⁶

- **Reason for Dissolution:** In 2015, the HCHA Board of Directors dissolved the agency, stating that it had fulfilled its purpose.²⁴⁷

Quad Agencies Eligibility Project, (2007 – 2010)

- **Participating Entities:** Quad agencies, including the hospital district, MHMRA, and Houston and Harris County Public Health departments.
- **Description:** The Quad Agencies Eligibility Project was first introduced to the Harris County's Commissioners Court during the 2007 County Mid-Year Review by the former county budget officer.²⁴⁸

The leadership of Harris County Public Health and Houston Health Departments, Harris County Hospital District, and the MHMRA, came together to standardize patient eligibility processes among their entities.²⁴⁹ Plans to develop a strategy and get a contract underway was planned following the initial introduction of the project to the Commissioners Court in 2007.²⁵⁰ The project began in March 2009.²⁵¹

The entities were set to use a software called *Medicaider*, which allowed staff to upload information into a central database, where they would be able to

determine patients' benefits eligibility and create multiple appointments at once.²⁵²

- **Reason for Dissolution:** The Quad Agencies Eligibility Project was completed and continues to exist on an informal basis.²⁵³

CURRENT COLLABORATION EFFORTS IN HARRIS COUNTY

HCPH, HHS, and the Harris Center all collaborate extensively through regular meetings, joint programs, and interlocal agreements. The Analyst's Office was able to learn about several collaborative initiatives among the three entities.

The following section provides more detail on current collaborative efforts in Harris County.

Healthy Living Matters Collaborative, (2011 – present)

- **Participating Entities:** Harris County Public Health and 80 organizations with over 110 individuals from a wide range of sectors.²⁵⁴
- **Description:** Healthy Living Matters was established in 2011 with funding from the Houston Endowment in response to the increase in obesity among children in Harris County.²⁵⁵ This “collaborative” focuses on propelling “policy action directed towards system and environmental change.”²⁵⁶

During the two-year initiative process, HLM completed an assessment on access to food; created “learning opportunities related to childhood obesity;” kept abreast of federal, state, and local policies; developed policy priorities related to children’s obesity; and created a Community Action Plan, which addressed implementation of the identified priorities.²⁵⁷

Houston State of Health, (2015 – present)

- **Participating Entities:** Houston Health Department and eight sponsors including Harris County Healthcare Alliance (HCHA), Houston Department of Health and Human Services, Harris County Public Health and Environmental Services, Episcopal Health Foundation, Harris Health System, University of Texas School of Public Health, Mental Health and Mental Retardation Authority, and Harris County Pollution Control Services Department. The project was led by the Harris County Healthcare Alliance.²⁵⁸
- **Description:** In 2015 – 2016, Houston Health Department (HHD) released the State of Health Harris County Report, which is the City’s Community Health Assessment (CHA).²⁵⁹

Other efforts completed by HHD as part of the Houston State of Health include the Community Health Implementation Plan (CHIP) for 2018 – 2021.²⁶⁰ HHD identified five major priority areas in the CHA alongside its partners; HCPH is involved in CHIP Priorities two: chronic disease and five: maternal and child health.²⁶¹

Greater Houston Health Connect (GHHC) (2010 – present)

- **Participating Entities:** The Greater Houston Health Connect (GHHC) was established in 2010 as a non-profit by the Center for Houston's Future and the Harris County Healthcare Alliance to assist in connecting doctors, hospitals, and clinics to be able to view patient data across various settings.²⁶² The GHHC covers 20 Texas counties.²⁶³

Harris Health System currently uses the GHHC. Harris County Public Health is also contracted for services with the GHHC.

- **Description:** The GHHC allows physicians across different clinical and hospital settings to share patient data.²⁶⁴

Since 2013, HHS has spent \$100,000 per year on the services of GHHC until 2020, when that amount increased to \$125,000.²⁶⁵

HCPH contracted with GHHC for the implementation of community-wide data from the GHHC's Health Information Exchange (HIE) involving hospitals and clinics in the region but has not received all the agreed upon deliverables from the GHHC.²⁶⁶ To date, HCPH has paid a total of \$203,437.50.²⁶⁷

Greater Houston Coalition for the Social Determinants of Health (Coalition) (2019 – present)

- **Participating Entities:** The Coalition has three backbone organizations, including Harris County Public Health, along with University of Texas Health School of Public Health (UTHealth), and the American Heart Association (AHA), who work with 120 other organizations from government, non-profit organizations, education, and businesses.²⁶⁸
- **Description:** The Coalition's goal is to "reduce food insecurity across the greater Houston region by 5% by 2025, and improve health outcomes including diabetes, obesity, and mental health."²⁶⁹ To achieve this goal, the Coalition includes eight workgroups, listed below.
 - Social Determinants of Health Framework (SDOH) and Common Metrics
 - Data Sharing Ecosystem
 - Food Security
 - SDOH Policy
 - Coalitions Alignment
 - Communications
 - Community Voice
 - Executive Ambassadors.²⁷⁰

Each workgroup includes two co-chairs, who come from healthcare, government, and non-profit organizations. For example, the co-chairs of the Food Security and Data Sharing Ecosystem workgroups are both from Harris Health System.²⁷¹ A key goal for the Data workgroup is enhancing Health Information Exchange (HIE) to Community Information Exchange (CIE) for "ecosystem interoperability."²⁷²

Network of Behavioral Health Providers (NBHP) (2004 – Present)

- **Participating Entities:** Harris County Public Health, Harris Health System, Harris Center, and over 40 organizations from the Greater Houston area.²⁷³
- **Description:** The NBHP was created by the United Way of Greater Houston in 2004 to enhance service delivery and access to behavioral health services.²⁷⁴ One of the NBHP's projects is the Greater Houston Community Coordination of Care (C³) pilot program, funded by the Episcopal Foundation, to improve "client and community outcomes, reducing service duplication, maximizing resource efficiency and generating cost savings."²⁷⁵

Criminal Justice Collaborations (Ongoing)

- **Participating Entities:** Harris Center, Harris County Sheriff's Office, Houston Police Department, Harris County District Attorney's Office, Harris County Housing Authority, Criminal Justice Coordinating Council, and other entities in the County and City.²⁷⁶
- **Description:** Harris Center has multiple collaborations and interlocal agreements with the Sheriff's Office and other law enforcement partners, established with the objective of diverting individuals with mental illnesses into community-based services and keeping them out of the criminal justice system.²⁷⁷ Among the activities that the Harris Center participates in is Judge Ed Emmett's Mental Health Diversion Center, which seeks to divert non-violent offenders by providing mental health services.²⁷⁸ The Harris Center leads this effort with a number of partners from the County and City, including the Sheriff's Office and Houston Police Department.²⁷⁹

Other activities the Harris Center participates in includes the Mobile Crisis Outreach Team (MCOT), where a mental health team responds to crises in the community as well as the Crisis Intervention Response Teams (CIRT) with the Sheriff's Office and Houston Police Department. In CIRT Harris Center social workers partner with an officer to respond to situations where the individual involved is suffering from a mental health crisis.²⁸⁰ The Harris Center also has a telehealth partnership program with the Sheriff's Office.²⁸¹

OTHER COLLABORATIONS

In addition to the collaborative efforts mentioned above, HCPH, HHS, and the Harris Center have multiple interlocal agreements with one another and cooperate regularly. The following is an overview of some of the activities they collaborate on:

HCPH and the Harris Center

- HCPH and the Harris Center collaborate with the Sheriff's Office to provide support for recovery of substance abuse users. The Sheriff's Office identifies clients who need assistance, the Harris Center provides behavioral services, and HCPH provides the infrastructure.²⁸²
- The Harris Center provides mental health trainings for HCPH employees.²⁸³

- The Harris Center and HCPH provide mental health professionals and vulnerable population specialists, respectively, as a joint response team for individuals requiring COVID-19 related assistance.²⁸⁴ This is part of the Federal Emergency Management Agency (FEMA) / Substance Abuse and Mental Health Services Administration (SAMHSA)-funded Crisis Counseling Program.²⁸⁵
- HCPH, the Harris Center, University of Houston, and Lone Star Circle of Care provide coordinated health service delivery at Riverside Campus.²⁸⁶
- The Harris Center and HCPH collaborate on opioid prevention where the Harris Center screens patients for opioid use in HCPH's clinics.²⁸⁷
- The Harris Center provides behavioral telehealth services at HCPH's mobile clinic.²⁸⁸

HCPH and HHS

- HCPH provides mobile health units and staff to HHS for food distribution.²⁸⁹
- HCPH is using EPIC software as an extension of HHS.²⁹⁰
- HCPH and HHS partnered on establishing a COVID-19 24-hour nurse line, called "Ask My Nurse," to provide information to the public about the virus.²⁹¹
- Collaboration on health outcomes, including reducing cases of preventative infectious diseases, STIs, TB cases; reducing instances of lead poisoning; and reducing obesity rates.²⁹²
- Regular leadership meetings to coordinate COVID-19 response activities.²⁹³

HHS and the Harris Center

- The Harris Center provides onsite benefits' assistance and acquisitions to the HHS across the Harris Center's program sites.²⁹⁴
- HHS, the Harris Center, and Harris County Psychiatric Center meet on a bi-weekly basis to discuss coordination of care.²⁹⁵
- The Harris Center transfers patients to HHS who require emergency services and for coordination of care.²⁹⁶
- Interlocal agreements for HHS to provide maintenance, janitorial, and nutrition services at the NPC in Ben Taub hospital.²⁹⁷
- Harris Center and HHS have a co-location of a neuropsychiatric center (NPC) at Ben Taub hospital. Harris Center and HHS are involved in long-term planning on potential placement of an NPC at HHS's LBJ hospital.²⁹⁸
- HHS provides physical health services for NPC patients.²⁹⁹

- The Harris Center and HHS are collaborating on the implementation of EPIC to facilitate information sharing and improve patient care.³⁰⁰ Harris Center's Board of Trustees approved the measure in February of 2020.³⁰¹ The platform is expected to be up and running in April 2021.³⁰²

APPENDIX B. HARRIS COUNTY ATTORNEY'S OFFICE

Memorandum I: Harris County Hospital District Authority to Perform Public Health Functions

Memorandum II: Combining Harris Center Services with Harris County Public Health and/or Harris Health System

Memorandum III: Consolidation/Coordination of Public Health Services



Christian Menefee
Harris County Attorney

MEMORANDUM

TO: Katie Short, Director
Amber Weed, Senior Analyst
Laila Elimam, Analyst

Harris County Commissioners Court Analyst's Office

FROM: Michael Nolan, Assistant County Attorney
Harris County Attorney's Office
Hospital District Practice Group

CC: Jay Aiyer, First Assistant
Scott Lemond, Managing Counsel
Sara Thomas, Division Director, Hospital District

Harris County Attorney's Office

DATE: February 26, 2021

RE: Harris County Hospital District Authority to Perform Public Health Functions

Question Presented: Whether the Harris County Hospital District d/b/a Harris Health System ("Harris Health") may assume the public health duties and functions of the Harris County Public Health Department?

Short Answer:

No, Harris Health does not have the authority to assume all public health duties and functions of the Harris County Public Health Department. Harris Health may perform only public health activities^{xii} that could be considered medical and hospital care, namely immunizations and communicable disease treatment.

Legal Authority:

^{xii} For this memo, public health "duties", "functions", and "activities" have the same meaning.

1. Scope of Authority of a Hospital District

Article IX, Section 4 of the Texas Constitution authorizes the Texas Legislature to enact laws providing for the creation, establishment, maintenance and operation of hospital districts, which, once created, shall assume full responsibility for providing “medical and hospital care” to a district’s needy inhabitants. By contrast, Article IX, Section 13 of the Texas Constitution clarifies that the laws the Texas Legislature enacts with respect to hospital districts need not obligate hospital districts to assume full responsibility for public health activities and services. Harris Health is a hospital district created—as authorized by Article IX, Section 4 of the Texas Constitution—under Chapter 281 of the Texas Health & Safety Code.

Section 281.041(e) of the Texas Health & Safety Code recognizes that a municipality or county may not transfer any of their public health services to a hospital district unless the hospital district agrees to assume these duties. In the absence of such a transfer, a hospital district is only responsible for furnishing medical and hospital care for indigent and needy persons residing in the district. Harris County did not choose to transfer any of its public health services to the Harris County Hospital District upon its formation and Harris Health has not, to date, agreed to assume these duties

Chapter 61 of the Texas Health & Safety Code defines some of the services a hospital district must furnish. Section 61.055 of the Texas Health and Safety Code directs hospital districts to provide the basic health care services a county is required to provide under Section 61.028 of the Texas Health & Safety Code. Those basic health services are: (1) primary and preventative services designed to meet the needs of the community, including: immunizations, medical screening services, and annual physical examinations; (2) inpatient and outpatient hospital services; (3) rural health clinics; (4) laboratory and X-ray services; (5) family planning services; (6) physician services; (7) payment for not more than three prescription drugs a month; and (8) skilled nursing facility services, regardless of the patient’s age.

2. Scope of Authority of a County Public Health Department

A local health department is established by either the governing body of a municipality or the commissioners court of a county and has responsibility for public health activities. Specifically, Texas Health and Safety Code § 121.032 provides that a local health department may perform all public health functions^{xiii} that the municipality or county that establishes the local health department may perform. The Texas Department of State Health Services publishes a list of public

^{xiii} Public health functions is an undefined phrase. The legislative history of Section 121.032 revealed that the Legislature defined public health services as population-based services that are directed to protecting the health of the general public. *See* Texas Bill Analysis, H.B. 1444, 76th Legislature (1999). Additionally, Section 121.002 of the Texas Health and Safety Code enumerates “essential public health services”, to include: (A) monitor the health status of individuals in the community to identify community health problems; (B) diagnose and investigate community health problems and community health hazards; (C) inform, educate, and empower the community with respect to health issues; (D) mobilize community partnerships in identifying and solving community health problems; (E) develop policies and plans that support individual and community efforts to improve health; (F) enforce laws and rules that protect the public health and ensure safety in accordance with those laws and rules; (G) link individuals who have a need for community and personal health services to appropriate community and private providers; (H) ensure a competent workforce for the provision of essential public health services; (I) research new insights and innovative solutions to community health problems; and (J) evaluate the effectiveness, accessibility, and quality of personal and population-based health services in a community.

health services that a local health department, such as a county run department, may perform. They include: (1) immunization services, (2) communicable disease prevention and treatment (HIV/STD) services, (3) tuberculosis treatment and prevention services, (4) zoonotic disease surveillance and treatment, (5) chronic disease prevention, (6) maternal and child health care services, (7) public health emergency preparedness services, (8) disease surveillance and tracking services, (9) food safety and sanitation services, (10) environmental health services, and (11) health and public health education/promotion.

