

Thursday, July 24, 2025

9:00 A.M.

BOARD ROOM

4800 Fournace Place, Bellaire, TX 77401

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

*Notice: Some Board Members may participate by videoconference.

Mission

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

AGENDA

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|---|-----------------------|----------|
| I. Call to Order and Record of Attendance | Dr. Andrea Caracostis | 2 min |
| II. Approval of the Minutes of Previous Meeting | Dr. Andrea Caracostis | 1 min |
| • Board Meeting – June 30, 2025 | | |
| III. Announcements / Special Presentations | Dr. Andrea Caracostis | 10 min |
| A. CEO Report Including Special Announcements – <i>Dr. Esmaeil Porsa</i> | | (5 min) |
| B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements | | (5 min) |
| • New Member of the Harris Health Board of Trustees | | |
| IV. Public Comment | Dr. Andrea Caracostis | 3 min |
| V. Public Hearing | Dr. Andrea Caracostis | 20 min |
| A. Public Hearing, Pursuant to Tex. Parks & Wildlife Code Ann. §26.002 Regarding the Taking by Eminent Domain of Three Parcels within Hermann Park Consisting of Approximately 8.9 Acres of Real Property Located Across Cambridge Drive and Isolated from the Remainder of Hermann Park and Adjacent to the Site of Ben Taub Hospital for a Public Project to Redevelop and Expand Ben Taub Hospital's Level I Trauma Facilities – Dr. Esmaeil Porsa | | (20 min) |
| • Public Hearing Statement | | |
| • Public Comment | | |
| VI. Executive Session | Dr. Andrea Caracostis | 50 min |
| A. Medical Executive Board Report and Credentialing Discussion, Pursuant to Tex. Occ. Code Ann. §§151.002, 160.007 and Tex. Health & Safety Code Ann. §161.032 to Receive Peer Review and/or Medical Committee Report, Including Consideration of Approval of Credentialing Changes for Members of Harris Health Medical Staff Upon Return to Open Session – Dr. Kunal Sharma and Dr. Asim Shah | | (10 min) |

- B.** [Report Regarding Harris Health Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion and Operational Updates, Pursuant to Tex. Occ. Code Ann. §§151.002, 160.007, Tex. Health & Safety Code Ann. §161.032 and Tex. Gov't Code Ann. §551.071 to Receive Peer Review and/or Medical Committee Report with Possible Action Upon Return to Open Session – Dr. O. Reggie Egins](#) (10 min)
- C.** Consultation with Attorney Regarding Deliberation of the Purchase, Exchange, Lease or Value of Real Property, Pursuant to Tex. Gov't Code Ann. §§551.071, 551.072, and Possible Action Upon Return to Open Session – **Ms. Sara Thomas** (10 min)
- D.** [Discussion Regarding Expansion of Clinical Service Lines, Pursuant to Tex. Gov't Code Ann. §551.072 and Tex. Gov't Code Ann. §551.085 – Dr. Jennifer Small and Ms. Amineh Kostov](#) (20 min)
- VII. Reconvene to Open Meeting** Dr. Andrea Caracostis 1 min
- VIII. General Action Item(s)** Dr. Andrea Caracostis 10 min
- A.** General Action Item(s) Related to Quality: Medical Staff
1. [Consideration of Approval of Credentialing Changes for Members of Harris Health Medical Staff – Dr. Kunal Sharma](#) (2 min)
2. [Consideration of Approval of Changes to the Critical Care Clinical Privileges – Dr. Kunal Sharma](#) (2 min)
3. [Consideration of Approval of Changes to the Pulmonary Medicine Clinical Privileges – Dr. Kunal Sharma](#) (2 min)
- B.** General Action Item(s) Related to Quality: Correctional Health Medical Staff
1. [Consideration of Approval of Credentialing Changes for Members of Harris Health Correctional Health Medical Staff – Dr. O. Reggie Egins](#) (2 min)
- C.** General Action Item(s) Related to the Acquisition of Land
1. Consideration of Approval of a Resolution Relating to a Public Project to Redevelop and Expand Ben Taub Hospital (the "Project"), Authorizing the Acquisition by Condemnation for Public Convenience and Necessity of Three Parcels within Hermann Park Consisting of Approximately 8.9 Acres of Real Property for the Project and Making Certain Findings, Pursuant to the Provisions of Chapter 26, Texas Parks and Wildlife Code – **Dr. Esmaeil Porsa** (2 min)
- IX. New Items for Board Consideration** Dr. Andrea Caracostis 30 min
- A.** [Presentation Regarding the LBJ Radiation Oncology/Infusion Therapy Project – Ms. Amineh Kostov and Mr. Patrick Casey](#) (8 min)
1. [Consideration of Approval to Proceed with the Strategy and Design for the LBJ Radiation Oncology and Infusion Center Project – Ms. Amineh Kostov and Mr. Patrick Casey](#) (1 min)
2. [Consideration of Approval to Utilize the Construction Manager at Risk \(CMAR\) Delivery Method for the Construction of the Harris Health LBJ Radiation Oncology and Infusion Center – Ms. Amineh Kostov and Mr. Patrick Casey](#) (1 min)

- B. [Presentation Regarding the Harris Health Ambulatory Care Services \(ACS\) Pasadena Strategy with Harris County](#) (13 min)
[– Dr. Jennifer Small and Mr. Patrick Casey](#)

1. [Consideration of Approval to Enter into an Interlocal Agreement between Harris County and Harris Health for the Buildout of Improvements and Good-Faith Negotiations to Lease Space at Pasadena Square, 100 Pasadena Blvd., Pasadena, TX 77506, with such Improvements being the Consolidation of Specified Clinics](#) (1 min)
[– Dr. Jennifer Small and Mr. Patrick Casey](#)

2. [Consideration of Approval to Utilize the Construction Manager at Risk \(CMAR\) Delivery Method for the Construction of the Harris Health Pasadena Square Clinic Project](#) (1 min)
[– Dr. Jennifer Small and Mr. Patrick Casey](#)

- C. [Consideration of Approval of a Resolution Authorizing the Extension of the JPMorgan Chase Direct Pay Letter of Credit, the Amended and Restated Fee Letter, and the Amended and Restated Reimbursement Agreement Related to the Series 2010 Bonds](#) (5 min)
[– Ms. Victoria Nikitin](#)

X. Strategic Discussion **Dr. Andrea Caracostis 25 min**

A. Harris Health Strategic Plan Initiatives

1. Discussion Regarding Harris Health Legislative Update (15 min)
[– Mr. R. King Hillier and Ms. Lisa Wright, CEO, Community Health Choice](#)
2. [Presentation Regarding Harris Health's Strategic Facilities Plan Management](#) (10 min)
[– Mr. Louis Smith and Ms. Victoria Nikitin](#)

XI. Consent Agenda Items **Dr. Andrea Caracostis 5 min**

A. Consent Purchasing Recommendations

1. [Consideration of Approval of Purchasing Recommendations \(Items A1 through A6 of the Purchasing Matrix\)](#) – **[Ms. Paige McInnis and Mr. Jack Adger, Harris County Purchasing Office](#)**
[\(See Attached Expenditure Summary: July 24, 2025\)](#)
2. [Harris Health Second Quarter of Fiscal Year 2025 Premier Spend Report for Information Only](#) – **[Ms. Paige McInnis and Mr. Jack Adger, Harris County Purchasing Office](#)**

B. Consent Grant Recommendations

1. [Consideration of Approval of Grant Recommendations \(Item B1 of the Grant Matrix\)](#)
[– Ms. Amineh Kostov and Ms. Suzanne Lundeen](#)
[\(See Attached Grant Matrix: July 24, 2025\)](#)

C. Consent Contract Recommendations

1. [Consideration of Approval of Contract Recommendations \(Items C1 through C2 of the Contract Matrix\)](#) – **[Ms. Sara Thomas \(C1\) and Mr. DeWight Dopslauf \(C2\)](#)**
[\(See Attached Contract Matrix: July 24, 2025\)](#)

D. New Consent Items for Board Approval

1. [Consideration of Acceptance of the Harris Health June 2025 Quarterly Financial Report Subject to Audit – Ms. Victoria Nikitin](#)
2. Consideration of Approval of the Appointment of Mr. Philip P. Sun as a Member of the Ambulatory Surgical Center (ASC) at LBJ and the Dialysis Center (DC) at Quentin Mease Governing Bodies – **Board of Trustees**
3. Consideration of Approval of the Appointment of Ms. Libby Viera-Bland as a Member of the Dialysis Center (DC) at Quentin Mease Governing Body – **Board of Trustees**
4. Consideration of Approval of the Appointment of Dr. Marlen Trujillo as a Member of the Board of Trustees Quality Committee – **Board of Trustees**
5. [Consideration of Approval to Convey a Water Meter Easement and Right of Way to the City of Houston for the 2525 Holly Hall Operations Center Project, Houston, Harris County, Texas – Mr. Patrick Casey](#)
6. [Consideration of Approval to Convey a Perpetual Blanket Easement and Right of Way to CenterPoint Energy Houston Electric, LLC, at Holly Hall Operations Center, 2525 Holly Hall Street, Houston, Harris County, Texas – Mr. Patrick Casey](#)

E. Consent Reports and Updates to the Board

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

{End of Consent Agenda}

XII. Item(s) Related to the Health Care for the Homeless Program**Dr. Andrea Caracostis 15 min**

- A.** [Review and Acceptance of the Following Reports for the Health Care for the Homeless Program \(HCHP\) as Required by the United States Department of Health and Human Services, which Provides Funding to the Harris County Hospital District d/b/a/Harris Health to Provide Health Services to Persons Experiencing Homelessness under Section 330\(h\) of the Public Health Service Act – Dr. Jennifer Small and Ms. Tracey Burdine](#)

(13 min)

- HCHP July 2025 Operational Update

- B.** Consideration of Approval of the HCHP Board Authority Report – **Dr. Jennifer Small and Ms. Tracey Burdine**

(1 min)

- C.** [Consideration of Approval of the HCHP 2025 Quality Management Plan – Dr. Jennifer Small and Ms. Tracey Burdine](#)

*(1 min)***XIII. Executive Session****Dr. Andrea Caracostis 15 min**

- E.** [Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Financial Performance for the Five Months Ending May 31, 2025, Pursuant to Tex. Gov't Code Ann. §551.085 – Ms. Lisa Wright, CEO and Ms. Anna Mateja, CFO, Community Health Choice](#)

(10 min)

- F.** Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Health Care Program Requirements, Including Status of Fraud and Abuse Investigations, Pursuant to Tex. Gov't Code Ann. §551.071 and Tex. Health & Safety Code Ann. §161.032, and Possible Action Regarding this Matter Upon Return to Open Session – ***Ms. Carolynn Jones***

(5 min)

XIV. Reconvene

Dr. Andrea Caracostis 2 min

XV. Adjournment

Dr. Andrea Caracostis 1 min

MINUTES OF THE HARRIS HEALTH BOARD OF TRUSTEES

Board Meeting

Monday, June 30, 2025

8:30 A.M.

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
I. Call to Order and Record of Attendance	The meeting was called to order at 8:30 a.m. by Dr. Cody Pyke, Presiding Officer. It was noted that a quorum was present, and the attendance was recorded. Dr. Pyke shared that while some Board members were present in person, others were participating via videoconference, in accordance with state law and the Harris Health Videoconferencing Policy. The meeting was accessible for public viewing online through the Harris Health website: http://harrishealthtx.swagit.com/live .	A copy of the attendance is appended to the archived minutes.
II. Approval of the Minutes of Previous Meeting	<ul style="list-style-type: none"> Board Meeting – May 22, 2025 	<u>Motion No. 25.06-55</u> Moved by Ms. Libby Viera - Bland, seconded by Ms. Carol Paret, and unanimously passed that the Board approve the minutes of May 22, 2025, Board meeting. Motion carried.
III. Announcements/ Special Presentations	A. CEO Report Including Special Announcements Dr. Esmaeil Porsa, President and Chief Executive Officer (CEO), thanked Dr. Pyke for her invaluable service to Harris Health as a valued member of the Board of Trustees. Dr. Porsa shared that last week, the Texas Commission on Jail Standards conducted its site visit at the Harris County Jail and issued two (2) technical assistance findings related the medical care: documentation of dietary referrals and recreation for patients admitted to the infirmary.	As Presented.
	B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements Dr. Pyke shared that today will be her last Board meeting, and that serving on the Board has been the highlight of her career. She explained that she is relocating out of state due to recent legislation passed in Texas that she believes creates an unwelcoming environment for the LGBTQ community, making it difficult for her to remain. Dr. Pyke emphasized the broader impact such legislation may have on the state's ability to retain talent. She stated that she would have welcomed the opportunity to continue serving on the Board but felt compelled to leave based on the current legislative climate. Ms. Ingrid Robinson thanked Dr. Pyke for her kindness, dedication and leadership while serving on the Board and enriching the lives of those around her.	As Presented.
IV. Public Comment	Ms. Nikhat Noorani, Policy Advisor, Harris County, presented Dr. Pyke with a certificate of appreciation on behalf of the Office of Commissioner Lesley Briones, Precinct 4 in recognition of her service on the	As Presented.

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
	Board.	
V. Discussion Regarding Board Governance Best Practices	Ms. Karma Bass, CEO/Managing Principal, Via Healthcare Consulting, Inc. led decision regarding Board Governance and Best Practices. She provided an overview of the legally mandated fiduciary duties, key responsibilities of the Boards, the difference between governance and management duties, as well as best practices in CEO evaluation process. A copy of the presentation is available in the permanent record.	For Information Only
VI. Executive Session	At 9:13 a.m., Dr. Pyke announced that the Board would enter Executive Session for Items VI. 'A through G' as permitted by law under Tex. Occ. Code Ann. §§151.002, 160.007, Tex. Health & Safety Code Ann. §161.032, and Tex. Gov't Code Ann. §§551.071, 551.072, 551.074, and 551.085.	
	A. Deliberations Regarding the Appointment, Employment, Evaluation, Reassignment, Duties, Discipline, or Dismissal of a Public Officer or Employee, Pursuant to Tex. Gov't Code Ann. §§551.071, 551.074	No Action Taken.
	B. Consultation with Attorney Regarding Expansion of Oncology Service Line on the LBJ Campus, to Include Radiation Therapy and Infusion Services, Pursuant to Tex. Gov't Code Ann. §§551.071, 551.085, and Possible Action Upon Return to Open Session	No Action Taken.
	C. Consultation with Attorneys Regarding Harris Health's Medical School Affiliation and Support Agreements, Pursuant to Tex. Gov't Code Ann. §551.071, and Possible Action Upon Return to Open Session	No Action Taken.
	D. Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Occ. Code Ann. §§151.002, 160.007 and Tex. Health & Safety Code Ann. §161.032 to Receive Peer Review and/or Medical Committee Report, Including Report of the Medical Executive Board in Connection with the Evaluation of the Quality of Medical and Healthcare Services, and also the Harris Health Quality, Safety Performance Measures, Good Catch Recipients, Centers for Medicare and Medicaid Services Quality Reporting with Possible Action Regarding this Matter Upon Return to Open Session	No Action Taken.
	E. Medical Executive Board Report and Credentialing Discussion, Pursuant to Tex. Occ. Code Ann. §§151.002, 160.007 and Tex. Health & Safety Code Ann. §161.032 to Receive Peer Review and/or Medical Committee Report, Including Consideration of Approval of Credentialing Changes for Members of Harris Health Medical Staff Upon Return to Open Session	No Action Taken.
	F. Report Regarding Harris Health Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion and Operational Updates, Pursuant to Tex. Occ. Code Ann. §§151.002, 160.007, Tex. Health & Safety Code Ann. §161.032 and Tex. Gov't Code Ann. §551.071 to Receive Peer Review and/or Medical Committee Report with Possible Action Upon Return to Open Session	No Action Taken.

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
	G. Consultation with Attorney Regarding Deliberation of the Purchase, Exchange, Lease or Value of Real Property, Pursuant to Tex. Gov't Code Ann. §§551.071, 551.072, and Possible Action Upon Return to Open Session	No Action Taken.
VII. Reconvene to Open Meeting	At 10:33 a.m., Dr. Pyke reconvened the open session and confirmed that a quorum was present. No action was taken during Executive Session.	
VIII. Discussion Related to Ben Taub Infrastructure and Notice to the City of Houston, Texas (the "City"), Regarding Chapter 26 Hearing on a Proposed Taking by Eminent Domain of Approximately 8.9 Acres out of Hermann Park Adjacent to Ben Taub Hospital for a Project to Expand the Hospital's Facilities	Dr. Porsa led discussion Related to Ben Taub Infrastructure and Notice to the City of Houston, Texas (the "City"), Regarding Chapter 26 Hearing on a Proposed Taking by Eminent Domain of approximately 8.9 Acres out of Hermann Park Adjacent to Ben Taub Hospital for a project to expand the hospital's facilities. He shared that the location at Ben Taub Hospital is landlocked and proposed land acquisition for the Ben Taub Expansion project. Additionally, Dr. Porsa provided an overview of the outcomes of the expanded hospital and outlined next steps regarding a public hearing on the matter. A copy of the presentation is available in the permanent record.	For Information Only
IX. General Action Item(s)		
	A. General Action Item(s) Related to Quality: Medical Staff	
	<p>1. Approval of Credentialing Changes for Members of the Harris Health Medical Staff</p> <p>Dr. Kunal Sharma, Chair, Medical Executive Board, presented the credentialing changes for members of the Harris Health Medical Staff. In June 2025, there were thirteen (13) initial appointments, 158 reappointments, eleven (11) changes/additions of privileges, and nine (9) resignations. A copy of the credentialing report is available in the permanent record.</p>	<p><u>Motion No. 25.06-56</u> Moved by Mr. Paul Puente, seconded by Ms. Libby Viera - Bland, and unanimously passed that the Board approve agenda item IX.A.1. Motion carried.</p>

	B. General Action Item(s) Related to Quality: Correctional Health Medical Staff	
	<p>1. Approval of Credentialing Changes for Members of the Harris Health Correctional Health Medical Staff</p> <p>Dr. Otis Ekins, Chief Medical Officer, Harris Health Correctional Health, presented the credentialing changes for members of the Harris Health Correctional Health Medical Staff. In June 2025, there was one (1) initial appointment and four (4) reappointments. A copy of the credentialing report is available in the permanent record.</p>	<p><u>Motion No. 25.06-57</u> Moved by Ms. Libby Viera - Bland, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda item IX.B.1. Motion carried.</p>
X. Strategic Discussion		
	A. Harris Health Strategic Plan Initiatives	
	<p>1. Presentation Regarding the Harris Health Budget Process</p> <p>Ms. Allison Perez, Vice President, Financial Planning & Analysis, delivered a presentation regarding the Harris Health Budget Process. She provided a high – level overview of the various phases of the budget cycle, including identification of financial goals and priorities, drafting the budget proposal, review and consolidation, approval of the budget, implementation and monitoring as well as strategies of success. Board discussion ensued. A copy of the presentation is available in the permanent record.</p>	For Information Only
	B. Committee Report(s)	
	<p>• June 13, 2025: Governance Committee</p> <p>Dr. Pyke stated that the Governance Committee met on June 13, 2025 and discussed Board Self Governance and Board Member Meeting Attendance.</p>	As Presented.
XI. New Items for Board Consideration	<p>A. Discussion and Appropriate Action Calling an Interim Officer Election for the Current Term (2025) Resulting from the Vacancy in the Office of Board Vice Chair and any other Resulting Vacancies Required by Article V, Section 3 of the Harris Health Board of Trustees Bylaws</p> <p>Dr. Pyke stated per Article V, Section 2, of the Harris Health Board of Trustees Bylaws, the Board must conduct an interim election to fill the vacancy in the Office of Vice Chair as result of my recent resignation; the newly – elected Interim Board Vice Chair will only serve for the remainder of the 2025 calendar year. Dr. Pyke noted that prior to this meeting, a communication was sent to solicit interest for the interim position of Vice Chair, and the following nomination were received:</p> <p>1. Current Board Secretary, Carol Paret</p>	<p><u>Motion No. 25.06-58</u> <u>Interim Vice Chair Appointment:</u> Ms. Carol Paret</p> <p><u>Motion No. 25.06-59</u> <u>Interim Secretary Appointment:</u> Ms. Libby Viera-Bland</p>

	<p>Dr. Pyke then called for nominations from the floor for the position of Board Vice Chair. No nominations were made from the floor after three requests. The nominations for Board Vice Chair were closed. Dr. Pyke then motioned for a vote on the Board Vice Chair position.</p> <ol style="list-style-type: none">1. Dr. Cody Pyke - Aye2. Dr. Andrea Caracostis - Absent3. Ms. Afsheen Davis – Absent4. Ms. Carol Paret - Aye5. Ms. Ingrid Robinson – Aye6. Ms. Libby Viera – Bland – Aye7. Mr. Paul Puente – Aye8. Mr. Philip Sun – Aye9. Ms. Sima Ladjevardian – Absent <p>Dr. Pyke announced the results, there were six (6) votes in favor, three (3) absences, and zero (0) opposed.</p> <p>Dr. Pyke noted that because the Board secretary Ms. Paret has been duly elected as the Interim Board Vice Chair, the Board must now fill the new vacancy for the Office of Interim Board Secretary for the remainder of the 2025 calendar year. Dr. Pyke called for nominations from the floor for the position of Board Secretary. Ms. Libby Viera – Bland self – nominated, and no additional nominations were made from the floor after three requests. The nominations for Board Secretary were closed. Dr. Pyke motioned for a vote on the position for Board Secretary.</p> <ol style="list-style-type: none">1. Dr. Cody Pyke - Aye2. Dr. Andrea Caracostis - Absent3. Ms. Afsheen Davis – Absent4. Ms. Carol Paret - Aye5. Ms. Ingrid Robinson – Aye6. Ms. Libby Viera – Bland – Aye7. Mr. Paul Puente – Aye8. Mr. Philip Sun – Aye9. Ms. Sima Ladjevardian – Absent <p>Dr. Pyke announced the results, there were six (6) votes in favor, three (3) absences, and zero (0) opposed.</p>	
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	<p>B. Approval of a Resolution Setting the Rate of Mandatory Payment for the Harris County Hospital District Local Provider Participation Fund and Notice of Public Hearing</p> <p>Ms. Victoria Nikitin, Executive Vice President, Chief Financial Officer, presented a Resolution Setting the Rate of Mandatory Payment for the Harris County Hospital District Local Provider Participation Fund and Notice of Public Hearing. A copy of the resolution is available in the permanent record.</p>	<p><u>Motion No. 25.06-60</u> Moved by Ms. Ingrid Robinson, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda item XI.B. Motion carried.</p>
	<p>C. Approval of Staffing Plans and Payment for the Contracted Services Specified in the Harris Health Operating and Support Agreement with Baylor College of Medicine (BCM) for the Contract Year Ended June 30, 2026</p> <p>Ms. Nikitin stated that Administration requests funding for the Harris Health Operating and Support Agreement with Baylor College of Medicine in an amount not to exceed \$292.0 million for the period of July 1, 2025, through June 30, 2026.</p>	<p><u>Motion No. 25.06-61</u> Moved by Ms. Carol Paret, seconded by Ms. Libby Viera - Bland, and unanimously passed that the Board approve agenda item XI.C. Motion carried.</p>
	<p>D. Approval of Staffing Plans and Payment for the Contracted Services Specified in the Harris Health Operating and Support Agreement with The University of Texas Health Science Center at Houston (UT Health) for the Contract Year Ended June 30, 2026</p> <p>Ms. Nikitin noted Administration request for approval of the funding for the Harris Health Operating and Support Agreement with UT Health in an amount not to exceed \$209.0 million for the period July 1, 2025, through June 30, 2026.</p>	<p><u>Motion No. 25.06-62</u> Moved by Ms. Libby Viera – Bland, seconded by Ms. Ingrid Robinson, and unanimously passed that the Board approve agenda item XI.D. Motion carried.</p>
	<p>E. Presentation of the Harris County Hospital District 401(k) and Pension Plan Independent Auditor’s Reports and Overview for the Fiscal Year Ended December 31, 2024</p> <p>Mr. Ryan Singleton, Managing Director, Forvis Marzars, delivered a presentation of the Harris County Hospital District 401(k) and Pension Plan Independent Auditor’s Reports and Overview for the Fiscal Year Ended December 31, 2024. A copy of the presentation is available in the permanent record.</p>	<p>For Information Only</p>
	<p>1. Acceptance of the Harris County Hospital District 401(k) Plan Independent Auditor’s Report and Financial Statements for the Years Ended December 31, 2024, and 2023</p>	<p><u>Motion No. 25.06-63</u> Moved by Ms. Carol Paret, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda item XI.E.1. Motion carried.</p>

	2. Acceptance of the Harris County Hospital District Pension Plan Independent Auditor’s Report and Financial Statements for the Years Ended December 31, 2024, and 2023	Motion No. 25.06-64 Moved by Mr. Paul Puente, seconded by Ms. Ingrid Robinson, and unanimously passed that the Board approve agenda item XI.E.2. Motion carried.
XII. Consent Agenda Items		
	A. Consent Purchasing Recommendations	
	1. Approval of Purchasing Recommendations (Items A1 through A13 of the Purchasing Matrix) A copy of the purchasing agenda is available in the permanent record.	Motion No. 25.06-65 Moved by Mr. Paul Puente, seconded by Ms. Libby Viera - Bland, and unanimously passed that the Board approve agenda item XII.A.1. of the purchasing recommendations (A1 through A13 of the purchasing matrix). Motion carried.
	B. Consent Grant Recommendations	
	1. Approval of Grant Recommendations (Items B1 through B2 of the Grant Matrix)	Motion No. 25.06-66 Moved by Ms. Libby Viera - Bland, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda items XII.B. through D. Motion carried.
	C. New Consent Items for Board Approval	
	1. Approval of Ms. Ingrid Robinson as Chair and Ms. Sima Ladjevardian as Vice Chair of the Board of Trustees Budget & Finance Committee	Motion No. 25.06-66 Moved by Ms. Libby Viera - Bland, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda items XII.B. through D. Motion carried.

