

FQHC Board Meeting
August 26, 2025
10:30 am

I. DECLARATION OF QUORUM

II. PUBLIC COMMENTS

III. CONSIDER AND TAKE ACTION

- A. Nomination and Approval of New Board Members
(*Shaukat Zakaria*)
- B. Sub-Committee Recommendations
(*Stanley Williams*)
- C. Harris Center for Integrated Care Budget Overview
(*Stanley Adams*)
- D. Revision of By-Laws to Incorporate Virtual Meetings
(*EXHIBIT A Kendra Thomas*)
- E. Harris Center for Integrated Care Policy
(*EXHIBIT B Stanley Williams*)
- F. Proposed Calendar 2025-2026
(*EXHIBIT C Stanley Williams*)

IV. REVIEW AND COMMENT

- A. FQHC Update
(*EXHIBIT D Stanley Williams*)

V. EXECUTIVE SESSION

- **As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.**

VI. RECONVENE INTO OPEN SESSION

VII. CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION

VIII. ADJOURN



Veronica Franco, Board Liaison
Shaukat Zakaria, Chairman
Harris Center for Integrated Care Board
The Harris Center for Mental Health and IDD

EXHIBIT A

THE HARRIS CENTER FOR INTEGRATED HEALTH CARE BYLAWS

ARTICLE I NAME AND OFFICES

The name of this nonprofit corporation shall be The Harris Center for Integrated Care Co-Applicant, hereafter the “HCIC.” The main office of the HCIC shall be 9401 SW Freeway, Houston, TX 77074. The HCIC Board of Directors (the “Board”) shall function as the co-applicant governing body for the community health center project operated via the Harris Center for Mental Health and IDD (“HARRIS CENTER”), which is a public agency under Texas law.

ARTICLE II STATEMENT OF PURPOSE

The purpose of the HCIC is to provide governance authority and administrative oversight of a community health center project that delivers cost-effective, quality health care in a nondiscriminatory, compassionate, and professional manner, regardless of an individual's ability to pay. The HCIC supports and encourages the integrated use of community volunteers and advocacy for health care services for the medically uninsured and underinsured low income, working poor, and homeless of the community. The goal of the HCIC is to improve the lives and health of low income, uninsured and underinsured individuals in Harris County. This goal will be accomplished by ensuring the community health center project provides:

- Quality medical care
- Quality mental health care including substance use services
- Quality dental care
- Low-cost pharmacy services

Mission Statement: The community health center project, which may be referred to hereinafter as the “Community Health Center”, provides a range of primary health care services that promote and support the health and wellness of Harris County residents.

We accomplish this by;

- Bringing together medical, dental, mental health, and addiction services
- Offering care that is inclusive and available to anyone regardless of insurance status, economic status, language, age or health status
- Providing services at defined in-scope clinic locations in Harris County
- Working together with patients/consumers/clients to have them involved in decisions and actions to improve their health
- Coordinating community partnerships to provide a broader range of services than can be offered by the Community Health Center alone
- Intentionally committing to being a leader in changing health care delivery by modeling an integrated health home that provides access to quality care
- Evaluating the primary care services including services utilization patterns and productivity

ARTICLE III PHILOSOPHY OF SERVICES

The community health center project is guided by the priorities of the Quadruple Aim:

- Improved population health
- Better consumer experience of care
- Controlled costs
- The well-being of the caregivers

In order to realize the community health center project's philosophy, the following overall goals form the basis of program planning and implementation:

1. Low-cost health care is provided using a sliding discount scale, based on a community referral system, and the maintenance of an adequate budget to fund the needs of the non-paying patient. A community referral system is defined as referrals that are received by private and public social service agencies, health care providers, self-referrals, hospitals, law enforcement, faith-based institutions, individuals, and community members.
2. Non-discriminatory health care is afforded through varied hours, as well as wheelchair accessibility to the premises, and compliance with all other legal and reporting requirements.
3. A high standard of professional health care is provided by the careful selection and retention of qualified, culturally competent personnel, ongoing staff development, and the maintenance of a well-equipped and aesthetically pleasing setting.
4. Confidentiality is guaranteed by the presence of a professionally trained staff and the secure location of medical files, and the compliance on the part of the Community Health Center and its personnel with the Health Insurance Portability and Accountability Act (HIPAA) and all other state and federal confidentiality rules and laws.
5. The Community Health Center provides patient education, which focuses on patients' rights, consumerism, and health maintenance, disease prevention, appropriate use of the health care system, and health promotion.
6. Community volunteers are used wherever professionally appropriate but must meet the same professional rigors as employed personnel.