3. Can a Hospital District Assume Public Health Services from a County Public Health Department?

Determining whether a hospital district may assume a specific public health duty or function from a county health department is a fact-specific inquiry. The governing body of the hospital district makes the initial determination, and its decision is reviewable only by a court of law. *See* Tex. Att’y Gen. Op. No. GA-0721 (2009) (remarking that the board has the authority to determine in the first instance what is necessary to provide for the operation of a permissible service); *see also Jackson County Hosp. Dist. v. Jackson County Citizens for Continued Hosp. Care*, 669 S.W.2d 147, 154 (Tex. App.—Corpus Christi 1984, no writ) (determining that hospital district board’s managerial responsibilities authorized it to discontinue emergency room service); Tex. Att’y Gen. Op. No. GA-0472 (2006) at 2 (advising that a hospital district having discretionary authority to provide ambulance services necessarily has the authority to determine the scope of those services).

Several Texas Attorney General Opinions provide useful guidance in making this determination. Three opinions, in particular, suggest that a hospital district is limited to assuming services that can be classified as a medical or hospital service. *See* Tex. Att’y Gen. Op. Nos. H-31 (1973), LO-95-088 (1995), and LO-97-004 (1997). These opinions emphasize that a hospital district is a special purpose district and, therefore, is limited to performing only those functions or duties that the legislature has expressly authorized the hospital district to perform or those that are impliedly necessary to perform such a service.

For example, in Opinion No. H-31 (1973), the Attorney General reasoned that the Tarrant County Hospital District could not assume a county health department’s responsibility for regulatory inspections of restaurants, meat packing facilities, and milk since that responsibility did not appear to fall within any definition of hospital or medical care contained in the Texas Hospital Licensing Law. Similarly, in Opinion No. LO-97-004 (1997), the Attorney General consulted the Medical Practices Act to understand the bounds of “medical care.” The Attorney General concluded that pathology tests performed as part of an inquest into a person’s death were not within the scope of a hospital district’s proper functions. The Attorney General explained that it is the governmental purpose of the service that is determinative, not the service itself. Where the pathology tests were performed to determine whether the death was caused by an unlawful act, and not for medical purposes, such as verifying a diagnosis, the pathology tests could not be considered a service within the hospital district’s responsibilities to provide.

4. Additional Considerations

Even if a determination is made that Harris Health may provide a specific public health service, the Board of Trustees must confirm whether funds can be obtained to provide those services. Harris Health currently has three primary sources of funding: 1) property tax revenue; 2) services revenue;

and 3) grant funding. Because grant funding is designated for particular projects and, in most instances, cannot be used for other purposes, Harris Health would need to secure additional grants or increase the revenue available to it through other sources to ensure that the budget for medical and hospital care services is not reduced.

One possibility is receiving new grants^{xiv} from the Federal Emergency Management Agency (“FEMA”) pursuant to Section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Act (42 U.S.C. 5121-5207) for the COVID-19 Pandemic. According to guidance issued by FEMA in September 2020, emergency protective measures^{xv} taken to respond to the COVID-19 emergency may be eligible for reimbursement under a Public Assistance grant if undertaken at the direction or guidance of public health officials and if such actions fall within the legal responsibility of the applicant to perform.^{xvi} FEMA will not reimburse an applicant for activities that are the responsibility of another governmental entity and will not duplicate assistance provided by the Department of Health and Human Services, including the Centers for Disease Control and Prevention, or other federal agencies. Therefore, Harris Health would need to prove that the services were (i) unreimbursed by another agency, (ii) within Harris Health’s authority to carry out, and (iii) provided at Harris County Public Health’s direction. Harris Health would also need to quickly navigate the dizzying array of regulation, grant terms, and guidance for each agency’s grant programs. This may prove unduly burdensome.

Conclusion:

After considering the statutory provisions of the Texas Constitution, the Texas Health and Safety Code, and the Attorney General Opinions listed above, Harris Health may not generally assume public health activities of the Harris County Public Health Department. Specifically, Harris Health cannot provide any public health services that could not be fairly characterized as hospital or medical care. For those public health activities that may be deemed medical or hospital care, Harris Health would need to consider whether there is adequate funding available for those services and the burden that accepting such funding may pose. In particular, Harris Health should explore the various funding sources offered for reimbursement of emergency protective measures, including those funded by FEMA, the Department of Health and Human Services, and the Centers for Disease Control and Prevention. In the absence of sufficient funding opportunities or favorable terms, Harris Health may have no incentive to assume any of Harris County’s public health functions and could find itself in jeopardy of failing to meet its primary duty under Chapters 61 and 281 of the Texas Health & Safety Code.

^{xiv} A discussion of increasing tax revenue is reserved in light of the fact that the 2020 Property Tax Rate was recently approved by the Harris County Commissioners Court and the next available date to increase taxes will be in October 2021.

^{xv} Emergency protective measures encompass emergency medical care and medical sheltering, as well as, communications of general health and safety information to the public, and distribution and administration of COVID-19 vaccines.

^{xvi} https://www.fema.gov/sites/default/files/2020-06/fema_public-assistance-program-and-policy-guide_v4_6-1-2020.pdf

Appendix:

Hospital District	County Public Health Department
I. Scope of Authority	I. Scope of Authority
<p>1. Texas Constitution</p> <p>Texas Constitution, Section 4, Article 9. The Legislature may authorize the creation of county-wide Hospital Districts in counties having a population in excess of 190,000...such Hospital District shall assume full responsibility for providing medical and hospital care to needy inhabitants of the county.</p> <p>Texas Constitution, Section 9A, Article 9. The legislature by law may determine the health care services a hospital district is required to provide.</p> <p>Texas Constitution, Section 13, Article 9. The legislature in providing for the creation, establishment, maintenance and operation of a hospital district, shall not be required to provide that such district...shall assume full responsibility of public health department units and clinics and related public health activities or services.”</p> <p>2. Attorney General Opinions</p> <p>AG Opinion H-31 (1973). This opinion addresses whether the Tarrant County Hospital District may assume all duties and functions of the Tarrant County health department.</p> <p>Summary: No, Tarrant County Hospital District may not assume all duties and functions of the Tarrant County health department. Specifically, the Hospital District may not assume regulatory inspections, such as for restaurants, meat, milk, sewage and water. The opinion reasoned that the Tarrant County Hospital District is limited to the furnishing of hospital services and the maintenance of hospital facilities. The opinion points out that nowhere in the Constitution are the terms “hospital care” or “medical care” defined. Therefore, the opinion looked to the Texas Hospital Licensing Law’s (Article 4437f, Vernon’s Texas Civil Statutes) definition of a general hospital, which is one offering services and facilities requiring “diagnosis, treatment or care for illness.” The opinion concluded that the regulatory services described above would not appear to fall within any definition of hospital care or facilities, and therefore could not be performed by a hospital district organized under Section 4, Article 9 of the Texas Constitution. However, the opinion did note that other services provided by the Tarrant County health department, such as the maintenance of a venereal disease clinic and vaccinations for communicable diseases may well be functions falling within the meaning of hospital care</p> <p>AG Opinion LO-95-088 (1995). This opinion addresses whether the salary and expenses of the medical examiner’s office are authorized medical and hospital care expenses which can be funded by the Lubbock County Hospital District.</p>	<p>1. Local Public Health Reorganization Act - Tx. Health & Safety Code, Chapter 121</p> <p>Section 121.032. A local health department may perform all public health functions that the municipality or county that establishes the local health department may perform.</p> <p>Section 121.003. The governing body of a municipality or the commissioners court of a county may enforce any law that is reasonably necessary to protect public health.</p>

<p>Summary: No, the salary and expenses of the medical examiner's office are not authorized medical and hospital care expenses which can be funded by a county hospital district. The opinion concluded that the medical examiner's office does not provide medical or hospital care for the residents of the county. The opinion did not provide a robust analysis for its decision, however a subsequent decision (see below) provides a more complete analysis.</p> <p>AG Opinion LO-97-004 (1997). This opinion was in response to a request for reconsideration of Op. No. LO-95 (1995).</p> <p>Summary: This opinion affirmed Op. No. LO-95 (1995) that Lubbock County Hospital District could not fund the expenses of the medical examiner's office. This opinion emphasized that: "Medical care," defined for purposes of the Texas Health Maintenance Organization Act, "means furnishing those services defined as practicing medicine under Section 1.03(8), Medical Practice Act. The services that are defined under the Medical Practice Act as "practicing medicine" include diagnosing, treating, or offering to treat "any disease or disorder, mental or physical, or any physical deformity or injury by any system or method or to effect cures thereof. The purposes of a hospital district thus relate generally to the treatment of the sick or injured, and laboratory tests performed for the purpose of diagnosing or verifying a disease, treating the patients, or evaluating the progress of a disease would be a hospital district purpose.. However, if the purpose of medical test is to determine whether the death of a person was caused by an unlawful act, then that is not a hospital purpose, and the hospital district may not fund that service. The opinion concluded that it is the governmental purpose of the service that matters in determining whether a service is for hospital care, or for another purpose.</p> <p>AG Opinion JM-1052 (1989). This opinion addresses what is the definition of "medical care" as used by Article IX, Section 9 of the Texas Constitution. Although Harris Health exists pursuant to Article IX, Section 4 of the Texas Constitution, scholars have recognized that the two district types have identical duties.</p> <p>Summary: It is the responsibility of the board of directors of a hospital district to determine what medical care is to be provided</p>	
<p>II. Services to be Provided</p>	<p>II. Services to be Provided</p>
<p>Texas Health and Safety Code</p> <p>1. Section 61.055. Basic Health Care Services Provided by Hospital Districts</p> <p>(a) Except as provided by Subsection (b), a hospital district shall endeavor to provide the basic health care services a county is required to provide under Section 61.028, together with any other services required under the Texas Constitution and the statute creating the district.</p>	<p>Texas Health and Safety Code</p> <p>1. Section 121.006. Public Health Services Fees; State Support</p> <p>(a) The governing body of a municipality, the commissioners court of a county, or the administrative board of a public health district may adopt</p>

<p>(b) A hospital district shall coordinate the delivery of basic health care services to eligible residents and may provide any basic health care services the district was not providing on January 1, 1999, but only to the extent the district is financially able to do so.</p> <p>(c) This section may not be construed to discharge a hospital district from its obligation to provide the health care services required under the Texas Constitution and the statute creating the district</p> <p>2. Section 61.028. Basic Health Care Services</p> <p>(a) A county shall, in accordance with department rules adopted under Section 61.006, provide the following basic health care services:</p> <p>(1) primary and preventative services designed to meet the needs of the community, including:</p> <ul style="list-style-type: none"> (A) immunizations; (B) medical screening services; and (C) annual physical examinations; <p>(2) inpatient and outpatient hospital services;</p> <p>(3) rural health clinics;</p> <p>(4) laboratory and X-ray services;</p> <p>(5) family planning services;</p> <p>(6) physician services;</p> <p>(7) payment for not more than three prescription drugs a month; and</p> <p>(8) skilled nursing facility services, regardless of the patient's age.</p> <p>3. Section 61.056. Provision of Health Care Services</p> <p>(a) A public hospital or hospital district may arrange to provide health care services through a local health department, a publicly owned facility, or a contract with a private provider regardless of the provider's location, or through the purchase of insurance for eligible residents.</p> <p>4. Section 281.051. Contracting Authority of Certain Districts</p> <p>(b) With the approval of the commissioners court, the board may contract with:</p> <p>(1) a county for care and treatment of the county's sick, diseased, or injured persons; and</p> <p>(2) this state or the federal government for care and treatment of sick, diseased, or injured persons for whom the state or federal government is responsible.</p>	<p>ordinances or rules to charge fees for public health services.</p> <p>(d) In this section, “public health services” means:</p> <ul style="list-style-type: none"> (1) personal health promotion and maintenance services; (2) infectious disease control and prevention services; (3) environmental and consumer health programs; (4) public health education and information services; (5) laboratory services; and (6) administrative services. <p>2. Section 121.002. Public Health Services</p> <p>(1) “Essential public health services” means services to:</p> <ul style="list-style-type: none"> (A) monitor the health status of individuals in the community to identify community health problems; (B) diagnose and investigate community health problems and community health hazards; (C) inform, educate, and empower the community with respect to health issues; (D) mobilize community partnerships in identifying and solving community health problems; (E) develop policies and plans that support individual and community efforts to improve health; (F) enforce laws and rules that protect the public health and ensure safety in accordance with those laws and rules; (G) link individuals who have a need for community and personal health services to appropriate community and private providers; (H) ensure a competent workforce for the provision of essential public health services; (I) research new insights and innovative solutions to community health problems; and (J) evaluate the effectiveness, accessibility, and quality of personal and population-based health services in a community.
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III. Other Statutes	III. Other Statutes
<p>1. Texas Health and Safety Code, Section 13.005 (a) The department [of health services] shall fully develop essential services needed for the control of tuberculosis. ...</p> <p>(b) The department may contract with:</p> <ol style="list-style-type: none"> (1) municipal, county, or state hospitals; (2) private physicians; (3) licensed nursing facilities and hospitals; and (4) hospital districts. <p>2. Texas Health and Safety Code, Section 81.083(g)</p> <p>A county or hospital district shall pay the medical expenses of a resident of the county or hospital district who is:</p> <ol style="list-style-type: none"> (1) indigent and without the financial means to pay for part or all of the required medical care or treatment; and (2) not eligible for benefits under an insurance contract, group policy, or prepaid health plan, or benefits provided by a federal, state, county, or municipal medical assistance program or facility. <p>3. Texas Health and Safety Code, Section 281.041(e)</p> <p>(e) A county or municipality transferring property or funds under this section is not required to transfer to the district:</p> <p>(5) any or all of the public health services and related facilities of the county or municipality, other than a hospital or hospital district, unless the transfer of the public health services or a related facility to the district is mutually agreed to by the district and the transferring entity.</p> <p>4. Texas Health and Safety Code, Section 285.201</p> <p>As authorized by 8 U.S.C. Section 1621(d), this chapter affirmatively establishes eligibility for a person who would otherwise be ineligible under 8 U.S.C. Section 1621(a), provided that only local funds are utilized for the provision of nonemergency public health benefits. A person is not considered a resident of a governmental entity or hospital district if the person attempted to establish residence solely to obtain health care assistance.</p> <p>5. Texas Education Code, Section 73.112</p> <p>(a) The institution may enter into a contract with a county, public hospital, or hospital district to provide treatment to residents of the county or service area who are eligible for health care assistance under Chapter 61, Health and Safety Code (Indigent Health Care and Treatment Act).</p>	<p>1. Texas Health and Safety Code, Section 122.001.</p> <p>The commissioners court of a county may appropriate and spend money from the county general revenues for public health and sanitation in the county.</p> <p>2. Texas Government Code, Section 418.127</p> <p>To the extent practicable, the following entities shall conduct community outreach, including public awareness campaigns, and education activities on disaster preparedness each year: (1) municipalities and counties; (2) the department, including the division; (3) the Texas Education Agency; (4) the office of the comptroller; (5) the Texas Department of Insurance; (6) the Texas Department of Transportation; (7) the Texas Department of Housing and Community Affairs; (8) the Health and Human Services Commission; and (9) the Department of State Health Services.</p>

6. Texas Government Code, Section 418.193

A public safety entity, as defined by 47 U.S.C. Section 1401, or a county hospital, public hospital, or hospital district may purchase commodity items through the Department of Information Resources in accordance with Section 2157.068 if the public safety entity, hospital, or hospital district finds that the purchase of those commodity items will assist the public safety entity, hospital, or hospital district in providing disaster education or preparing for a disaster.