	2. Approval of the Appointment of Mr. Paul Puente as a Member of the Board of Trustees Budget & Finance and Compliance & Audit Committees	Motion No. 25.06-66 Moved by Ms. Libby Viera - Bland, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda items XII.B. through D. Motion carried.
	3. Approval of Ms. Sima Ladjevardian as Chair of the Board of Trustees Governance Committee	Motion No. 25.06-66 Moved by Ms. Libby Viera - Bland, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda items XII.B. through D. Motion carried.
	4. Approval of a Board Resolution Renaming the Monroe Clinic to Harris Health Urgent Care at Strawberry Health Center	Motion No. 25.06-66 Moved by Ms. Libby Viera - Bland, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda items XII.B. through D. Motion carried.
	5. Acceptance of the Harris Health May 2025 Financial Report Subject to Audit	Motion No. 25.06-66 Moved by Ms. Libby Viera - Bland, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda items XII.B. through D. Motion carried.
	D. Consent Reports and Updates to the Board	
	1. Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health	For Information Only
	2. Staffing Advisory Committee's Semi-Annual Evaluation of the Nurse Staffing Plan & Aggregate Staffing Variance <i>{End of Consent Agenda}</i>	For Information Only
XIII. Item(s) Related to the Health Care for		

the Homeless Program		
	<p>A. Review and Acceptance of the Following Reports for the Health Care for the Homeless Program (HCHP) as Required by the United States Department of Health and Human Services, which Provides Funding to the Harris County Hospital District d/b/a/Harris Health to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act</p> <ul style="list-style-type: none"> HCHP June 2025 Operational Update <p>Ms. Tracy Burdine, Director, Health Care for the Homeless Program (HCHP), presented the April 2025 Operational Update. Her report included the Productivity Report, Consumer Advisory Council Report, HCHP Bylaws, 2024 Annual Report and the Quality Management Report. She shared that HCHP has provided care to 3,889 unduplicated patients, with a total of 13,002 visits year-to-date. In May 2025, HCHP served 1,399 unduplicated patients, completing 2,718 visits, including 874 patients who received family planning services. Ms. Burdine presented highlights from the Consumer Advisory Council Report for the period February – April 2025. Key topics included assessment of operational hours, the 2025 Uniform Data System (UDS) Report including productivity, quality, and cost of care outcomes, participation in community events and health fairs, and the Open-Door Mission renovation project updates. Ms. Burdine also presented the revised HCHP Bylaws, reflecting updates to the organization name from “Harris Health System” to “Harris Health” including changing “Gender” to “Sex” in alignment with updated Health Resources and Services Administration (HRSA) language standards. Additionally, Ms. Burdine provided an overview of the HCHP Annual Report, highlighting the top five (5) general diagnoses in its patients as well as mental health and substance use trends. She reported that in 2024, the program served 6,684 unduplicated patients, which was 89% of the 7,250-target goal) and delivered 27, 306 visits (121% of the 22, 500 goal, reflecting strong service utilization and ongoing opportunities to broaden its reach. Of the 6,684 patients, 4,371 (65%) were male and 2,313 (35% were female. Ms. Burdine stated that most patients fell within the 25-64 age range, reflecting the program’s strong adult patient base. However, these figures highlight the continued need for age – and sex – responsive healthcare services across the homeless population. She reported that over \$4.95M in grant funds were deployed in 2024. Ms. Burdine concluded by presenting a heartfelt patient testimonial. Dr. LaResa Ridge, HCHP, Medical Director, presented the Q4 Quality Management Report, highlighting the following 5 of 17 quality metrics that fell below the benchmark for 2024: 1) Childhood immunization, 2) In Vitro Diagnostics (IVD) & Aspirin, 3) Depression Screening Follow-up, 4) Diabetes A1C > 9, and 5) Early Entry into Prenatal Care. Action plans have been implemented to assess the effectiveness of these measures. A copy of the presentation is available in the permanent record.</p>	<p><u>Motion No. 25.06-67</u> Moved by Ms. Libby Viera – Bland, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda item XIII.A. Motion carried.</p>

	B. Approval of the HCHP Consumer Advisory Council Report	Motion No. 25.06-68 Moved by Mr. Paul Puente, seconded by Ms. Libby Viera - Bland, and unanimously passed that the Board approve agenda item XIII.B. Motion carried.
	C. Approval of the HCHP Revised Bylaws	Motion No. 25.06-69 Moved by Ms. Ingrid Robinson, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda item XIII.C. Motion carried.
	D. Approval of the HCHP 2024 Annual Progress Report	Motion No. 25.06-70 Moved by Ms. Libby Viera - Bland, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda item XIII.D. Motion carried.
	E. Approval of the HCHP Quality Management Report	Motion No. 25.06-71 Moved by Mr. Paul Puente, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda item XIII.E. Motion carried.
XIV. Executive Session	At 11:42 a.m., Dr. Cody Pyke stated that the Board would enter Executive Session for Items XIV. 'H through K' as permitted by law under Tex. Health & Safety Code Ann. §161.032.Tex. Gov't Code Ann. §§§551.071, 551.072, 551.074 and 551.085.	
	H. Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Financial Performance for the Four Months Ending April 30, 2025, Pursuant to Tex. Gov't Code Ann. §551.085	No Action Taken.
	I. Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Health Care Program Requirements, Including Status of Fraud and Abuse Investigations, Pursuant to Tex. Gov't Code Ann. §551.071 and Tex. Health & Safety Code Ann. §161.032, and Possible Action Regarding this Matter Upon Return to Open Session	No Action Taken.

	J. Consultation with Attorney Regarding Settlement with the State of Texas Health and Human Services Commission - Office of Inspector General Related to Reimbursement of Medicaid Payments, Pursuant to Tex. Gov't Code Ann. §551.072, and Possible Action Upon Return to Open Session	<u>Motion No. 25.06-72</u> Moved by Ms. Carol Paret, seconded by Mr. Philip Sun, and unanimously passed that the Board approve agenda item XIV.J. Motion carried.
	K. Discussion Regarding the Chief Executive Officer (CEO) Evaluation, Pursuant to Tex. Gov't Code Ann. §551.074, and Possible Action Upon Return to Open Session	<u>Motion No. 25.06-73</u> <u>Review of the CEO Evaluation & Compensation Recommendations</u> Moved by Mr. Paul Puente, seconded by Ms. Ingrid Robinson, and majority passed that the Board approve agenda item XIV.K. Mr. Philip Sun abstained. Motion carried. <u>Motion No. 25.06-74</u> <u>CEO Goals for July 2025 – June 2026</u> Moved by Ms. Libby Viera - Bland, seconded by Ms. Ingrid Robinson, and unanimously passed that the Board approve agenda item XIV.K. Motion carried.
XV. Reconvene	At 1:14 p.m., Dr. Pyke, reconvened the meeting in open session and confirmed that a quorum remained present. No action was taken during Executive Session.	
XVI. Adjournment	There being no further business to come before the Board, the meeting adjourned at 1:17 p.m.	

I certify that the foregoing are the Minutes of the Harris Health Board of Trustees Meeting held on June 30, 2025.

Respectfully Submitted,

Cody Pyke, MD, JD, LLM, Presiding Officer
In Lieu of Andrea Caracostis, MD, MPH, Chair

Carol Paret, BS, Secretary

Minutes transcribed by Cherry A. Joseph, MBA

Monday, June 30, 2025
Harris Health Board of Trustees Board Meeting Attendance

BOARD MEMBERS PRESENT	BOARD MEMBERS ABSENT
Dr. Cody Pyke (<i>Vice Chair</i>)	Dr. Andrea Caracostis (<i>Chair</i>)
Carol Paret (<i>Secretary</i>)	Afsheen Davis
Ingrid Robinson	Sima Ladjevardian
Libby Viera-Bland	
Paul Puente	
Philip Sun	

EXECUTIVE LEADERSHIP/STAFF/ SPECIAL INVITED GUESTS	
Alexander Barrie	Jennifer Zarate
Alexander Yaffee (<i>Pearl Meyer</i>)	Jessey Thomas
Alison Perez	John Matcek
Dr. Amy Smith	Dr. Joseph Kunisch
Anna Mateja (<i>CFO, Community Health Choice</i>)	Karma Bass (<i>Via Healthcare Consulting</i>)
Dr. Asim Shah	Dr. Kunal Sharma
Barron Wallace (<i>Bracewell</i>)	Dr. LaResa Ridge
Brian McLeod	Lisa Wright (<i>CEO, Community Health Choice</i>)
Carolynn Jones	Louis Smith
Cherry Joseph	Maria Cowles
Daniel Smith	Mary Buzak (<i>Bracewell</i>)
DeWight Dopslauf	Dr. Matasha Russell
Ebon Swofford (<i>Harris County Attorney's Office</i>)	Matthew Schlueter
Elizabeth Hanshaw Winn	Monica Carbajal
Dr. Esmaeil Porsa (<i>Harris Health, President & CEO</i>)	Nathan Bac (<i>Harris County Attorney's Office</i>)
Dr. Esperanza "Hope" Galvan	Nikhat Noorani (<i>Harris County Precinct 4</i>)
Dr. Glorimar Medina	Dr. O. Reggie Ekins
Jack Adger (<i>Harris County Purchasing Office</i>)	Olga Rodriguez
Jeffrey Baker	Omar Reid
Dr. Jennifer Small	Paige Abernathy (<i>Harris County Attorney's Office</i>)

Virtual Attendee Notice: If you joined as a group and would like to be counted as present, please submit an email to: BoardofTrustees@harrishealth.org before close of business the day of the meeting.

EXECUTIVE LEADERSHIP/STAFF/ SPECIAL INVITED GUESTS	
Pamela Rusell	Shawn DeCosta
Paola Pina <i>(Harris County Precinct 4)</i>	Susan Elmore
Patrick Casey	Taylor McMillan
Pollie Martinez	Dr. Tien Ko
Randy Manarang	Tracey Burdine
Ryan Singleton <i>(Forvis Mazars)</i>	Victoria Nikitin
Sam Karim	William Galvin <i>(Associate Legal Counsel, Nutex Health Inc.)</i>
Dr. Sandeep Markan	Dr. Yashwant Chathampally
Sara Thomas <i>(Harris County Attorney's Office)</i>	

Virtual Attendee Notice: *If you joined as a group and would like to be counted as present, please submit an email to: BoardofTrustees@harrishealth.org before close of business the day of the meeting.*

[Thursday, July 24, 2025](#)

[Board Member Announcements Regarding Board Member Advocacy and
Community Engagements](#)

- New Member of the Harris Health Board of Trustees

- Pages 21 - 24 Were Intentionally Left Blank -

Public Comment Registration Process

Pursuant to Texas Government Code Ann. §551.007, members of the public are invited to attend the regular meetings of the Harris Health Board of Trustees and may address the Board during the public comment segment regarding an official agenda item or a subject related to healthcare/patient care rendered at Harris Health. Public comment will occur prior to the consideration of all agenda items.

If you have signed up to attend as a public speaker attending virtually, a meeting link will be provided within 24-48 hours of the scheduled meeting. Notice: Virtual public speakers will be removed from the meeting after speaking and have the option to join the meeting live via

<http://harrishealthtx.swagit.com/live>. You must click the "Watch Live" hyperlink in the blue bar, located on the top left of the screen.

How to Request to Address the Board of Trustees

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

1. Providing the requested information located in the "Speak to the Board" tile found at <https://www.harrishealth.org/about-us-hh/board/Pages/registerForm.aspx>
2. Printing and completing the downloadable registration form found at <https://www.harrishealth.org/about-us-hh/board/Documents/Public%20Comment%20Registration%20Form.pdf>
3. Emailing a hard-copy of the completed registration form to BoardofTrustees@harrishealth.org
4. Mailing a completed registration form to 4800 Fournace Pl., Ste. E618, Bellaire, TX 77401
5. Contacting a Board of Trustees staff member at (346) 426-1524 to register verbally or by leaving a voicemail with the required information denoted on the registration form

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

Rules During Public Comment Period

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

Three Minutes

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

Meeting of the Board of Trustees

Thursday, July 24, 2025

Public Hearing, Pursuant to Tex. Parks & Wildlife Code Ann. §26.002 Regarding the Taking by Eminent Domain of Three Parcels within Hermann Park Consisting of Approximately 8.9 Acres of Real Property Located Across Cambridge Drive and Isolated from the Remainder of Hermann Park and Adjacent to the Site of Ben Taub Hospital for a Public Project to Redevelop and Expand Ben Taub Hospital's Level I Trauma Facilities

- Public Hearing Statement
- Public Comment


- Pages 27 - 31 Were Intentionally Left Blank -

Meeting of the Board of Trustees

Thursday, July 24, 2025

Executive Session

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



Dr. Yashwant Chathampally
Executive Vice President & Chief Medical Executive


- Pages 33 - 46 Were Intentionally Left Blank -

Meeting of the Board of Trustees

Thursday, July 24, 2025

Executive Session

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



O. Reggie Ekins, MD, CCHP-CP
Chief Medical Officer - Correctional Health

- Pages 48 - 51 Were Intentionally Left Blank -

Meeting of the Board of Trustees

Thursday, July 24, 2025

Executive Session

Discussion Regarding Expansion of Clinical Service Lines, Pursuant to Tex. Gov't Code Ann. §551.072 and Tex. Gov't Code Ann. §551.085.



Jennifer Small, AuD, MBA, CCC-A
Chief Executive Officer – Ambulatory Care Services

- Pages 53 - 60 Were Intentionally Left Blank -

Meeting of the Board of Trustees

Thursday, July 24, 2025

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

The Harris Health Medical Executive Board approved the attached credentialing changes for the members of the Harris Health Medical Staff on July 8, 2025.

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

Thank you.



Dr. Yashwant Chathampally
Executive Vice President & Chief Medical Executive

Board of Trustees



July 2025 Medical Staff Credentials Report

Medical Staff Initial Appointments: 52

BCM Medical Staff Initial Appointments - 19

UT Medical Staff Initial Appointments - 32

HCHD Medical Staff Initial Appointments - 1

Medical Staff Reappointments: 18

BCM Medical Staff Reappointments - 8

UT Medical Staff Reappointments - 10

HCHD Medical Staff Reappointments - 0

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

BCM/UT/HCHD Medical Staff Resignations: 16

For Information

Temporary Privileges Awaiting Board Approval - 7

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

Medical Staff Initial Appointment Files for Discussion - 1

Medical Staff Reappointment Files for Discussion - 0

Meeting of the Board of Trustees

Thursday, July 24, 2025

Consideration of Approval of Changes to the Critical Care Clinical Privileges

A request was made to revise the reappointment criteria and to remove Peritoneal dialysis as a procedure on the Critical Care Clinical Privileges document. The Department Chiefs of Service at BT and LBJ have reviewed and are in agreement with the revision of the reappointment criteria and removal of *Peritoneal dialysis*.

The Medical Executive Board has approved the revisions to the Critical Care Clinical Privileges and requests the approval of the Board of Trustees.



Dr. Yashwant Chathampally
Executive Vice President & Chief Medical Executive

Applicant Name: _____

Please Choose Pavilion for Requested Privileges:

☐ Ben Taub; ☐ LBJ; ☐ ACS: _____

Print ACS Clinic Name

Reappointment requirements: To be eligible to renew core privileges in critical care, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience **30 patients**, including **three (3)** central line placements, **seven (7)** bronchoscopies and **three (3)** endotracheal intubations with acceptable results, reflective of the scope of privileges requested, for the past **3 years** based on results of ongoing performance data review (OPDR) and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CRITICAL CARE CORE PRIVILEGES

Admit, evaluate, diagnose, and provide treatment or consultative services to critically ill patients of all ages, with neurological or post-neurosurgical, post-surgical, post-cardiac/thoracic surgical multiple organ dysfunction and in need of critical care for life threatening disorders. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Critical Care Core Procedure List

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

1. Telemedicine- Evaluate and diagnose patients, and provide treatment recommendations to an originating site physician(s), advanced practice professional(s), registered nurse(s), and technician(s) for patients with conditions listed in the provider's primary hospital privileges, using Harris Health System's approved telemedicine platform(s) for which the applicant has been trained.
2. Airway maintenance intubation, including fiberoptic bronchoscopy and laryngoscopy
3. Arterial puncture
4. Cardiopulmonary resuscitation
5. Calculation of oxygen content, intrapulmonary shunt and alveolar arterial gradients
6. Cardiac output determinations by thermodilution and other techniques
7. Temporary cardiac pacemaker insertion and application
8. Cardioversion
9. Echocardiography and electrocardiography interpretation
10. Esophagoscopy and gastroscopy
11. Evaluation of oliguria
12. Extracorporeal membrane oxygenation (ECMO)
13. Insertion of central venous, arterial and pulmonary artery balloon flotation catheters
14. Insertion of hemodialysis and peritoneal dialysis catheters
15. Intracranial pressure monitoring
16. Lumbar puncture
17. Management of anaphylaxis and acute allergic reactions
18. Management of life-threatening disorders in intensive care units including but not limited to shock, coma, heart failure, trauma, respiratory arrest, drug overdoses, massive bleeding, diabetic acidosis and kidney failure
19. Management of massive transfusions
20. Management of the immunosuppressed patient
21. Monitoring and assessment of metabolism and nutrition
22. Needle and tube thoracostomy
23. Paracentesis
24. Percutaneous needle aspiration of palpable masses
25. Percutaneous tracheostomy/cricothyrotomy tube placement

Applicant Name: _____

Please Choose Pavilion for Requested Privileges:

☐ Ben Taub; ☐ LBJ; ☐ ACS: _____

Print ACS Clinic Name

- 26. Perform history and physical exam
- 27. Pericardiocentesis
- 28. Peritoneal dialysis (Remove)
- 29. Peritoneal lavage
- 30. Preliminary interpretation of imaging studies
- 31. Thoracentesis
- 32. Tracheostomy
- 33. Transtracheal catheterization
- 34. Image guided procedures
- 35. Use of reservoir masks, nasal prongs/cannulas and nebulizers for delivery of supplemental oxygen and inhalants
- 36. Ventilator management, including experience with various modes and continuous positive airway pressure therapies (BiPAP and CPAP)
- 37. Wound care

☐ **CRITICAL CARE CLINICAL PRIVILEGES REQUESTED**

QUALIFICATIONS FOR ADULT MODERATE AND DEEP SEDATION

Requires successful completion of the [ADULT MODERATE AND DEEP SEDATION EXAM](#) (=<Click link to access exam) with a **passing score of 85% or above** and a **current** ACLS or ATLS. See hospital policy, 7.03. for sedation and analgesia by non-anesthesiologists.

☐ **ADULT MODERATE AND DEEP SEDATION PRIVILEGES REQUESTED**

Acknowledgement of Practitioner

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

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

Applicant's Signature

Date

Meeting of the Board of Trustees

Thursday, July 24, 2025

Consideration of Approval of Changes to the Pulmonary Medicine Clinical Privileges

A request was made to revise the initial and reappointment criteria to include; add *Chemical pleurodesis* as a procedure, revise the initial and reappointment criteria for Diagnostic and Therapeutic Thoracoscopy including Biopsy privileges, and to add Interventional Pulmonology Special Privileges qualifications and procedures to the Pulmonary Medicine Privileges document.

The Department Chiefs of Service at BT and LBJ have reviewed and are in agreement with the revisions of the Pulmonary Medicine Clinical Privileges.

The Medical Executive Board has approved the revisions to the **Pulmonary Medicine Clinical Privileges** and requests the approval of the Board of Trustees.



Dr. Yashwant Chathampally
Executive Vice President & Chief Medical Executive

Applicant Name: _____

Please Choose Pavilion for Requested Privileges:

☐ Ben Taub; ☐ LBJ; ☐ ACS: _____

Print ACS Clinic Name

☐ Initial Application

☐ Reappointment Application

INSTRUCTIONS

All new applicants must meet the following requirements as approved by the governing body effective:
_____/_____/_____.

If any privileges are covered by an exclusive contractual agreement, physicians who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience. Exclusive contracts are indicated by [EC].

Applicant: Check off the "Requested" box for each scope of practice requested. New applicants may be requested to provide documentation of the number and types of hospital cases during the past 24-months. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

Department Chair/Chief: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other requirements:

1. Note that privileges granted may be exercised only at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital and/or department policy.
2. This document is focused on defining the qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR PULMONARY MEDICINE

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

- 1.) Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in internal medicine followed by fellowship training pulmonary disease

OR

- 2.) Specialty Board Certified by the AOA, an ABMS affiliated Specialty Board or one of the affiliated Boards of the Royal College of Physicians and Surgeons of Canada.

AND

Required Previous Experience: Applicants for initial appointment must be able to demonstrate the provision of inpatient or consultative services, reflective of the scope of privileges requested, for at least 50 patients during the past 12-months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12-months.

Applicant Name: _____

Please Choose Pavilion for Requested Privileges:

☐ Ben Taub; ☐ LBJ; ☐ ACS: _____

Print ACS Clinic Name

Reappointment Requirements: To be eligible to renew core privileges in pulmonary medicine, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience inpatient or consultative services for at least 50 patients including **fifteen (15)** bronchoscopies with acceptable results, reflective of the scope of privileges requested, for the past **3 years** based on the results of ongoing performance data review (OPDR) and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

PULMONARY MEDICINE CORE PRIVILEGES

Admit, evaluate, diagnose, treat, and provide consultation to patients all ages presenting with conditions, disorders, and diseases of the organs of the thorax or chest, the lungs and airways, cardiovascular and tracheobronchial systems, esophagus and other mediastinal contents, diaphragm, and the circulatory system. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Pulmonary Medicine Core Procedures List

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

1. Telemedicine- Evaluate and diagnose patients and provide treatment recommendations to an originating site physician(s), advanced practice professional(s), registered nurse(s), and technician(s) for patients with conditions listed in the provider's primary hospital privileges, using Harris Health System's approved telemedicine platform(s) for which the applicant has been trained.
2. Airway management
3. Upper airway examination including flexible laryngoscopy
4. Diagnostic and therapeutic procedures including thoracentesis, endotracheal intubation, and related procedures
5. Emergency cardioversion
6. Examination and preliminary interpretation of sputum, bronchopulmonary secretions, pleural fluid, and lung tissue
7. Flexible fiber-optic bronchoscopy procedures
8. Inhalation challenge studies
9. Insertion of arterial, central venous, and pulmonary artery balloon flotation catheters
10. Management of pneumothorax (needle insertion and drainage system)
11. Performance of history and physical exams
12. Pulmonary function tests to assess respiratory mechanics and gas exchange, to include spirometry, flow volume studies, lung volumes, diffusing capacity, arterial blood gas analysis, cardiopulmonary and exercise studies
13. Closed pleural biopsy
14. Needle biopsy of lung masses
15. Allergy testing including skin testing
16. Fluoroscopy
17. Bedside chest ultrasound
18. Thoracostomy tube insertion and drainage, to include chest tubes
19. Use of a variety of positive pressure ventilatory modes to include initiation of:
 - a. ventilatory support to include BiPAP/ CPAP, mechanical ventilation
 - b. weaning, and respiratory care techniques
 - c. maintenance and withdrawal of mechanical ventilatory support
20. **Chemical pleurodesis**

☐ **PULMONARY MEDICINE CORE PROCEDURES REQUESTED**

Applicant Name: _____

Please Choose Pavilion for Requested Privileges:

☐ Ben Taub; ☐ LBJ; ☐ ACS: _____

Print ACS Clinic Name

QUALIFICATIONS FOR DIAGNOSTIC AND THERAPEUTIC THORACOSCOPY INCLUDING BIOPSY

Criteria: Successful completion of an accredited ACGME or AOA postgraduate training program that included training in thoracoscopy and evidence of the performance of at least five thoracoscopy procedures during training or under the supervision of a qualified pulmonologist or thoracic surgeon. Optimally, the applicant should demonstrate completion of a medical thoracoscopy/pleuroscopy course that conforms to the guidelines of the ACCP- American College of Chest Physicians /ATS- American Thoracic Society /AABIP – American Association for Bronchology and Interventional Pulmonology.

Required previous experience: Demonstrated current competence and evidence of the performance of at least five (5) thoracoscopy procedures during the past **12 months**.

Reappointment requirements: Demonstrated current competence and evidence of the performance of at least **fifteen (15)** thoracoscopy procedures in the past **3 years** based on the results of ongoing performance data review (OPDR) and outcomes.

☐ **DIAGNOSTIC AND THERAPEUTIC THORACOSCOPY INCLUDING BIOPSY PRIVILEGES REQUESTED**

INTERVENTIONAL PULMONOLOGY SPECIAL PRIVILEGES

Qualifications:

- 1.) Pulmonary Medicine Core Privileges AND successful completion of an ACGME accredited fellowship program in Interventional Pulmonology.

OR

- 2.) Pulmonary Medicine Core Privileges AND completion of interventional pulmonology/bronchoscopy certification recognized by a national pulmonology society such as AABIP.

OR

- 3.) Pulmonary Medicine Core Privileges AND demonstrated successful completion of at least 30 cases of the procedures listed below within the last 12 months.

AND

Clinical Experience:

Initial – Documentation of previous experience for at least 20 cases of the procedures listed below within the last 12 months.

Reappointment – Demonstrated current competency and evidence of at least 60 procedures listed below performed successfully every three (3) years.

Interventional Pulmonology Special Procedure List

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

1. Bronchoscopy with placement of airway stents (silicone and metallic)

Applicant Name: _____

Please Choose Pavilion for Requested Privileges:

☐ Ben Taub; ☐ LBJ; ☐ ACS: _____

Print ACS Clinic Name

2. Bronchoscopy with use of electromagnetic navigational guidance for biopsy of peripheral pulmonary lesions (Navigational bronchoscopy)
3. Rigid bronchoscopy
4. Bronchoscopy for foreign body removal
5. Bronchoscopy for stent removal
6. Bronchoscopy with dilatation of strictures.
7. Bronchoscopy with balloon occlusion and dilatation
8. Bronchoscopy with cryobiopsies
9. Bronchoscopy with tumor debulking using mechanical means (rigid bronchoscopy and coring), argon plasma coagulation (APC), electrocautery or cryotherapy.
10. Bronchoscopy with placement of endobronchial valves for emphysema treatment
11. Bronchoscopy with placement of endobronchial valves/ fibrin glue for treatment of persistent air leak.
12. Talc Slurry/Talc Pleurodesis/Poudrage

☐ **INTERVENTIONAL PULMONOLOGY SPECIAL PRIVILEGES REQUESTED**

QUALIFICATIONS FOR ADULT MODERATE AND DEEP SEDATION

Requires successful completion of the [ADULT MODERATE AND DEEP SEDATION EXAM](#) ([=<Click link to access exam](#)) with a **passing score of 85% or above** and a **current** ACLS or ATLS. See hospital policy, 7.03. for sedation and analgesia by non-anesthesiologists.