ARTICLE IV PRIORITY FUNCTION AND SERVICES

Based on the financial and organizational capacity of the Community Health Center, the following prioritized services are provided pursuant to specific program policy:

1. Outpatient ambulatory primary medical, dental, and behavioral health care, and other required services under Section 330 of the Public Health Service Act, for all patients regardless of ability to pay, including but not limited to persons with coverage via Medicaid/Medicare and the Texas Health and Human Services Health Plans who have problems accessing care, persons without health insurance who also do not qualify for Medicaid or Medicare, and other medically underserved communities and vulnerable populations.

2. Pharmaceutical services.
3. Outreach services, with a focus on outreach services for persons who are homeless, migrant, or immigrants.
4. Eligibility assistance.
5. Enabling services (e.g., translation and transportation).
6. Referrals when medically indicated.
7. Health promotion and wellness education, disease prevention/patient advocacy.

ARTICLE V RESPONSIBILITY

The HARRIS CENTER is a public entity and, as grantee of a federal award from the Health Resources and Services Administration (“HRSA”) the Health Center Program, established under Section 330 of the Public Health Service Act, retains the responsibility of establishing and implementing fiscal and personnel policies for the operation of the community health center project. The HCIC retains the ultimate decision making on duties and responsibilities beyond the general types of fiscal and personnel policies.

The HCIC Board will be knowledgeable about marketplace trends and shall have the responsibility for ensuring that the HCIC survives in its marketplace while it pursues its mission.

The Board shall have responsibility for autonomously exercising the following authorities, consistent with Chapter 19 of the HRSA Health Center Program Compliance Manual:

1. Approves the selection and dismissal of the Harris Center Integrated Care Director by means of a Search Committee consisting of representatives of the HCIC and the HARRIS CENTER. The selection and dismissal will be exercised in accordance with the Search Committee’s established criteria, the HARRIS CENTER personnel policies and procedures, and the Federal grant. The Harris Center Integrated Care Director shall be an employee of HARRIS CENTER and shall serve as the project director for the Community Health Center.
2. Conducts the annual review and evaluation of the Harris Center Integrated Care Director’s performance in accordance with established criteria and personnel policies.
3. Considers preliminary recommendations for the annual operating and capital budget for the Community Health Center as presented by the HARRIS CENTER Board of Trustees for final review and approval by the HCIC Board.
4. Monitor the financial status of the Community Health Center, including reviewing the monthly financial summaries and the results of the annual audit, and ensuring appropriate follow-up actions are taken.
5. Evaluates the Community Health Center’s activities, including service utilization patterns, productivity of the Community Health Center, patient satisfaction, achievement of the Community Health Center’s objectives, and development of a process for hearing and resolving patient grievances.
6. Assures that the Community Health Center is operated in compliance with applicable federal, state, and local laws and regulations.
7. Adopts the health care policies applicable to the Community Health Center, including scope and availability of services, location and hours of services.
8. Adopts policies applicable to the Community Health Center project in the following areas: Sliding Fee Discount Program, Quality Improvement/Assurance, and Billing and

Collections.

9. Reviews and approves the Community Health Center grant applications and change in scope requests in accordance with the HARRIS CENTER's fiscal and budgetary system.
10. Develops a short-term and long-term strategic plan.

HCIC's organizational structure do not allow for any other individual, entity (including, but not limited to, HARRIS CENTER) or committee (including, but not limited to, an executive committee authorized by the Board) to reserve approval authority or have veto power over the Board with regard to the required authorities and functions that are mandated pursuant to Chapter 19 of the HRSA Health Center Program Compliance Manual. In addition, in cases where HCIC and its Board collaborates with other entities in fulfilling the HRSA-approved [scope of project](#), such collaboration or agreements with the other entities shall not restrict or infringe upon the Board's authorities and functions that are mandated pursuant to Chapter 19 of the HRSA Health Center Program Compliance Manual.

ARTICLE VI BOARD OF DIRECTORS

Section I: Number, General Qualifications, Composition, Term

Number: The Board shall consist of at least nine (9) and no more than twenty-five (25) Directors broadly representative of the community who support the philosophy and mission of the Community Health Center.