A "Disaster" means the occurrence or imminent threat of **widespread or severe** damage, injury, or **loss of life** or property **resulting from any** natural or man-made cause, including fire, flood, earthquake, wind, storm, wave action, oil spill or other water contamination, volcanic activity, **epidemic**, air contamination, blight, drought, infestation, explosion, riot, hostile military or paramilitary action, extreme heat, cybersecurity event, other public calamity requiring emergency action, or energy emergency.



Christian D. Menefee Harris County Attorney

Introduction: The question is whether, and how, the Harris Center and/or its services might be combined with those of Harris Health and/or Public Health Services. Managing Counsel, Scott Lemond, asked what the Harris Center's enabling legislation authorized and how a merger of services with Harris Health and/or Public Health Services could be possible. This memo seeks to address these initial questions.

Executive Summary:

- The Harris Center is created by the Department of State Health Services. Therefore, its main source of funding and authority comes from state and federal funding, as determined by the Department of Health and Human Services. This requires that it comply with certain state rules.^{xvii}
- The Harris Center can likely coordinate its delivery of health and human services with the other two agencies (HCPH and Harris Health System) – either through contract or potentially a merger by the creation of a community center.
- Texas law authorizes the formation of community centers, which combine mental health/intellectual disability services with other health services, such as hospital and medical services.
- If the three agencies wish to combine delivery of services, this may be possible through the creation of a community center.^{xviii}

Facts: The Harris County Commissioners Court's Analyst's Office contacted this office to inquire about legal considerations of combining various county health agencies.

Analysis: The Harris Center for Mental Health and IDD is a state-designated local mental health authority.^{xix} A local mental health authority is designated by the "executive commissioner" in one or more local service areas.^{xx} An "executive commissioner" is appointed by the governor and he or she governs the commission.^{xxi} One of the "commission's" goals includes maximizing federal funds through the efficient use of available state and local resources, and improving access to health and human services at the local level.^{xxii} The Department of State Health Services monitors local health authorities and allocates department funds to them for their use. The "department," when used in this memorandum, refers to the Department of State Health Services.^{xxiii}

A local mental health authority has the authority and responsibilities related to "planning, policy development, coordination, including coordination with criminal justice entities, resource allocation, and

^{xvii} See Tex. Health & Safety Code Ann. § 533.0345; Tex. Health & Safety Code Ann. § 533.035 (d).

^{xviii} Whether Harris Health and Harris County Public Health Services are authorized to consolidate services, merge, or otherwise cooperatively provide services, with The Harris Center is outside the scope of this memorandum.

^{xix} See Tex. Health & Safety Code Ann. § 533.035; *Leadership: Wayne Young, MBA, LPC, FACHE, CEO, THE HARRIS CENTER FOR MENTAL HEALTH AND IDD*, <https://theharriscenter.org/About/About/Leadership>.

^{xx} Tex. Health & Safety Code Ann. § 533.035 (a).

^{xxi} Tex. Health & Safety Code Ann. § 531.005 (a).

^{xxii} See Tex. Health & Safety Code Ann. § 531.003 (1), (2).

^{xxiii} Tex. Health & Safety Code Ann. § 533.0001 (2).

resource development for and oversight of mental health services in the most appropriate and available setting to meet individual needs in that service area.”^{xxiv} The enabling legislation for a local mental health authority is found in Chapter 533 of the Health & Safety Code, which deals with health and human services.^{xxv}

A local mental health authority receives most of its funding from department (Department of State Health Services) federal and state funds to be spent for community mental health and intellectual disability services and chemical dependency services in the local service area.^{xxvi} The local authority must demonstrate to the department that it is complying with relevant state standards when receiving state funds.^{xxvii}

Community Center

Unification of Harris County health services is possible through the creation of a “community center.” Texas law provides that a county, hospital district, or an organizational combination of two or more of those local agencies may establish and operate a community center.^{xxviii} A community center, in addition to providing mental health and/or intellectual disability services (such as what the Harris Center provides), may also provide “other health and human services” as provided by a contract with or a grant received from local, state, or federal agency.^{xxix} A participating local agency may contribute “land, buildings, facilities, other real and personal property, personnel, and funds to administer the community center’s programs and services.”^{xxx} A community center must be governed by a board of trustees between five and thirteen members.^{xxxi}

The purpose of a community center is to be a continuum of services for persons with mental illness or intellectual disability.^{xxxii} However, this legislative authority could serve as authority to create some form of collective health services between each of its three local health agencies.

Health Maintenance Organization

A health maintenance organization, which is a non-profit corporation, can be created from the community center to streamline payment arrangements. One or more community centers “may create or operate a non-profit corporation pursuant to the laws of this state for the purpose of accepting capitated or other at-risk payment arrangements for the provision of services designated in a plan approved by each appropriate department.”^{xxxiii} The enabling authority for this type of arrangement can be found in Chapter 534, Subchapter C, of the Health and Safety Code.

^{xxiv}Tex. Health & Safety Code Ann. § 533.035 (a).

^{xxv}See *generally* Tex. Health & Safety Code Ann. § 533.035; Tex. Health & Safety Code Ann. § 534.002; Tex. Health & Safety Code Ann. § 534.001

^{xxvi}Tex. Health & Safety Code Ann. § 533.035. (b), (c).

^{xxvii}*Id.* (d).

^{xxviii}See Tex. Health & Safety Code Ann. § 534.001 (a).

^{xxix}See *id.* (e).

^{xxx}Tex. Health & Safety Code Ann. § 534.019.

^{xxxi}See Tex. Health & Safety Code Ann. § 534.003 (a).

^{xxxii}See Tex. Health & Safety Code Ann. § 534.0015 (a).

^{xxxiii}See Tex. Health & Safety Code Ann. § 534.151 (a).

General Contract Authority

Coordinating services between the three agencies is likely possible through general contracting, without the creation of a community center. Contracting is supported by the Government Code and the Health and Safety Code.

The Government Code authorizes the “executive commissioner” to identify governmental entities that coordinate the delivery of health and human services within counties.^{xxxiv} The executive commissioner can request that that county develop “a coordinated plan for the delivery of health and human services in the jurisdiction . . .”^{xxxv} Additionally, Chapter 791 of the Government Code provides that a party to a local government (i.e. interlocal) contract may contract with a state agency and other entities for valid governmental purposes.^{xxxvi}

The Health and Safety Code authorizes the “department” to cooperate, negotiate, and contract with local agencies, hospitals, private organizations and foundations, community centers, physicians, and other persons to plan, develop, and provide community-based mental health services.^{xxxvii} Section 533.035 authorizes a local mental health authority to ensure the best use of public money in “assembling a network of service providers.”^{xxxviii}

Conclusion

A local health authority is created by a state agency and uses state and federal funds. In contrast, the Harris County Public Health and Harris Health System are both created by the County Commissioners Court. Consolidating the services of these three agencies may be possible through the creation of a community center. If the agencies are not authorized, or do not wish, to create a community center, the three agencies can still enter an interlocal agreement to coordinate delivery of services.

^{xxxiv} See Tex. Gov’t Code Ann. § 531.022 (e).

^{xxxv} *Id.*

^{xxxvi} See Tex. Gov’t Code Ann. § 791.011 (b)(1) (emphasis added) (This section refers to § 771.002 to define state agency. “Agency” is defined in § 771.002 as including a department, board, bureau, commission, court, office, authority, council, or institution of state government.)

^{xxxvii} Tex. Health & Safety Code Ann. § 533.034.

^{xxxviii} See Tex. Health & Safety Code Ann. § 533.035 (c)(1).



**Christian Menefee
Harris County Attorney**

MEMORANDUM

TO: Katie Short, Director
Amber Weed, Senior Analyst
Laila Elimam, Analyst

Harris County Commissioners Court Analyst's Office

FROM: Randy Keenan, Assistant County Attorney
Harris County Attorney's Office
General Counsel Practice Group

CC: Jay Aiyer, First Assistant
Scott Lemond, Managing Counsel
Sara Thomas, Division Director, Hospital District
Christy Gilbert, Division Director, General Counsel

Harris County Attorney's Office

DATE: March 12, 2021

RE: Consolidation / Coordination of Public Health Services

Questions Presented: Based on prior research and analysis¹ regarding statutory authority and scope of health-related services provided by Harris Health System (f/k/a the Harris County Hospital District), the Harris County Public Health Department and the Harris Center, the County Attorney's Office was presented with a specific list of inquiries regarding the potential of integrating, consolidating and/or coordinating those services with a goal of improving cooperation between county public health departments, hospital districts and related agencies. The inquiries posed to the County Attorney's Office by the Commissioners Court Analyst's Office were as follows:

¹ Those prior supporting memoranda are attached hereto as Exhibits "A" and "B" respectively.

- a. How would consolidation of all health entities in Harris County impact the Harris Center, Harris Health System and Harris County Public Health? For entities with Boards of Trustees, would approval be needed?
- b. If Harris Health is consolidated, how will it impact the local hospital district tax rate dollars?
- c. If Harris County Public Health is consolidated, will the County Judge or Commissioners Court have the authority to determine and/or select the county Local Health Authority? If not, how will the authority be determined?
- d. If Harris Center is consolidated, how will it impact the designation of the Local Mental Health Authority and subsequent funding?
- e. Would the County be able to create a regional health advisory council or any other type of health advisory group to assist in health coordination across the County?
- f. What level of governance or ordinance power would such a regional health committee have?
- g. What level of governance or ordinance power would such a citizen advisory group/council have?

SUMMARY

Consolidation, meaning the merger of public health entities as a whole or the merger of certain services offered by these public health entities, is not a practical objective for Harris County. The three primary entities at issue in this Memorandum (Harris Health System, Harris County Public Health Department and the Harris Center) have funding sources, statutory authority and governance structures that are impractical with traditional forms of consolidation. However, the goal of improved cooperation and operational efficiency could potentially be furthered by implementation of a health care coordination council.

BACKGROUND

Harris Health System

Prior to engaging in the discourse surrounding integration or consolidation, it is critical to understand the statutory foundations of the three primary public health entities at issue. The most prominent of these is the Harris Health System. The Harris Health System, formerly known as the Harris County Hospital District, was authorized via election in November of 1965. The Hospital District was originally authorized in Article IX, Section 4 of the Texas Constitution which has been statutorily promulgated through §281.003 of the Texas Health & Safety Code.

Additionally, the Hospital District is empowered through the same Constitutional provision and its companion statute to levy ad valorem taxes on real property within the County and issue bonds to help fund development and operation of the District (Tex. Health & Safety Code, §281.004). The proposed 2022 Operating Budget for Harris Health presented to Commissioners Court on January 14, 2021 reflected that ad valorem taxes would comprise an estimated 41.7% of the revenues for the Harris Health System while the capital budget reflected roughly \$36 million through issuance of debt (approximately 30% of the total capital budget.)² The Harris Health System is governed by a 9- member board of trustees. These trustees serve a 2-year term and are statutorily required to be appointed by the Harris County Commissioners Court (Tex. Health & Safety Code §281.021(c) and §281.022).

The services performed by the Harris Health System range across a broad spectrum of patient needs from early prevention through crisis management and treatment of terminal conditions. The Constitution and companion statute provide that a Hospital District is charged with the mission of “providing medical and hospital care to needy inhabitants of the county,” (Texas Constitution, Article IX, Section 4; Texas Health and Safety Code §281.003). While the terms “medical” and “hospital care” are not statutorily defined, Chapter 61 provides a minimum scope of duties required of a Hospital District, specifically (a) primary and preventative services designed to meet the needs of the community, including: immunizations, medical screening services, and annual physical examinations; (b) inpatient and outpatient hospital services; (c) rural health clinics; (d) laboratory and X-ray services; (e) family planning services; (f) physician services; (g) payment for not more than three prescription drugs a month; and (h) skilled nursing facility services, regardless of the patient’s age (Tex. Health and Safety Code, §61.028).³ It is important to note that the listed services above share a common characteristic: the care of individual patients, or direct support thereof.

The Harris County Public Health Department.

Harris County’s Public Health Department, currently known simply as “Public Health” was originally created in 1942 with Dr. R.L. Cherry as the first director.⁴

Texas Counties are currently empowered to create a public health Department pursuant to Texas statutes (Tex. Health & Safety Code §121.0131.)

Funding for Public Health is driven through the same budgetary process as for any other Department or Office within the Harris County organizational structure, however Public Health does receive a large portion of funding from sources other than the County general fund.

The current budget proposal submitted by Public Health projected that Public Health would derive roughly \$38.5 million from the County general fund (roughly 31%), \$67.2 million from grant funds (roughly 54.4%) and \$17.7 million from special revenue⁵ (roughly 14.6%).⁶

² The complete written Harris Health budget proposal can be found at: <https://www.harrishealth.org>.

³ §61.028 is referenced as being applicable to a Hospital District in §61.055 of the Texas Health and Safety Code.

⁴ Obtained on March 11, 2021: <https://harriscountyarchives.com/Portals/1/Documents/Finding%20Aids/FA-PHESCR059.pdf>

⁵ Special revenue is primarily generated from the collection of permitting fees and fines for violations.

⁶ This information was obtained from the budget submission from Public Health to Commissioners Court on January 13, 2021. That submission referenced the fact the amounts provided do not take into account PIC funds.

As a County Department, Public Health is governed directly by Commissioners Court through the hiring of a Director (such role is currently being filled by Gwen Sims, acting as an Interim Director). The leadership and management of Public Health serves at the pleasure of Commissioners Court with no defined term or outside governance.