☐ **ADULT MODERATE AND DEEP SEDATION PRIVILEGES REQUESTED**

Acknowledgement of Practitioner

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

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

Applicant's Signature

Date

Meeting of the Board of Trustees

Thursday, July 24, 2025

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

The Harris Health Correctional Health Medical Executive Committee approved the attached credentialing changes for the members of the Harris Health Correctional Health Medical Staff on July 7, 2025.

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



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

July 2025 Correctional Health Credentials Report

Medical Staff Initial Appointments: 5 Page 1

Medical Staff Reappointments: 3 Page 2

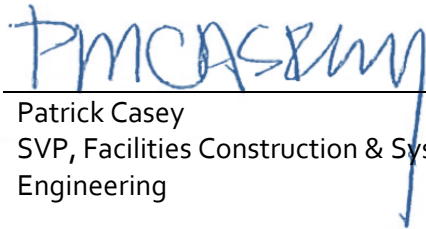
Medical Staff Resignations: 1 Page 3

Medical Staff Files for Discussion: 0

Meeting of the Board of Trustees

Thursday, July 24, 2025

Presentation Regarding the LBJ Radiation Oncology/Infusion Therapy Project



Patrick Casey
SVP, Facilities Construction & Systems
Engineering

LBJ Outpatient Cancer Services:

Radiation Oncology and Infusion Center

July 24, 2025

HARRISHEALTH

Cancer Care Demand and Access Gaps – LBJ Service Area:

Access Today:

- 44% of patients receiving radiation therapy at Smith Clinic (2023) resided in the LBJ Hospital service area
- Patients from this area travel an average of **1.5 hours one way** for treatment

Rising Demand:

- Cancer diagnoses projected to **increase significantly**
- Demand forecasts:
 - * **24%–58% growth** in cancer over 10 years, depending on cancer type
 - * **16% growth** in infusion services; and
 - * **20% growth** in radiation therapy services

Why It Matters:

- **Proximity to care** is critical for treatment adherence and patient outcomes

Strategic Need:

- Expand **radiation therapy and infusion services** near LBJ Hospital to meet future demand and improve access

METRO

📍 LBJ Hospital

📍 Smith Clinic Attwell Radiation, Houston, 77054

📅 Tomorrow
🕒 Arrive 7:45 AM

Departure Time	Bus Route	Travel Time	Total Trip Time	Fare
6:06 AM	051 (27 min), 011 (33 min)	1 hr 16 min	1 min walking	\$1.25
6:09 AM	080 (5 min), 052 (6 min), 029 (39 min), 060 (12 min)	1 hr 21 min	2 min walking	\$1.25
5:46 AM	080 (30 min), 004 (27 min), 060 (19 min)	1 hr 29 min	1 min walking	\$1.25

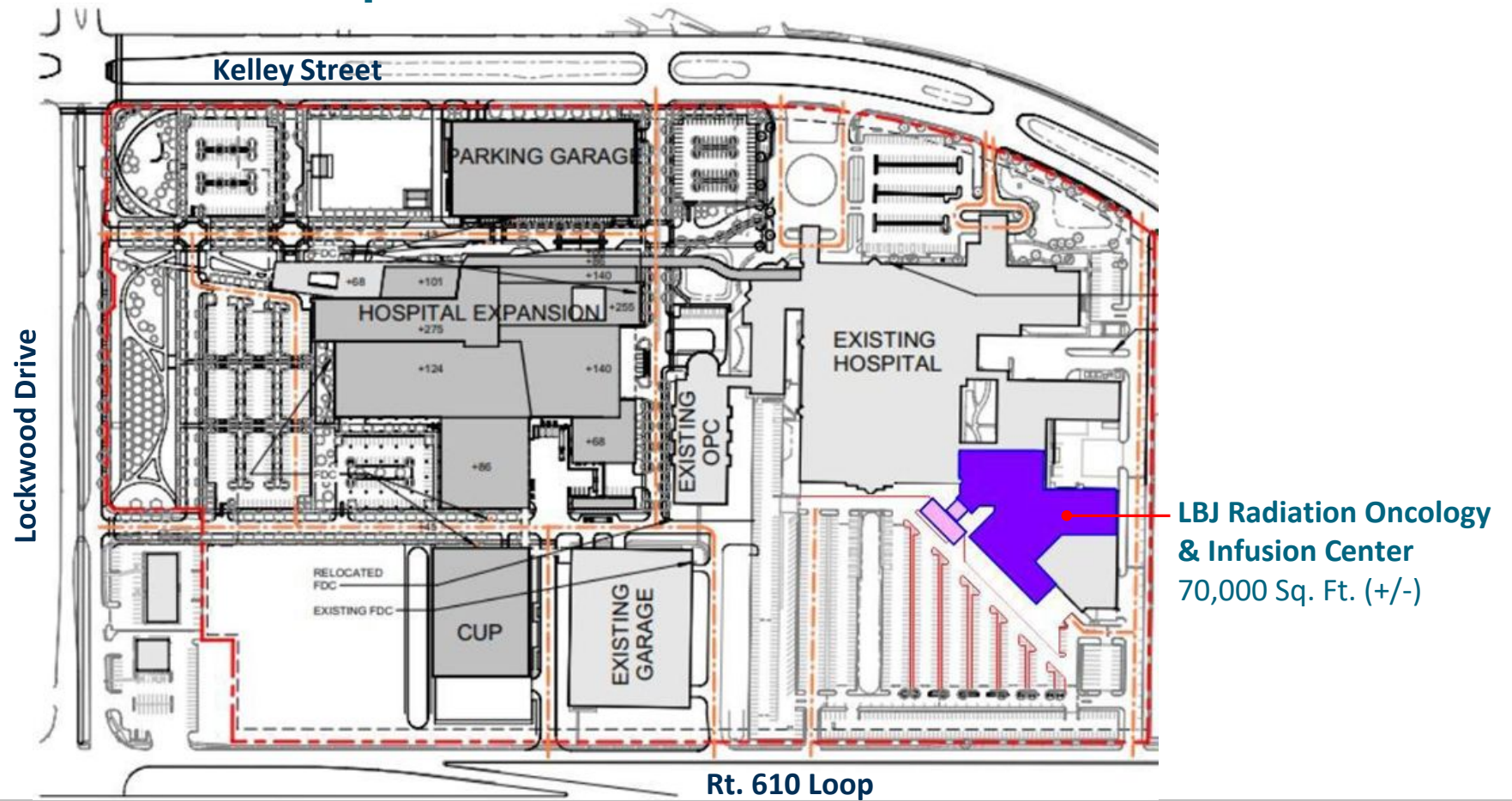
LBJ Radiation Oncology & Infusion Center:

Summary of Proposed Project:

- Planned to address growing cancer care needs in Harris County
- Features:
 - 2 new Linear Accelerators and expansion of a 3rd vault
 - Brachytherapy suite and CT Simulator
 - Infusion Center with up to 50 stations
 - Dedicated lobby, covered entrance, physician offices, exam rooms, and support spaces
- Located adjacent to existing Radiology for integrated support
- Potential future addition of Nuclear Medicine Suite with PET CT

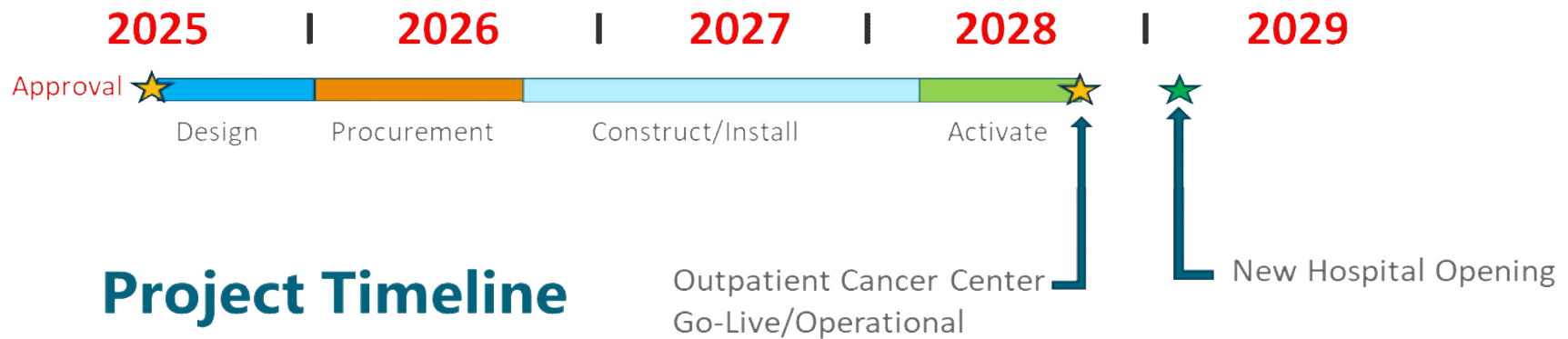


Location on LBJ Campus:



LBJ Outpatient Cancer Center

Project Budget \$70 Million



LBJ Outpatient Cancer Center

Recommendation and Board Action:

“Administration requests Board of Trustees approval to proceed on the design of the LBJ Radiation Oncology & Infusion Center at the LBJ Campus, at a total project cost not to exceed \$70,000.”

- The project involves repurposing space in the LBJ Legacy Hospital Annex and constructing new radiation oncology vaults.
- A separate Board of Trustees resolution is being requested to utilize a Construction Manager at Risk as the project delivery method.
- Selection of the Construction Manager at Risk and approval of the contract and the Guaranteed Maximum Price (GMP) amendment will be submitted to the Board of Trustees for approval at a later date.

Meeting of the Board of Trustees


Thursday, July 24, 2025

Consideration of Approval to Proceed with the Strategy and Design for the
LBJ Radiation Oncology and Infusion Center Project


The proposed LBJ Radiation Oncology & Infusion Center project on the LBJ Legacy campus is planned to provide critical cancer services for patients in the north Houston region. The services include:

- 2 new Linear Accelerators and expansion of a 3rd vault
- Brachytherapy suite and CT Simulator
- Infusion Center with up to 50 infusion patient stations
- Dedicated lobby, covered entrance, physician offices, exam rooms, and support space
- Located adjacent to existing Radiology for integrated support
- Potential future addition of Nuclear Medicine Suite with PET CT

Administration requests Board of Trustees approval of the LBJ Radiation Oncology & Infusion Center Project on the LBJ Legacy Campus. It is planned for approximately 70,000 square feet, repurposing space in the LBJ Legacy Hospital Annex and constructing new radiation oncology vaults, at a total project cost not to exceed \$70,000,000.



Patrick Casey
SVP, Facilities Construction & Systems
Engineering



Louis G. Smith, Jr.
Sr. EVP/Chief Operating Officer

Meeting of the Board of Trustees


Thursday, July 24, 2025

Consideration of Approval to Utilize the Construction Manager at Risk (CMAR)
Delivery Method for the Construction of the Harris Health
LBJ Radiation Oncology and Infusion Center


Administration requests Board of Trustees approval to utilize the Construction Manager at Risk (CMAR) delivery method for the construction of the LBJ Radiation Oncology & Infusion Center and that the Purchasing Agent be authorized to issue a Request for Qualification (RFQ) for the selection of the Construction Manager. This is required by Texas Government Code, Title 10, General Government, Subtitle F, State and Local contracts and Fund Management, Chapter 2269, Contracting Delivery Procedures for Construction Projects, Subchapter B, General Powers and Duties, Section 2269.056 (a) The governing body of a governmental entity (Harris Health) that considers a construction contract using a method authorized by this chapter other than competitive bidding must, before advertising, determine which method provides the best value for the governmental entity.

The CMAR project delivery method is recommended because of the complexity, duration of the project, and the best value method of selection may be utilized. Best value considers many factors including:

- The ability of the General Contractor (GC) to be engaged early in the design, ensuring constructability concerns are addressed during design.
- Cost evaluation and materials trade-offs are determined during design, reducing cost overruns and unnecessary delays/change orders throughout the project.
- A guaranteed maximum price can be established prior to the start of the project reducing owner's risk.
- An experienced CMAR contractor can help position the project, so it meets or exceeds diversity goals established by Harris Health prior to the bidding of the project work by the CMAR.



Patrick Casey
SVP, Facilities Construction & Systems
Engineering



Louis G. Smith, Jr.
Sr. EVP/Chief Operating Officer

Meeting of the Board of Trustees

Thursday, July 24, 2025

Presentation Regarding the Harris Health Ambulatory Care Services (ACS)
Pasadena Strategy with Harris County



Jennifer Small, AuD, MBA, CCC-A
Chief Executive Officer – Ambulatory Care Services

Harris Health – East Harris County Clinic Strategy

Pasadena Square Development: Executive Summary

- The Pasadena Square is the proposed redevelopment of the Macroplaza Mall in Pasadena, Texas into a mixed-use development including healthcare, office and housing among potential other services. The former Dillard's Department Store within the development at 100 Pasadena Blvd. has a total gross square footage of 142,400 square feet on 2 levels. Harris County will be partnering with Harris Health in the project in the further development and use of the building. Harris County has purchased the premises occupying approximately 70,030 square feet on level two. Harris Health intends to utilize the first floor with the consolidation and relocation of the Monroe Same Day Clinic (future Urgent Care), Strawberry Health Center, and the Pediatric & Adolescent Health Center-Pasadena into approximately 60,000 sq. ft. on the first floor.
- Monroe Same Day Clinic will transition into an Urgent Care Clinic with an expanded range of services, including minor procedures and patient monitoring. In addition, proximity to family medicine and specialty practices will enhance the continuum of care for patients.
- As part of a broader consolidation effort, three clinics will be relocated into a single facility. This new location will offer on-site access to laboratory, radiology, and pharmacy services—currently available only at Strawberry Health Center. These services are not presently available at Monroe Same Day Clinic or the Pediatric & Adolescent Health Center–Pasadena.
- Harris Health is also recommending the approval of an Inter-local Agreement (ILA) with Harris County to manage the overall project for Harris County using Harris County Funding sources.



ACS Consolidated Facility: Pasadena

July 24, 2025

HARRISHEALTH

Executive Summary:

Pasadena Square is the proposed redevelopment of the Macroplaza Mall in Pasadena, Texas into a mixed-use development including healthcare, office and housing among potential other services. The former Dillard's Department Store within the development at 100 Pasadena Blvd. has a total gross square footage of 142,400 square feet on 2 levels. Harris County will be partnering with Harris Health in the project in the further development and use of the building. Harris County has purchased the premises occupying approximately 70,030 square feet on level two. Harris Health intends to utilize the first floor with the consolidation and relocation of the Monroe Same Day Clinic (future Urgent Care), Strawberry Health Center, and the Pediatric & Adolescent Health Center-Pasadena into approximately 60,000 sq. ft. on the first floor.

Harris Health is also recommending the approval of an Inter-local Agreement (ILA) with Harris County to manage the overall project for Harris County using Harris County Funding sources.

Executive Summary:

Harris Health Strategic Pillar Four: Advancing Population Health Management

- **Objective:** Improve population health through equitable access and integrated care.
- **Focus Area:** Goal 2 – Ensure access to care and enhance service integration across the continuum.

Role of Ambulatory Care Services (ACS):

- ACS supports this goal by delivering primary care, same-day care, specialty services, ambulatory surgery, and dialysis to Harris County residents.
- A new initiative will **relocate and consolidate select ACS sites** into a centralized location in southeast Harris County.

Expected Outcomes:

- Streamlined access to services
- Improved care coordination
- Enhanced patient experience
- More **integrated and equitable** care delivery

Scope of Strategic Initiative:

Facility Overview:

Considering lease of ~60,000 sq. ft. in Pasadena to create a centralized, comprehensive healthcare site.

Consolidation of Services: Plan includes relocating and unifying the following sites:

- Strawberry Health Center
- Pediatric & Adolescent Health Center – Pasadena
- Monroe Clinic (Same-Day Walk-in Services)

Benefits of Consolidation:

- Improved utilization of shared services (X-ray, lab, pharmacy)
- Enhanced care coordination across primary, urgent, and specialty care
- Increased patient volumes driven by service proximity

Next Steps:

- Approval of Harris County / Harris Health ILA addressing project management
- Approval to utilize Construction Manager-at-Risk for project delivery
- Subsequent project approvals planned for future Board meetings

Pasadena Square Master Plan:



Proposed Master Plan – Pasadena Square



Exterior Rendering Concept


Meeting of the Board of Trustees

Thursday, July 24, 2025


Consideration of Approval to Enter into an Interlocal Agreement between Harris County and Harris Health for the Buildout of Improvements and Good-Faith Negotiations to Lease Space at Pasadena Square, 100 Pasadena Blvd., Pasadena, TX 77506, with such Improvements being the Consolidation of Specified Clinics

Pasadena Square is the proposed redevelopment of the Macroplaza Mall in Pasadena, Texas into a mixed-use development including healthcare, office, education, retail, and entertainment. Harris County (the "County") has acquired the former Dillard's Department Store at 100 Pasadena Blvd (the "Building") as a part of this development, which Harris Health would occupy as a tenant for an initial twenty-five (25) year term. Harris Health would enter into an interlocal agreement with Harris County for the County to fund the building improvements to be constructed using Harris Health's contractor(s) under Harris Health's management. The building improvements will complete the first floor for Harris Health's occupancy, the "core and shell" of the Building, landscaping improvements, and a "warm shell" for the second floor for the County to complete a buildout in the future. The development costs for Harris Health's portion of the buildout improvements will be reimbursed to Harris County through a subsequent lease agreement that will be brought to the Board of Trustees for approval at a future date.

Administration recommends approval of a new interlocal agreement between Harris County and Harris Health to provide the terms for Harris County's funding of the improvements in exchange for good-faith negotiations to reimburse Harris County for the cost of the improvements over the term of a twenty-five (25) year lease agreement for the first floor of the former Dillard's Department Store at 100 Pasadena Blvd., Pasadena, TX 77506.



Patrick Casey
SVP, Facilities Construction & Systems
Engineering



Louis G. Smith, Jr.
Sr. EVP/Chief Operating Officer

**INTERLOCAL COOPERATION AGREEMENT
FOR THE BUILDOUT AND LEASE OF PROPERTY IN PASADENA, TEXAS**

THIS INTERLOCAL AGREEMENT (the “Agreement”) is entered by and between Harris County (“County”), a body corporate and politic under the laws of the State of Texas, acting by and through the Harris County Office of Management and Budget (“OMB”) and the Harris County Engineering Department (“Department”), and the Harris County Hospital District d//b/a Harris Health System (“Harris Health”), a political subdivision of the State of Texas, pursuant to the authority granted and in compliance with the provisions of the “Interlocal Cooperation Act”, Texas Government Code, Chapter 791 *et. seq.* The County and Harris Health are referred to collectively as the “Parties” and individually as a “Party”.

RECITALS

WHEREAS, County is purchasing the property commonly identified as the former Dillard’s building at 100 Pasadena Boulevard, Pasadena, Harris County, Texas 77506, in the Pasadena Square mixed-use redevelopment and as generally identified and depicted in Exhibit “A” which is incorporated herein by reference (the “Property”).

WHEREAS, Harris Health desires to convert the first floor of the Property into a health clinic and subsequently lease the first floor from the County for a term of twenty-five (25) years.

WHEREAS, both Parties seek to set forth the terms and conditions for the construction, lease, and payment of costs for the Buildout of the Pasadena Square project; and to detail the terms of the construction, completion and payment of Buildout costs at agreed-upon milestones;

WHEREAS, the County shall provide funding for Harris Health to complete the development of the full site of the Property, including all work for the buildout of the first floor for clinic use by Harris Health, and all work for delivery of Warm Shell (defined below) of the second floor for clinic use by the County (the “Buildout”); and

WHEREAS, after Buildout is complete, Harris Health will reimburse the County for Harris Health’s portion of the Buildout costs through lease payments amortized over a 25-year term and pursuant to the terms of a Lease to be executed between the Parties.

NOW THEREFORE, in consideration of the mutual promises, obligations, and benefits herein set forth, the Parties agree as follows:

TERMS

Article 1. Term and Termination

1.1 This Agreement shall be effective on the later date it is executed by the Parties (the “Effective Date”) and shall remain in full force and effect until the Buildout of the Property

is complete, subject to the terms of this Agreement, and the Parties have executed a lease agreement for the Property as set forth herein.

Article 2. Responsibilities of the Parties

2.1 Harris Health's Responsibilities:

- 2.1.1 Harris Health shall select and contract with an architect (the "Architect") for the design of the Preliminary and Final Plans, as defined below.
- 2.1.2 Harris Health shall select a construction manager at-risk ("CMAR") to complete the Improvements set forth in the Final Plans. "Improvements" is defined below in Section 4.1.
- 2.1.3 Subject to approval of the Harris Health System Board of Trustees, Harris Health intends to lease the first floor of the Property from the County for a term of twenty-five (25) years (the "Lease") and with other terms as set forth herein.

2.2 County's Responsibilities

- 2.2.1 The County intends to purchase the Property from the developer. The terms of this Agreement are conditioned upon the County closing on the purchase of the Property on or before August 31, 2025.
- 2.2.2 The County shall complete its own due diligence in identifying risks and hazards in the Property, including, but not limited to, inspection for structural integrity, confirmation of title and ownership, and a property survey to confirm boundaries and easements. The County shall not rely exclusively on the efforts of Harris Health to complete its own due diligence regarding the Property, and nothing in this Agreement removes the County's independent obligation to complete its own due diligence.
- 2.2.3 After completing the purchase of the Property, the County shall permit Harris Health and its employees, agents, contractors and suppliers to enter the Property to enable Harris Health to make the Property ready for occupancy. Any such entry into the Property shall be at Harris Health's sole risk and the County shall not be liable in any way for personal injury, death, or property damage which may be suffered in or about the Property by Harris Health or its employees, agents, contractors, suppliers or workmen.

Article 3. Condition of the Property

- 3.1 Harris Health has inspected the Property and hereby accepts the Property in its as-is condition. The County makes no representation or warranty with respect to the condition of the Property or the fitness thereof for any purpose.

Article 4. Approval of Plans and Construction of Improvements

- 4.1 **Preliminary Plans.** As soon as practicable after execution of this Agreement, Harris

Health shall submit to the County the preliminary plans, including interior and exterior site schematics and any and all design, drawings and specifications for the Buildout (hereinafter called “Preliminary Plans”), including but not limited to Preliminary Plans for the following improvements to be constructed by Harris Health on the Property (referred to as the “Improvements” throughout this Agreement):

- 4.1.1 “Landscaping” which shall be defined as and include all exterior groundwork, including but not limited to underground and utility work, if necessary, to finish the parking and landscaping for the Buildout;
- 4.1.2 “Core and Shell” shall be defined as and include all interior and exterior work to the building, including but not limited to the following areas: roof, exterior façade, windows, elevator, entrances, separation from the mall, loading dock, stairs, electrical service, plumbing, separate utilities, separation of the first and second floor units, and backup generator;
- 4.1.3 Expansion for exterior 2nd Floor Entry;
- 4.1.4 First floor/Level 1 – Interior Buildout;
- 4.1.5 Second floor/Level 2 – Warm Shell interior. “Warm Shell” shall be defined to include completion of ingress/egress points, bathrooms, MEP Infrastructure, sheetrock, , and ceiling lights; rough electrical and low voltage. Warm Shell is not intended to include wall paint, carpet, or any nonstructural walls (such as conference rooms and offices); and
- 4.1.6 MEP Infrastructure shall be defined as and include for each of the two (2) separate units: (i) full completion of first floor unit infrastructure; and (ii) second floor unit infrastructure installation with mechanical runs where possible, and rough runs to be placed when additional rooms are installed by future occupant.
- 4.2 The County’s approval of the Preliminary Plans shall not be unreasonably withheld, conditioned or delayed. If the County does not approve the Preliminary Plans, the County shall have ten (10) days to inform Harris Health in writing of the reasons for such disapproval and Harris Health shall have fifteen (15) days thereafter to resubmit revised Preliminary Plans and obtain approval thereof from the County. Harris Health shall not unreasonably refuse to satisfy any reasonable objections made by the County.
- 4.3 **Final Plans.** After approval of the Preliminary Plans by the County, Harris Health shall have the final design plans (the “Final Plans”) prepared and delivered to the County. The Final Plans shall contain a list of construction milestones with estimated funding requirements for each milestone and the portion of project costs allocable to each of the items in Article 4.1.1 through 4.1.16, above. The County’s approval of the Final Plans shall not be unreasonably withheld, conditioned or delayed. If the County does not approve the Final Plans, the County shall have ten (10) business days to inform Harris Health in writing of the reasons for such disapproval and Harris Health shall have fifteen (15) days thereafter to resubmit revised Final Plans and obtain approval thereof from the County.
 - 4.3.1 No work shall commence on the Buildout until Harris Health has received written notice of approval from Harris County of the Final Plans. The County shall provide written notice of approval or disapproval of the Final Plans to Harris Health within ten (10) business days receipt of the same. If Harris Health has not received written

approval or disapproval of the Final Plans from the County within ten (10) business days, then Final Plans shall be deemed approved.

4.3.2 Upon failure of the Parties to agree upon said Final Plans within sixty (60) days after Harris Health first furnishes the County the required Final Plans, this Agreement may be terminated by either the County or Harris Health with written notice and neither Party shall have any further obligation hereunder.

4.4 No material variation from the approved Final Plans shall be made without the prior written approval of the County, which shall not be unreasonably withheld, conditioned or delayed. Harris Health shall after approval of the Final Plans, with due diligence, construct the Improvements on the Property in a manner consistent with the provisions of Section 4.5 of this Agreement.

4.5 Construction of Improvements

4.5.1 Harris Health's selection and approval of an architect and any and all contractors and subcontractors shall be in accordance with Texas law.