Qualifications: The Directors must be representative of the community currently served by the Community Health Center. No Director shall be an employee of the HARRIS CENTER or an immediate family member (i.e., spouse, child, parent, brother, or sister by blood, adoption, or marriage) of an employee. After the initial establishment of the Board, no other entity (including, but not limited to, the HARRIS CENTER), committee or individual (other than the Board) shall have authority to select either the Chair or the majority of the Directors, including a majority of the non-patient Directors.

Composition:

Patient Members: A majority, at least fifty-one percent (51 %), of the Directors must be current, registered patients of the Community Health Center and must have accessed the Community Health Center in the past 24 months to receive at least one or more in-scope services(s), provided by a licensed independent practitioner exercising independent clinical judgment, that generated a health center visit, for which a bill was generated ("Patients"). A legal guardian of a dependent child or adult, or a legal sponsor of an immigrant, may also be considered a Patient for Board composition purposes. Patients must be residents of Harris County and must be individuals who, taken collectively, reasonably represent the Community Health Center's patients in terms of demographic factors such as race, ethnicity, disability and gender.

Non-Patient Board Members: The remaining Directors shall be representative of the general community served by the Community Health Center, shall be residents of Harris County, and shall be selected for their skills, expertise and perspectives in, but not limited to, finance, legal affairs, business, health, managed care, social services, labor relations, and government. No more than one-half of such Directors may be individuals who derive more than ten percent (10%) of their annual income from the healthcare industry.

Term: The ~~term~~terms of Directors ~~is~~are two years. A Director shall be limited to no more than three (3) consecutive terms of membership. The effective date of membership corresponds to the date of appointment. A Director who is elected to complete a partial term is eligible to complete two (2) more additional two-year terms.

Section 2: Nominations, Expired Terms, and Vacancies

The Board of Trustees for The HARRIS CENTER shall elect, in accordance with composition requirements, the first Board. Thereafter, on an annual basis, the HCIC Board shall identify and recommend persons meeting the eligibility requirements stated above to fill positions as Directors' terms expire or as a vacancy occurs. Any Board vacancy will be filled by a majority vote of the Board.

Section 3: Removal

The Board shall remove a Director for cause, for ~~to~~ the following reasons:

- (a) Ineligibility for appointment
- (b) Corruptness
- (c) Intentional violation of the Texas Open Meetings Act
- (d) Failure to declare a conflict of interest
- (e) Incompetence

Section 5: Conflict of Interest

Directors and Community Health Center staff shall be considered public officials under Chapter 534 of the Texas Health and Safety Code and local public officials Chapter 171 of the Texas Local Government Code and thus must follow the guidelines regarding conflict of interest under those statutes.

Section 6: Compensation

No Director shall receive compensation for services as a HCIC Director but may be compensated for expenses reasonably incurred in the performance of duties as a Director.

Section 7: Board Policies & Procedures

The Board will use Policies & Procedures to describe in more detail items such as Governance Process and other components of governance. Policies & Procedures will be reviewed under established standards and approved by majority vote

ARTICLE VII OFFICERS

Section 1: Number

Officers shall consist of Directors of the Board and include a Chair, Vice Chair, Treasurer, and Secretary. At least one officer shall be a Patient Director. The officers will be elected by fellow Directors.

Section 2: Election and Term of Office

The Board shall annually elect the officers at its regularly scheduled meeting each January or as necessary to fill vacancies in officer positions. Each officer shall hold office for two years and may be re-elected for two successive terms and shall serve until a successor shall be duly elected.

Section 3: Vacancies; Resignation of Officers

If a vacancy of an officer position shall occur because of resignation, death, or otherwise, the Board shall, at its next regularly scheduled meeting, vote to elect a Director to fill the officer position until the next annual elections in January.

A Director resigning from an officer position shall provide a letter of resignation to the HCIC Board Chair, and the HCIC Secretary and must include the effective date of the Director's resignation and a statement that the Director is resigning from an officer position. An officer's resignation takes effect on the later effective date or future event specified in the letter of resignation or on the date the notice is received if no effective date or future event is specified in the letter or resignation.

Section 4: Reports

The officers shall ensure that financial and activity reports covering the business of the HCIC for the previous fiscal year and showing the condition of the HCIC at the close of the fiscal year will be submitted to the Harris Center and HCIC Boards.