Public Health provides a number of services for Harris County, and their statutory authority is broadly defined as being granted the authority to “perform all public health functions that the municipality or county that establishes the local health department may perform (Tex. Health & Safety Code §121.032). However, despite such an apparent broad grant of authority, legislative history revealed that the Legislature defined public health services as population-based services that are directed to protecting the health of the general public. *See Texas Bill Analysis, H.B. 1444, 76th Legislature (1999)*. Additionally, the Texas Health and Safety Code enumerates “essential public health services”, to include the following obligations: (a) monitor the health status of individuals in the community to identify community health problems; (b) diagnose and investigate community health problems and community health hazards; (c) inform, educate, and empower the community with respect to health issues; (d) mobilize community partnerships in identifying and solving community health problems; (e) develop policies and plans that support individual and community efforts to improve health; (f) enforce laws and rules that protect the public health and ensure safety in accordance with those laws and rules; (g) link individuals who have a need for community and personal health services to appropriate community and private providers; (h) ensure a competent workforce for the provision of essential public health services; (i) research new insights and innovative solutions to community health problems; and (j) evaluate the effectiveness, accessibility, and quality of personal and population-based health services in a community.⁷

In evaluating the enumeration of items above and in context of the referencing statute, a common thread can be derived that a public health department’s services are focused on the general health of the population or community.

The Harris Center

The Harris Center for Mental Health and IDD (Intellectual Development Disability) (formerly known as the Mental Health Mental Retardation Authority of Harris County) was established on November 19, 1965.⁸ The Harris Center is the largest such authority in the country. The current statute empowering Texas Counties to create public mental health agencies does so by permitting the creation of “community centers” which may be designed to provide for mental health, intellectual disability or a combination of the two (Tex. Health & Safety Code §534.001). The Harris Center is governed by a 10-member Board of Trustees serving staggered 2-year terms (Tex. Health & Safety Code §534.002 and §534.005). The funding for the Harris Center is supplied from a variety of sources; however, the two main revenue streams are state and federal grants and an allocation supplied by Harris County. These two sums represent roughly \$179.4 million (approximately 70% of total revenues) and \$40 million (approximately 15%) respectively.⁹

⁷ Much of the language in this paragraph is pulled directly from a prior memorandum prepared by Michael Nolan with the County Attorney’s Office on February 26, 2021.

⁸ Obtained on 3/11/21: <http://gfoa.net/cafr/COA2012/HarrisCountyHealthAndMentalRetardationAuthorityTX.pdf>

⁹ Obtained on 3/11/21: <https://www.theharriscenter.org/About/About/Local-Plan-Reports>

As expected, the Harris Center provides services for mental health and intellectual development disability.¹⁰ However, in addition to its role as a service provider, the Texas Department of State Health Services, a subdivision of the Texas Health and Human Services Commission, has designated the Harris Center as the local mental health authority (Tex. Health & Safety Code §533.035). Accordingly, the Harris Center also has the responsibility of establishing the network of service providers in the County, which entails the allocation of federal and state funds among local service providers and, subject to Texas Health & Safety Code §533.0358, provide services directly as a provider of last resort.

Inquiry One: How would consolidation of all health entities in Harris County impact the Harris Center, Harris Health System and Harris County Public Health? For entities with Boards of Trustees, would approval be needed? Due to the disparate governing authority and revenue streams for the different public entities referenced above, consolidation, to the extent that the same involves the merger of one entity into another or the transfer of certain services from one entity to another, would be highly problematic. By way of example, Texas Health and Safety Code §281.045, in conjunction with Article IX, Section 4 of the Texas Constitution, demands that once a Hospital District has been created, the County may not levy taxes for hospital purposes. Therefore, if Harris Health undertook the responsibility of issuing certain health permits, County funds could arguably no longer be used for such purpose.

By extension, if Harris Health were to undertake all service functions currently being performed by Public Health, the \$38.5 million in general funds currently allocated to Public Health would no longer be available.

The kaleidoscope of funding sources currently in place to support the services performed by these three entities would be thrown out of balance and would likely lead to an insurmountable strain on the non- county funds supporting other services. Additionally, the shift of entities or services could also cause certain federal, state or private grants to fall out of compliance.

In 1966, then Attorney General Waggoner Carr opined that Hospital Districts, “like other governmental agencies or bodies, [have] no power or authority beyond that expressly conferred by the applicable statutes and constitutional provisions unless it may be necessarily implied from the powers granted or duties imposed...” on them (Tex. Attorney Gen. Op. WC-0759, 1966). This concept underscores the second difficulty facing a traditional consolidation. Each entity is governed by statutes that restrict and govern the types of services the entity may perform. The services provided by Public Health are designed to address medical and hospital needs while Public Health is entrusted with performing responsibilities regarding the health of the Community. Shifting responsibilities from Public Health to Harris Health could trigger a challenge that Harris Health is no longer acting within the scope of its statutory mandate. Additionally, the reverse concept (transferring services from Harris Health to Public Health) could trigger an equal charge in addition to the funding challenges referenced above.

¹⁰ The technical definition of these service types would be beyond the scope of this analysis.

One exception could be the creation of a community center for mental health or IDD by Harris Health. However, this action would not necessarily lead the State Department of Health Services to designate this new branch of Harris Health as its Local Mental Health Authority. It may only result in the creation of another mental health and/or IDD service provider in the County.

The secondary question in this Inquiry asked if Board of Trustee approval would be required, and governing boards would absolutely be required to consent to any consolidation, merger, or transfer of services. In fact, such approval is specifically mandated as it relates to the transfer of services or responsibilities to Harris Health (Tex. Health & Safety Code §281.041(e)).

Inquiry Two: If Harris Health is consolidated, how will it impact the local hospital district tax rate dollars? While I did not locate specific statutes prescribing the ad valorem tax treatment following a consolidation, §1121.253 of the Special Districts Code contains provisions relating specifically to Cameron County being required to *reduce* ad valorem taxes to account for the spending on services no longer being provided by the County (Special Districts Code §1121.253). This statute implies a direct relationship between transferring of services and transfer of taxes. Therefore, if this same direct relationship is enforced, Harris Health would be expected to reduce its ad valorem taxes in proportion to the spending of tax dollars on the services that are being transferred. The corollary is also applicable that the County would be entitled (subject of course to caps on increases and other statutory constraints) to increase its rate to account for the increased cost of new services it was taking on.

Inquiry Three: If Harris County Public Health is consolidated, will the County Judge or Commissioners Court have the authority to determine and/or select the county Local Health Authority? If not, how will the authority be determined? The local health authority, and the respective power to appoint the same, is found in the Texas Health and Safety Code §121.021, but the more definitive power of appointment is in the Texas Administrative Code which provides that

- (i) a health authority can be either the director of a local health department or the public health district and (ii) that a commissioners court may, but doesn't have to, appoint the local health authority if there is no public health department (Tex. Admin Code, Title 25, §85.3). So, should a consolidation result in the elimination of Public Health, Commissioner Court would retain the appointment power over the Local Health Authority.

Inquiry Four: If Harris Center is consolidated, how will it impact the designation of the Local Mental Health Authority and subsequent funding? The process for designating a local mental health entity as the Local Mental Health Authority is driven by the Executive Director of the Department of State Health Services. Dissolution, merger or potentially even a transfer of any services currently performed by the Harris Center would trigger an examination by the Department as to whether the Harris Center is still able to qualify as the Local Mental Health Authority. Should the Department wish to designate a new entity, that would dramatically affect funding (especially federal and state grants) currently available to Harris Center.¹¹

¹¹ The volume of grants and other revenue which may be affected is too broad of a discussion for this memorandum.

Inquiries Five – Seven: Would the County be able to create a regional health advisory council or any other type of health advisory group to assist in health coordination across the County? What level of governance or ordinance power would such a regional health committee have? What level of governance or ordinance power would such a citizen advisory group/council have? These last few inquiries focus on the potential course of action regarding implementation of a health advisory council or other group to assist with health coordination. This course of action is similar to the AHI initiative being pursued by Los Angeles County. As you are most likely aware, county governments in Texas are not permitted to pursue courses of action unless such are specifically conferred upon it by the Texas Constitution or by the Legislature through Texas Statutes. (Tex. Constitution Art. V, §18). In order for the County to implement a coordinating or advisory council, they would need a grant of authority. However, Texas courts have held that Texas Counties are entitled to pursue courses of action that are necessarily implied from those power specifically conferred (*El Paso County v. Elam*, 106 S.W.2d 393, 395 (Tex. Civ. App. – El Paso 1937, no writ.)).

As it relates to the creation of an advisory or coordinating council, the varying array of statutory powers conferred provide some guidance. Texas Counties are specifically authorized to take the following actions:

- (a) Appoint the Local Health Authority (Tex. Admin. Code, Part 25, §85.3);
- (b) Create and structure a public health department (Tex. Health and Safety Code, §121.0131);
- (c) Establish a Hospital District (Tex. Health & Safety Code §281.003);
- (d) Create one or more community centers to provide services for mental health and/or intellectual development disabilities (Tex. Health & Safety Code §534.001);
- (e) Create a public health district (Tex. Health & Safety Code §121.041);
- (f) Appoint board members for the Hospital District (Tex. Health & Safety Code, §281.021(c)); and
- (g) Participate in the management of the Harris Center by having Precinct Commissioners serve on the Board of Trustees (Tex. Health & Safety Code, §534.002).¹²

The large scope of activities, entities and services with which a Texas County could become affiliated with should necessarily accompany an implied ability to put in place an advisory or coordinating council to help ensure efficient operation, minimize consumer confusion, and help to avoid a potentially costly duplication of benefits error.

The final inquiries regarding scope of governmental power would be tempered by the semi-autonomous nature of Harris Health and the Harris Center. Although both of these organizations are affiliated with Harris County in different ways, their independence would likely insulate both entities from a unilateral action taken by Harris County Commissioners Court. Rather, a contractual agreement defining a particular scope of authority for the council and providing for meaningful governance by the member entities would produce a more motivated council and lead to better compliance results and creativity in formulating specific care related initiatives.

¹² The specific count allowed to serve on the Trustee Board is determined by the entities involved in the creation of the Harris Center, and that count would not be determinative of any conclusions or inferences drawn in this memorandum.

CONCLUSION

Harris Health System, the Harris Center for Mental Health and Intellectual Development Disability, and the Public Health Department of Harris County would face a difficult path attempting to merge or consolidate any entity into another or transfer one entity's service(s) to another entity. This is due to incompatible revenue streams for each entity in addition to potentially violating an entity's statutory scope of authority. However, an advisory or coordinating council could be created to allow for inter-agency cooperation and self-governance to achieve certain consolidation goals and maximize efficient delivery of health services. This council would likely need to be created and structured through a multi-entity contract as opposed to a unilateral imposition by Commissioners Court.