4.5.2 With respect to any contract for labor or materials, Harris Health acts as a principal and not as the agent of the County. Harris Health shall have no authority to place, and shall not allow any contractor or third party to place, any lien upon the Property or any interest therein, nor in any way to bind the County, and any attempt to do so shall be void and of no effect. If any materialman's lien, affidavit, charge, or order for the payment of money shall be filed against the County, the Property or any portion thereof or interest therein, Harris Health shall, at its own cost and expense, cause same to be discharged of record by payment, bonding or otherwise no later than fifteen (15) days after notice to Harris Health of the filing thereof, but in all events, prior to foreclosure thereof. If the same has not been discharged prior to fifteen (15) days the County may, but shall not be obligated to, discharge the same and Harris Health shall be immediately responsible for repayment of any such materialman's lien, affidavit, charge, or order and any and all related expenses.

4.5.3 Within fifteen (15) days after Substantial Completion (defined below) of any improvements to be constructed by Harris Health, Harris Health shall furnish the County with the following: a) Harris Health's affidavit that Harris Health's work has been completed in strict accordance with the Final Plans and specifications, which affidavit may be relied upon by the County; b) the affidavit of the prime contractor performing Harris Health's work, to the effect that the Improvements have been fully completed in accordance with plans and specifications, and that all subcontractors, laborers, and material suppliers, supplying labor or material for the Improvements, have been paid in full; and c) a written certification from Harris Health's architect that all Improvements have been completed in accordance with the approved Final Plans.

"Substantial Completion" shall be defined as the stage in the progress of the Buildout when the work is sufficiently complete in accordance with the Final Plans (or any approved changes thereto) so that each Party can occupy or utilize the Property for its intended use.

4.5.4 All construction work performed by or on behalf of Harris Health shall be

performed in a good and workmanlike manner, in compliance with all governmental requirements, and in such manner as to cause a minimum of interference with other construction that may be in progress on or near the Property.

- 4.6 The County reserves the right at any time and upon twenty-four (24) hours advance notice to access and inspect the construction site, the books, invoices, receipt and records for any and all work performed throughout preparation of the Preliminary Plans, Final Plans, and the Buildout to confirm timeline and budget.

Article 5. Payment for Improvements

- 5.1 The Parties intend for the County to make scheduled payments to Harris Health for the design and construction of the Buildout before Harris Health incurs any costs to third party contractors. Accordingly, the County shall make the following scheduled payments to Harris Health, in a form acceptable to both parties, for the estimated costs set forth in Exhibit B (“Estimated Buildout Costs”):

- 5.1.1 **Traunch 1.** Within thirty (30) days after execution of this Agreement, the County shall pay to Harris Health the sum of Five Million and No/100 Dollars (\$5,000,000.00) for the development of Preliminary Plans and Final Plans, Construction Manager at-Risk (CMAR) preconstruction services, and environmental testing and mitigation services. This first payment is referred to as “Traunch 1” in the Conceptual Timeline in Exhibit B.
- 5.1.2 **Traunch 2.** Within thirty (30) days after approval of the Final Plans according to the terms of Section 4.3 of this Agreement, the County shall pay to Harris Health the sum of Twenty Million and No/100 Dollars (\$20,000,000.00) as the first of four payments for Harris Health to complete the Buildout. This second payment is referred to as “Traunch 2” in the Conceptual Timeline in Exhibit B.
- 5.1.3 **Traunch 3.** On or before thirty (30) days from the commencement of the Construction Period Phase I (including, but not limited to, exterior work, environmental remediation/repairs, MEP installation), the County shall pay to Harris Health the sum of Twenty Million and No/100 Dollars (\$20,000,000.00) as the second of four payments for Harris Health to complete the Buildout. This third payment is referred to as “Traunch 3” in the Conceptual Timeline in Exhibit B.
- 5.1.4 **Traunch 4.** On or before thirty (30) days from the commencement of the Construction Period Phase II (including, but not limited to, First and Second floor split, entrance/exit construction, First Floor Interior), the County shall pay to Harris Health the sum of Ten Million and No/100 Dollars (\$10,000,000.00) as the third of four payments for Harris Health to complete the Buildout. This fourth payment is referred to as “Traunch 4” in the Conceptual Timeline in Exhibit B.
- 5.1.5 **Traunch 5.** On or before thirty (30) days from the commencement of the Construction Period Phase III (including, but not limited to, Second Floor Interior, finish work) the County shall pay to Harris Health the sum of Ten Million and No/100 Dollars (\$10,000,000.00), as the fourth of four payments for Harris Health to complete the Buildout. This fifth payment is referred to as “Traunch 5” in the Conceptual Timeline in Exhibit B.

- 5.2 In the event that Harris Health reasonably believes that the Estimated Buildout Costs for any Traunch will be insufficient to complete the Improvements as set forth in the Final Plans, Harris Health shall provide written notice to the County requesting the additional funds necessary to complete the Improvements with detailed allocation of the additional amount for each specific Improvement (“Additional Funds Request”). The Additional Funds Request shall include proposals, quotes or estimates as support for the request. Any Additional Funds Requests will be submitted to the County no less than ninety (90) days before the fund disbursement is needed.
- 5.3 After receipt of Harris Health’s Additional Funds Request, and so long as the Final Plans have not been materially altered since the County’s approval, the County will make good faith efforts to promptly seek and receive any approvals necessary for the disbursement of the additional funds to Harris Health for completion of the Improvements up to a maximum amount of Eighty-Five Million and No/100 Dollars (\$85,000,000.00) (“Maximum County Expenditure”). If the total cost of the Buildout exceeds the Maximum County Expenditure, the County may elect to disburse additional funds to Harris Health for completion of Improvements, but shall be under no obligation to do so. Harris Health shall be solely responsible for payment of any amount exceeding the Maximum County Expenditure. The Parties agree and acknowledge that the County’s non-payment of any amount over the Maximum County Expenditure shall not be considered as a breach of any term of this Agreement.

Article 6. The Lease

- 6.1 After execution of this Agreement and within sixty (60) days after the County’s closing on the purchase of the Property, the Parties shall enter into a Lease Agreement setting out the terms under which Harris Health will lease the first floor of the Property for clinical purposes. Harris Health shall reimburse the County through lease payments pursuant to triple net (NNN) lease, with monthly base rental rate determined from Harris Health’s Project Costs (defined below in Section 6.3), amortized over a twenty-five (25) year term. Said rate shall not include operations and maintenance expenses, major repairs, and/or future capital improvements as set forth in the terms of the Lease Agreement. The current estimated amount of Harris Health’s Project Costs is set forth in Exhibit B under the column titled, “HH Budget Allocation.”
- 6.2 “Actual Cost,” as used herein, means the final cost for all services, supplies and materials, including but not limited to the costs for planning, testing, preconstruction, design, and construction of the Improvements as determined by the final pay invoices submitted to Harris Health after Substantial Completion. Actual Cost does not include “soft costs” like employee wages and benefits.
- 6.3 Lease payments shall be as set forth in the Lease and shall include all funds necessary for repayment to the County of the Actual Costs, including interest and other financing costs (at the exact rate as incurred by the County at the time that any such financing is issued), for the improvements to be occupied or utilized by Harris Health, as follows (referred to herein as “Harris Health’s Project Costs”):
- Fifty percent (50%) of the Actual Cost of the Landscaping improvements described in Section 4.1.1;

- Fifty percent (50%) of the Actual Cost of the Core and Shell improvements described in Section 4.1.2;
 - The Proportionate allocation of the Actual Cost of the Expansion for Second Floor Entry set forth in Section 4.1.3;
 - 100% of the Actual Cost of the First Floor Interior Buildout improvement set forth in Section 4.1.4;
 - Zero percent (0%) of the Actual Cost for the Second Floor Warm Shell improvements described in Section 4.1.5; and
 - The proportionate allocation of the Actual Cost of the MEP Infrastructure for the First Floor improvements described in Section 4.1.6.
- 6.4 The County understands and agrees that any increase in the Actual Cost of the Buildout from any revision or change in project scope which is made solely for the benefit of the Second floor, and approved by the County, shall not be included in the calculation for Harris Health's Project Costs.
- The County Project Manager and Harris Health Project Manager shall jointly determine the amount of the actual project cost assigned to each of the cost categories specified in Section 4.1 that are used to determine Harris Health's Project Cost. Any disagreements will be referred to the County Engineer and the Chief Executive Officer of Harris Health or their designated representatives for resolution.
- 6.5 The Parties agree to use the standards developed by the Building Owners and Managers Association (BOMA) in determining the actual rentable square footage of the Property and as further specified and determined under the terms of the Lease Agreement.

Article 7. Limitation of Appropriation

- 7.1 The County understands and agrees, said understanding and agreement being of the absolute essence of this Agreement, that Harris Health is not appropriating any funds for this Agreement.
- 7.2 The County understands and agrees, said understanding and agreement also being of the absolute essence of this Agreement, that failure of Harris Health to certify funds or to certify sufficient funding for the lease for any reason shall not be considered a breach of this Agreement.
- 7.3 Harris Health understands and agrees, such understanding and agreement being of the absolute essence to this Agreement, that the County has available the total maximum sum of Sixty-Five-Million and No/100 Dollars (**\$65,000,000.00**) specifically allocated to fully discharge any and all liabilities which may be incurred by the County under this Agreement, including any and all costs for any and all things or purposes, arising under or out of this Agreement, irrespective of their nature, and notwithstanding any word, statement, or thing contained in or inferred from other provisions of this Agreement, which might in any light by any person be interpreted to the contrary.
- 7.4 The County understands and agrees that when and if the cost of the Improvements become equal to or exceed the total amount available as set forth in the Limitation of Appropriations, Harris Health in its sole discretion may cease construction activities to wait for the additional funding from the County. The County hereby agrees that any costs borne by Harris Health in completing the Improvements according to the Final Plans, for which

the County received an Additional Funds Request and did not transfer the additional funds before the ninety (90) day deadline, subject to the limitations in Article 5.3, shall be repaid to Harris Health prior to the lease commencement date. In the event that the County does not reimburse Harris Health for the excess funding prior to the lease commencement date, the County understands and agrees that the monthly base rental payments will be abated at the start of the lease term for the number of months necessary for Harris Health to recover the excess costs.

Article 8. Miscellaneous

- 8.1 Non-Assignability. The County and Harris Health bind themselves and their successors, executors, administrators, and assigns to the other Party of this Agreement and to the successors, executors, administrators, and assigns of such other Party, in respect to all covenants of this Agreement. Neither the County nor Harris Health shall assign, sublet, or transfer its interest in this Agreement without the prior written consent of the other Party
- 8.2 Notice. Any notice required to be given under this Agreement (“Notice”) shall be in writing and shall be duly served when it shall have been (a) personally delivered to the address below, (b) deposited, enclosed in a wrapper with the proper postage prepaid thereon, and duly registered or certified, return receipt requested, in a United States Post Office, addressed to County or the Harris Health at the following addresses:

Harris Health: Harris Health System
PO Box 66769
Houston, TX 77266-6769
Attention: CEO/President

Copy To: Harris Health System
Attention: Brian Pitre
4800 Fournace Place
Bellaire, TX 77401

[Such copy does not constitute Notice]

Harris County: Harris County
1001 Preston Street
Houston, Texas 77002
Attn: County Judge

Copy To: Harris County Engineering Department
1111 Fannin Street, 7th Floor
Houston, Texas 77002
Attn: Director, Real Property Division

And To: Harris County Office of Management and Budget
1001 Preston
Houston, Texas 77002
Attn: Director, Revenue

- 8.2.1 Any Notice given by mail hereunder is deemed given upon deposit in the United States Mail and any Notice delivered in person shall be effective upon receipt. Each Party shall have the right to change its respective address by giving at least fifteen (15) days' written notice of such change to the other Party. Other communications, except for Notices required under this Agreement, may be sent by electronic means or in the same manner as Notices described herein.
- 8.3 Independent Parties. It is expressly understood and agreed by the Parties that nothing contained in this Agreement shall be construed to constitute or create a joint venture, partnership, association or other affiliation or like relationship between the Parties, it being specifically agreed that their relationship is and shall remain that of independent parties to a contractual relationship as set forth in this Agreement. The County is an independent contractor and neither it, nor its employees or agents shall be considered to be an employee, agent, partner, or representative of Harris Health for any purpose. Neither Harris Health, nor its employees, officers, or agents shall be considered to be employees, agents, partners or representatives of the County for any purposes. Neither Party has the authority to bind the other Party.
- 8.4 No Third-Party Beneficiaries. This Agreement shall be for the sole and exclusive benefit of the Parties and their legal successors and assigns. The County is not obligated or liable to any party other than Harris Health for the performance of this Agreement. Nothing in the Agreement is intended or shall be deemed or construed to create any additional rights or remedies upon any third party. Further, nothing contained in the Agreement shall be construed to or operate in any manner whatsoever to confer or create rights or remedies upon any third party, increase the rights or remedies of any third party, or the duties or responsibilities of County with respect to any third party.
- 8.5 Waiver of Breach. No waiver or waivers of any breach or default (or any breaches or defaults) by either Party hereto of any term, covenant, condition, or liability hereunder, or the performance by either Party of any obligation hereunder, shall be deemed or construed to be a waiver of subsequent breaches or defaults of any kind, under any circumstances.
- 8.6 No Personal Liability; No Waiver of Immunity.
- 8.6.1 Nothing in the Agreement is construed as creating any personal liability on the part of any officer, director, employee, or agent of any public body that may be a Party to the Agreement, and the Parties expressly agree that the execution of the Agreement does not create any personal liability on the part of any officer, director, employee, or agent of the County.
- 8.6.2 The Parties agree that no provision of this Agreement extends either Party's liability beyond the liability provided in the Texas Constitution and the laws of the State of Texas.
- 8.6.3 Neither the execution of this Agreement nor any other conduct of either Party

relating to this Agreement shall be considered a waiver by either Party of any right, defense, or immunity on behalf of itself, its employees or agents under the Texas Constitution or the laws of the State of Texas.

- 8.7 Applicable Law and Venue. This Agreement shall be governed by the laws of the State of Texas and the forum for any action under or related to the Agreement is exclusively in a state or federal court of competent jurisdiction in Texas. The exclusive venue for any action under or related to the Agreement is in a state or federal court of competent jurisdiction in Houston, Harris County, Texas.
- 8.8 No Binding Arbitration; Right to Jury Trial. The County does not agree to binding arbitration, nor does the County waive its right to a jury trial.
- 8.9 Contract Construction.
- 8.9.1 This Agreement shall not be construed against or in favor of any Party hereto based upon the fact that the Party did or did not author this Agreement.
- 8.9.2 The headings in this Agreement are for convenience or reference only and shall not control or affect the meaning or construction of this Agreement.
- 8.9.3 When terms are used in the singular or plural, the meaning shall apply to both.
- 8.9.4 When either the male or female gender is used, the meaning shall apply to both.
- 8.10 Recitals. The recitals set forth in this Agreement are, by this reference, incorporated into and deemed a part of this Agreement.
- 8.10 Entire Agreement; Modifications. This Agreement contains the entire agreement between the Parties relating to the rights herein granted and the obligations herein assumed. This Agreement supersedes and replaces any prior agreement between the Parties pertaining to the rights granted and the obligations assumed herein. This Agreement shall be subject to change or modification only by a subsequent written modification approved by the governing bodies of each Party.
- 8.11 Severability. The provisions of this Agreement are severable, and if any provision or part of this Agreement or the application thereof to any person, entity, or circumstance shall ever be held by any court of competent jurisdiction to be invalid or unconstitutional for any reason, the remainder of this Agreement and the application of such provision or part of this Agreement to other persons, entities, or circumstances shall not be affected thereby.
- 8.12 Survival of Terms. Any provision of this Agreement that, by its plain meaning, is intended to survive the expiration or earlier termination of this Agreement shall survive such expiration or earlier termination. If an ambiguity exists as to survival, the provision shall be deemed to survive.
- 8.13 Exhibits. All exhibits to this Agreement are incorporated herein for all purposes. The exhibits and schedules are as follows:
- Exhibit “A”** Property Site Plan
- Exhibit “B”** Budgetary Construction Estimate and Conceptual Timeline

[Signature page to follow]

IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed in their names by their proper and duly authorized officers or representatives.

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

By: _____

Name: _____

Title: _____

Date Signed: _____

HARRIS COUNTY

By: _____

Name: Lina Hidalgo

Title: County Judge

Date Signed: _____

APPROVED AS TO FORM:

CHRISTIAN D. MENEFEE
County Attorney

By: _____
Nathan Bac
Assistant County Attorney
C.A. File No. 25HSP0208

APPROVED AS TO FORM:

CHRISTIAN D. MENEFEE
County Attorney

By: _____
Justina Preston
Assistant County Attorney
C.A. File No. 25RPD0074

EXHIBIT A
Property Site Plan

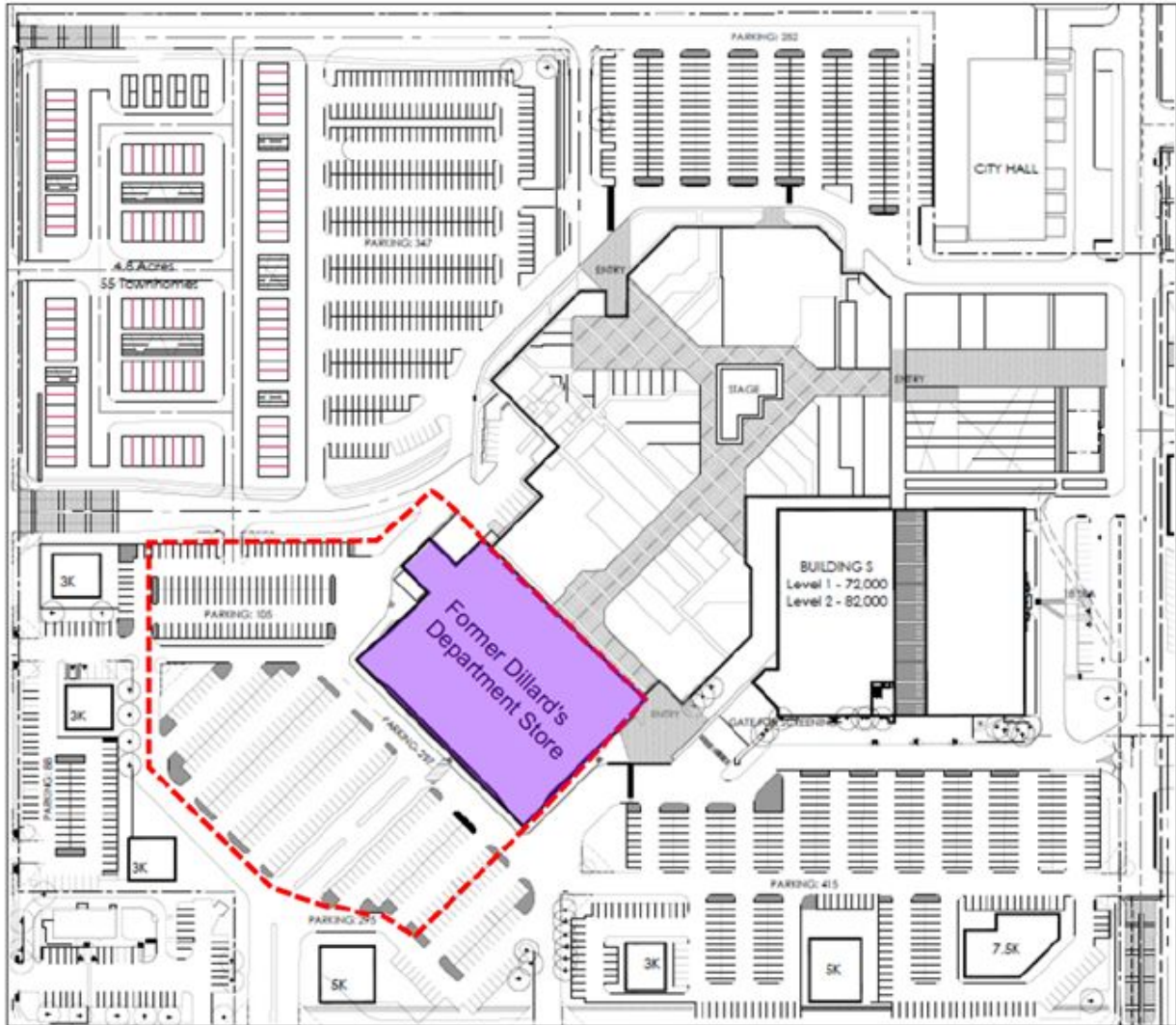


EXHIBIT B

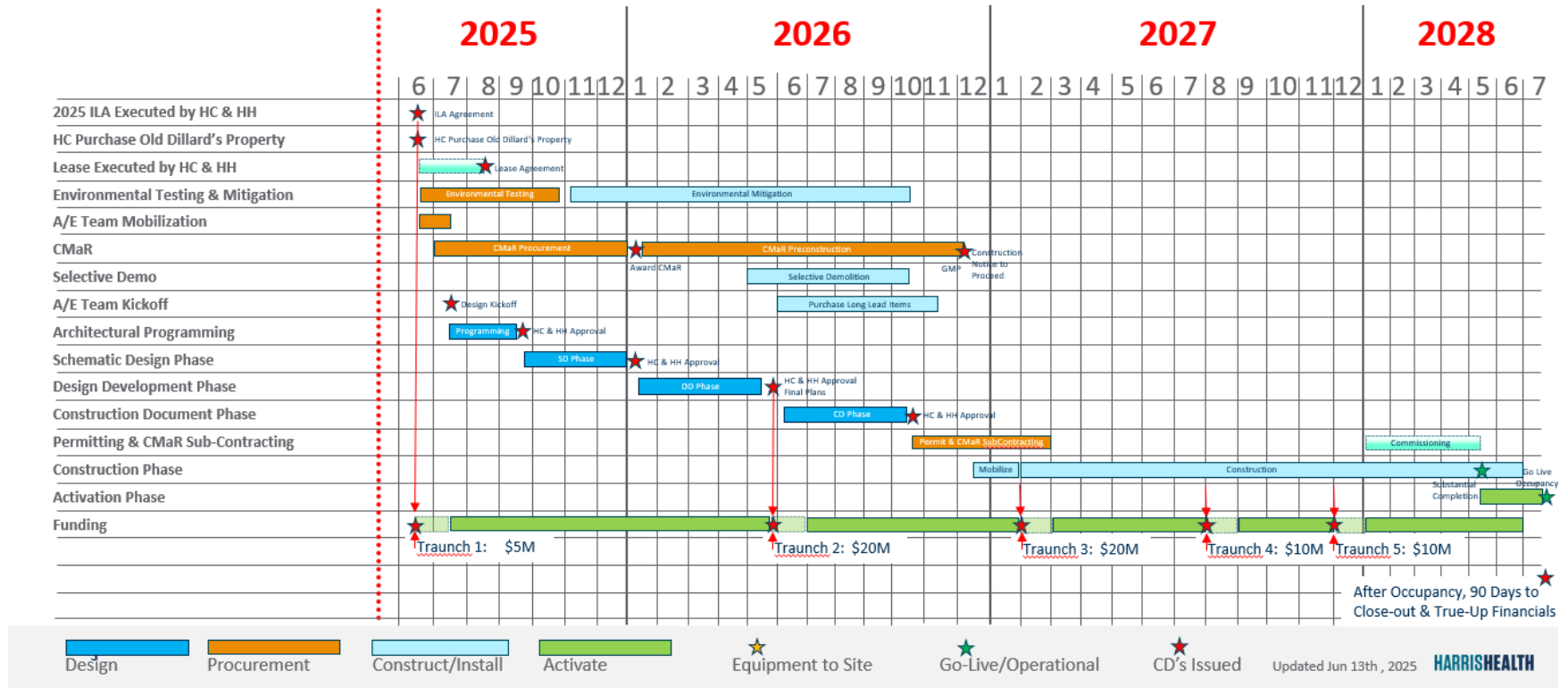
Budgetary Construction Estimate and Conceptual Timeline

(follows behind this page)

PASADENA SQUARE PROJECT BUDGET		6/26/2025	
	Estimate Totals	HC Budget Allocation	HH Budget Allocation
A/E Fees Core and Shell (Including Site Improvements):	\$ 912,000	\$ 456,000	\$ 456,000
A/E Fees 1st Level Tenant Improvements:	\$ 1,337,500	\$ -	\$ 1,337,500
CMaR Preconstruction Fee:	\$ 250,000	\$ 125,000	\$ 125,000
Environmental Testing, Mitigation and other services required:	\$ 2,500,000	\$ 1,250,000	\$ 1,250,000
Core & Shell Improvements - General (See MEP Infrastructure below):	\$ 13,745,352	\$ 6,872,676	\$ 6,872,676
Dedicated Lobby and New Elevator Access to 2nd Level Addition (2,000 sf) (*):	\$ 3,127,908	\$ 1,563,954 (*)	\$ 1,563,954 (*)
Level 1 - Clinic Interior Buildout:	\$ 25,876,948	\$ -	\$ 25,876,948
Level 2 - Warm Shell Interiors:	\$ 7,988,600	\$ 7,988,600	\$ -
MEP Infrastructure (Without Generator):	\$ 2,149,078	\$ 1,074,539	\$ 1,074,539
MEP Infrastructure (1 MW Generator & transfer switch to serve whole building coverage (8 Watts/sf):	\$ 2,740,000	\$ 1,370,000	\$ 1,370,000
Site and Landscaping Allowance:	\$ 1,500,000	\$ 750,000	\$ 750,000
Subtotal	\$ 62,127,386	\$ 21,450,769	\$ 40,676,617
Market Escalation & Potential Tariff Impacts	\$ -	\$ -	\$ -
Project Contingencies (at 4.62%):	\$ 2,872,614	\$ 991,830	\$ 1,880,784
GRAND TOTAL:	\$ 65,000,000	\$ 22,442,599	\$ 42,557,401
	Totals	HC Budget Allocation	HH Budget Allocation
RECOMMENDED TOTAL BUDGET:	\$ 65,000,000		
	County Funding		
(*) Proportional Allocation to be determined later			

Ambulatory Care Services – Pasadena Square

Conceptual Timeline



Meeting of the Board of Trustees

Thursday, July 24, 2025

Consideration of Approval to Utilize the Construction Manager at Risk (CMAR)
Delivery Method for the Construction of the Harris Health Pasadena Square Clinic Project


Administration requests Board of Trustees approval to utilize the Construction Manager at Risk (CMAR) delivery method for the construction of the Pasadena Square Clinic and that the Purchasing Agent be authorized to issue a Request for Qualification (RFQ) for the selection of the Construction Manager. This is required by Texas Government Code, Title 10, General Government, Subtitle F, State and Local contracts and Fund Management, Chapter 2269, Contracting Delivery Procedures for Construction Projects, Subchapter B, General Powers and Duties, Section 2269.056 (a) The governing body of a governmental entity (Harris Health) that considers a construction contract using a method authorized by this chapter other than competitive bidding must, before advertising, determine which method provides the best value for the governmental entity.