ARTICLE VIII MEETINGS

Section 1: ~~Open Meetings; In-person and Videoconference~~

Regular and special meetings of the HCIC Board of Directors shall be held in person or remotely via videoconferencing, in compliance with the Texas Open Meetings Act. The remote meeting's audio and video feed must be broadcast live to the public. The videoconferencing technology must have a two-way audio and video communication to allow each person participating in the meeting to communicate concurrently with each other participant. While speaking and voting, each participant's face must be clearly visible and the voice audible to each other participant and to the members of the public.

Section 2: Regular Meetings

The Board shall hold regularly scheduled meetings, at least once a month in Harris County, Texas, for which minutes shall be kept. The time, place, and location of the meetings, which shall be designated by the Board, shall be given to each Director at least ~~72 hours~~three (3) business days in advance of the meeting date. Board meetings are open to the public and recorded ~~to the extent required and in accordance with the Texas Open Meetings Act.~~

Section 3: Special Meetings

The Chair or a majority of the Board may call a special meeting. The HARRIS CENTER Board of Trustees may request a special meeting of the Board. The Chair shall convene a meeting within one (1) week of such request.

Section 4: Emergency Meetings; Subject(s) Added to Agenda

Emergency meetings of the Board may be held, and an emergency item added to an already posted agenda, if done in accordance with the Texas Open Meetings Act.

Section 5: Minutes

The elected Secretary, or a Director elected when the Secretary is absent, will keep meeting minutes. HARRIS CENTER staff shall prepare, distribute, and store minutes in accordance with Texas public records law. The minutes shall be reviewed and approved at each subsequent Board meeting.

Section 6: Quorum; Voting

The Board may act by the vote of a majority of the Directors present and voting at a meeting at which a quorum is present. Each Director shall be entitled to one (1) vote on any matter brought before said meeting. No absentee or proxy votes shall be accepted. A quorum shall consist of a majority of current Directors for the transaction of business. No non-voting ex-officio board member shall be included in the count for the purpose of establishing a quorum. All remote participants audio and video feed

Section 7: Public Comments

Every citizen shall be permitted two (2) minutes for public comments at each Board meeting. ~~Time for public comment may be extended by motion.~~ Citizens wishing to appear before the Board during the comment section shall complete a form provided by the HCIC Board for that purpose.

ARTICLE IX COMMITTEES

By resolution, the Board may designate one or more committees to carry out its responsibilities. Each committee shall consist of three (3) or more Directors, at least one (1) of whom is an actual or potential Patient. Committees may also consist of additional persons from the community chosen for their knowledge and concern about a specific issue or field

or endeavor who are not Directors of the Board.

The designation of such committee and the delegation thereto of authority shall not operate to relieve the Board of its responsibility. The Board must approve any actions or recommendations of a committee.

The Board shall have the following standing committees:

- Executive Committee- Coordinates all activities of the Committees, lead the performance review of the Harris Center Integrated Care Director; reviews all audits of the community health center project; perform such other duties as prescribed by the Board. The Executive Committee may act on items as directed by the full Board, with the understanding that the Executive Committee shall only exercise those authorities that must be exercised by the full Board, as set forth in Chapter 19 of the HRSA Health Center Program Compliance Manual, in emergencies. Any action taken by the Executive Committee requires ratification by the full Board at the next Board meeting.
- Board Development Committee- Reviews and recommends all Board policies, Board operations, nominations of officers, and the Board development plan.
- Quality- In conjunction with the HARRIS CENTER Board of Trustees' Quality Committee, oversees all Community Health Center quality, effectiveness and outcome-related matters

Additionally, the Board may appoint other committees as appropriate to fulfill its role. Some programs may have an Advisory Committee requirement, for example the Title X Family Planning program requires a Sexual Health Advisory Committee. When the HCIC is responsible for a program with such a requirement the Board will appoint a Director to participate on the Advisory Committee as a liaison between the Board and the Advisory Committee. The Advisory Committee will only be responsible to advise on program content. Any recommendations that require Board action must be approved by the HCIC Board.

Section 1: Committee Appointments/Terms of Office

The Chair of the Board shall appoint the Committee chairperson from the members of the committee. The Chair shall appoint committee members. The Chairperson of a committee shall hold office for a maximum of one (1) year or until a successor is elected and approved. The Chair of the Board shall have the power to fill any vacancies that occur on the committee.

Section 2: Meetings

All meetings of the committees shall meet at such time and place as designated by the chairperson of the committee and as often as necessary to accomplish ~~its~~their duties. All Directors are welcome to attend any committee meeting.