ENDNOTES

- ¹ *Requirements for 501(c)(3) Hospitals Under the Affordable Care Act – Section 501(r) | Internal Revenue Service.* (n.d.). Retrieved March 18, 2021, from <https://www.irs.gov/charities-non-profits/charitable-organizations/requirements-for-501c3-hospitals-under-the-affordable-care-act-section-501r>
- ² Standards: An Overview. Public Health Accreditation Board. (May 2011). Retrieved March 18, 2021 from [PHAB-Standards-Overview-Version-1.0.pdf \(phaboard.org\)](https://www.phab.org/standards-overview-version-1.0.pdf), p. 4.
- ³ Strategic Plan. Harris County Public Health (January 2013), retrieved February 2, 2021, from [HCPH_Strategic_Plan_2013_2018.pdf \(harriscountytx.gov\)](https://www.harriscountytx.gov/hcph-strategic-plan-2013-2018.pdf), page 22.
- ⁴ Authorities and Mandates. Harris County Public Health (n.d.), retrieved February 2, 2021, from Leadership | Harris County Public Health | Texas ([harriscountytx.gov](https://www.harriscountytx.gov)).
- ⁵ About. Harris County Public Health (n.d), retrieved February 3, 2021, from [About | Harris County Public Health | Texas \(harriscountytx.gov\)](https://www.harriscountytx.gov/about).
- ⁶ About. Harris County Public Health (n.d), retrieved February 3, 2021, from [About | Harris County Public Health | Texas \(harriscountytx.gov\)](https://www.harriscountytx.gov/about).
- ⁷ About. Harris County Public Health (n.d), retrieved February 3, 2021, from [About | Harris County Public Health | Texas \(harriscountytx.gov\)](https://www.harriscountytx.gov/about).
- ⁸ Budget Hearings, FY 2021-22. Harris County, TX (January 6 – 13, 2021). Retrieved February 3, 2021, from [Harris County Budget Process Training for FY 2021-2022 – DRAFT 9/24/2020 \(harriscountytx.gov\)](https://www.harriscountytx.gov/budget-hearings-fy-2021-22-draft-9-24-2020), p. 2.
- ⁹ Budget Hearings, FY 2021-22. Harris County, TX (January 6 – 13, 2021). Retrieved February 3, 2021, from [Harris County Budget Process Training for FY 2021-2022 – DRAFT 9/24/2020 \(harriscountytx.gov\)](https://www.harriscountytx.gov/budget-hearings-fy-2021-22-draft-9-24-2020), p. 4.
- ¹⁰ Harris Health History. Harris Health System (n.d.). Retrieved February 3, 2021, from <https://www.harrishealth.org/about-us-hh/who-we-are/Pages/history.aspx>.
- ¹¹ Harris County Hospital District Authority to Perform Public Health Functions. Harris County Attorney's Office Memorandum to Harris County Commissioners Court Analyst's Office, February 26, 2021. Appendix B.
- ¹² Facts and Figures. Harris Health System (n.d.). Retrieved February 3, 2021, from [Facts and Figures \(harrishealth.org\)](https://www.harrishealth.org/facts-and-figures).
- ¹³ 2020 Annual Report to the Community. Harris Health System. (2020). Retrieved January 13, 2021, from <https://www.2020harrishealthannualreport.org/wp-content/uploads/HHS-2020-Annual.pdf>.
- ¹⁴ 2020 Annual Report to the Community. Harris Health System (2020). Retrieved January 26, 2021, from <https://www.2020harrishealthannualreport.org/wp-content/uploads/HHS-2020-Annual.pdf>, p. 17.
- ¹⁵ Board of Trustees. Harris Health System (n.d.), retrieved February 3, 2021, from [Board of Trustees \(harrishealth.org\)](https://www.harrishealth.org/about-us-hh/news/Pages/harris-health-system-board-of-trustees-selects-new-ceo.aspx).
- ¹⁶ Board of Trustees. Harris Health System (n.d.), retrieved February 3, 2021, from [Board of Trustees \(harrishealth.org\)](https://www.harrishealth.org/about-us-hh/news/Pages/harris-health-system-board-of-trustees-selects-new-ceo.aspx).
- ¹⁷ Harris Health System Board of Trustees Selects New CEO. (n.d.). Retrieved February 3, 2021, from <https://www.harrishealth.org/about-us-hh/news/Pages/harris-health-system-board-of-trustees-selects-new-ceo.aspx>
- ¹⁸ Analyst's Office Correspondence with Amanda Jones, Director of Government and Public Affairs, The Harris Center. March 18, 2021.
- ¹⁹ Analyst's Office Correspondence with Amanda Jones, Director of Government and Public Affairs, The Harris Center. March 18, 2021.
- ²⁰ Analyst's Office Correspondence with Amanda Jones, Director of Government and Public Affairs, The Harris Center. March 18, 2021.
- ²¹ 2019 Annual Report. The Harris Center for Mental Health and IDD (2020), Retrieved January 14, 2021, from [Fiscal Year 2019 Annual Report AR19 Final \(joomag.com\)](https://www.harriscenter.org/About/About/Local-Plan-Reports).
- ²² Analyst's Office Correspondence with Amanda Jones, Director of Government and Public Affairs, The Harris Center. March 18, 2021.
- ²³ Analyst's Office Correspondence with Amanda Jones, Director of Government and Public Affairs, The Harris Center. March 18, 2021.
- ²⁴ Analyst's Office Correspondence with Amanda Jones, Director of Government and Public Affairs, The Harris Center. March 18, 2021.
- ²⁵ The Harris Center for Mental Health and IDD > About > About > Local Plan & Reports. (n.d.). Retrieved March 15, 2021, from <https://www.theharriscenter.org/About/About/Local-Plan-Reports>.
- ²⁶ The Harris Center for Mental Health and IDD > About > About > Local Plan & Reports. (n.d.). Retrieved March 15, 2021, from <https://www.theharriscenter.org/About/About/Local-Plan-Reports>.
- ²⁷ The Harris Center's Responses to CCAO's Requests, Analyst's Office email correspondence with Amanda Jones, Director of Government and Public Affairs, The Harris Center, March 4, 2021.
- ²⁸ Analyst Office's Email Correspondence with King Hillier, Vice President, Public Policy, Government Relations and Corporate Communications, Harris Health System, March 17, 2021.
- ²⁹ Bell, Jim. "Harris County Health Care Alliance." Houston Public Media. (January 22, 2007). Retrieved February 5, 2021, from [houstonpublicmedia.org/articles/news/2007/01/22/4612/harris-county-health-care-alliance](https://www.houstonpublicmedia.org/articles/news/2007/01/22/4612/harris-county-health-care-alliance).
- ³⁰ Bell, Jim. "Harris County Health Care Alliance." Houston Public Media. (January 22, 2007). Retrieved February 5, 2021, from [houstonpublicmedia.org/articles/news/2007/01/22/4612/harris-county-health-care-alliance](https://www.houstonpublicmedia.org/articles/news/2007/01/22/4612/harris-county-health-care-alliance).
- ³¹ Analyst's Office Zoom Interview with King Hillier, Vice President, Public Policy, Government Relations and Corporate Communications, Harris Health System, February 3, 2021.
- ³² Analyst's Office Zoom Interview with King Hillier, Vice President, Public Policy, Government Relations and Corporate Communications, Harris Health System, February 3, 2021.
- ³³ Analyst's Office Zoom Interview with King Hillier, Vice President, Public Policy, Government Relations and Corporate Communications, Harris Health System, February 3, 2021.
- ³⁴ Analyst's Office Zoom Interview with King Hillier, Vice President, Public Policy, Government Relations and Corporate Communications, Harris Health System, February 3, 2021.
- ³⁵ Analyst's Office Email Correspondence with King Hillier, Vice President, Public Policy, Government Relations and Corporate Communications, Harris Health System, March 17, 2021.
- ³⁶ Analyst Office's Interview with King Hillier, Vice President, Public Policy, Government Relations and Corporate Communications, Harris Health System, February 3, 2021.
- ³⁷ "Accessing Services Easy as PIES." The Local Slant (Fall 1990), p. 6.
- ³⁸ "Accessing Services Easy as PIES." The Local Slant (Fall 1990), p. 6.
- ³⁹ "Accessing Services Easy as PIES." The Local Slant (Fall 1990), p. 6.
- ⁴⁰ Analyst's Office Email Correspondence with King Hillier, Vice President, Public Policy, Government Relations and Corporate Communications, Harris Health System, March 17, 2021.
- ⁴¹ Analyst Office's Interview with King Hillier, Vice President, Public Policy, Government Relations and Corporate Communications, Harris Health System, February 3, 2021.
- ⁴² Gateway to Care. (n.d.). Retrieved February 4, 2021, from <https://www.facebook.com/pages/category/Medical-Center/Gateway2Care/about/>

⁴³ Arrajj, S. (January 20, 2016). Gateway to Care. Impact. <https://communityimpact.com/houston/features/2016/01/20/gateway-to-care-cyf/>

⁴⁴ Gateway to Care. (n.d.). Retrieved February 4, 2021, from <https://www.facebook.com/pages/category/Medical-Center/Gateway2Care/about/>

⁴⁵ GATEWAY TO CARE :: Texas (US): OpenCorporates. (n.d.). Retrieved March 17, 2021, from https://opencorporates.com/companies/us_tx/0800582953.

⁴⁶ Analyst's Office Email Correspondence with King Hillier, Vice President, Public Policy, Government Relations and Corporate Communications, Harris Health System, March 17, 2021.

⁴⁷ Murphy, Bill. "Panel is named to address local health care issues." Chron. (January 12, 2005). Retrieved from [Panel is named to address local health care issues \(chron.com\)](#).

⁴⁸ Murphy, Bill. "Panel is named to address local health care issues." Chron. (January 12, 2005). Retrieved from [Panel is named to address local health care issues \(chron.com\)](#).

⁴⁹ Murphy, Bill. "Panel is named to address local health care issues." Chron. (January 12, 2005). Retrieved from [Panel is named to address local health care issues \(chron.com\)](#).

⁵⁰ Murphy, Bill. "Panel is named to address local health care issues." Chron. (January 12, 2005). Retrieved from [Panel is named to address local health care issues \(chron.com\)](#).

⁵¹ "Launch of TexHealth Harris County 3-Share Plan Provides Affordable Healthcare Benefits for Uninsured Small Business Employees." (October 20, 2009), Retrieved February 5, 2021, from [Launch of TexHealth Harris County 3-Share Plan Provides Affordable Healthcare Benefits for Uninsured Small Business Employees - InsuranceNewsNet](#).

⁵² Bell, Jim. "Harris County Health Care Alliance." Houston Public Media. (January 22, 2007). Retrieved February 5, 2021, from houstonpublicmedia.org/articles/news/2007/01/22/4612/harris-county-health-care-alliance.

⁵³ Bell, Jim. "Harris County Health Care Alliance." Houston Public Media. (January 22, 2007). Retrieved February 5, 2021, from houstonpublicmedia.org/articles/news/2007/01/22/4612/harris-county-health-care-alliance.

⁵⁴ Launch of TexHealth Harris County 3-Share Plan Provides Affordable Healthcare Benefits for Uninsured Small Business Employees. (2009, October 20). InsuranceNewsNet. <https://insurancenewsnet.com/oarticle/Launch-of-TexHealth-Harris-County-3-Share-Plan-Provides-Affordable-Healthcare-Benefits-for-Uninsured-Small-Business-Employees>.

⁵⁵ "Launch of TexHealth Harris County 3-Share Plan Provides Affordable Healthcare Benefits for Uninsured Small Business Employees." (October 20, 2009), Retrieved February 5, 2021, from [Launch of TexHealth Harris County 3-Share Plan Provides Affordable Healthcare Benefits for Uninsured Small Business Employees - InsuranceNewsNet](#).

⁵⁶ Healthy Communities Indicator Report 2013. Center for Houston's Future (2013). Retrieved February 5, 2021 from [Center for Houston's Future](#), p. 52.

⁵⁷ "The State of Health 2015-2016." (2015), Retrieved February 5, 2021, from [Houston Harris County State of Health 2015-2016.pdf \(houstonstateofhealth.com\)](#).

⁵⁸ "Form 990-EZ." (2015), Retrieved February 5, 2021, from [204977662_2017_01_EO_0e9da1be2934e5c557d186d2a3a67acd.pdf \(causeiq.s3.amazonaws.com\)](#).

⁵⁹ Healthcare Alliance (@HCHAlliance) / Twitter. (n.d.). Twitter. Retrieved March 17, 2021, from <https://twitter.com/HCHAlliance>.

⁶⁰ Mid-Year Review. Harris County. (September 20, 2007), Retrieved February 4, 2021, from [Microsoft Word - FY 2007-08 MYBR Master \(harriscountytexas.gov\)](#).

⁶¹ Mid-Year Review. Harris County. (September 20, 2007), Retrieved February 4, 2021, from [Microsoft Word - FY 2007-08 MYBR Master \(harriscountytexas.gov\)](#).

⁶² "Local health agencies aim to dramatically streamline delivery of benefits, services." Houston Chronicle (2009).

⁶³ Analyst's Office Email Correspondence with King Hillier, Vice President, Public Policy, Government Relations and Corporate Communications, Harris Health System, March 17, 2021., Mid-Year Review. Harris County. (September 20, 2007), Retrieved February 4, 2021, from [Microsoft Word - FY 2007-08 MYBR Master \(harriscountytexas.gov\)](#).

⁶⁴ Analyst's Office Email Correspondence with King Hillier, Vice President, Public Policy, Government Relations and Corporate Communications, Harris Health System, March 17, 2021.

⁶⁵ Analyst's Office Microsoft Teams Interview with Gwen Sims, Interim Director, and Will Hudson, Director, Office of Finance and Support Services, Harris County Public Health. January 29, 2021., Analyst's Office Zoom Interview with Amanda Jones, Director of Government and Public Affairs, The Harris Center, January 27, 2021.

⁶⁶ The Harris Center's Responses to CCAO's Requests, Analyst's Office email correspondence with Amanda Jones, Director of Government and Public Affairs, The Harris Center, March 4, 2021.

⁶⁷ The Harris Center's Responses to CCAO's Requests, Analyst's Office email correspondence with Amanda Jones, Director of Government and Public Affairs, The Harris Center, March 4, 2021.

⁶⁸ The Harris Center's Responses to CCAO's Requests, Analyst's Office email correspondence with Amanda Jones, Director of Government and Public Affairs, The Harris Center, March 4, 2021.

⁶⁹ The Harris Center's Responses to CCAO's Requests, Analyst's Office email correspondence with Amanda Jones, Director of Government and Public Affairs, The Harris Center, March 4, 2021.

⁷⁰ Harris Health's 'Ask My Nurse' Answers the Call during COVID-19 Pandemic. (2020, May 19). TMC News. <https://www.tmc.edu/news/2020/05/harris-healths-ask-my-nurse-answers-the-call-during-covid-19-pandemic/>.

⁷¹ About. (n.d.). Retrieved March 16, 2021, from <http://www.healthylivingmatters.net/about>

⁷² Analyst's Office email correspondence with Tanweer Kaleemullah, Public Health Analyst - Health Systems Transformation, Office of Policy & Planning, Harris County Public Health. January 29, 2021., "Greater Houston Coalition for the Social Determinants of Health." Harris County Public Health. (August 15, 2020).

⁷³ The Network of Behavioral Health Providers (NBHP). (n.d.). The Network of Behavioral Health Providers (NBHP). Retrieved March 17, 2021, from <https://www.nbhp.org/>, History. (n.d.). The Network of Behavioral Health Providers (NBHP). Retrieved March 17, 2021, from <https://www.nbhp.org/history.html>.

⁷⁴ Healthy Communities Indicator Report 2013. Center for Houston's Future (2013). Retrieved February 5, 2021 from [Center for Houston's Future](#), p. 52., Analyst's Office Webex Interview with David Webb, Vice President, Epic Integrated Systems at Harris Health System, February 23, 2021., Analyst's Office Microsoft Teams Interview with Gwen Sims, Interim Director, and Will Hudson, Director, Office of Finance and Support Services, Harris County Public Health. January 29, 2021.

⁷⁵ The Harris Center's Responses to CCAO's Requests, Analyst's Office email correspondence with Amanda Jones, Director of Government and Public Affairs, The Harris Center, March 4, 2021., Harris County Mental Health Jail Diversion Program. (n.d.). Retrieved March 18, 2021, from <https://theharriscenter.org/Services/Our-Services/Harris-County-Mental-Health-Jail-Diversion-Program>.

⁷⁶ Consolidation / Coordination of Public Health Services. Harris County Attorney's Office (March 12, 2021).

⁷⁷ Consolidation / Coordination of Public Health Services. Harris County Attorney's Office (March 12, 2021).

⁷⁸ Consolidation / Coordination of Public Health Services. Harris County Attorney's Office (March 12, 2021).

⁷⁹ Harris Cares | Harris County Public Health | Texas. (n.d.). Retrieved March 16, 2021, from <https://publichealth.harriscountytexas.gov/Resources/Harris-Cares>.

⁸⁰ Harris Cares | Harris County Public Health | Texas. (n.d.). Retrieved March 16, 2021, from <https://publichealth.harriscountytexas.gov/Resources/Harris-Cares>.

⁸¹ *Harris County Public Health Harris Cares: A 2020 Vision of Health in Harris County* (TX) (November 2019), page 87.

⁸² *Harris County Public Health Harris Cares: A 2020 Vision of Health in Harris County* (TX) (November 2019), p. 88, 90.

⁸³ *Harris County Public Health Harris Cares: A 2020 Vision of Health in Harris County* (TX) (November 2019), page 92.

⁸⁴ *PFM. Operational Report, Harris County*. (November 2020), p. 18.

⁸⁵ *PFM. Operational Report, Harris County*. (November 2020), p. 72.

⁸⁶ *PFM. Operational Report, Harris County*. (November 2020), p. 76. Analyst's Office Email Correspondence with Caroline Sylvan, Director, PFM Consulting, March 1, 2021.

⁸⁷ *PFM. Operational Report, Harris County*. (November 2020), p. 76.

⁸⁸ *PFM. Operational Report, Harris County*. (November 2020), p. 22.

⁸⁹ Kaiser, Frederick M. Interagency Collaborative Arrangements and Activities: Types, Rationales, Considerations. Congressional Research Service (May 31, 2011), Retrieved January 17, 2021, from [Interagency Collaborative Arrangements and Activities: Types, Rationales, Considerations \(fas.org\)](https://www.congressionalresearch.org/interagency-collaborative-arrangements-and-activities-types-rationales-considerations).