The CMAR project delivery method is recommended because of the complexity, duration of the project, and the best value method of selection may be utilized. Best value considers many factors including:

- The ability of the General Contractor (GC) to be engaged early in the design, ensuring constructability concerns are addressed during design.
- Cost evaluation and materials trade-offs are determined during design, reducing cost overruns and unnecessary delays/change orders throughout the project.
- A guaranteed maximum price can be established prior to the start of the project reducing owner's risk.
- An experienced CMAR contractor can help position the project so it meets or exceeds diversity goals established by Harris Health prior to the bidding of the project work by the CMAR.



Patrick Casey
SVP, Facilities Construction & Systems
Engineering



Louis G. Smith, Jr.
Sr. EVP/Chief Operating Officer

Meeting of the Board of Trustees

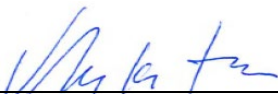
Thursday, July 24, 2025

Consideration of Approval of a Resolution Authorizing the Extension of the
JPMorgan Chase Direct Pay Letter of Credit, the Amended and Restated Fee Letter, and
the Amended and Restated Reimbursement Agreement Related to the Series 2010 Bonds

The Series 2010 Refunding and Revenue bonds issued in the amount of \$104,435,000 are secured by an irrevocable letter of credit issued by JPMorgan Chase Bank. This letter of credit will expire on August 12, 2025, unless further extended.

JPMorgan has offered to extend the letter of credit up to three additional years, through August 12, 2028, at a rate of 0.0042% per annum in accordance with the Summary of Terms and conditions of the Amended and Restated Reimbursement Agreement that is attached. The amount of the 2010 bonds currently outstanding is \$72,998,335.

Management recommends that the Board approve extension of the JPMorgan Chase Direct Pay Letter of Credit and the Amended and Restated Fee Letter and the Amended and Restated Reimbursement Agreement.



Victoria Nikitin
EVP – Chief Financial Officer

Harris County Hospital District
Direct Pay Letter of Credit
Summary of Terms and Conditions
June 26, 2025

This Summary of Terms and Conditions (the “Term Sheet”) is confidential, is intended as a statement of indicative terms only, and is provided to facilitate additional discussion. It is a proposal for your consideration only and not a commitment by JPMorgan Chase Bank, NA or its affiliates (“JPMorgan”) to provide the financing described in this Term Sheet or any other financing. The rates and fees set forth in this proposal are indicative and are subject to market conditions at all times until and unless JPMorgan commits to them to in writing and, in any event, should not be regarded as indicative after the date of this Term Sheet. Subject to the foregoing, the terms in this proposal expire on July 26, 2025.

PRINCIPAL INDICATIVE TERMS:

Lender	JPMorgan Chase Bank, N.A. (“JPMorgan Chase” or the “Bank”). Lender’s credit ratings are reflected below
Obligor	Harris County Hospital District (the “Obligor” or the “District”).
Facility/Amount	Direct Pay Letter of Credit - not to exceed \$73,000,000 plus required interest coverage (the “Facility” or “DPLOC”).
Purpose	Renewal of DPLOC to provide credit enhancement for the District’s tax-exempt Series 2010 Variable Rate Demand Bonds (the “Bonds”).
Interest Rates (see Appendix for additional details)	Refer to Appendix below.
Fees (see Appendix for additional details)	Refer to Appendix below.
Financial Covenants	Proposed covenants are consistent with those documented in the existing Reimbursement Agreement dated August 1, 2010, as amended: i. Debt Service Coverage (MADS-Basis) Ratio calculated on a rolling twelve-month basis and reported annually of at least 2.00x ii. Days Cash on Hand ratio calculated on a rolling twelve-month basis and reported semi-annually of at least 60 days.
Stated Expiration Date	Up to 3 years
Legal Fees	Obligor to Pay all Legal Fees of Lender. Legal fees will be approximately \$7,500. Kevin Twining of Troutman Pepper Locke to be engaged to represent the Bank. Attorney’s phone number is 214-740-8688.

		Moody’s	S & P	Fitch
JPMorgan Chase Bank, N.A. Ratings as of Proposal date:	Outlook:	Stable	Stable	Stable
	Long Term Issuer Ratings:	Aa2	AA-	AA
	Short Term Issuer Ratings:	P-1	A-1+	F1+

Additional customary terms and explanations follow in the attached Appendix

APPENDIX

FACILITY FEES AND INTEREST RATES

Facility Fees:	<p>Stated Expiration</p> <p>1-year</p> <p>2-year</p> <p>3-years</p>	<p>Facility Fee (1) (2) (3)</p> <p>35 bps</p> <p>38 bps</p> <p>42 bps</p>
	<p>(1) The Facility Fee would be an annual rate, expressed as a percentage (basis points) of the of the Facility Amount (less Advances) and computed on the basis of the actual number of days elapsed in a 360-day year. The Facility Fee would be paid quarterly in arrears via a direct debit and on the termination date of the Facility.</p> <p>(2) In the event of a default under the Facility, the Facility Fee would increase by 4.00%.</p> <p>(3) Pricing would be subject to a grid based on the Obligor's existing underlying long term debt rating(s) and would be subject to a ten-basis point increase for each notch change downgrade (including gradations within each rating category). In the event of a split rating, the lowest rating would apply. Such pricing would be effective as of the date of the ratings change.</p>	
Other Fees:	\$500 fee for each draw under the DPLOC (each, an "Advance")	
Bank Interest Rates:	<p>Base Rate for the first 120 days following the Advance;</p> <p>Base Rate + 1.00% after the first 120 days through the Stated Expiration Date;</p> <p>Base Rate + 2.00% during a Term Out (defined below).</p>	
Base Rate:	The greater of: (i) the Prime Rate and (ii) 7.5%. The 7.5% rate would be adjusted to 4.5% for the first 120 days after an Advance, if, as of the date of such Advance, the Bank's short term ratings from S&P and Moody's were below A-1 and P-1.	
Default Rate:	The then-applicable interest rate + 4.00%	
Maximum Bank Interest Rate:	No limitation would exist in the Agreement or other documents related to the Facility (collectively, the "Facility Documents"), or in the applicable bond documentation or authorizing resolution that restricts the interest rate to any rate lower than the maximum rate permitted by law.	
Interest Rate Recapture:	The Bank would require a customary interest rate recapture provision as protection against the possibility of the interest rate payable on Advances under the Facility exceeding the maximum rate permitted by law or the maximum rate provided for on Bank Bonds. Such excess amounts shall be payable during such time periods where the interest rate payable is below the permitted maximum rate.	

ADDITIONAL FACILITY TERMS AND PROVISIONS

Security:	The Facility will be payable from, and equally and ratably secured by a senior lien on Pledged Revenues of the District and certain funds pursuant to the Bond Order.
Reimbursement Obligation:	<p>Reimbursement obligations in respect of an Advance, except as provided below, would be due and payable on the date funded by the Bank, upon the remarketing of the applicable Bonds, or in the event that a substitute direct pay letter of credit or other credit enhancement is established in support of the Bonds, and if not so paid when due, would bear interest at the Default Rate described herein.</p> <p>So long as no Event of Default has occurred and is continuing, Advances for a failed remarketing would be required to be repaid in twelve equal quarterly installments of</p>

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principal plus interest, commencing twelve months after the date of the Advance ("Reimbursement Schedule"). Any such Advances still outstanding at the Stated Expiration Date would continue to be due and payable under the Reimbursement Schedule, subject to the Term Out section below.

- Term Out:** So long as no Event of Default has occurred and is continuing, if the Stated Expiration Date occurs and has not been extended by the Bank and a replacement facility has not been established, the Obligor: (i) would be entitled to repay the Advances for a failed remarketing, excluding those Advances subject to amortizing payments prior to the Stated Expiration Date ("Existing Amortizing Advances"), in four (4) equal quarterly installments of principal plus interest, commencing on the first day of the month after the Stated Expiration Date; and (ii) would be entitled to continue to pay the Existing Amortizing Advances in accordance with the Reimbursement Schedule set forth in the preceding paragraph. Notwithstanding the foregoing, all unpaid Advances would be required to be repaid in full and would be immediately due and payable if any payment is not paid by the Obligor when due.
- Renewal Provisions:** Renewals of the Stated Expiration Date would be within the sole discretion of the Lender and subject to its timely receipt of advance notice of request for a renewal or annual renewals as more particularly described in the Facility Documents.
- Required Documents:** The documentation would include a Direct Pay Letter of Credit and a Reimbursement Agreement (collectively, the "Agreement") between the Bank and the Obligor. The Agreement and other Facility Documents would include, but not limited to, the terms and conditions outlined herein as well as the Bank's standard provisions with respect to representations and warranties, covenants, events of default, remedies, conditions precedent, indemnification (gross negligence standard), right of set-off, waiver of sovereign immunity (if applicable), waiver of jury trial, compliance with anti-corruption laws, protections against increased costs and other general provisions that the Bank and its counsel deem necessary and would otherwise be satisfactory in form and substance to the Bank and its counsel.
- Conditions Precedent:** Usual and customary representations and warranties and other conditions prior to the issuance of the Direct Pay Letter of Credit by the Bank for like situated obligors and for the type and term of the Facility, including absence of default, absence of material litigation and absence of material adverse change from the Obligor's financial conditions and operations as reflected in the financial statements dated September 30, 2024.
- Additional conditions precedent would include delivery of acceptable bond documentation and legal opinions, including an opinion of legal counsel acceptable to the Bank as to the validity and enforceability of the Obligor's obligations under the Agreement and related bond documents.
- Harris County Hospital District's underlying long-term debt ratings shall be rated A2- by Moody's.
- Financial Covenants:** Proposed covenants are consistent with those documented in the existing Reimbursement Agreement dated August 1, 2010, as amended:
1. Debt Service Coverage (MADS-Basis) Ratio calculated on a rolling twelve-month basis and reported annually of at least 2.00x
 2. Days Cash on Hand ratio calculated on a rolling twelve-month basis and reported semiannually of at least 60 days.
- Reporting Covenants:** The Obligor would provide the following items in an electronic format acceptable to the Bank.
1. Annual, audited, consolidated and consolidating financial statements of the Obligor within 150 days of the fiscal year end.
 2. Semi-Annual, unaudited, consolidated and consolidating financial statements of the Obligor within 75 days of each of the first three fiscal quarters.

3. Together with the above financial statements, a covenant compliance certificate signed by an Authorized Officer of the Obligor in a form satisfactory to the Bank.
4. Annual, Borrower-prepared utilization statistics, payor mix statistics and operating and capital budgets for the Borrower.
5. Additional information as reasonably requested by the Bank.

Yield Protection:

The Agreement and related bond documentation would contain customary provisions protecting the Bank against increased costs or loss of yield resulting from changes in reserve, tax code, capital adequacy and other requirements of law and in connection with the Dodd Frank Wall Street Reform and Consumer Protection Act, and Basel III, and from the imposition of or changes in withholding or other taxes.

GENERAL BANK REQUIREMENTS/DISCLOSURES

Participations:

The Bank would be entitled, in its sole discretion, to sell participations in the Facility and disclose information to prospective participants and share, at its option, any fees with such participants.

Waiver of Jury Trial:

The Obligor and the Bank would waive, to the fullest extent permitted by applicable law, any right to have a jury participate in resolving any dispute in any way related to this Term Sheet, any related documentation or the transactions contemplated hereby or thereby.

Governing Law:

All aspects of the Facility being discussed, including this Term Sheet and any Facility Documents, will be governed by the laws of the State of Texas.

Banking Relationship:

The Facility would be provided with the understanding that the Borrower would maintain its primary banking depository and disbursement relationship with the Bank.

Municipal Advisor Disclosure:

The Obligor acknowledges and agrees that (i) the transaction contemplated herein is an arm's length commercial transaction between the Obligor and the Bank and its affiliates, (ii) in connection with such transaction, the Bank and its affiliates are acting solely as a principal and not as an advisor including, without limitation, a "Municipal Advisor" as such term is defined in Section 15B of the Securities and Exchange Act of 1934, as amended, and the related final rules (the "Municipal Advisor Rules"), agent or a fiduciary of the Obligor, (iii) the Bank and its affiliates are relying on the Bank exemption in the Municipal Advisor Rules, (iv) the Bank and its affiliates have not provided any advice or assumed any advisory or fiduciary responsibility in favor of the Obligor with respect to the transaction contemplated hereby and the discussions, undertakings and procedures leading thereto (whether or not the Bank, or any affiliate of the Bank, has provided other services or advised, or is currently providing other services or advising the Obligor on other matters), (v) the Bank and its affiliates have financial and other interests that differ from those of the Obligor, and (vi) the Obligor has consulted with its own financial, legal, accounting, tax and other advisors, as applicable, to the extent it deemed appropriate.

Expenses:

The Obligor would pay or reimburse the Bank for all its out-of-pocket costs and expenses and reasonable attorneys' fees where not prohibited by applicable law and incurred in connection with (i) the development, preparation and execution of the Facility, and (ii) in connection with the enforcement or preservation of any rights under any agreement, any amendment, supplement, or modification thereto, and any other Facility Documents both before and after judgment.

Information Sharing:

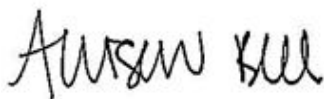
The Obligor would agree that the Bank may provide any information or knowledge the Bank may have about the Obligor or about any matter relating to the Facility Documents or the Facility described in this Term Sheet to JPMorgan Chase & Co., or any of its subsidiaries or affiliates or their successors, or to any one or more purchasers or potential purchasers of the Bonds, or participants or assignees of the Bonds or the Facility described in this Term Sheet.

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Website Disclosure:	As a best practice to maintain transparency, final DPLOC documentation or information relating to the DPLOC may be posted by the Obligor on a national public bond market repository provided that certain information is redacted by the Obligor as directed by the Bank consistent with MSRB and SEC rules. Items that should be redacted include, but are not limited to, signatures/names, account numbers, wire transfer and payment instructions and any other data that could be construed as sensitive information.	
Confidentiality:	This Term Sheet is for Obligor confidential review and may not be disclosed by it to any other person other than its employees, attorneys, board members and financial advisors (but not other commercial lenders), and then only in connection with the transactions being discussed and on a confidential basis, except where disclosure is required by law, or where the Bank consents to the proposed disclosure.	
Bank Credit Decision:	Satisfactory final due diligence, in the Bank's sole discretion, would be required consisting of, but may not be limited to, full review of requested financial statements and financing documents and discussions with management and other background due diligence of the Obligor and its management. Should the Obligor request financing substantially on the terms and conditions described in this Term Sheet, the Bank's credit decision would be made promptly after receipt of such request and completion of due diligence.	
Bank Contacts:	Allison Bell Relationship Executive 600 Travis St, Floor 10 Houston, TX, 77002 Ph: 713-216-0391 allison.s.bell@jpmorgan.com	Alejandro (Alex) Ramirez Lead Credit Officer 1455 16th St Mall, Floor 05 Denver, CO, 80202 Ph: 303-607-7822 alejandro.ramirez@jpmorgan.com

Should you have any questions, please do not hesitate to contact either of us. Thank you for this opportunity.

Sincerely,



Allison Bell



Alejandro (Alex) Ramirez

RESOLUTION AUTHORIZING THE EXECUTION OF A SECOND AMENDMENT TO THE AMENDED AND RESTATED REIMBURSEMENT AGREEMENT FOR THE PURPOSE OF EXTENDING THE LETTER OF CREDIT RELATING TO THE HARRIS COUNTY HOSPITAL DISTRICT'S \$104,435,000 SENIOR LIEN REFUNDING REVENUE BONDS, SERIES 2010; CONFIRMING AND RATIFYING CERTAIN MATTERS AND AGREEMENTS RELATING TO SUCH EXTENSION; AND MAKING FINDINGS RELATING THERETO

WHEREAS, the Harris County Hospital District, d/b/a Harris Health, a political subdivision of the State of Texas (the "District"), and JPMorgan Chase Bank, N.A. (the "Bank") are parties to a Letter of Credit executed in connection with the District's \$104,435,000 Senior Lien Refunding Revenue Bonds, Series 2010 (the "Letter of Credit"); and

WHEREAS, such Letter of Credit is set to expire on August 12, 2025; and

WHEREAS, the Board of Trustees of the District (the "Board") approved the [First Amendment to the Amended & Restated Reimbursement Letter of Credit] dated as of July 25, 2024, extending the termination date for one year to August 12, 2025 by Resolution No. [24.07-104]; and

WHEREAS, the District and Bank desire to extend the termination date of the Letter of Credit to August 12, 2027 (including the execution of an Amended and Restated Reimbursement Agreement) and enter into an amended fee agreement relating to such facility; and

WHEREAS, the Board has determined that it is in the District's best interest to authorize and approve by this Resolution the extension of the Letter of Credit and related Second Amendment to the Amended and Restated Reimbursement Agreement.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF HARRIS COUNTY HOSPITAL DISTRICT THAT:

Section 1. Execution of [Second] Amendment to Amended and Restated Reimbursement Agreement. The [Second Amendment to Amended and Restated Reimbursement Agreement] between the District and the Bank (the "*Second Amendment*") extending the termination date of the Letter of Credit are each hereby approved. The Chief Executive Officer or Chief Financial Officer of the District is hereby authorized to execute and deliver aforementioned documents. The Board hereby approves the performance of the terms and conditions of the Letter of Credit, as amended by the Second Amendment to the Amended and Restated Reimbursement Agreement related thereto, and any other documents required thereunder and approved pursuant to this Resolution.

Section 2. Authorized Representative. The Chief Executive Officer and Chief Financial Officer (the "Officials") are hereby authorized and directed by the Board to do and perform all acts and things and to execute, acknowledge and deliver in the name, under the seal and on behalf of the District, all documents as are necessary or desirable to carry out the terms and provisions of this Resolution.

Section 3. Ratification and Confirmation of Resolution No. [] and Prior Agreements. (a) Resolution No. [] is hereby ratified and confirmed in all respects.

(b) All prior amendments relating to the Letter of Credit are hereby ratified and confirmed in all respects.

(c) All prior reimbursement agreements relating to the extension of the Letter of Credit are hereby ratified and confirmed in all respects.

Section 4. Findings. The findings and determinations set forth in the recitals of this Resolution are hereby determined to be true and correct.

Section 5. Severability. If any section, paragraph, clause or provision of this Resolution shall for any reason be held to be invalid or unenforceable, the invalidity or unenforceability of such section, paragraph, clause or provision shall not affect any of the remaining provisions of this Resolution.

Section 6. Open Meeting. It is hereby found, determined and declared that a sufficient written notice of the date, hour, place and subject of the meeting of the Board at which this Resolution was adopted was posted at a place convenient and readily accessible at all times to the general public for the time required by law preceding this meeting, as required by the Open Meetings Law, Chapter 551, Texas Government Code, and that this meeting has been open to the public as required by law at all times during which this Resolution and the subject matter thereof has been discussed, considered and formally acted upon. The Board further ratifies, approves and confirms such written notice and the contents and posting thereof.

Section 7. Repealer. All orders, resolutions and ordinances, or parts thereof, inconsistent herewith are hereby repealed to the extent of such inconsistency.

Section 8. Effective Date. This Resolution shall be in force and effect upon ratification and approval by the Board.

[EXECUTION PAGE FOLLOWS]

PASSED AND APPROVED this ____ day of _____, 2025.

**HARRIS COUNTY HOSPITAL
DISTRICT**

Andrea Caracostis, MD, MPH
Chair, Board of Trustees

ATTEST:

Libby Viera-Bland, AICP
Secretary, Board of Trustees

(SEAL)

CERTIFICATE OF SECRETARY

THE STATE OF TEXAS §

COUNTY OF HARRIS §

HARRIS COUNTY HOSPITAL DISTRICT §

I, the undersigned Secretary of the Board of Trustees of the Harris County Hospital District, hereby certify as follows:

1. The Board of Trustees of the Harris County Hospital District, convened in a regular meeting on _____, 2025, at the regular meeting place thereof, and the roll was called of the duly constituted officers and members of said Board, to wit:

Andrea Caracostis Board Chair

Carol Paret Vice Chair

Afsheen Davis Trustee

Sima Ladjevardian Trustee

Paul J. Puente Trustee

Ingrid Robinson Trustee

Philip Patrick Sun Trustee

Marlen J. Trujillo Trustee

Libby Viera-Bland Secretary

and all of said persons were present, except the following absentee(s): _____, thus constituting a quorum. Whereupon, among other business, the following was transacted at said meeting: a written

RESOLUTION AUTHORIZING THE EXECUTION OF AN AMENDMENT TO EXTEND LETTER OF CREDIT AND RELATED AMENDED AND RESTATED REIMBURSEMENT AGREEMENT RELATING TO THE HARRIS COUNTY HOSPITAL DISTRICT'S \$104,435,000 SENIOR LIEN REFUNDING REVENUE BONDS, SERIES 2010; CONFIRMING AND RATIFYING CERTAIN MATTERS AND AGREEMENTS RELATING TO SUCH EXTENSION; AND MAKING FINDINGS RELATING THERETO

was duly introduced for the consideration of said Board. It was then duly moved and seconded that said resolution be adopted; and, after due discussion, said motion, carrying with it the adoption of said resolution prevailed and carried by the following vote:

Member(s) shown present voted "Aye."

Member(s) shown present voted "No."

Member(s) shown present abstained from voting.

2. A true, full and correct copy of the aforesaid resolution adopted at the meeting described in the above and foregoing paragraph is attached to and follows this certificate; that said ordinance has been duly recorded in said Board's minutes of said meeting; that the above and foregoing paragraph is a true, full and correct excerpt from said Board's minutes of said meeting pertaining to the adoption of said ordinance; that the persons named in the above and foregoing paragraph are the duly chosen, qualified and acting officers and members of said Board as indicated therein; that each of the officers and members of said Board was duly and sufficiently notified officially and personally, in advance, of the date, hour, place and purpose of the aforesaid meeting, and that said ordinance would be introduced and considered for adoption at said meeting, and each of said officers and members consented, in advance, to the holding of said meeting for such purpose; that said meeting was open to the public as required by law; and that public notice of the date, hour, place and subject of said meeting was given as required by Chapter 551, Texas Government Code, as amended.

SIGNED AND SEALED this _____ day of _____, 2025.

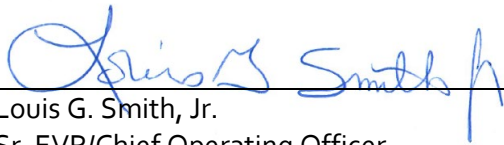
[SEAL]

Libby Viera-Bland, AICP
Secretary, Board of Trustees
Harris County Hospital District

Meeting of the Board of Trustees

Thursday, July 24, 2025

Presentation Regarding Harris Health's Strategic Facilities Plan Management

A handwritten signature in blue ink, appearing to read "Louis G. Smith, Jr.", is written over a horizontal line.

Louis G. Smith, Jr.
Sr. EVP/Chief Operating Officer

Harris Health Strategic Facilities Plan Management

HARRISHEALTH

Three Major Categories Driving Construction Costs

1 Design Goals

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

2 Market Conditions

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

3 Site Conditions/ Organizational Policies

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

Strategic Facilities Plan - Management of Funding Strategies

- Focus the LBJ Legacy redeployment projects on identified outpatient hospital services (already identified: radiation oncology) and ACS clinical support areas in support of the LBJ campus and the new inpatient facility
- Internal management of the strategic facility plan based on priorities for the bond funding distribution between LBJ, Ben Taub and ACS
- Lengthen time horizon for the Strategic Facilities Plan based on current environment
- Evaluate opportunities for additional philanthropic support above and beyond the \$100M goal

Facilities Construction Cost Mitigation Strategies

- **Local Materials & Methods:** Early design decisions prioritized the use of local resources, such as choosing concrete over steel to avoid tariffs, shortages, and delays. Concrete is readily available in Houston, reducing supply chain risks.
- **OCIP Implementation:** Adopted an Owner Controlled Insurance Program, saving approximately \$20 million. This also supports small and MWBE firms by providing insurance coverage they might otherwise lack.
- **Early Design Completion:** Finalized design before the bond election to enable a Spring 2024 construction start. Over \$1 billion is under contract, with \$750 million already bought out. Early procurement has saved \$28 million so far.
- **Ongoing Market Monitoring:** Daily coordination with trade partners ensures strategic purchasing. For example, \$8 million (included in the \$28) was saved by pre-purchasing all the long-lead items for the Central Utility Plant. This includes generators, air handling units, electrical switch gear, ATS switches, etc.
- **Proactive Planning:** The team uses daily communication, pull-planning, and prefabrication to anticipate and manage material cost escalation. We are implementing an extensive amount of prefabrication in the building, patient toilet rooms, head walls, exterior building skin, electrical and mechanical components, etc.
- **Value Engineering:** Achieved \$60 million in savings through cost-effective substitutions without compromising design quality.
- **Early Material Procurement:** Purchasing and storing materials in advance has helped avoid cost increases and supply issues.
- **Utility Partnership:** Negotiated with CenterPoint Energy to cover the cost of underground electrical infrastructure, saving \$21 million.
- **Inclusive Bidding Strategy:** Bid packages were broken into smaller scopes to attract local, small, and MWBE subcontractors. This also provided more competition and better opportunities for local businesses to participate.
- **CMAR Contract Terms:** Ensured that all bid and buyout savings are returned to Harris Health.