Section 3: Minutes

All committees shall maintain written minutes of all meetings, which shall be reported at the Board meeting. They shall report in writing to the Board as necessary, in the form of reports or recommendations.

ARTICLE X NON-DISCRIMINATION POLICY

The Officers, Directors, committee members, employees of the Community Health Center and persons serviced by the Community Health Center shall be selected entirely on a non-discriminatory basis with respect to race, sex, sexual orientation, gender identity, religion, national origin, physical disability, or age.

ARTICLE XI PARLIAMENTARY AUTHORITY

For procedures not addressed in these by- laws, the parliamentary authority will be Robert's Rules of Order.

ARTICLE XII AMENDMENTS and DISSOLUTION

Section 1: Amendments

These Bylaws may be amended or repealed by a two-thirds vote of the Board, at any regular or special meeting provided that written notice of such proposed action, including the language of any proposed amendment, has been provided to the HCIC Board of Directors and to each Director at least ~~72 hours~~ three (3) business days in advance of said meeting. No amendment shall be contrary to state or federal law, e.g., fiscal and/or personnel authority. Bylaw changes which are approved by the Board, and which are inconsistent or in opposition to established HARRIS CENTER fiscal and personnel policies and procedures are subject to approval HARRIS CENTER Board of Trustees.

Section 2: Dissolution

Any consideration of dissolution of the Board and the HCIC will follow careful due diligence evaluation, HRSA processes and requirements (as applicable), and will adhere to the following requirements under Texas law:

- Payment of all debts
- Distribution of any remaining assets to a charity with the same or similar charitable purpose according to a plan of distribution
- Filing of a certificate of termination with the Texas Secretary of State

Execution:

In witness whereof, the Parties have executed this agreement below by their duly authorized representatives.

The Harris Center Integrated Care

The Harris Center for Mental Health & IDD

Shaukat Zakaria, Chair

Wayne Young, MBA, LPC, FACHE
Chief Executive Officer

Dr. Robin Gearing, Board Chair
The Harris Center for Mental Health & IDD

APPROVED AS TO FORM:

Kendra Thomas, JD, LPC
General Counsel

EXHIBIT B

Status **Pending** PolicyStat ID **17961420**



Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	1 year after approval

Owner	Janeth Martinez: Dir
Area	Medical Services
Document Type	Agency Policy

The Harris Center for Mental Health Integration of Primary Care Services Within Outpatient Mental Health Services

1. PURPOSE:

The purpose of the Integration of Primary Care Services within Mental Health Services policy is to establish guidelines for integrating primary care services within The Harris Center for Mental Health and IDD (The Harris Center), a LMHA to ensure comprehensive, coordinated, and continuous care for individuals with mental health conditions, in compliance with Texas state regulations.

The comprehensive evaluation shall include an assessment of need for a physical exam or further evaluation by appropriate health care professionals, including the primary care provider (with appropriate referral and follow-up) of the person receiving services.

T-CCBHC will provide ongoing primary care monitoring of health conditions identified through outpatient primary care screening and monitoring of key health indicators and health risk, as clinically indicated for the person receiving services. Monitoring includes ensuring ongoing periodic laboratory testing and physical measurement of health status indicators and changes in the status of chronic health conditions.

The Medical Director is involved in the aspects of the Continuous Quality Improvement (CQI) plan that apply to the quality of the medical components of care, including coordination and integration with primary care.

2. POLICY:

The Harris Center for Mental Health and IDD is committed to providing integrated behavioral and primary health care services to improve health outcomes for individuals with mental health conditions. This integration aligns with the 26 Texas Administration Code 306, Subchapter C- Texas Certified Community Behavioral Health Clinics, which outlines the responsibilities of local authorities in delivering and ensuring the quality of the medical component of care and provide guidance to foster the integration and coordination of mental health, substance use care, and primary care.

The Medical Director will provide guidance regarding mental health, substance use care, clinical service delivery, ensure the quality of the medical component of care, and provide guidance to foster the integration and coordination of mental health, substance use care, and primary care.

It is the policy that all individuals seeking care at The Harris Center, will be evaluated by credentialed and knowledgeable staff able to assess the specific needs of the persons served, trained in the use of applicable tools, tests or instruments prior to administration, and be able to communicate with clients.