⁹⁰ "Primary Care and Public Health: Exploring Integration to Improve Population Health." IOM, Institute of Medicine. (2012). Washington, DC: The National Academies Press, p. 60-61.

⁹¹ U.S. Census Bureau QuickFacts: Bexar County, Texas. (n.d.). Retrieved February 24, 2021, from <https://www.census.gov/quickfacts/fact/table/sanantoniocitytexas,bexarcounitytexas/PST045219>.

⁹² Kaiser, Frederick M. Interagency Collaborative Arrangements and Activities: Types, Rationales, Considerations. Congressional Research Service (May 31, 2011), Retrieved January 17, 2021, from [Interagency Collaborative Arrangements and Activities: Types, Rationales, Considerations \(fas.org\)](https://www.congressionalresearch.org/interagency-collaborative-arrangements-and-activities-types-rationales-considerations).

⁹³ Analyst Office's Interview with Deirdre Murphy, Assistant to the Director of San Antonio Metropolitan Health District, February 1, 2021.

⁹⁴ Analyst's Office Zoom Interview with Elizabeth Lutz, Executive Director at Bexar County Health Collaborative, February 25, 2021.

⁹⁵ Analyst's Office Zoom Interview with Elizabeth Lutz, Executive Director at Bexar County Health Collaborative, February 25, 2021.

⁹⁶ Analyst's Office Zoom Interview with Elizabeth Lutz, Executive Director at Bexar County Health Collaborative, February 25, 2021.

⁹⁷ Analyst Office's Zoom Interview with Stacy Maines, Contract Manager, San Antonio Metropolitan Health District, February 5, 2021.

⁹⁸ Analyst Office's Zoom Interview with Stacy Maines, Contract Manager, San Antonio Metropolitan Health District, February 5, 2021.

⁹⁹ Analyst's Office Zoom Interview with Elizabeth Lutz, Executive Director at Bexar County Health Collaborative, February 25, 2021.

¹⁰⁰ "Public Health Emergency Preparedness." San Antonio Metro Health District. (n.d.). Retrieved February 8, 2021, from <https://www.sanantonio.gov/Health/EmergencyManagement/PublicHealthPreparedness>.

¹⁰¹ Analyst's Office Zoom Interview with Elizabeth Lutz, Executive Director at Bexar County Health Collaborative, February 25, 2021.

¹⁰² "Primary Care and Public Health: Exploring Integration to Improve Population Health." IOM, Institute of Medicine. (2012). Washington, DC: The National Academies Press, p. 60-61.

¹⁰³ *About - Health Collaborative*. (n.d.). Retrieved March 14, 2021, from <http://healthcollaborative.net/about/>.

¹⁰⁴ Analyst's Office Zoom Interview with Elizabeth Lutz, Executive Director at Bexar County Health Collaborative, February 25, 2021.

¹⁰⁵ Analyst's Office Zoom Interview with Elizabeth Lutz, Executive Director at Bexar County Health Collaborative, February 25, 2021.

¹⁰⁶ Analyst's Office Zoom Interview with Elizabeth Lutz, Executive Director at Bexar County Health Collaborative, February 25, 2021.

¹⁰⁷ Analyst's Office Zoom Interview with Elizabeth Lutz, Executive Director at Bexar County Health Collaborative, February 25, 2021.

¹⁰⁸ Analyst's Office Zoom Interview with Elizabeth Lutz, Executive Director at Bexar County Health Collaborative, February 25, 2021.

¹⁰⁹ Analyst's Office Zoom Interview with Elizabeth Lutz, Executive Director at Bexar County Health Collaborative, February 25, 2021.

¹¹⁰ Analyst's Office Zoom Interview with Elizabeth Lutz, Executive Director at Bexar County Health Collaborative, February 25, 2021.

¹¹¹ Analyst's Office Zoom Interview with Elizabeth Lutz, Executive Director at Bexar County Health Collaborative, February 25, 2021.

¹¹² Analyst's Office Microsoft Teams Interview with Golareh Agha, Chief of Informatics, San Antonio Metropolitan Health District, February 9, 2021.

¹¹³ Analyst's Office Zoom Interview with Elizabeth Lutz, Executive Director at Bexar County Health Collaborative, February 25, 2021.

¹¹⁴ Analyst's Office Zoom Interview with Elizabeth Lutz, Executive Director at Bexar County Health Collaborative, February 25, 2021.

¹¹⁵ Analyst's Office Zoom Interview with Elizabeth Lutz, Executive Director at Bexar County Health Collaborative, February 25, 2021.

¹¹⁶ "Quickfacts." *United States Census Bureau*. (n.d.). Retrieved February 25, 2021, from <https://www.census.gov/quickfacts/fact/table/dallascountytexas,losangelescountycalifornia,traviscountytexas,galvestoncountytexas,bexarcounitytexas,US/PST045219>.

¹¹⁷ Kaiser, Frederick M. Interagency Collaborative Arrangements and Activities: Types, Rationales, Considerations. Congressional Research Service (May 31, 2011), Retrieved January 17, 2021, from [Interagency Collaborative Arrangements and Activities: Types, Rationales, Considerations \(fas.org\)](https://www.congressionalresearch.org/interagency-collaborative-arrangements-and-activities-types-rationales-considerations).

¹¹⁸ Analyst's Office Zoom Interview with Philip Huang, Director, Dallas County Health and Human Services, February 1, 2021.

¹¹⁹ Analyst's Office Zoom Interview with Philip Huang, Director, Dallas County Health and Human Services, February 1, 2021.

¹²⁰ "An Equitable, Healthy and Safe Dallas County." Community Health Needs Assessment (2016). Retrieved February 9, 2021, from <https://www.dallascounty.org/Assets/uploads/docs/hhs/dcha/DallasCountyCommunityHealthNeedsAssessment2016-FINAL.PDF>, p. 2.

¹²¹ "Dallas County Behavioral Health Leadership Team." North Texas Behavioral Health Authority. (n.d.). Retrieved February 25, 2021, from [Microsoft Word - BHLT Charter Recs v6 Sep 24 \(ntbha.org\)](https://www.northtexasbehavioralhealth.org/Assets/uploads/docs/hhs/dcha/DallasCountyCommunityHealthNeedsAssessment2016-FINAL.PDF).

¹²² Analyst's Office Zoom Interview with Philip Huang, Director, Dallas County Health and Human Services, February 1, 2021, "RIGHT Care team responds to mental health crisis calls." Parkland News & Updates. (February 18, 2019). Retrieved February 9, 2021, from <https://www.parklandhospital.com/news-and-updates/right-care-team-responds-to-mental-health-crisis-c-1488>.

¹²³ "Dallas County Behavioral Health Leadership Team." North Texas Behavioral Health Authority. (n.d.). Retrieved February 25, 2021, from [Microsoft Word - BHLT Charter Recs v6 Sep 24 \(ntbha.org\)](https://www.northtexasbehavioralhealth.org/Assets/uploads/docs/hhs/dcha/DallasCountyCommunityHealthNeedsAssessment2016-FINAL.PDF).

¹²⁴ *Behavioral Health Leadership Team | Standing Representative Chair Members*. (n.d.). [Page]. Criminal-Justice-BHLT. Retrieved March 14, 2021, from <https://www.dallascounty.org/departments/criminal-justice/bhlt/standing-representative-chair-members.php>

¹²⁵ "Dallas County: Community Health Needs Assessment 2019." Dallas County Health and Human Services. (2019), Retrieved February 9, 2021, from <https://www.dallascounty.org/Assets/uploads/docs/hhs/chna/CHNA-2019.pdf>, p. 26.

¹²⁶ "Primary Care and Public Health: Exploring Integration to Improve Population Health." IOM, Institute of Medicine. (2012). Washington, DC: The National Academies Press, p. 60-61.

¹²⁷ News & Updates | Parkland Health & Hospital System. (n.d.). Retrieved March 14, 2021, from <https://www.parklandhospital.com/news-and-updates/parkland-dchhs-unveil-community-health-needs-asses-1700>.

¹²⁸ News & Updates | Parkland Health & Hospital System. (n.d.). Retrieved March 14, 2021, from <https://www.parklandhospital.com/news-and-updates/parkland-dchhs-unveil-community-health-needs-asses-1700>.

¹²⁹ "Dallas County: Community Health Needs Assessment 2019." Dallas County Health and Human Services. (2019), Retrieved February 9, 2021, from <https://www.dallascounty.org/Assets/uploads/docs/hhs/chna/CHNA-2019.pdf>, p. 26.

¹³⁰ "Dallas County: Community Health Needs Assessment 2019." Dallas County Health and Human Services. (2019), Retrieved February 9, 2021, from <https://www.dallascounty.org/Assets/uploads/docs/hhs/chna/CHNA-2019.pdf>, p. 8.

¹³¹ "Dallas County: Community Health Needs Assessment 2019." Dallas County Health and Human Services. (2019), Retrieved February 9, 2021, from <https://www.dallascounty.org/Assets/uploads/docs/hhs/chna/CHNA-2019.pdf>, p. 8.

¹³² Analyst's Office Zoom Interview with Philip Huang, Director, Dallas County Health and Human Services, February 1, 2021.

¹³³ "Dallas County: Community Health Needs Assessment 2019." Dallas County Health and Human Services. (2019), Retrieved February 9, 2021, from <https://www.dallascounty.org/Assets/uploads/docs/hhs/chna/CHNA-2019.pdf>, p. 8.

¹³⁴ "Dallas County: Community Health Needs Assessment 2019." Dallas County Health and Human Services. (2019), Retrieved February 9, 2021, from <https://www.dallascounty.org/Assets/uploads/docs/hhs/chna/CHNA-2019.pdf>, p. 7.

¹³⁵ "Dallas County: Community Health Needs Assessment 2019." Dallas County Health and Human Services. (2019), Retrieved February 9, 2021, from <https://www.dallascounty.org/Assets/uploads/docs/hhs/chna/CHNA-2019.pdf>, p. 7.

¹³⁶ Analyst Office's Interview with Kathy Barroso, CEO of Galveston County Health District, February 2, 2021.

¹³⁷ U.S. Census Bureau QuickFacts: Galveston County. (n.d.). Retrieved March 14, 2021, from <https://www.census.gov/quickfacts/fact/table/galvestoncountytexas/PST045219>

¹³⁸ Kaiser, Frederick M. Interagency Collaborative Arrangements and Activities: Types, Rationales, Considerations. Congressional Research Service (May 31, 2011), Retrieved January 17, 2021, from [Interagency Collaborative Arrangements and Activities: Types, Rationales, Considerations \(fas.org\)](https://www.congress.gov/legislation/interagency-collaborative-arrangements-and-activities-types-rationales-considerations).

¹³⁹ Analyst Office's Zoom Interview with Kathy Barroso, CEO of Galveston County Health District, February 2, 2021.

¹⁴⁰ Analyst Office's Zoom Interview with Kathy Barroso, CEO of Galveston County Health District, February 2, 2021.

¹⁴¹ Analyst Office's Zoom Interview with Kathy Barroso, CEO of Galveston County Health District, February 2, 2021.

¹⁴² Analyst Office's Zoom Interview with Kathy Barroso, CEO of Galveston County Health District, February 2, 2021.

¹⁴³ Galveston County Health District. 2017-2022 Strategic Health Plan. (March 6, 2017). Retrieved January 26, 2021 from [showpublisheddocument \(gchd.org\)](https://www.gchd.org/showpublisheddocument), p. 15.

¹⁴⁴ Bylaws: Galveston County Health District ("GCHD") United Board of Health. (November 29, 1972). Retrieved February 1, 2021 from [The United Board of Health will form a finance committee to do the following: \(gchd.org\)](https://www.gchd.org/UnitedBoardofHealthwillformafinancecommitteetodothefollowing), p. 4.

¹⁴⁵ Analyst Office's Zoom Interview with Kathy Barroso, CEO of Galveston County Health District, February 2, 2021.

¹⁴⁶ Galveston County Health District. 2017-2022 Strategic Health Plan. (March 6, 2017). Retrieved January 26, 2021 from [showpublisheddocument \(gchd.org\)](https://www.gchd.org/showpublisheddocument), p. 13.

¹⁴⁷ "Primary Care and Public Health: Exploring Integration to Improve Population Health." IOM, Institute of Medicine. (2012). Washington, DC: The National Academies Press, p. 60-61.

¹⁴⁸ Bylaws: Galveston County Health District ("GCHD") United Board of Health. (November 29, 1972). Retrieved February 1, 2021 from [The United Board of Health will form a finance committee to do the following: \(gchd.org\)](https://www.gchd.org/UnitedBoardofHealthwillformafinancecommitteetodothefollowing), p. 5.

¹⁴⁹ Bylaws: Galveston County Health District ("GCHD") United Board of Health. (November 29, 1972). Retrieved February 1, 2021 from [The United Board of Health will form a finance committee to do the following: \(gchd.org\)](https://www.gchd.org/UnitedBoardofHealthwillformafinancecommitteetodothefollowing), p. 6-7.

¹⁵⁰ Analyst Office's Zoom Interview with Kathy Barroso, CEO of Galveston County Health District, February 2, 2021.

¹⁵¹ Bylaws: Galveston County Health District ("GCHD") United Board of Health. (November 29, 1972). Retrieved February 1, 2021 from [The United Board of Health will form a finance committee to do the following: \(gchd.org\)](https://www.gchd.org/UnitedBoardofHealthwillformafinancecommitteetodothefollowing), p. 4.

¹⁵² Galveston County Health District. 2017-2022 Strategic Health Plan. (March 6, 2017). Retrieved January 26, 2021 from [showpublisheddocument \(gchd.org\)](https://www.gchd.org/showpublisheddocument), p. 5.

¹⁵³ Bylaws: Galveston County Health District ("GCHD") United Board of Health. (November 29, 1972). Retrieved February 1, 2021 from [The United Board of Health will form a finance committee to do the following: \(gchd.org\)](https://www.gchd.org/UnitedBoardofHealthwillformafinancecommitteetodothefollowing), p. 4.

¹⁵⁴ Analyst Office's Zoom Interview with Kathy Barroso, CEO of Galveston County Health District, February 2, 2021.

¹⁵⁵ Analyst Office's Zoom Interview with Kathy Barroso, CEO of Galveston County Health District, February 2, 2021.

¹⁵⁶ U.S. Census Bureau QuickFacts: Travis County. (n.d.). Retrieved March 14, 2021, from <https://www.census.gov/quickfacts/fact/table/traviscountytexas/PST045219>.