Comparable Construction Cost Market Data for Texas – LBJ Inpatient Facility Project

Project	Completion	Construction Costs	Square Footage	Cost / SF	Notes
New Hospital on LBJ Campus	Q3 2028	\$1,329,375,452	1,317,924	\$1,008	86,750 SF shelled
Children's Hospital of Dallas	2030	\$4,770,000,000	4,500,000	\$1,060	no shelled space
UT San Antonio Hospital	Q4 2024	\$ 600,000,000	550,000	\$1,090	no shelled space
Houston Methodist Centennial Tower	Q1 2027	\$1,250,000,000	1,267,000	987	260,000 SF shelled
Houston Methodist Walter Tower	2019	\$870,406,000	957,000	910	50,000 SF shelled (cost escalation from 2016 to 2026)

As of December 2024

Bond Fund Expenditures

- The first bond issuance of \$840 million was received on May 29, 2025.
- Out of that total amount, Harris Health was reimbursed \$278 million for LBJ campus projects that have been funded out of Harris Health's cash since the summer of 2023.
- This reimbursement was performed in accordance with the reimbursement resolution adopted by Harris Health's Board in August 2023. The resolution covers expenditures related to the LBJ hospital expansion, property acquisition, parking garage, Central Utilities Plant and related construction.
- The remaining balance of the first issuance (\$562 million) will finance ongoing construction.
- Harris Health anticipates a second bond issuance in May 2026.



Paige McInnis
Harris County Purchasing Agent

July 10, 2025

Board of Trustees Office
Harris Health

RE: Board of Trustees Meeting – July 24, 2025
Budget and Finance Agenda Items

The Office of the Harris County Purchasing Agent recommends review of the attached procurement actions:

- A. Approvals
- B. Harris Health Premier Spend Report for Q2 FY2025 (information only, no action requested)

All recommendations are within the guidelines established by Harris County and Harris Health.

Sincerely,

Paige McInnis

Paige McInnis
Purchasing Agent

JA/ea
Attachments

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

Expenditure Summary: July 24, 2025 (Approvals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A1	Gulf Coast Regional Blood Center (HCHD-509) MWBE Goal: 0% Non-Divisible	Blood, Blood Products and Services for Harris Health System - To continue providing blood, blood products, and services for Harris Health System. Job No. 210178	Renewal September 01, 2025 through August 31, 2026	Norin Pung	\$ 8,734,115	\$ 9,469,367
A2	The Brandt Companies, LLC MWBE Goal: 12%	Job Order Contracting for Electrical and/or Electrical Related Projects for Harris Health - To provide electrical and/or electrical related projects for small and large projects that may be of a recurring nature, with indefinite delivery times and/or indefinite quantities at locations throughout Harris Health. Job No. 240232	Award Best proposal meeting requirements July 24, 2025 through July 23, 2026 with four (4) one-year renewal options	Harris Health		*
A3	The Brandt Companies, LLC MWBE Goal: 6% Letsos Company MWBE Goal: 6%	Job Order Contracting for HVAC and/or HVAC Related Projects for Harris Health - To provide heating, ventilation, and air condition (HVAC) repair, renovation, or alteration services for small and large projects that may be of a recurring nature, with indefinite delivery times and/or indefinite quantities at locations throughout Harris Health. Job No. 240233	Award Best proposal meeting requirements July 24, 2025 through July 23, 2026 with four (4) one-year renewal options	Harris Health		*
A4	The Trevino Group, Inc. MWBE Goal: 20%	Installation of Surgical Lighting System at Lyndon B. Johnson Hospital for Harris Health - To provide all labor, materials, equipment and incidental for the installation of surgical lighting system at Lyndon B. Johnson Hospital. The owner contingency provides for coverage on unanticipated costs throughout the construction project. Job No. 250124	Lowest priced proposal meeting requirements	Babak Zare		\$ 1,063,725
A5	SABA Software (HCHD-302) MWBE Goal: Exempt Sole Source	Maintenance and Support for the Learning Management System and Cloud Based Services for Data Management for Harris Health - To continue to provide maintenance and support for the Learning Management System for Harris Health. Saba Learning includes learning capabilities, such as catalog, certifications, curriculum, basic testing and assessment authoring, and content management feature. This also includes Cloud Based Services for Data Management. Sole Source Exemption	Renewal Sole Source Exemption September 17, 2025 through September 16, 2026	Erick Reid Norma Lemon-Pearson	\$ 464,684	\$ 484,553
A6	SpecialtyCare Cardiovascular Resources, LLC MWBE Goal: 15%	Cardiovascular Perfusion Services - To provide Cardiovascular Perfusion Services to patients of Harris Health Professional Services Exemption	Award Professional Services Exemption One (1) year initial term with four (4) one-year renewal options	Pedro Saldana		\$ 390,000
					Total Expenditures	\$ 25,407,645
					Total Revenue	\$ (0)

Thursday, July 24, 2025

Harris Health Second Quarter of Fiscal Year 2025 Premier Spend Report
for Information Only

HARRIS HEALTH PREMIER Q2 SPEND FY2025	
SUPPLIER	Q2 SPEND FY2025
MEDLINE INDUSTRIES LP	\$8,660,303
AMN HEALTHCARE INC	\$8,231,082
STRYKER MEDICAL	\$3,776,539
HOLOGIC SALES AND SERVICE LLC	\$3,434,705
US FOODS INC	\$3,213,078
CARDINAL HEALTH 200 LLC	\$2,597,094
MORRIS & DICKSON CO., LTD	\$1,853,135
JOHNSON & JOHNSON HEALTH CARE SYSTEMS INC	\$1,718,405
BOSTON SCIENTIFIC CORP	\$1,597,362
MCKESSON PHARMACEUTICAL	\$1,218,142
HILL-ROM COMPANY INC	\$1,201,540
PHILIPS HEALTHCARE	\$1,195,017
BAXTER HEALTHCARE CORP	\$1,008,516
PFIZER (BRAND)	\$1,001,215
BECTON DICKINSON AND COMPANY	\$940,965
COVIDIEN SALES LLC	\$905,139
LABORATORY CORP OF AMERICA HOLDINGS	\$867,906
BELMONT MEDICAL TECHNOLOGIES	\$811,293
CLEAN HARBORS ENVIRONMENTAL SERVICES INC	\$790,620
FFF ENTERPRISES INC	\$737,501
BECKMAN COULTER INC	\$672,266
OLYMPUS AMERICA INC	\$641,697
STERIS CORP	\$593,927
MEDTRONIC INC	\$493,847
STRYKER INSTRUMENTS	\$480,653
SMITH & NEPHEW INC - ORTHOPAEDIC DIVISION	\$462,447
CSL BEHRING	\$455,493
ABBOTT LABORATORIES INC	\$449,448
ABBVIE US LLC	\$426,206
AMGEN INC	\$411,443
INSIGHT DIRECT USA INC	\$410,270
DRAEGER INC	\$385,717
MOLNLYCKE HEALTH CARE US LLC	\$376,946
PARTSSOURCE INC	\$368,718
FUJIFILM SONOSITE INC	\$367,880

HARRIS HEALTH PREMIER Q2 SPEND FY2025	
SUPPLIER	Q2 SPEND FY2025
MASIMO AMERICAS INC	\$363,807
PENUMBRA INC	\$339,732
ICU MEDICAL SALES INC	\$330,492
DIVERSEY INC	\$306,658
CAREFUSION 303 INC	\$303,865
BIOMERIEUX INC	\$299,370
W.W. GRAINGER INC	\$285,230
SYSMEX AMERICA INC	\$281,044
CDW	\$275,276
ODP BUSINESS SOLUTIONS LLC	\$270,574
3M MEDICAL SOLUTIONS	\$266,292
STRYKER CRANIOMAXILLOFACIAL	\$252,487
WELCH ALLYN INC	\$249,384
SOLVENTUM US LLC	\$235,086
COOK MEDICAL LLC	\$223,492
SAGE PRODUCTS LLC	\$206,802
FRESENIUS KABI USA LLC	\$199,272
NETWORK DISTRIBUTION	\$199,025
MGC DIAGNOSTICS CORP	\$194,491
STANDARD TEXTILE CO. INC	\$193,554
MEDELA LLC	\$187,595
TELEFLEX LLC	\$178,882
INTEGRA LIFESCIENCES CORP	\$174,543
GETINGE USA SALES LLC	\$167,637
CAREFUSION SOLUTIONS LLC	\$166,482
PFIZER (GENERIC)	\$166,269
STRYKER ENDOSCOPY	\$164,013
PC CONNECTION INC	\$162,920
JUBILANT DRAXIMAGE INC	\$155,938
GEORGIA-PACIFIC CONSUMER PRODUCTS LP	\$146,994
CHIESI USA INC	\$146,693
AESCU LAP INC	\$145,227
NESTLE HEALTH SCIENCES	\$143,344
SHOCKWAVE MEDICAL INC	\$142,450
GE MEDICAL SYSTEMS INFORMATION TECHNOLOGIES INC	\$141,078

HARRIS HEALTH PREMIER Q2 SPEND FY2025	
SUPPLIER	Q2 SPEND FY2025
MUSCULOSKELETAL TRANSPLANT FOUNDATION	\$139,489
B. BRAUN MEDICAL INC	\$138,822
WELLS PHARMA OF HOUSTON LLC	\$133,688
EDWARDS LIFESCIENCES LLC	\$133,007
US FOODS CULINARY EQUIPMENT & SUPPLIES	\$129,835
LYFT	\$128,665
BARD PERIPHERAL VASCULAR INC	\$128,367
ORTHO-CLINICAL DIAGNOSTICS INC	\$127,894
ASTELLAS PHARMA US INC	\$126,680
APPLIED MEDICAL DISTRIBUTION CORP	\$118,673
INARI MEDICAL INC	\$111,600
AGILITI HEALTH INC	\$110,001
SHARED IMAGING LLC	\$109,950
BAYER HEALTHCARE LLC	\$104,899
BAUSCH HEALTH US LLC	\$104,138
S2S GLOBAL	\$103,932
ACUMED LLC	\$102,891
AMERICAN HEALTH PACKAGING	\$100,646
EHOB LLC	\$100,529
SWISSLOG HEALTHCARE	\$99,455
BARD MEDICAL DIVISION	\$99,374
ZIMMER BIOMET	\$93,611
PRECISION DYNAMICS CORP	\$92,256
NOVO NORDISK INC	\$92,065
NEOGENOMICS LABORATORIES INC	\$89,873
MYLAN INSTITUTIONAL	\$89,351
CARLISLE FOODSERVICE PRODUCTS	\$89,296
PACTIV LLC	\$88,525
I.B.S. SOLUTIONS CORP	\$88,180
TIDI PRODUCTS LLC	\$88,031
PERFORMANCE HEALTH SUPPLY INC	\$87,222
KERECIS LLC	\$86,056
GE HEALTHCARE INC	\$84,046
HIKMA PHARMACEUTICALS USA INC	\$81,868
AT&T MOBILITY NATIONAL ACCOUNTS LLC	\$81,372

HARRIS HEALTH PREMIER Q2 SPEND FY2025	
SUPPLIER	Q2 SPEND FY2025
SOLAIRE MEDICAL STORAGE LLC	\$81,026
KARL STORZ ENDOSCOPY-AMERICA INC	\$79,900
LINDE GAS & EQUIPMENT INC	\$78,085
PEPSICO FOODSERVICE	\$76,093
SOFIE CO.	\$75,425
ARAMARK UNIFORM AND CAREER APPAREL	\$71,155
AIRLIFE	\$69,955
ECOLAB USA INC	\$68,667
FISHER & PAYKEL HEALTHCARE INC	\$68,494
MIDMARK SALES CORP	\$68,298
DIAGNOSTICA STAGO INC	\$68,037
WNA INC	\$66,852
SABERT CORP	\$65,087
TEVA PHARMACEUTICALS USA (BRAND)	\$64,813
FAGRON STERILE SERVICES	\$64,550
MERIT MEDICAL SYSTEMS INC	\$63,968
INTEGRA LIFESCIENCES SALES LLC	\$62,190
RICHARD-ALLAN SCIENTIFIC LLC	\$61,909
BIO-RAD LABORATORIES INC	\$60,982
PRECHECK	\$60,049
HENRY SCHEIN INC	\$58,292
NOVARTIS PHARMACEUTICALS CORP	\$54,362
ENCOMPASS GROUP LLC	\$54,159
DOLE PACKAGED FOODS COMPANY	\$52,688
DAVOL INC	\$52,571
KURIN INC	\$52,500
HEALTHMARK INDUSTRIES CO. INC	\$51,012
NOVA BIOMEDICAL CORP	\$50,884
SUN PHARMACEUTICAL INDUSTRIES LTD	\$50,589
INTERMETRO INDUSTRIES CORP	\$50,480
MERCK SHARP & DOHME LLC	\$49,635
AMPHASTAR PHARMACEUTICALS INC	\$48,970
MICHAEL FOODS INC	\$47,815
HORMEL FOODS CORP	\$45,759
J.M. SMUCKER COMPANY	\$45,622

HARRIS HEALTH PREMIER Q2 SPEND FY2025	
SUPPLIER	Q2 SPEND FY2025
HEALTH CARE LOGISTICS INC	\$44,599
FISHER SCIENTIFIC HEALTHCARE	\$44,330
ARUP LABORATORIES INC	\$43,277
AMERICAN REGENT INC	\$43,067
VERATHON INC	\$42,262
W. L. GORE & ASSOCIATES INC	\$42,179
KIMBERLY CLARK GLOBAL SALES LLC	\$41,857
TYSON FOODS INC	\$41,539
CONVATEC INC	\$40,643
VERITIV CORP	\$39,824
LUMINEX CORP	\$38,304
SMITHS MEDICAL ASD INC	\$37,635
SAGENT PHARMACEUTICALS INC	\$37,344
NALCO COMPANY LLC	\$36,405
ORASURE TECHNOLOGIES INC	\$35,970
SANOFI-AVENTIS U.S. LLC	\$35,921
PROFESSIONAL DISPOSABLES INTERNATIONAL INC	\$35,557
ZYDUS PHARMACEUTICALS USA INC	\$35,510
FLOWERS BAKERIES LLC	\$34,354
SCA PHARMACEUTICALS LLC	\$33,186
KRAFT HEINZ FOODS COMPANY FOODSERVICE DIVISION	\$33,166
DEROYAL INDUSTRIES INC	\$32,709
VAPOTHERM INC	\$31,692
LEICA BIOSYSTEMS	\$31,595
AZURITY PHARMACEUTICALS INC	\$31,581
RADIOMETER AMERICA INC	\$30,776
QUVA PHARMA INC	\$30,425
EVIDENT SCIENTIFIC INC	\$30,294
COUNTRY PURE FOODS INC	\$29,980
DART CONTAINER CORP	\$29,959
REMEL INC	\$29,869
ADVANCED STERILIZATION PRODUCTS SERVICES INC	\$29,797
VESTIS SERVICES LLC	\$29,468
ERBE USA INC	\$29,195
3M COMPANY	\$26,893

HARRIS HEALTH PREMIER Q2 SPEND FY2025	
SUPPLIER	Q2 SPEND FY2025
ASTRAZENECA PHARMACEUTICALS LP	\$26,735
O&M HALYARD INC	\$26,630
MELINTA THERAPEUTICS INC	\$26,585
EXELA PHARMA SCIENCES LLC	\$26,057
TAYLOR HEALTHCARE	\$25,249
CONAGRA FOODS INC	\$25,180
ADVANCE MEDICAL DESIGNS INC	\$24,446
COCA-COLA COMPANY	\$23,871
GLOBUS MEDICAL INC	\$23,502
BAUSCH & LOMB AMERICAS INC	\$23,444
AVKARE LLC	\$23,166
SENSOSCIENTIFIC INC	\$23,084
TRI-ANIM HEALTH SERVICES INC	\$22,975
CAMPBELL FOODSERVICE COMPANY	\$21,837
TEVA PHARMACEUTICALS USA (GENERIC)	\$21,635
AMBU INC	\$21,456
PAI PHARMA	\$20,747
KIMBALL INTERNATIONAL BRANDS INC	\$20,281
MEDEGEN MEDICAL PRODUCTS LLC	\$20,154
GENERAL MILLS	\$19,963
COLOPLAST CORP	\$18,737
HUB PHARMACEUTICALS LLC	\$18,640
MONDELEZ INTERNATIONAL INC	\$18,479
TZ MEDICAL INC	\$18,250
US MED-EQUIP LLC	\$17,812
LABORIE MEDICAL TECHNOLOGIES CORP	\$17,461
XODUS MEDICAL INC	\$17,457
TENNANT SALES AND SERVICE COMPANY	\$17,299
STRYKER ORTHOPAEDICS	\$16,988
MAJOR PHARMACEUTICALS	\$16,734
HOSHIZAKI AMERICA INC	\$16,700
STATLAB MEDICAL PRODUCTS	\$16,580
BELIMED INC	\$16,563
ANGIODYNAMICS INC	\$16,147
MCKESSON MEDICAL-SURGICAL INC	\$15,893

HARRIS HEALTH PREMIER Q2 SPEND FY2025	
SUPPLIER	Q2 SPEND FY2025
EUGIA US LLC	\$15,826
ELI LILLY AND COMPANY	\$15,662
ANCHOR PACKAGING	\$15,501
HAMILTON MEDICAL INC	\$15,484
SANDOZ INC	\$15,372
STERIS INSTRUMENT MANAGEMENT SERVICES INC	\$15,312
PHARMA LOGISTICS	\$15,093
FLEXICARE INCORPORATED	\$14,144
RETRACTABLE TECHNOLOGIES INC	\$14,080
AVANOS MEDICAL INC	\$14,072
PHILIPS DS NORTH AMERICA LLC	\$13,733
GLAXOSMITHKLINE INC	\$13,698
BRISTOL MYERS SQUIBB US PHARM	\$13,600
BRACCO DIAGNOSTICS INC	\$13,038
MXR IMAGING INC	\$12,717
ENDO USA INC	\$12,543
HARTMANN USA INC	\$12,442
PEPSICO INC	\$12,112
SARA LEE FROZEN BAKERY LLC	\$11,907
NESTLE PROFESSIONAL NORTH AMERICA	\$11,886
CONMED CORP	\$11,154
SMITH & NEPHEW INC - WOUND MANAGEMENT DIVISION	\$10,971
DR. REDDY'S LABORATORIES INC	\$10,812
DJO GLOBAL INC	\$10,454
OWENS & MINOR DISTRIBUTION INC	\$10,401
BSN MEDICAL INC	\$10,328
WG CRITICAL CARE LLC	\$10,310
SOMERSET PHARMA LLC	\$10,120
KOCH FOODS	\$10,101
LSL HEALTHCARE	\$9,748
DANDLELION MEDICAL	\$9,724
URGO MEDICAL NORTH AMERICA	\$9,662
ASAHI INTECC USA INC	\$9,420
BOEHRINGER LABORATORIES LLC	\$9,229
PEDIGO PRODUCTS INC	\$9,139

HARRIS HEALTH PREMIER Q2 SPEND FY2025	
SUPPLIER	Q2 SPEND FY2025
BIOTISSUE HOLDINGS INC	\$8,802
BOEHRINGER INGELHEIM PHARMACEUTICALS INC	\$8,602
SHASTA FOODSERVICE	\$8,576
CARL ZEISS MEDITEC USA INC	\$8,501
PROGRESSIVE MEDICAL INC	\$8,479
KEDRION BIOPHARMA INC	\$8,300
CORZA OPHTHALMOLOGY	\$8,156
KNOUSE FOODS CO-OP INC	\$7,939
KLS MARTIN LP	\$7,912
BASIC AMERICAN FOODS	\$7,906
INTERSURGICAL INCORPORATED	\$7,902
STELLEX/CF BUYER (US) LLC	\$7,879
STRATUS PHARMACEUTICALS INC	\$7,807
WK KELLOGG SALES LLC	\$7,754
CORDIS US CORP	\$7,645
SMITH & NEPHEW INC - BIOTHERAPEUTICS	\$7,408
FEDERAL EXPRESS CORP	\$7,365
AMNEAL PHARMACEUTICALS LLC	\$7,128
CYGNUS MEDICAL LLC	\$7,026
UPSHER-SMITH LABORATORIES LLC	\$6,902
DANONE NORTH AMERICA	\$6,793
HUBERT COMPANY LLC	\$6,774
PACIRA PHARMACEUTICALS INC	\$6,719
KELLANOVA	\$6,644
WELLS DAIRY INC	\$6,410
RISING PHARMACEUTICALS INC	\$6,336
CONMED LINVATEC	\$6,317
STAQ PHARMA INC	\$6,253
SPECGX LLC	\$6,086
STERICYCLE INC	\$6,082
BIOVENTUS LLC	\$5,977
EDWARD DON & COMPANY LLC	\$5,940
HOVERTECH INTERNATIONAL	\$5,857
PADAGIS US LLC	\$5,757
ENERGIZER BATTERY COMPANY	\$5,639

HARRIS HEALTH PREMIER Q2 SPEND FY2025	
SUPPLIER	Q2 SPEND FY2025
COOPER SURGICAL INC	\$5,625
GOJO INDUSTRIES INC	\$5,594
CORZA MEDICAL	\$5,520
LANDAUER INC	\$5,487
HETTICH INSTRUMENTS, LP	\$5,405
XIROMED LLC	\$5,396
KOCH FILTER CORP	\$5,365
AEROGEN	\$5,341
CASE MEDICAL INC	\$5,293
APOTEX CORP	\$4,951
CONTEC INC	\$4,905
BUSH BROTHERS & COMPANY	\$4,689
ALBA BIOSCIENCE INC	\$4,604
OHIO MEDICAL LLC	\$4,534
CUSTOM CULINARY INC	\$4,527
TRILLIANT SURGICAL LLC	\$4,429
CIVCO MEDICAL SOLUTIONS	\$4,414
ASPIRE BAKERIES LLC	\$4,264
HELMER SCIENTIFIC LLC	\$4,210
NOVOLEX HOLDINGS LLC	\$4,114
HOLLISTER INCORPORATED	\$4,104
ALCON VISION LLC	\$3,994
EXEMPLIS LLC	\$3,946
WERFEN USA LLC	\$3,883
JOHNSONVILLE LLC	\$3,859
AMD MEDICOM INC	\$3,731
MEAD JOHNSON & COMPANY LLC	\$3,730
SCHWAN'S FOOD SERVICE INC	\$3,708
ABBOTT NUTRITION	\$3,707
QUEST DIAGNOSTICS INCORPORATED	\$3,696
HOFFMASTER GROUP INC	\$3,366
KETTLE CUISINE	\$3,337
MCCORMICK & COMPANY INC	\$3,311
SWEET STREET DESSERTS INC	\$3,245
STRYKER SUSTAINABILITY SOLUTIONS INC	\$3,236

HARRIS HEALTH PREMIER Q2 SPEND FY2025	
SUPPLIER	Q2 SPEND FY2025
ULTRAVIOLET DEVICES INC	\$3,235
BPI LABS LLC	\$3,063
NEPHRON PHARMACEUTICALS CORP	\$3,049
CIPLA USA INC	\$3,045
SUGAR FOODS LLC	\$3,013
GREINER BIO-ONE NORTH AMERICA INC	\$2,976
BE PHARMACEUTICALS INC	\$2,952
CHOBANI LLC	\$2,905
RICH PRODUCTS CORP	\$2,760
ASPEN SURGICAL PRODUCTS INC	\$2,744
SMITH & NEPHEW INC - ENDOSCOPY DIVISION	\$2,737
CONCORDANCE HEALTHCARE SOLUTIONS LLC	\$2,724
SD-NS-026	\$2,695
J & J SNACK FOODS CORP	\$2,662
GENDOSE PHARMACEUTICALS	\$2,631
CHICKEN OF THE SEA INTERNATIONAL	\$2,607
LAND O'LAKES INC	\$2,554
INMAR RX SOLUTIONS INC	\$2,536
PROCTER & GAMBLE DISTRIBUTING LLC	\$2,528
CAPITAL INVENTORY INC	\$2,500
MARS FOOD US LLC	\$2,480
ACTION HEALTH	\$2,448
GRACE MEDICAL INC	\$2,441
BEUTLICH PHARMACEUTICALS LLC	\$2,418
LIFENET HEALTH	\$2,410
FERNDAL LABORATORIES INC	\$2,249
HERITAGE PHARMACEUTICALS INC	\$2,197
BEYOND MEAT INC	\$2,139
LUPIN PHARMACEUTICALS INC	\$2,063
GRAHAM MEDICAL	\$1,987
HORIZON ORGANIC DAIRY LLC	\$1,967
BLUETRITON BRANDS INC	\$1,940
NORDIC PHARMA INC	\$1,916
MEDICURE PHARMA INC	\$1,906
ADVANTICE HEALTH LLC	\$1,848