The Harris Center strictly prohibits and does not discriminate against individuals accessing or receiving integrated primary care treatment services at The Harris Center because of race, color, religion, creed, national origin, ethnicity, sex (including gender, pregnancy, sexual orientation, and gender identity), age, disability, citizenship, genetic information, or any other characteristic protected under applicable federal, state, or local law. Individuals will be evaluated through a screening and assessment process designed to maximize opportunities for the client to gain access to The Harris Center integrated primary care programs and services.

If the client's needs are beyond the scope of services offered by The Harris Center, the client will be referred to an agency that can address the individual needs. Services will not be denied to individuals based on their ability to pay. The Harris Center encourages the involvement and participation of family, significant others, and caregivers in the recovery process. Services are subject to all state standards for the provision of both voluntary and court-ordered services.

3. APPLICABILITY/SCOPE:

This applies to all The Harris Center Integrated Primary Care Programs/Units providing Integrated Primary Care Services.

4. RELATED POLICIES/FORMS (for reference only):

MED.B.1 Medical Services

MAN. 2 ICC Integrated Primary Care Program Manual

5. PROCEDURE:

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Behavioral Health Delivery System, 26 Tex. Admin. Code § 306.
- Mental Health Community Services Standards, 26 Tex. Admin. Code § 301, Subchapter G.
- Role and Responsibilities of a Local Authority, 40 Tex. Admin. Code § 2, Subchapter G.
- Standards of Care, 25 Tex. Admin. Code § 448.
- Texas Health and Human Services. (n.d.). *Primary Health Care Services Program Policy Manual*. Retrieved from <https://www.hhs.texas.gov/handbooks/primary-health-care-services-program-policy-manual>

Attachments

[MAN-2 ICC Integrated Primary Care Program Manual.pdf](#)

[MED-B-1 Medical Services-History aproved.pdf](#)

Approval Signatures

Step Description	Approver	Date
2nd Department Review	Maheshkumar Patel	Pending
1st Department Review	Stanley Williams: Dir	08/2025
Initial	Janeth Martinez: Dir	07/2025

EXHIBIT C

The HARRIS CENTER for
Integrated Care
Board of Trustees Meetings
DRAFT
2025-2026

<u>AUGUST 25'</u>	<u>SEPTEMBER 25'</u>	<u>OCTOBER 25'</u>	<u>NOVEMBER 25'</u>
<i>Board of Trustees 26– Board</i>	<i>Board of Trustees 23– Board</i>	<i>Board of Trustees 21– Board</i>	<i>Board of Trustees 18 – Board</i>
<i>Committee – Finance – Quality – Compliance/Audit</i>	<i>Committee – Finance – Quality – Compliance/Audit</i>	<i>Committee – Finance – Quality – Compliance/Audit</i>	<i>Committee – Finance – Quality – Compliance/Audit</i>

Note:

The Finance, Quality, and Compliance Subcommittees meet the same day as the Full Board and will either have break-out meetings or have as an agenda to discuss as part of the regular Full Board meeting. Meetings are normally held at 10:30 a.m. the same day as The Harris Center for Mental Health and IDD (Meeting right after The Harris Center for Mental Health and IDD Board meeting)

Meetings held in the Board Room (#109) at 9401 Southwest Freeway

The HARRIS CENTER for
Integrated Care
Board of Trustees Meetings
DRAFT
2025-2026

<u>AUGUST 26'</u>	<u>SEPTEMBER 26'</u>	<u>OCTOBER 26'</u>	<u>NOVEMBER 26'</u>	<u>DECEMBER 26'</u>
<i>Board of Trustees – Board</i>	<i>Board of Trustees – Board</i>	<i>Board of Trustees – Board</i>	<i>Board of Trustees – Board</i>	<i>Board of Trustees – Board</i>
<i>Committee – Finance – Quality – Compliance/Audit</i>	<i>Committee – Finance – Quality – Compliance/Audit</i>	<i>Committee – Finance – Quality – Compliance/Audit</i>	<i>Committee – Finance – Quality – Compliance/Audit</i>	<i>Committee – Finance – Quality – Compliance/Audit</i>

Note:

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Meetings held in the Board Room (#109) at 9401 Southwest Freeway

EXHIBIT D

The Harris Center for Integrated Care Board Meeting

Operating as a HRSA FQHC Look-A Like

Presented by: Dr. Stanley Williams, PhD
August 26, 2025



What are Federally Qualified Health Centers Look-alikes (FQHC LALs)

HRSA LALs - designated health centers that provide comprehensive, culturally competent, high-quality primary health care services while meeting all Health Center Program requirements, they are non-competitive; but they don't receive federal award funding.