¹⁵⁷ Kaiser, Frederick M. Interagency Collaborative Arrangements and Activities: Types, Rationales, Considerations. Congressional Research Service (May 31, 2011), Retrieved January 17, 2021, from [Interagency Collaborative Arrangements and Activities: Types, Rationales, Considerations \(fas.org\)](https://www.congress.gov/legislation/interagency-collaborative-arrangements-and-activities-types-rationales-considerations).

¹⁵⁸ Analyst's Office Microsoft Teams Interview with Stephanie Hayden-Howard, Director, Austin Public Health. March 5, 2021.

¹⁵⁹ Analyst's Office Microsoft Teams Interview with Stephanie Hayden-Howard, Director, Austin Public Health. March 5, 2021.

¹⁶⁰ Analyst's Office Microsoft Teams Interview with Stephanie Hayden-Howard, Director, Austin Public Health. March 5, 2021.

¹⁶¹ Analyst's Office Microsoft Teams Interview with Stephanie Hayden-Howard, Director, Austin Public Health. March 5, 2021.

¹⁶² Analyst's Office Microsoft Teams Interview with Stephanie Hayden-Howard, Director, Austin Public Health. March 5, 2021.

¹⁶³ Analyst's Office Microsoft Teams Interview with Stephanie Hayden-Howard, Director, Austin Public Health. March 5, 2021.

¹⁶⁴ Community Health Assessment, Austin / Travis County. (December 2017). Retrieved March 4, 2021, from [Community Health Assessment \(austintexas.gov\)](https://www.austintexas.gov/CommunityHealthAssessment), p. 2.

¹⁶⁵ "Primary Care and Public Health: Exploring Integration to Improve Population Health." IOM, Institute of Medicine. (2012). Washington, DC: The National Academies Press, p. 60-61.

¹⁶⁶ "Community Health Assessment, Austin / Travis County." December 2017. Retrieved March 4, 2021, from [Community Health Assessment \(austintexas.gov\)](https://www.austintexas.gov/CommunityHealthAssessment), p. 14.

¹⁶⁷ Community Health Planning | AustinTexas.gov. (n.d.). Retrieved March 14, 2021, from <http://www.austintexas.gov/communityhealthplan>.

¹⁶⁸ Community Health Improvement Plan, Austin/Travis County, Texas. Year 2 Action Plan (August 2018). Retrieved March 8, 2021, from https://www.austintexas.gov/sites/default/files/files/Community%20Health%20Plan_Year%202%20Action%20Plan_Final_04.01.20.pdf, p. 2.

¹⁶⁹ Community Health Assessment, Austin / Travis County. (December 2017). Retrieved March 4, 2021, from [Community Health Assessment \(austintexas.gov\)](https://www.austintexas.gov/CommunityHealthAssessment), p. 13-14.

¹⁷⁰ U.S. Census Bureau QuickFacts: Los Angeles County, California. (n.d.). Retrieved March 14, 2021, from <https://www.census.gov/quickfacts/fact/table/dallascountytexas,losangelescountycalifornia/PST045219>.

¹⁷¹ Analyst's Office zoom interview with Jaclyn Baucum, Los Angeles County Alliance for Health Integration, February 2, 2021.

¹⁷² Analyst's Office zoom interview with Jaclyn Baucum, Los Angeles County Alliance for Health Integration, February 2, 2021.

¹⁷³ The Los Angeles County Alliance for Health Integration: A Proposal with Sample Objectives and Metrics (February 2, 2020). Retrieved January 28, 2021 from [Microsoft Word - AHI report back final 2.12.19_final draft \(lacounty.gov\)](#), p. 1.

¹⁷⁴ Analyst's Office email correspondence with Jaclyn Baucum, Los Angeles County Alliance for Health Integration, February 9, 2021.

¹⁷⁵ Analyst's Office zoom interview with Jaclyn Baucum, Los Angeles County Alliance for Health Integration, February 2, 2021.

¹⁷⁶ Analyst's Office zoom interview with Jaclyn Baucum, Los Angeles County Alliance for Health Integration, February 2, 2021.

¹⁷⁷ Analyst's Office zoom interview with Jaclyn Baucum, Los Angeles County Alliance for Health Integration, February 2, 2021.

¹⁷⁸ Analyst's Office zoom interview with Jaclyn Baucum, Los Angeles County Alliance for Health Integration, February 2, 2021.

¹⁷⁹ Kaiser, Frederick M. Interagency Collaborative Arrangements and Activities: Types, Rationales, Considerations. Congressional Research Service (May 31, 2011). Retrieved January 17, 2021, from [Interagency Collaborative Arrangements and Activities: Types, Rationales, Considerations \(fas.org\)](#).

¹⁸⁰ The Los Angeles County Alliance for Health Integration: A Proposal with Sample Objectives and Metrics (February 2, 2020). Retrieved January 28, 2021 from [Microsoft Word - AHI report back final 2.12.19_final draft \(lacounty.gov\)](#), p. 1.

¹⁸¹ The Los Angeles County Alliance for Health Integration: A Proposal with Sample Objectives and Metrics (February 2, 2020). Retrieved January 28, 2021 from [Microsoft Word - AHI report back final 2.12.19_final draft \(lacounty.gov\)](#), p. 1.

¹⁸² Analyst's Office zoom interview with Jaclyn Baucum, Chief Operating Officer, Los Angeles County Alliance for Health Integration, February 2, 2021.

¹⁸³ The Los Angeles County Alliance for Health Integration: A Proposal with Sample Objectives and Metrics (February 2, 2020). Retrieved January 28, 2021 from [Microsoft Word - AHI report back final 2.12.19_final draft \(lacounty.gov\)](#), p. 1.

¹⁸⁴ The Los Angeles County Alliance for Health Integration: A Proposal with Sample Objectives and Metrics (February 2, 2020). Retrieved January 28, 2021 from [Microsoft Word - AHI report back final 2.12.19_final draft \(lacounty.gov\)](#), p. 2.

¹⁸⁵ Community Health Improvement Plan for Los Angeles County, 2015-2020. Progress Report on Health Agency Actions July 1, 2015 - June 30, 2016 (August 2017). Retrieved March 5, 2021, from <http://publichealth.lacounty.gov/plan/docs/2016Act1.pdf>, p. 9.

¹⁸⁶ Los Angeles Health Agency 2016-2017 Annual Report. (n.d.). Retrieved January 28, 2021 from http://file.lacounty.gov/SDSInter/dhs/1026193_HealthAgencyreportrevised_07_07_17PM_mk.pdf, p. 11, 13.

¹⁸⁷ The Los Angeles County Alliance for Health Integration: A Proposal with Sample Objectives and Metrics (February 2, 2020). Retrieved January 28, 2021 from [Microsoft Word - AHI report back final 2.12.19_final draft \(lacounty.gov\)](#), p. 2.

¹⁸⁸ "Primary Care and Public Health: Exploring Integration to Improve Population Health." IOM, Institute of Medicine. (2012). Washington, DC: The National Academies Press, p. 60-61.

¹⁸⁹ The Los Angeles County Alliance for Health Integration: A Proposal with Sample Objectives and Metrics (February 2, 2020). Retrieved January 28, 2021 from [Microsoft Word - AHI report back final 2.12.19_final draft \(lacounty.gov\)](#), p. 1.

¹⁹⁰ Analyst's Office email correspondence with Jaclyn Baucum, Los Angeles County Alliance for Health Integration, February 9, 2021.

¹⁹¹ Analyst's Office zoom interview with Jaclyn Baucum, Los Angeles County Alliance for Health Integration, February 2, 2021. The Los Angeles County Alliance for Health Integration: A Proposal with Sample Objectives and Metrics (February 2, 2020). Retrieved January 28, 2021 from [Microsoft Word - AHI report back final 2.12.19_final draft \(lacounty.gov\)](#), p. 1.

¹⁹² The Los Angeles County Alliance for Health Integration: A Proposal with Sample Objectives and Metrics (February 2, 2020). Retrieved January 28, 2021 from [Microsoft Word - AHI report back final 2.12.19_final draft \(lacounty.gov\)](#), p. 3.

¹⁹³ Analyst's Office zoom interview with Jaclyn Baucum, Los Angeles County Alliance for Health Integration, February 2, 2021.

¹⁹⁴ Analyst's Office zoom interview with Jaclyn Baucum, Los Angeles County Alliance for Health Integration, February 2, 2021.

¹⁹⁵ Analyst's Office zoom interview with Jaclyn Baucum, Los Angeles County Alliance for Health Integration, February 2, 2021.

¹⁹⁶ The Los Angeles County Alliance for Health Integration: A Proposal with Sample Objectives and Metrics (February 2, 2020). Retrieved January 28, 2021 from [Microsoft Word - AHI report back final 2.12.19_final draft \(lacounty.gov\)](#), p. 3.

¹⁹⁷ U.S. Census Bureau QuickFacts: Miami-Dade County, Florida. (n.d.). Retrieved March 15, 2021, from <https://www.census.gov/quickfacts/fact/table/miamidadecountyflorida/PST045219>.

¹⁹⁸ Kaiser, Frederick M. Interagency Collaborative Arrangements and Activities: Types, Rationales, Considerations. Congressional Research Service (May 31, 2011). Retrieved January 17, 2021, from [Interagency Collaborative Arrangements and Activities: Types, Rationales, Considerations \(fas.org\)](#).

¹⁹⁹ Analyst's Office Interview with Sarah Suarez, Government Operations Consultant III, Florida Department of Health-Miami-Dade County. February 9, 2021.

²⁰⁰ Consortium Membership Directory. Consortium for a Healthier Miami-Dade. (March 11, 2021). Retrieved March 1, 2021 from [CONSORTIUM MEMBERSHIP DIRECTORY \(healthymiamidade.org\)](#).

²⁰¹ Analyst's Office Email Correspondence with Karen Annunziato, Regional Director, Substance Abuse and Mental Health Program, Southern Region, Florida Department of Children and Families. February 16, 2021.

²⁰² Analyst's Office Phone Interview with Mayra Garcia, Office of Community Health and Planning, Florida Department of Health - Miami-Dade County. March 2, 2021.

²⁰³ Analyst's Office Phone Interview with Mayra Garcia, Office of Community Health and Planning, Florida Department of Health - Miami-Dade County. March 2, 2021.

²⁰⁴ Analyst's Office Phone Interview with Mayra Garcia, Office of Community Health and Planning, Florida Department of Health - Miami-Dade County. March 2, 2021.

²⁰⁵ Analyst's Office Email Correspondence with Karen Annunziato, Regional Director, Substance Abuse and Mental Health Program, Southern Region, Florida Department of Children and Families. February 16, 2021.

²⁰⁶ "Primary Care and Public Health: Exploring Integration to Improve Population Health." IOM, Institute of Medicine. (2012). Washington, DC: The National Academies Press, p. 60-61.

²⁰⁷ popadmin. (n.d.). About Us. CONSORTIUM FOR A HEALTHIER MIAMI-DADE. Retrieved March 15, 2021, from <https://www.healthymiamidade.org/about-us/>

²⁰⁸ Analyst's Office Phone Interview with Mayra Garcia, Office of Community Health and Planning, Florida Department of Health - Miami-Dade County. March 2, 2021.

²⁰⁹ Analyst's Office Phone Interview with Mayra Garcia, Office of Community Health and Planning, Florida Department of Health - Miami-Dade County. March 2, 2021.

²¹⁰ Consortium for Healthier Miami-Dade, Children Issues Committee Meeting. (January 17, 2020). Retrieved March 3, 2021 from [Children Issues Minutes 1-17-2020 \(healthymiamidade.org\)](#), p. 2.

²¹¹ Requirements for 501(c)(3) Hospitals Under the Affordable Care Act - Section 501(r) | Internal Revenue Service. (n.d.). Retrieved March 18, 2021, from <https://www.irs.gov/charities-non-profits/charitable-organizations/requirements-for-501c3-hospitals-under-the-affordable-care-act-section-501r>

²¹²Standards: An Overview. Public Health Accreditation Board. (May 2011). Retrieved March 18, 2021 from [PHAB-Standards-Overview-Version-1.0.pdf \(phaboard.org\)](#), p. 4.

²¹³Analyst's Office Zoom Interview with King Hillier, Vice President, Public Policy, Government Relations and Corporate Communications, Harris Health System, February 3, 2021.

²¹⁴Analyst's Office Zoom Interview with King Hillier, Vice President, Public Policy, Government Relations and Corporate Communications, Harris Health System, February 3, 2021.

²¹⁵Analyst's Office Zoom Interview with King Hillier, Vice President, Public Policy, Government Relations and Corporate Communications, Harris Health System, February 3, 2021.

²¹⁶Analyst Office's Email Correspondence with King Hillier, Vice President, Public Policy, Government Relations and Corporate Communications, Harris Health System, March 17, 2021.

²¹⁷"Accessing Services Easy as PIES." The Local Slant (Fall 1990), p. 6, Analyst's Office Zoom Interview with King Hillier, Vice President, Public Policy, Government Relations and Corporate Communications, Harris Health System, February 3, 2021.

²¹⁸"Accessing Services Easy as PIES." The Local Slant (Fall 1990), p. 6.

²¹⁹"Accessing Services Easy as PIES." The Local Slant (Fall 1990), p. 6.

²²⁰"Accessing Services Easy as PIES." The Local Slant (Fall 1990), p. 6.

²²¹"Accessing Services Easy as PIES." The Local Slant (Fall 1990), p. 6.

²²²"Accessing Services Easy as PIES." The Local Slant (Fall 1990), p. 6.

²²³Analyst Office's Email Correspondence with King Hillier, Vice President, Public Policy, Government Relations and Corporate Communications, Harris Health System, March 17, 2021.

²²⁴Gateway to Care. (n.d.). Retrieved February 4, 2021, from <https://www.facebook.com/pages/category/Medical-Center/Gateway2Care/about/>

²²⁵Gateway to Care. (n.d.). Retrieved February 4, 2021, from <https://www.facebook.com/pages/category/Medical-Center/Gateway2Care/about/>

²²⁶Gateway to Care. (n.d.). Retrieved February 4, 2021, from <https://www.facebook.com/pages/category/Medical-Center/Gateway2Care/about/>

²²⁷Arraji, S. (January 20, 2016). Gateway to Care. Impact. <https://communityimpact.com/houston/features/2016/01/20/gateway-to-care-cyf/>

²²⁸Arraji, S. (January 20, 2016). Gateway to Care. Impact. <https://communityimpact.com/houston/features/2016/01/20/gateway-to-care-cyf/>

²²⁹Analyst Office's Interview with King Hillier, Vice President, Public Policy, Government Relations and Corporate Communications, Harris Health System, February 3, 2021.