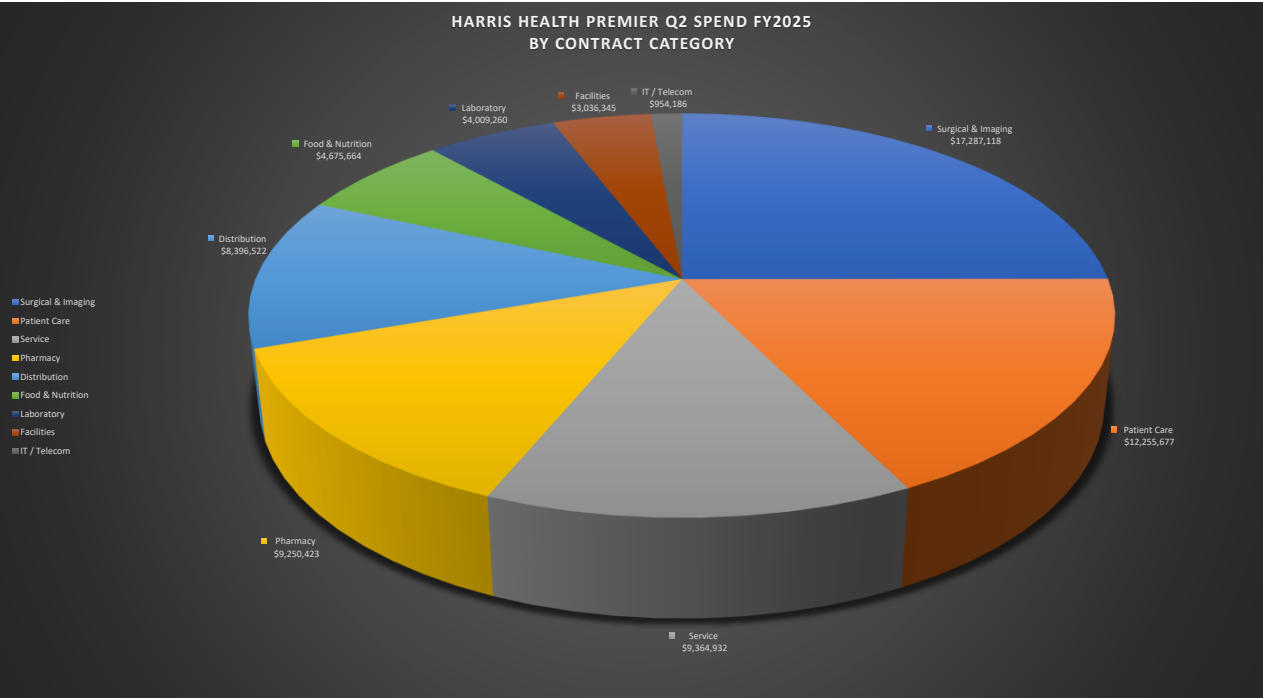
HARRIS HEALTH PREMIER Q2 SPEND FY2025	
SUPPLIER	Q2 SPEND FY2025
ASP GLOBAL LLC	\$1,831
BAVARIAN NORDIC INC	\$1,776
ECO-PRODUCTS INC	\$1,748
CINTAS CORP NO. 2	\$1,740
KIKKOMAN SALES USA INC	\$1,701
LYONS MAGNUS	\$1,693
ZOLL MEDICAL CORP	\$1,643
MERCURY MEDICAL	\$1,625
RON'S HOME STYLE FOOD INC	\$1,596
BRAINTREE LABORATORIES INC	\$1,593
GUERBET LLC	\$1,560
RESER'S FINE FOODS INC	\$1,477
XGEN PHARMACEUTICALS DJB INC	\$1,470
GLENMARK PHARMACEUTICALS INC USA	\$1,468
SMITHFIELD FOODS INC	\$1,452
STERNO PRODUCTS	\$1,437
T MARZETTI COMPANY	\$1,361
ENABLECV INC	\$1,319
LACTALIS AMERICAN GROUP INC	\$1,300
MYCO MEDICAL SUPPLIES INC	\$1,289
MCI FOODS INC	\$1,289
PRECISION DOSE INC	\$1,272
HANDGARDS INC	\$1,270
RARE DISEASE THERAPEUTICS INC	\$1,269
B&G FOODS INC	\$1,264
MEITHEAL PHARMACEUTICALS INC	\$1,225
MCCAIN FOODS USA INC	\$1,223
CARDIOVASCULAR SYSTEMS INC	\$1,200
DEXCEL PHARMA USA	\$1,193
OCEAN SPRAY	\$1,184
PULMODYNE	\$1,174
LEADIANT BIOSCIENCES INC	\$1,172
UNICHEM PHARMACEUTICALS USA INC	\$1,170
TARO PHARMACEUTICALS USA INC	\$1,145
BROOKWOOD FARMS INC	\$1,110

HARRIS HEALTH PREMIER Q2 SPEND FY2025	
SUPPLIER	Q2 SPEND FY2025
MERISANT US INC	\$1,098
MIZUHO ORTHOPEDIC SYSTEMS INC	\$1,091
PRASCO LABORATORIES	\$1,073
MEDTRONIC USA INC	\$1,050
BUSSE HOSPITAL DISPOSABLES	\$1,030
NOVOLEX HERITAGE BAG LLC	\$1,022
CMP PHARMA INC	\$977
HORMEL HEALTHLABS INC	\$964
GREENSTONE LLC	\$957
SKLAR INSTRUMENTS	\$884
GLOBAL FURNITURE GROUP	\$883
PERDUE FOODS LLC	\$863
POSITIVE PROMOTIONS INC	\$850
BREG INC	\$840
NOVADOZ PHARMACEUTICALS LLC	\$820
RICHARD WOLF MEDICAL INSTRUMENTS CORP	\$803
BIONIX LLC	\$772
GREENFIELD GLOBAL USA INC	\$762
HR HEALTHCARE	\$757
ANI PHARMACEUTICALS	\$723
DAISY BRAND LLC	\$723
MICROGENICS CORP	\$709
MEDTRITION INC	\$665
KATE FARMS INC	\$647
CARDINAL HEALTH 414 LLC	\$630
METREX RESEARCH LLC	\$628
HAEMONETICS CORP	\$606
KING CHEESECAKE COMPANY INC	\$558
DOOR SECURITY SOLUTIONS	\$553
EKATERRA TEA MSO USA LLC	\$553
NISSHA MEDICAL TECHNOLOGIES	\$548
KRUSTEAZ COMPANY	\$514
OLE MEXICAN FOODS INC	\$513
MEGAMEX FOODS LLC	\$506
KEN'S FOODS INC	\$496

HARRIS HEALTH PREMIER Q2 SPEND FY2025	
SUPPLIER	Q2 SPEND FY2025
CARRIER ENTERPRISE LLC	\$486
KING & PRINCE SEAFOOD CORP	\$472
LANNETT COMPANY INC	\$471
VIATRIS SPECIALTY LLC	\$459
HEARTLAND FOOD PRODUCTS GROUP	\$434
UNILEVER NA FOOD SOLUTIONS	\$403
NESTLE USA INC	\$402
BRANDING IRON HOLDINGS INC	\$397
KENTEC MEDICAL INC	\$394
MISSION PHARMACAL COMPANY	\$385
SOLCO HEALTHCARE US LLC	\$373
J.R. SIMPLOT COMPANY	\$368
SANOFI PASTEUR	\$358
MEDTECH PRODUCTS INC	\$331
DIVERSIFIED FOODS INC	\$322
SIEMENS HEALTHCARE DIAGNOSTICS INC	\$319
KERMA MEDICAL PRODUCTS INC	\$319
DYMA BRANDS INC	\$297
PILGRIM'S PRIDE CORP	\$297
BRECKENRIDGE PHARMACEUTICAL INC	\$296
STEELCASE INC	\$295
GRIFOLS USA LLC	\$263
BARILLA AMERICA INC	\$261
RUIZ FOODS INC	\$255
ARMANINO FOODS OF DISTINCTION INC	\$249
AUROBINDO PHARMA USA INC	\$238
DEL MONTE FOODS CORP II INC	\$233
MYLAN PHARMACEUTICALS INC	\$233
BRIDGFORD FOODS CORP	\$225
MHC MEDICAL PRODUCTS LLC	\$210
DARLINGTON SNACKS	\$207
BIONPHARMA INC	\$202
TAGI PHARMA	\$187
RHODES PHARMACEUTICALS	\$184
MEDEFIL INC	\$180

HARRIS HEALTH PREMIER Q2 SPEND FY2025	
SUPPLIER	Q2 SPEND FY2025
SECA CORP	\$176
POST CONSUMER BRANDS	\$174
CAMBRO MANUFACTURING COMPANY	\$163
FERRERO USA INC	\$160
HERMAN MILLER INC	\$157
ACCORD HEALTHCARE INC	\$149
GEHLS FOODS	\$148
JOHN B. SANFILIPPO & SON, INC	\$144
LOGIQUIP LLC	\$142
THEA PHARMA INC	\$141
STRIDES PHARMA INC	\$131
TOLMAR, INC	\$125
HERSHEY	\$124
PATRIOT PHARMACEUTICALS LLC	\$120
C.H. GUENTHER & SON INC	\$120
KIND LLC	\$117
BRASSELER U.S.A. MEDICAL LLC	\$114
ALVOGEN INC	\$102
ALADDIN TEMP-RITE	\$99
HALEON US INC	\$90
MONAGHAN MEDICAL CORP	\$86
BERRY GLOBAL INC	\$85
IMPOSSIBLE FOODS INC	\$85
ADVAGEN PHARMA LTD	\$83
MEDICAL ACTION INDUSTRIES INC	\$82
PAR-WAY TRYSON COMPANY	\$77
DURACELL INDUSTRIAL OPERATIONS INC	\$71
SOL-MILLENNIUM MEDICAL INC	\$69
STARKIST CO.	\$61
STRYKER SPINE	\$58
VIE DE FRANCE YAMAZAKI INC	\$57
KRONOS FOODS CORP	\$57
SUNNY SKY PRODUCTS	\$55
INGENUS PHARMACEUTICALS LLC	\$51
LIFESTAR PHARMA LLC	\$50

HARRIS HEALTH PREMIER Q2 SPEND FY2025	
SUPPLIER	Q2 SPEND FY2025
GERI-CARE PHARMACEUTICALS CORP	\$49
USANTIBIOTICS LLC	\$47
MCKEE FOODS CORP	\$41
SLATE RUN PHARMACEUTICALS	\$39
ORGANON USA INC	\$38
CAMBER PHARMACEUTICALS INC	\$31
PATRIN PHARMA INC	\$24
MCKESSON PACKAGING	\$23
RC BIGELOW INC	\$19
RB HEALTH (US) LLC	\$5
GRAND TOTAL	\$69,230,127



HARRIS HEALTH PREMIER Q2 SPEND FY2025	
Premier Contract Category	Q2 Spend FY2025
Surgical & Imaging	\$ 17,287,118
Patient Care	\$ 12,255,677
Service	\$ 9,364,932
Pharmacy	\$ 9,250,423
Distribution	\$ 8,396,522
Food & Nutrition	\$ 4,675,664
Laboratory	\$ 4,009,260
Facilities	\$ 3,036,345
IT / Telecom	\$ 954,186
Grand Total	\$ 69,230,127

Meeting of the Board of Trustees

Thursday, July 24, 2025

Consideration of Approval of Grant Recommendations
(Item B1 of the Grant Matrix)

Grant Recommendations:

B1. Grant Agreement

- Grantor: The Harris County Hospital District Foundation
Funded by a grant from the Children's Health Fund
- Term: One (1) Year within the 2025-2026 grant cycle
- Award Amount: \$200,000.00
- Project Owner: Suzanne Lundeen

Grant Agenda Items for the Harris County Hospital District dba Harris Health, Board of Trustees Report
 Grant Matrix: July 24, 2025

No.	Grantor	Description/Justification	Action, Basis of Recommendation	Term	Project Owner	Award Amount
B1	Harris County Hospital District Foundation <i>by a grant from the Children's Health Fund</i>	Consideration of Approval of a Grant Agreement between Harris Health and the Harris County Hospital District Foundation, through a grant from the Children's Health Fund, benefitting the Harris Health Postpartum Safety Clinic/Texas Health Steps Clinic Postpartum Follow Up Integration . The Texas Health Steps Clinic Postpartum Follow Up Integration will staff obstetric nurses in the Texas Health Steps Pediatric Clinic to assess for signs and symptoms of both postpartum depression and preeclampsia.	Grant Agreement	1 Year within the 2025 - 2026 Grant Cycle	Suzanne Lundeen	\$ 200,000.00
TOTAL AMOUNT:						\$ 200,000.00

Meeting of the Board of Trustees

Thursday, July 24, 2025

Consideration of Approval of Contract Recommendations
(Items C1 through C2 of the Contract Matrix)

Contract Recommendations:

C1. New AdHoc Agreement

- Contractor: Jackson Walker, LLP
- Project Owner: Sara Thomas
- Term: July 1, 2025 – June 30, 2026
- Amount: \$395,000.00

C2. 5th Contract Year of a Dental Services Agreement

- Contractor: The University of Texas Health Science Center at Houston
- Project Owner: Dr. Jennifer Small
- Term: July 1, 2025 – June 30, 2026
- Amount: (not-to-exceed) \$5,378,509.82

Contract Agenda Item(s) for the Harris County Hospital District dba Harris Health, Board of Trustees Report
Contract Matrix: July 24, 2025

No.	Contractor	Description/Justification	Action, Basis of Recommendation	Term	Project Owner	Amount
C1	Jackson Walker, LLP	Consideration of Approval of a new agreement with Jackson Walker, LLP. Special Counsel is being retained to advise Harris Health on matters related to compliance with Medicare, Medicaid and other governmental health and reimbursement programs, and other healthcare and compliance matters.	AdHoc Agreement	July 1, 2025 through June 30, 2026	Sara Thomas	\$ 395,000.00
C2	The University of Texas Health Science Center at Houston	Consideration of Approval of an agreement between The University of Texas Health Science Center at Houston (UTHealth) and Harris Health for an Increase in Payment for the Total Compensation Amount not-to-exceed \$5,378,509.82 for the fifth Contract Year for UTHealth's provision of dental services to Harris Health patients. The total compensation for UT Health's Services for the fifth Contract Year is increased by \$198,858 and shall not exceed \$5,378,509.82.	Dental Services Agreement	July 1, 2025 through June 30, 2026	Dr. Jennifer Small	\$ 5,378,509.82
TOTAL AMOUNT: \$						5,773,509.82

Meeting of the Board of Trustees

Thursday, July 24, 2025

Consideration of Acceptance of the Harris Health June 2025 Quarterly Financial Report
Subject to Audit

Attached for your review and consideration is the June 2025 Quarterly Financial Report.

Administration recommends that the Board accept the financial report for the period ended June 30, 2025, subject to final audit.



Victoria Nikitin
EVP – Chief Financial Officer



Financial Statements

As of Quarter Ended June 30, 2025
Subject to Audit



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Financial Highlights Review **HARRISHEALTH**

As of June 30, 2025

Operating income for the quarter ended June 30, 2025 was \$53.2 million compared to budgeted income of \$18.4 million.

Total quarterly net revenue for June 30, 2025 of \$697.7 million was \$19.5 million or 2.9% more than budget. Net patient revenue was \$13.6 million less than budget and tax revenue was \$2.8 million higher than budget. Medicaid Supplemental programs were \$25.9 million more than expected primarily due to prior years' post audit redistributions received from the State.

Total quarterly expenses of \$644.5 million were \$15.3 million or 2.3% less than budget. Total labor costs were \$20.2 million lower than anticipated while supplies and purchased services were \$8.9 million lower than anticipated. The favorable variances were driven primarily by the timing of strategic projects' implementation compared to plan resulting in a delay in the onboarding of incremental FTEs, as well as supplies and outside services required to meet project demands. Additionally, benefits expense was less than anticipated driven by the pension expense adjustment based on the recently issued actuarial report.

Through the quarter ended June 30, 2025, total patient days and average daily census increased 0.8% compared to budget. Inpatient case mix index, a measure of patient acuity, and length of stay were 3.3% and 6.3.% higher, respectively, than budget. Emergency room visits were 0.4% higher than planned for the quarter. Total clinic visits, including telehealth, were 3.4% higher compared to budget. Births were down 13.9%.

Total cash receipts for the quarter were \$706 million. The System has \$1,749.6 million in unrestricted cash, cash equivalents and investments, representing 263.2 days cash on hand. Harris Health has \$132.2 million in net accounts receivable, representing 63.1 days of outstanding patient accounts receivable at June 30, 2025. The June balance sheet reflects a combined net receivable position of \$209.2 million under the various Medicaid Supplemental programs. The current portion of ad valorem taxes receivable is \$9.7 million, which is offset by ad valorem tax collections as received. Accrued liabilities include \$264.0 million in deferred ad valorem tax revenues that are released as ad valorem tax revenue is recognized. As of June 30, 2025, \$1,028.0 million in ad valorem tax collections were received and \$783.6 million in current ad valorem tax revenue was recognized.

Income Statement

HARRISHEALTH

As of the Quarter Ended June 30, 2025 and 2024 (in \$ Millions)

	QUARTER-TO-DATE			YEAR-TO-DATE				
	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	PRIOR YEAR	PERCENT VARIANCE
REVENUE								
Net Patient Revenue	\$ 174.2	\$ 187.8	-7.3%	\$ 571.5	\$ 562.0	1.7%	\$ 557.9	2.4%
Medicaid Supplemental Programs	187.7	161.8	16.0%	522.6	485.4	7.7%	506.4	3.2%
Other Operating Revenue	35.1	36.2	-3.0%	109.9	108.4	1.4%	96.7	13.7%
Total Operating Revenue	\$ 397.1	\$ 385.8	2.9%	\$ 1,204.0	\$ 1,155.8	4.2%	\$ 1,161.0	3.7%
Net Ad Valorem Taxes	258.0	255.2	1.1%	770.5	765.6	0.6%	678.2	13.6%
Net Tobacco Settlement Revenue	19.0	15.2	24.7%	19.0	15.2	24.7%	15.2	24.8%
Capital Gifts & Grants	2.0	2.5	0.0%	4.0	7.5	-46.7%	-	0.0%
Interest Income & Other	21.6	19.4	11.2%	51.5	58.2	-11.5%	58.9	-12.5%
Total Nonoperating Revenue	\$ 300.6	\$ 292.3	2.8%	\$ 845.0	\$ 846.5	-0.2%	\$ 752.2	12.3%
Total Net Revenue	\$ 697.7	\$ 678.2	2.9%	\$ 2,049.0	\$ 2,002.4	2.3%	\$ 1,913.2	7.1%
EXPENSE								
Salaries and Wages	\$ 241.5	\$ 257.9	6.4%	\$ 730.4	\$ 760.2	3.9%	\$ 707.8	-3.2%
Employee Benefits	79.3	83.0	4.5%	236.7	249.0	4.9%	224.1	-5.6%
Total Labor Cost	\$ 320.7	\$ 340.9	5.9%	\$ 967.2	\$ 1,009.2	4.2%	\$ 931.9	-3.8%
Supply Expenses	82.8	88.3	6.2%	241.8	263.4	8.2%	223.6	-8.2%
Physician Services	129.4	127.5	-1.5%	359.5	360.0	0.1%	339.3	-6.0%
Purchased Services	76.9	80.3	4.2%	227.7	249.0	8.6%	204.8	-11.1%
Depreciation & Interest	34.7	22.7	-52.5%	87.3	67.0	-30.4%	75.9	-15.1%
Total Operating Expense	\$ 644.5	\$ 659.7	2.3%	\$ 1,883.5	\$ 1,948.5	3.3%	\$ 1,775.5	-6.1%
Operating Income (Loss)	\$ 53.2	\$ 18.4		\$ 165.5	\$ 53.8		\$ 137.7	
Total Margin %	7.6%	2.7%		8.1%	2.7%		7.2%	

Balance Sheet

HARRISHEALTH

June 2025 and 2024 (in \$ Millions)

	CURRENT YEAR	PRIOR YEAR
<u>CURRENT ASSETS</u>		
Cash, Cash Equivalents and Short Term Investments	\$ 1,749.6	\$ 1,497.2
Net Patient Accounts Receivable	132.2	154.7
Net Ad Valorem Taxes, Current Portion	9.7	18.6
Other Current Assets	315.3	350.2
Total Current Assets	\$ 2,206.8	\$ 2,020.7
<u>CAPITAL ASSETS</u>		
Plant, Property, & Equipment, Net of Accumulated Depreciation	\$ 575.4	\$ 555.3
Construction in Progress	472.6	171.0
Right of Use Assets	34.4	38.8
Total Capital Assets	\$ 1,082.3	\$ 765.0
<u>ASSETS LIMITED AS TO USE & RESTRICTED ASSETS</u>		
Debt Service & Capital Asset Funds	\$ 597.4	\$ 37.0
LPPF Restricted Cash	7.7	23.5
Capital Gift Proceeds	59.0	54.3
Other - Restricted	1.1	1.0
Total Assets Limited As to Use & Restricted Assets	\$ 665.2	\$ 115.9
Other Assets	44.6	48.1
Deferred Outflows of Resources	170.7	199.4
Total Assets & Deferred Outflows of Resources	\$ 4,169.6	\$ 3,149.2
<u>CURRENT LIABILITIES</u>		
Accounts Payable and Accrued Liabilities	\$ 271.2	\$ 227.7
Employee Compensation & Related Liabilities	163.6	150.0
Deferred Revenue - Ad Valorem	264.0	227.3
Estimated Third-Party Payor Settlements	32.0	29.1
Current Portion Long-Term Debt and Capital Leases	36.6	37.6
Total Current Liabilities	\$ 767.3	\$ 671.6
Long-Term Debt	1,107.6	280.9
Net Pension & Post Employment Benefits Liability	658.4	724.0
Other Long-Term Liabilities	7.6	6.7
Deferred Inflows of Resources	110.4	114.7
Total Liabilities	\$ 2,651.1	\$ 1,798.0
Total Net Assets	\$ 1,518.5	\$ 1,351.2
Total Liabilities & Net Assets	\$ 4,169.6	\$ 3,149.2

Cash Flow Summary

HARRISHEALTH

As of the Quarter Ended June 30, 2025 and 2024 (in \$ Millions)

	QUARTER-TO-QUARTER		YEAR-TO-DATE	
	CURRENT YEAR	PRIOR YEAR	CURRENT YEAR	PRIOR YEAR
<u>CASH RECEIPTS</u>				
Collections on Patient Accounts	\$ 206.1	\$ 225.9	\$ 630.1	\$ 621.7
Medicaid Supplemental Programs	76.3	66.9	327.5	670.3
Net Ad Valorem Taxes	20.0	11.2	1,027.9	877.4
Tobacco Settlement	19.0	15.2	19.0	15.2
Other Revenue	384.2	65.3	434.6	192.3
Total Cash Receipts	\$ 705.6	\$ 384.6	\$ 2,439.1	\$ 2,377.0
<u>CASH DISBURSEMENTS</u>				
Salaries, Wages and Benefits	\$ 336.6	\$ 325.7	\$ 996.7	\$ 995.9
Supplies	92.9	81.7	272.1	239.5
Physician Services	120.0	107.8	336.1	315.8
Purchased Services	72.1	68.5	227.6	203.6
Capital Expenditures	105.4	46.7	311.1	127.3
Debt and Interest Payments	0.7	0.8	20.1	6.7
Other Uses	(7.9)	(4.5)	(10.8)	3.7
Total Cash Disbursements	\$ 719.9	\$ 626.7	\$ 2,152.9	\$ 1,892.5
Net Change	\$ (14.3)	\$ (242.1)	\$ 286.2	\$ 484.6
Unrestricted cash, cash equivalents and investments - Beginning of year			\$ 1,463.4	
Net Change			\$ 286.2	
Unrestricted cash, cash equivalents and investments - End of period			\$ 1,749.6	

Performance Ratios

HARRISHEALTH

As of the Quarter Ended June 30, 2025 and 2024 (in \$ Millions)

	QUARTER-TO-DATE		YEAR-TO-DATE		
	CURRENT YEAR	CURRENT BUDGET	CURRENT YEAR	CURRENT BUDGET	PRIOR YEAR
<u>OPERATING HEALTH INDICATORS</u>					
Operating Margin %	7.6%	2.7%	8.1%	2.7%	7.2%
Run Rate per Day (In\$ Millions)	\$ 6.8	\$ 7.0	\$ 6.6	\$ 6.9	\$ 6.2
Salary, Wages & Benefit per APD	\$ 2,416	\$ 2,527	\$ 2,417	\$ 2,535	\$ 2,352
Supply Cost per APD	\$ 623	\$ 654	\$ 604	\$ 662	\$ 564
Physician Services per APD	\$ 975	\$ 945	\$ 898	\$ 904	\$ 856
Total Expense per APD	\$ 4,854	\$ 4,891	\$ 4,706	\$ 4,894	\$ 4,481
Overtime as a % of Total Salaries	3.1%	3.0%	3.4%	3.0%	3.4%
Contract as a % of Total Salaries	3.0%	2.8%	3.2%	2.8%	4.3%
Full-time Equivalent Employees	10,376	10,631	10,434	10,637	10,362
<u>FINANCIAL HEALTH INDICATORS</u>					
Quick Ratio			2.8		3.0
Unrestricted Cash (In \$ Millions)			\$ 1,749.6	\$ 1,462.5	\$ 1,497.2
Days Cash on Hand			263.2	211.4	239.1
Days Revenue in Accounts Receivable			63.1	75.3	76.0
Days in Accounts Payable			50.5		46.3
Capital Expenditures/Depreciation & Amortization			435.2%		195.5%
Average Age of Plant(years)			10.1		10.3

Harris Health Key Indicators



Statistical Highlights



As of the Quarter Ended June 30, 2025 and 2024

	QUARTER-TO-DATE			YEAR-TO-DATE				
	CURRENT QUARTER	CURRENT BUDGET	PERCENT CHANGE	CURRENT YEAR	CURRENT BUDGET	PERCENT CHANGE	PRIOR YEAR	PERCENT CHANGE
Adjusted Patient Days	132,775	134,530	-1.3%	400,202	398,445	0.4%	396,246	1.0%
Outpatient % of Adjusted Volume	63.8%	63.0%	1.3%	63.2%	62.4%	1.3%	62.5%	1.2%
Primary Care Clinic Visits	135,668	132,027	2.8%	406,387	402,278	1.0%	393,366	3.3%
Specialty Clinic Visits	64,248	62,652	2.5%	187,821	183,903	2.1%	183,993	2.1%
Telehealth Clinic Visits	31,415	29,103	7.9%	92,076	88,440	4.1%	85,007	8.3%
Total Clinic Visits	231,331	223,782	3.4%	686,284	674,621	1.7%	662,366	3.6%
Emergency Room Visits - Outpatient	35,702	35,247	1.3%	105,834	104,614	1.2%	106,313	-0.5%
Emergency Room Visits - Admitted	5,155	5,440	-5.2%	15,572	16,560	-6.0%	16,154	-3.6%
Total Emergency Room Visits	40,857	40,687	0.4%	121,406	121,174	0.2%	122,467	-0.9%
Surgery Cases - Outpatient	3,379	2,927	15.4%	9,320	8,699	7.1%	8,570	8.8%
Surgery Cases - Inpatient	2,668	2,440	9.3%	7,972	7,522	6.0%	7,631	4.5%
Total Surgery Cases	6,047	5,367	12.7%	17,292	16,221	6.6%	16,201	6.7%
Total Outpatient Visits	419,850	369,496	13.6%	1,185,523	1,113,394	6.5%	1,107,118	7.1%
Inpatient Cases (Discharges)	7,222	7,951	-9.2%	22,245	24,156	-7.9%	22,885	-2.8%
Outpatient Observation Cases	3,419	3,036	12.6%	9,527	8,469	12.5%	8,687	9.7%
Total Cases Occupying Patient Beds	10,641	10,987	-3.1%	31,772	32,625	-2.6%	31,572	0.6%
Births	1,129	1,311	-13.9%	3,900	4,055	-3.8%	3,847	1.4%
Inpatient Days	48,094	49,800	-3.4%	147,118	149,696	-1.7%	148,549	-1.0%
Outpatient Observation Days	11,575	9,370	23.5%	33,434	27,084	23.4%	29,685	12.6%
Total Patient Days	59,669	59,170	0.8%	180,552	176,780	2.1%	178,234	1.3%
Average Daily Census	655.7	650.2	0.8%	661.4	647.5	2.1%	650.5	1.7%
Average Operating Beds	700	700	0.0%	701	700	0.1%	702	-0.2%
Bed Occupancy %	93.7%	92.9%	0.8%	94.4%	92.5%	2.0%	92.7%	1.8%
Inpatient Average Length of Stay	6.66	6.26	6.3%	6.61	6.20	6.7%	6.49	1.9%
Inpatient Case Mix Index (CMI)	1.769	1.712	3.3%	1.733	1.712	1.2%	1.705	1.6%
<u>Payor Mix (% of Charges)</u>								
Charity & Self Pay	44.9%	43.4%	3.4%	45.0%	43.4%	3.9%	43.6%	3.2%
Medicaid & Medicaid Managed	18.9%	19.4%	-2.6%	18.6%	19.4%	-4.3%	19.3%	-3.9%
Medicare & Medicare Managed	11.2%	11.4%	-2.1%	10.8%	11.4%	-5.6%	11.6%	-6.8%
Commercial & Other	25.1%	25.8%	-2.8%	25.6%	25.8%	-0.7%	25.5%	0.5%
Total Unduplicated Patients - Rolling 12				243,581			247,386	-1.5%
Total New Patient - Rolling 12				87,264			89,510	-2.5%