FQHC LALs are safety net providers that provide services in an outpatient clinic setting.

- A health center must be a public entity or a private nonprofit organization.
- Provide a set of comprehensive, high-quality primary care and preventive services regardless of patients' ability to pay.
- Employ interdisciplinary teams and patient-centric approaches.
- Deliver care coordination and other enabling services that facilitate access to care.
- Collaborate with other providers and programs to improve access to care and community resources.
- Are community-based and patient-directed.
- **FQHC LALs are certified and regulated by the Health Resources and Services Administration (HRSA).**

Eligibility Requirements for FQHC LALs

1. Must be a domestic public or private nonprofit entity. Tribes, tribal organizations, faith-based organizations, and community-based organizations are eligible to apply
2. Must provide health services to medically underserved populations, as defined in section 330 of the PHS Act, regardless of ability to pay.
3. Must ensure the required primary health care services will be available and accessible in the service area via at least one permanent service delivery site that operates for a minimum of 40 hours per week.
4. Must propose to serve a defined geographic area that is federally-designated, in whole or in part, as [a Medically Underserved Area \(MUA\) or Medically Underserved Population \(MUP\). See the MUA Find tool.](#)
5. NEW APPLICANTS ONLY: If the area is not currently federally-designated, must provide documentation that a request for designation has been submitted and designation must be received prior to award.
6. LALs ONLY: Cannot be receiving funding as a Health Center Program federal awardee, cannot be co-located with a Health Center Program federal awardee.

FQHC Clinic Locations

Northeast Harris Center Integrated Primary Care
Clinic 7200 North Loop
East Freeway, Houston,
TX 77028 Phone: 713-970- 7000
In a MUA/P: Yes

Service Area Name: Central East Houston

Designation Type:
Medically Underserved Area
Designation Date:
11/22/2019

Southeast Harris Center Integrated Primary Care Clinic
5901 Long Drive,
Houston, TX 77087
Phone: 713-970-4300
In a MUA/P: Yes

Service Area Name: Houston - South

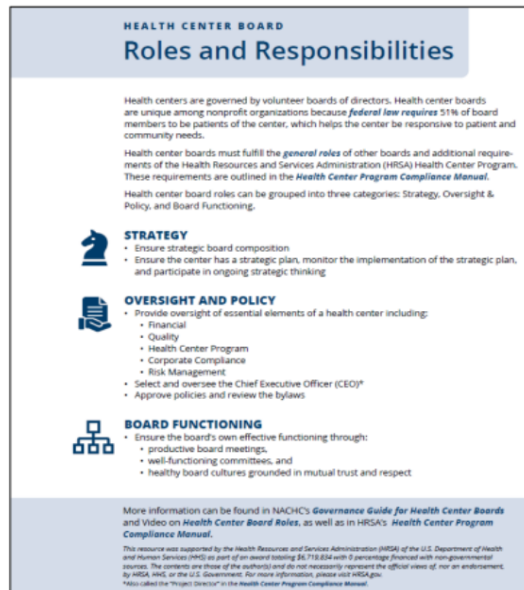
Designation Type:
Medically Underserved Area
Designation Date:
09/06/2019



FQHC LALs – HEALTH CENTER BOARD ROLES

HEALTH CENTER BOARD ROLES

Governance is a “team sport” – authority is placed in the board as a collective or group and this authority is carried out during board meetings. Board roles are typically included in the Bylaws and a board role description.



Strategy

- Strategic Board Composition
- Strategic Planning & Thinking

Functioning

- Board Meetings
- Board Committees
- Board Culture

Oversight & Policy

- Provide Oversight
 - CEO Oversight & Partnership
 - Health Center Program Compliance
 - Financial
 - Quality
 - Corporate Compliance
 - Risk Management
- Approve Policy