²³⁰Analyst Office's Email Correspondence with King Hillier, Vice President, Public Policy, Government Relations and Corporate Communications, Harris Health System, March 17, 2021.

²³¹Public Health Task Force Executive Summary (n.d.), page 1.

²³²Public Health Task Force Executive Summary (n.d.), page 1.

²³³Public Health Task Force Executive Summary (n.d.), page 2.

²³⁴Public Health Task Force Executive Summary (n.d.), page 1.

²³⁵Public Health Task Force Executive Summary (n.d.), page 2.

²³⁶Public Health Task Force Executive Summary (n.d.), page 2.

²³⁷Public Health Task Force Executive Summary (n.d.), page 7.

²³⁸MURPHY, B. (2005, January 12). Panel is named to address local health care issues. Chron. <https://www.chron.com/news/houston-texas/article/Panel-is-named-to-address-local-health-care-issues-1640052.php>

²³⁹MURPHY, B. (2005, January 12). Panel is named to address local health care issues. Chron. <https://www.chron.com/news/houston-texas/article/Panel-is-named-to-address-local-health-care-issues-1640052.php>

²⁴⁰"Launch of TexHealth Harris County 3-Share Plan Provides Affordable Healthcare Benefits for Uninsured Small Business Employees." (October 20, 2009), Retrieved February 5, 2021, from [Launch of TexHealth Harris County 3-Share Plan Provides Affordable Healthcare Benefits for Uninsured Small Business Employees - InsuranceNewsNet](#).

²⁴¹Bell, Jim. "Harris County Health Care Alliance." Houston Public Media. (January 22, 2007). Retrieved February 5, 2021, from <https://www.houstonpublicmedia.org/articles/news/2007/01/22/4612/harris-county-health-care-alliance/>.

²⁴²Bell, Jim. "Harris County Health Care Alliance." Houston Public Media. (January 22, 2007). Retrieved February 5, 2021, from <https://www.houstonpublicmedia.org/articles/news/2007/01/22/4612/harris-county-health-care-alliance/>.

²⁴³Launch of TexHealth Harris County 3-Share Plan Provides Affordable Healthcare Benefits for Uninsured Small Business Employees. (2009, October 20). InsuranceNewsNet. <https://insurancenewsnet.com/oarticle/Launch-of-TexHealth-Harris-County-3-Share-Plan-Provides-Affordable-Healthcare-Be-a-141369>.

²⁴⁴"Form 990, Harris County Healthcare Alliance." (2010), Retrieved February 5, 2021, from [086a00fa.tif \(foundationcenter.org\)](#).

²⁴⁵Healthy Communities Indicator Report 2013. Center for Houston's Future (2013). Retrieved February 5, 2021 from [Center for Houston's Future](#), p. 52.

²⁴⁶"The State of Health 2015-2016." (2015), Retrieved February 5, 2021, from [Houston Harris County State of Health 2015-2016.pdf \(houstonstateofhealth.com\)](#).

²⁴⁷Healthcare Alliance (@HCHAlliance) / Twitter. (n.d.). Twitter. Retrieved March 17, 2021, from <https://twitter.com/HCHAlliance>, "Form 990-EZ." (2015), Retrieved February 5, 2021, from [204977662_2017_01_EO_0e9da1be2934e5c557d186d2a3a67acd.pdf \(causeiq.s3.amazonaws.com\)](#).

²⁴⁸Mid-Year Review. Harris County. (September 20, 2007), Retrieved February 4, 2021, from [Microsoft Word - FY 2007-08 MYBR Master \(harriscountytexas.gov\)](#).

²⁴⁹Mid-Year Review. Harris County. (September 20, 2007), Retrieved February 4, 2021, from [Microsoft Word - FY 2007-08 MYBR Master \(harriscountytexas.gov\)](#).

²⁵⁰Mid-Year Review. Harris County. (September 20, 2007), Retrieved February 4, 2021, from [Microsoft Word - FY 2007-08 MYBR Master \(harriscountytexas.gov\)](#).

²⁵¹"Local health agencies aim to dramatically streamline delivery of benefits, services." Houston Chronicle (2009).

²⁵²"Local health agencies aim to dramatically streamline delivery of benefits, services." Houston Chronicle (2009).

²⁵³Analyst Office's Email Correspondence with King Hillier, Vice President, Public Policy, Government Relations and Corporate Communications, Harris Health System, March 17, 2021.

²⁵⁴About. (n.d.). Retrieved March 16, 2021, from <http://www.healthylivingmatters.net/about>

²⁵⁵About. (n.d.). Retrieved March 16, 2021, from <http://www.healthylivingmatters.net/about>

²⁵⁶About. (n.d.). Retrieved March 16, 2021, from <http://www.healthylivingmatters.net/about>

²⁵⁷ About. (n.d.). Retrieved March 16, 2021, from <http://www.healthylivingmatters.net/about>

²⁵⁸ The State of Health, Houston and Harris County 2015-2016. (2015-2016). Retrieved February 2, 2021 from [Houston_Harris_County_State_of_Health_2015-2016.pdf \(houstonstateofhealth.com\)](https://www.houstonstateofhealth.com/Houston_Harris_County_State_of_Health_2015-2016.pdf).

²⁵⁹ Houston. (n.d.). Houston. Retrieved March 16, 2021, from <http://www.houstonstateofhealth.com/tiles/index/display?id=222557510669002281>.

²⁶⁰ Houston Community Health Improvement Plan 2018-2021. (n.d.). Retrieved February 26, 2021 from [houston-community-health-improvement-plan-2018-2021-web.pdf \(houstontx.gov\)](https://www.houstoncommunityhealthimprovementplan-2018-2021-web.pdf).

²⁶¹ Houston Community Health Improvement Plan 2018-2021. (n.d.). Retrieved February 26, 2021 from [houston-community-health-improvement-plan-2018-2021-web.pdf \(houstontx.gov\)](https://www.houstoncommunityhealthimprovementplan-2018-2021-web.pdf).

²⁶² Healthy Communities Indicator Report 2013. Center for Houston's Future (2013). Retrieved February 5, 2021 from [Center for Houston's Future](https://www.centerforhouston.org/HealthyCommunitiesIndicatorReport2013.pdf), p. 52.

²⁶³ Healthy Communities Indicator Report 2013. Center for Houston's Future (2013). Retrieved February 5, 2021 from [Center for Houston's Future](https://www.centerforhouston.org/HealthyCommunitiesIndicatorReport2013.pdf), p. 52.

²⁶⁴ Healthy Communities Indicator Report 2013. Center for Houston's Future (2013). Retrieved February 5, 2021 from [Center for Houston's Future](https://www.centerforhouston.org/HealthyCommunitiesIndicatorReport2013.pdf), p. 52.

²⁶⁵ Analyst's Office email correspondence with Antony Kilty, Project Manager, Harris Health System. February 2, 2021.

²⁶⁶ Analyst's Office Email Correspondence with John Clarke, Project Manager - Lead Project and Business Technology, Harris County Public Health. "HCPH - GHH Outstanding Issues." March 5, 2021.

²⁶⁷ Analyst's Office Email Correspondence with John Clarke, Project Manager - Lead Project and Business Technology, Harris County Public Health. "HCPH - GHH Outstanding Issues." March 5, 2021.

²⁶⁸ Analyst's Office email correspondence with Tanweer Kaleemullah, Public Health Analyst - Health Systems Transformation, Office of Policy & Planning, Harris County Public Health. January 29, 2021.

²⁶⁹ "Greater Houston Coalition for the Social Determinants of Health." Harris County Public Health. (August 15, 2020).

²⁷⁰ "Greater Houston Coalition for the Social Determinants of Health." Harris County Public Health. (August 15, 2020).

²⁷¹ "Greater Houston Coalition for the Social Determinants of Health." Harris County Public Health. (August 15, 2020).

²⁷² "Greater Houston Coalition for the Social Determinants of Health." Harris County Public Health. (August 15, 2020).

²⁷³ The Network of Behavioral Health Providers (NBHP). (n.d.). The Network of Behavioral Health Providers (NBHP). Retrieved March 17, 2021, from <https://www.nbhp.org/>

²⁷⁴ History. (n.d.). The Network of Behavioral Health Providers (NBHP). Retrieved March 17, 2021, from <https://www.nbhp.org/history.html>.

²⁷⁵ C3 Initiative. (n.d.). The Network of Behavioral Health Providers (NBHP). Retrieved March 16, 2021, from <https://www.nbhp.org/c3-initiative.html>

²⁷⁶ The Harris Center's Responses to CCAO's Requests, Analyst's Office email correspondence with Amanda Jones, Director of Government and Public Affairs, The Harris Center, March 4, 2021.

²⁷⁷ The Harris Center's Responses to CCAO's Requests, Analyst's Office email correspondence with Amanda Jones, Director of Government and Public Affairs, The Harris Center, March 4, 2021.

²⁷⁸ The Harris Center's Responses to CCAO's Requests, Analyst's Office email correspondence with Amanda Jones, Director of Government and Public Affairs, The Harris Center, March 4, 2021.

²⁷⁹ The Harris Center's Responses to CCAO's Requests, Analyst's Office email correspondence with Amanda Jones, Director of Government and Public Affairs, The Harris Center, March 4, 2021.

²⁸⁰ The Harris Center's Responses to CCAO's Requests, Analyst's Office email correspondence with Amanda Jones, Director of Government and Public Affairs, The Harris Center, March 4, 2021.

²⁸¹ The Harris Center's Responses to CCAO's Requests, Analyst's Office email correspondence with Amanda Jones, Director of Government and Public Affairs, The Harris Center, March 4, 2021.

²⁸² Analyst's Office Microsoft Teams Interview with Gwen Sims, Interim Director, and Will Hudson, Director, Office of Finance and Support Services, Harris County Public Health. January 29, 2021.

²⁸³ The Harris Center's Responses to CCAO's Requests, Analyst's Office email correspondence with Amanda Jones, Director of Government and Public Affairs, The Harris Center, March 4, 2021.

²⁸⁴ The Harris Center's Responses to CCAO's Requests, Analyst's Office email correspondence with Amanda Jones, Director of Government and Public Affairs, The Harris Center, March 4, 2021.

²⁸⁵ The Harris Center's Responses to CCAO's Requests, Analyst's Office email correspondence with Amanda Jones, Director of Government and Public Affairs, The Harris Center, March 4, 2021.

²⁸⁶ The Harris Center's Responses to CCAO's Requests, Analyst's Office email correspondence with Amanda Jones, Director of Government and Public Affairs, The Harris Center, March 4, 2021.

²⁸⁷ The Harris Center's Responses to CCAO's Requests, Analyst's Office email correspondence with Amanda Jones, Director of Government and Public Affairs, The Harris Center, March 4, 2021.

²⁸⁸ The Harris Center's Responses to CCAO's Requests, Analyst's Office email correspondence with Amanda Jones, Director of Government and Public Affairs, The Harris Center, March 4, 2021.

²⁸⁹ Analyst's Office Microsoft Teams Interview with Gwen Sims, Interim Director, and Will Hudson, Director, Office of Finance and Support Services, Harris County Public Health. January 29, 2021.

²⁹⁰ Analyst's Office Microsoft Teams Interview with Gwen Sims, Interim Director, and Will Hudson, Director, Office of Finance and Support Services, Harris County Public Health. January 29, 2021.

²⁹¹ Harris Health System Fiscal Year 2022 Operating and Capital Budget. Harris County Commissioners Court (January 13, 2021). Retrieved January 29, 2021 from [Presentations - Budget Hearings DAY 4 \(harriscountytx.gov\)](https://www.harriscountytx.gov/Presentations-BudgetHearingsDAY4), p. 4. Harris Health's 'Ask My Nurse' Answers the Call during COVID-19 Pandemic. (2020, May 19). TMC News. <https://www.tmc.edu/news/2020/05/harris-healths-ask-my-nurse-answers-the-call-during-covid-19-pandemic/>.

²⁹² Budget Hearings, FY 2021-22. Harris County, TX (January 6 - 13, 2021). Retrieved February 3, 2021, from [Harris County Budget Process Training for FY 2021-2022 - DRAFT 9/24/2020 \(harriscountytx.gov\)](https://www.harriscountytx.gov/BudgetHearingsFY2021-22).

²⁹³ Analyst's Office Microsoft Teams Interview with Gwen Sims, Interim Director, and Will Hudson, Director, Office of Finance and Support Services, Harris County Public Health. January 29, 2021.

²⁹⁴ The Harris Center's Responses to CCAO's Requests, Analyst's Office email correspondence with Amanda Jones, Director of Government and Public Affairs, The Harris Center, March 4, 2021.

²⁹⁵ The Harris Center's Responses to CCAO's Requests, Analyst's Office email correspondence with Amanda Jones, Director of Government and Public Affairs, The Harris Center, March 4, 2021.

²⁹⁶ The Harris Center's Responses to CCAO's Requests, Analyst's Office email correspondence with Amanda Jones, Director of Government and Public Affairs, The Harris Center, March 4, 2021.

²⁹⁷ The Harris Center's Responses to CCAO's Requests, Analyst's Office email correspondence with Amanda Jones, Director of Government and Public Affairs, The Harris Center, March 4, 2021.

²⁹⁸ The Harris Center's Responses to CCAO's Requests, Analyst's Office email correspondence with Amanda Jones, Director of Government and Public Affairs, The Harris Center, March 4, 2021.

²⁹⁹ The Harris Center's Responses to CCAO's Requests, Analyst's Office email correspondence with Amanda Jones, Director of Government and Public Affairs, The Harris Center, March 4, 2021.

³⁰⁰ Agency News | New Electronic Health Record System promises to improve health and care coordination in Harris County. (n.d.). Retrieved March 16, 2021, from <https://www.theharriscenter.org/About/News/Agency-News/ArticleId/49/new-electronic-health-record-system-promises-to-improve-health-and-care-coordination-in-harris-county>.

³⁰¹ Agency News | New Electronic Health Record System promises to improve health and care coordination in Harris County. (n.d.). Retrieved March 16, 2021, from <https://www.theharriscenter.org/About/News/Agency-News/ArticleId/49/new-electronic-health-record-system-promises-to-improve-health-and-care-coordination-in-harris-county>.

³⁰² Analyst's Office Zoom Interview with Amanda Jones, Director of Government and Public Affairs, The Harris Center, January 27, 2021.



The Harris County Commissioners Court's Analyst's Office provides the Harris County Commissioners Court members with objective, nonpartisan, and timely fiscal and policy analysis related to the efficiency and effectiveness of various County operations.

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