Board Roles and Responsibilities 2-Pager

Includes template for board responsibilities description

The Harris Center for Integrated Care: Subcommittees

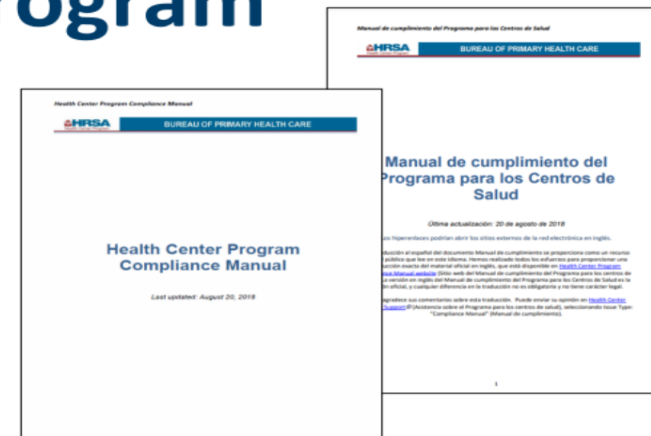
A Federally Qualified Health Center Look-Alike (FQHC LA) doesn't have specific HRSA requirements for **subcommittees**. However, HRSA's compliance manual and board duties requires structures that allows boards to efficiently fulfill their federal requirements and ensure the smooth operation and accountability of the FQHC LA. Therefore, the following minimum Standing Committee will need to be established for FQHC LAL structure and board operations

Standing Committees

- **Finance Sub-Committee:** Reviewing annual budget, reviewing audit results, ensuring grant compliance, and providing input for strategic financial planning.
- **Quality Sub-Committee:** focuses on ensuring high-quality and safe patient care. Their responsibilities can include reviewing quality and safety policies, monitoring performance indicators.
- **Compliance and Audit Committee:** Duties can involve overseeing the HRSA compliance program, reviewing internal audits, reviewing HRSA external audit reports

FQHC LALs PRIMARY CARE CLINIC COMPLIANCE

Health Resources and Services Administration (HRSA) Health Center Program



As a condition of receiving an award under the Health Resources and Services Administration and its Health Center Program, **health center boards must also follow various requirements of that program found in the Health Center Program Compliance Manual, and Operational Site Visit Protocol** which are both available on the HRSA website.

FQHC LALs NEW BOARD ORIENTATION

Template developed by



Six Board Trainings

Session 1: Welcome, Health Center Overview, Session 2:
Introduction to Board Roles

Session 3: Introduction to Board Duties

Session 4: Learning More About the Board's Oversight
Roles

Session 5: Learning About Financial Oversight

Session 6: Learning More about Healthcare and Key
Issues

The Harris Center for Integrated Care (HCIC) New Board Member Orientation

PowerPoint Template

Note: This template can be adapted by health centers for new board member orientation.

Review: Federally Qualified Health Center New Access Point (NAP) vs FQHC Look Alike

BENEFIT	FQHC - NAP Health Center	FQHC Look Alike
Receiving funding from HRSA	Yes	No
Federally Qualified Health Center (FQHC) Prospective Payment System (PPS) reimbursement through the Centers for Medicare and Medicaid Services (CMS)	Yes	Yes
HRSA's 340B Drug Pricing Program for discounted drugs	Yes	Yes
Free vaccines for uninsured and underinsured children through the Vaccines for Children program	Yes	Yes
Assistance in the recruitment and retention of primary care providers through HRSA's National Health Service Corps	Yes	Yes
HRSA-supported training and technical assistance	Yes	Yes

Next Steps to Become FQHC Look-Alike



The FQHC Look-Alike (LAL) application process, from initial submission to designation, generally takes 3 to 12 months. This includes preliminary reviews, site visits, and compliance reviews.

FQHC Look-A Like (LA) Milestones	Key Dates
Harris Center for Integrated Care Meet for 6 consecutive Months from August to January	August 2025 – 9 January 2026
Existing HRSA FQHC New Access Point application can be submitted as FQHC LA to HRSA – After 6 HCIC Board Meetings	January 30, 2026
Initial Application: Once submitted, HRSA has 30 calendar days to conduct a preliminary review for completeness and eligibility	February 30, 2026
Site Visit: Following a successful preliminary review, HRSA and the applicant have up to 60 days to schedule and prepare for a site visit.	April 30, 2026
Compliance Review: HRSA conducts a site visit, typically lasting three days, to assess compliance with program requirements.	April 30 – 3 days May 4 th - 2026
Post-Site Visit: HRSA has 60-75 days to complete the compliance review and provide a report. The applicant then has 30 days to respond to any identified issues.	May to July 2026
Final Review: HRSA then has 30-45 days to review the applicant's response and issue a decision on the LAL designation.	Decision by July- August 2026

Above times are Maximum timelines – Healthcore timeline was about 5 months – If we were on that trajectory, it would be From January 2026 to May 2026