Harris Health

Statistical Highlights

As of the Quarter Ended June 30, 2025

Cases Occupying Beds - Q3

Actual	Budget	Prior Year
10,641	10,987	10,322

Cases Occupying Beds - YTD

Actual	Budget	Prior Year
31,772	32,625	31,572

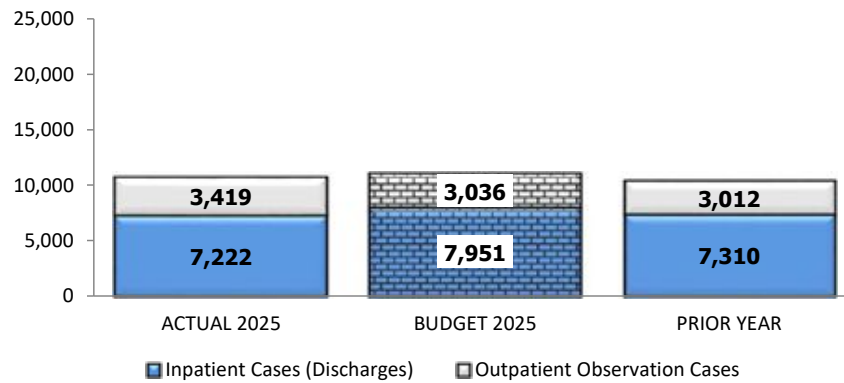
Emergency Visits - Q3

Actual	Budget	Prior Year
40,857	40,687	42,757

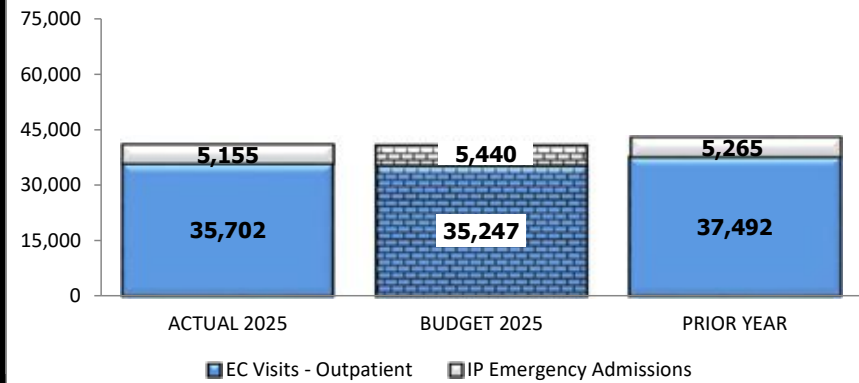
Emergency Visits - YTD

Actual	Budget	Prior Year
121,406	121,174	122,467

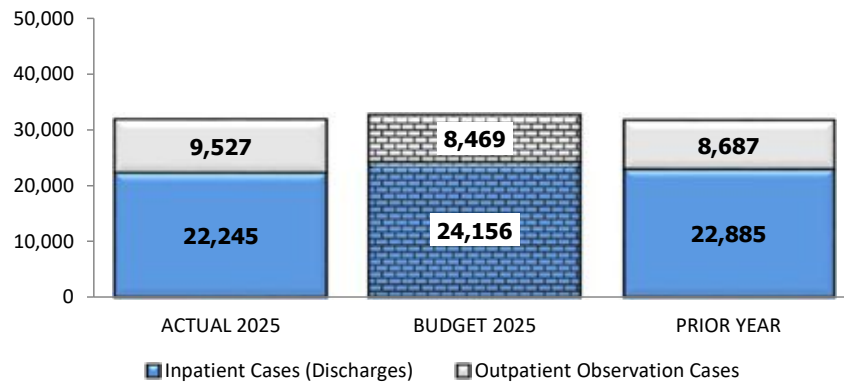
Cases Occupying Beds - Quarter End



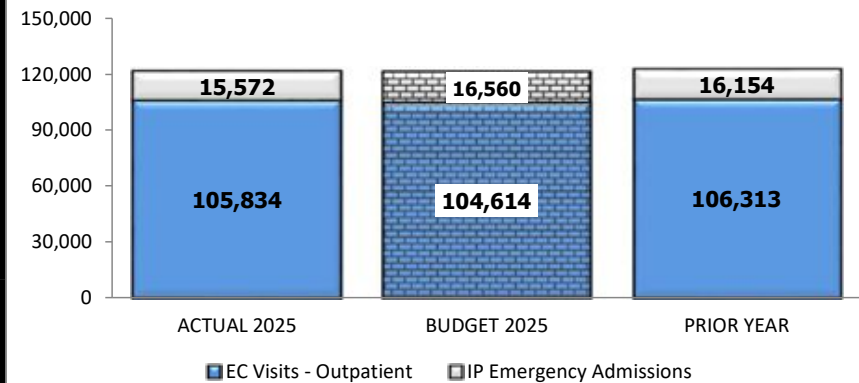
Emergency Visits - Quarter End



Cases Occupying Beds - YTD



Emergency Visits - YTD



Harris Health

Statistical Highlights

As of the Quarter Ended June 30, 2025

Surgery Cases - Q3

Actual	Budget	Prior Year
6,047	5,367	5,779

Surgery Cases - YTD

Actual	Budget	Prior Year
17,292	16,221	16,201

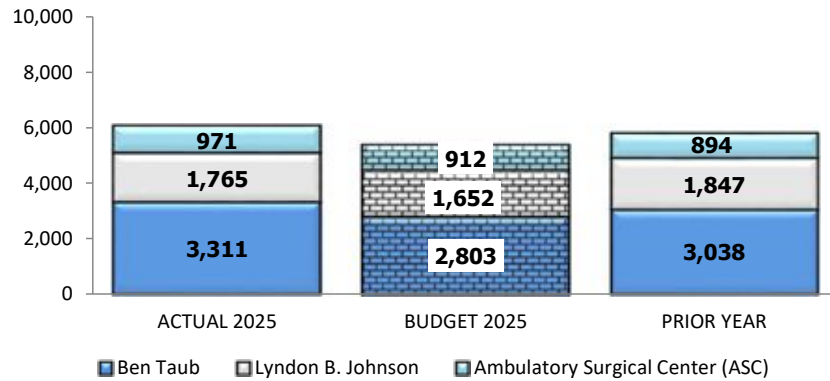
Clinic Visits - Q3

Actual	Budget	Prior Year
231,331	223,782	219,745

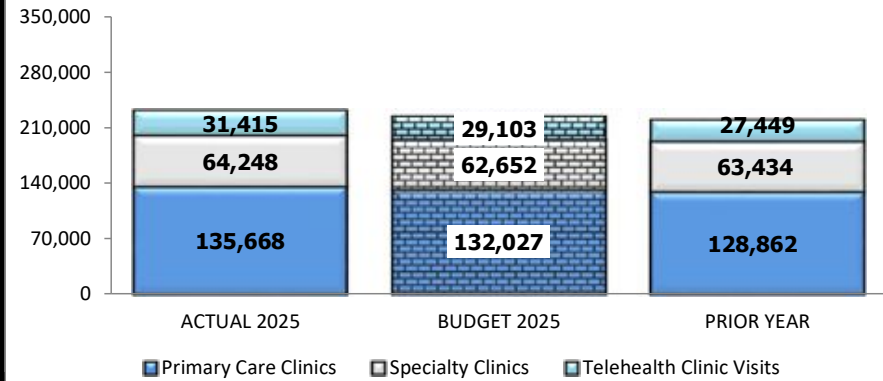
Clinic Visits - YTD

Actual	Budget	Prior Year
686,284	674,621	662,366

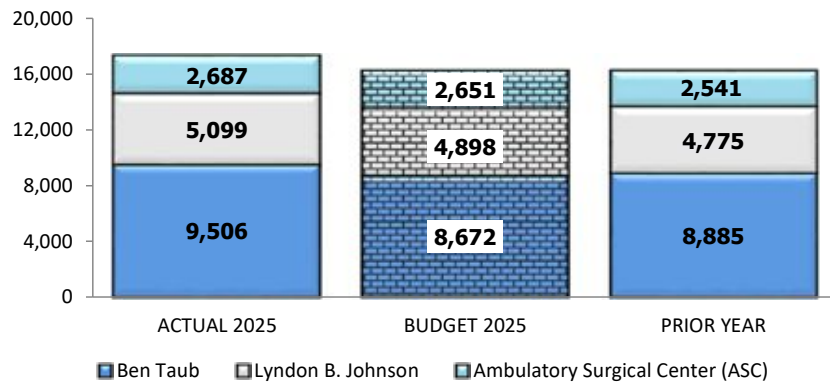
Surgery Cases - Quarter End



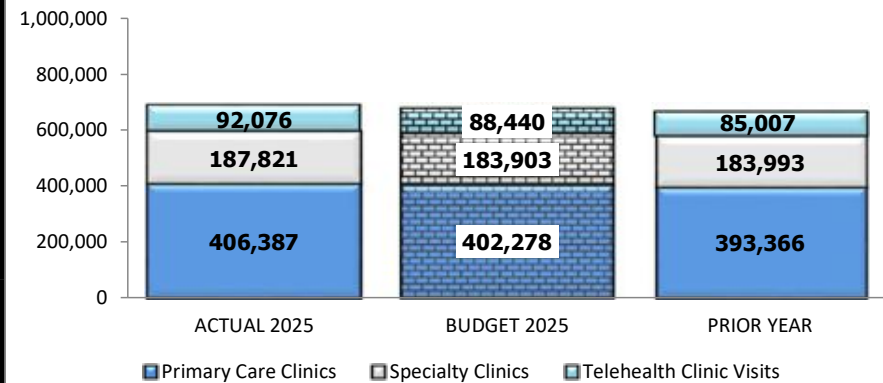
Clinic Visits - Quarter End



Surgery Cases - YTD



Clinic Visits - YTD



Harris Health

Statistical Highlights

As of the Quarter Ended June 30, 2025

Adjusted Patient Days - Q3

132,775

Adjusted Patient Days - YTD

400,202

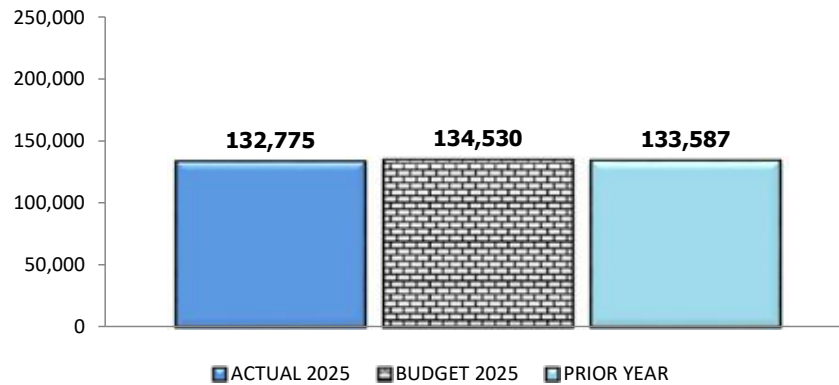
Average Daily Census - Q3

655.7

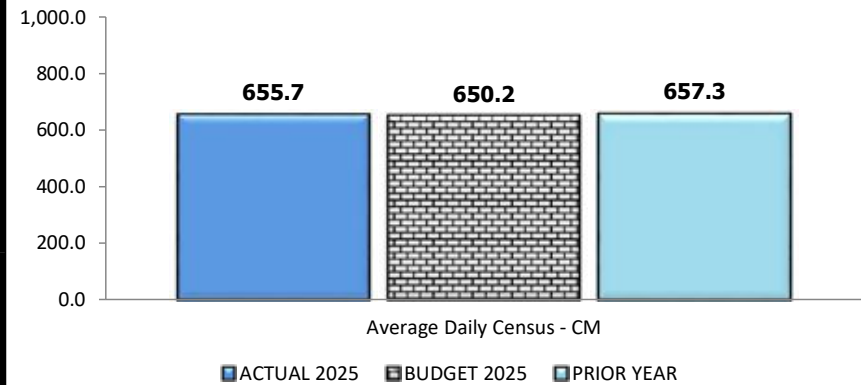
Average Daily Census - YTD

661.4

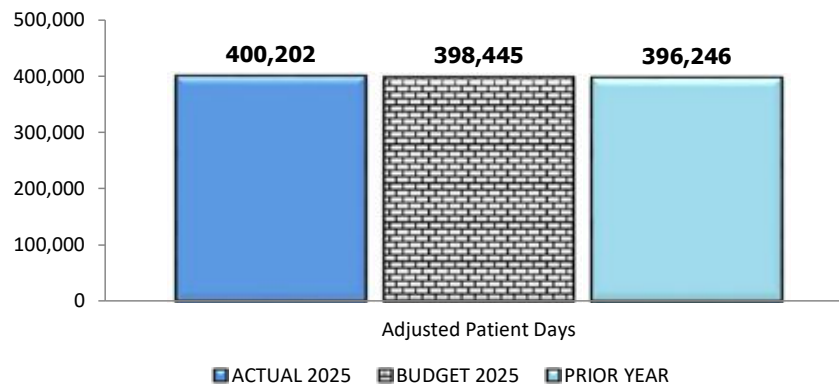
Adjusted Patient Days - Quarter End



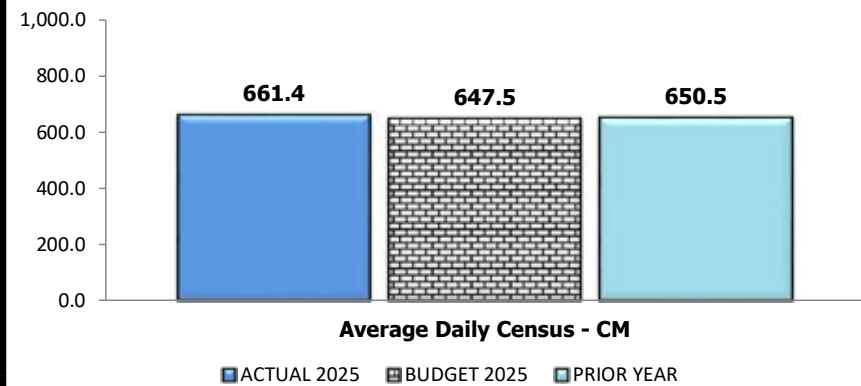
Average Daily Census - Quarter End



Adjusted Patient Days - YTD



Average Daily Census - YTD



Harris Health

Statistical Highlights

As of the Quarter Ended June 30, 2025

Inpatient ALOS - Q3

6.66

Inpatient ALOS - YTD

6.61

Case Mix Index - Q3

Overall

1.769

Excl. Obstetrics

1.930

Case Mix Index (CMI) - YTD

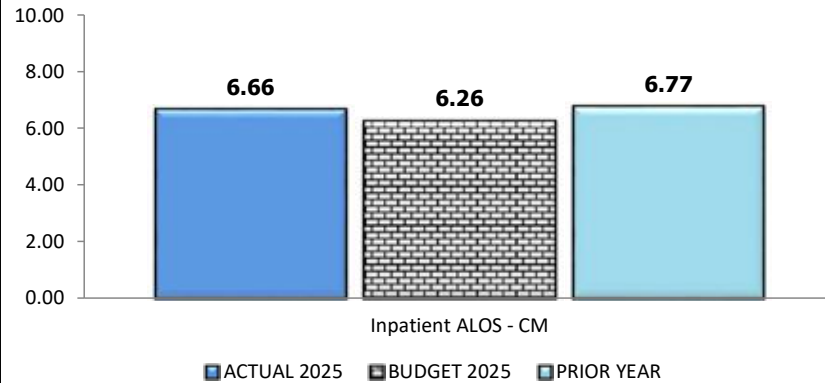
Overall

1.733

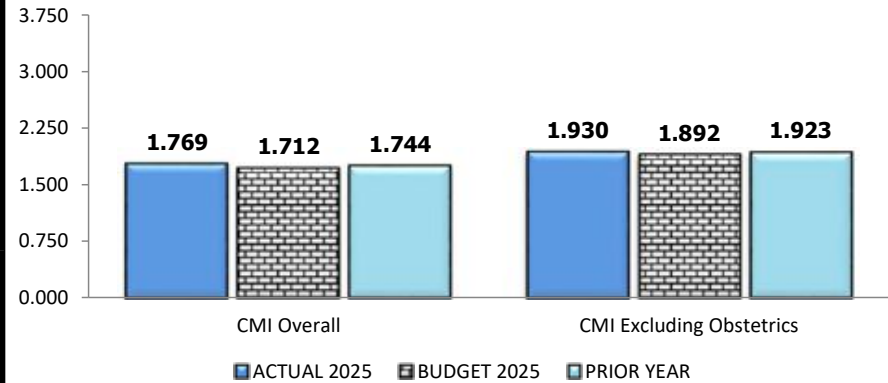
Excl. Obstetrics

1.916

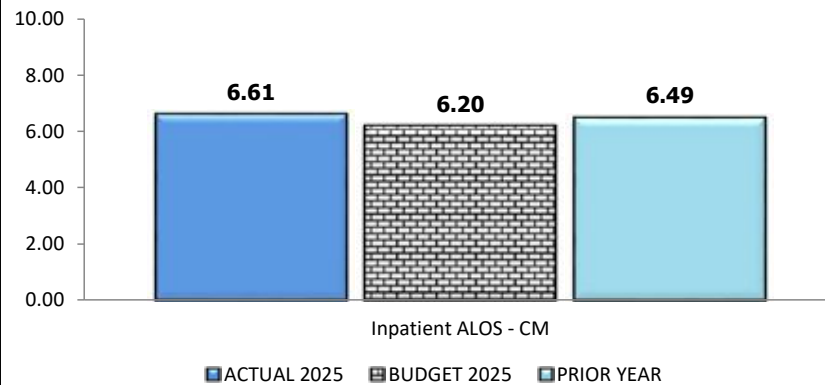
Inpatient ALOS - Quarter End



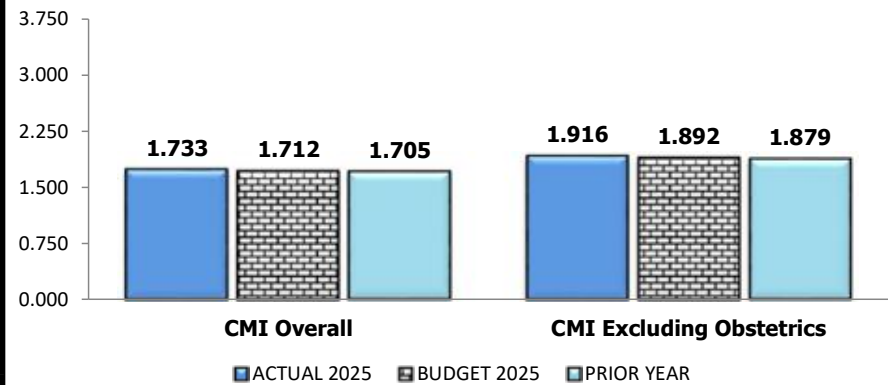
Case Mix Index - Quarter End



Inpatient ALOS - YTD



Case Mix Index - YTD



Harris Health

Statistical Highlights - Cases Occupying Beds

As of the Quarter Ended June 30, 2025

BT Cases Occupying Beds - Q3

Actual	Budget	Prior Year
6,006	6,584	6,124

BT Cases Occupying Beds - YTD

Actual	Budget	Prior Year
18,302	19,570	18,751

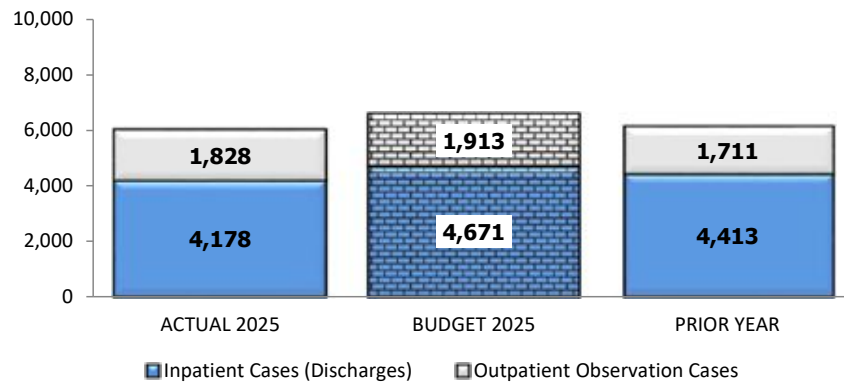
LBJ Cases Occupying Beds - Q3

Actual	Budget	Prior Year
4,568	4,334	4,187

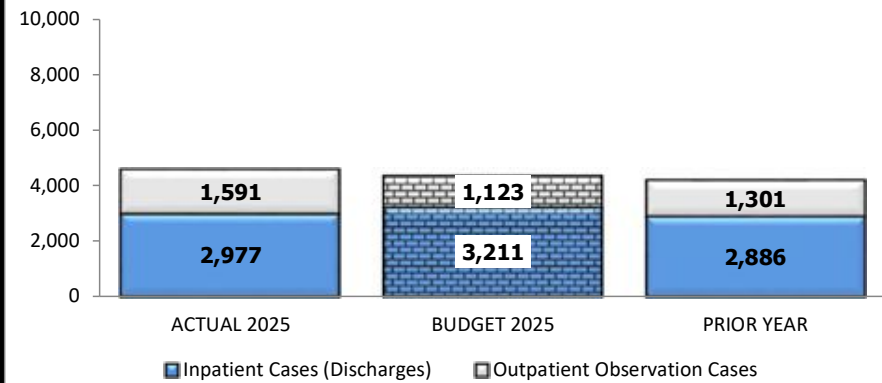
LBJ Cases Occupying Beds - YTD

Actual	Budget	Prior Year
13,314	12,892	12,806

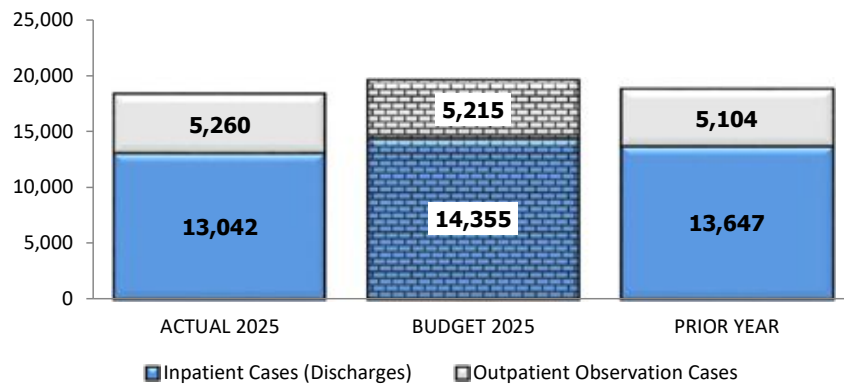
Ben Taub Cases - Quarter End



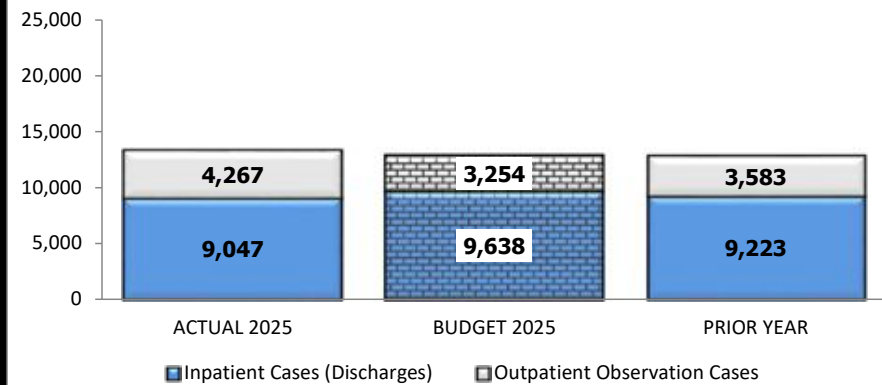
Lyndon B. Johnson Cases - Quarter End



Ben Taub Cases - YTD



Lyndon B. Johnson Cases - YTD



Harris Health

Statistical Highlights - Surgery Cases

As of the Quarter Ended June 30, 2025

BT Surgery Cases - Q3

Actual	Budget	Prior Year
3,311	2,803	3,038

BT Surgery Cases - YTD

Actual	Budget	Prior Year
9,506	8,672	8,885

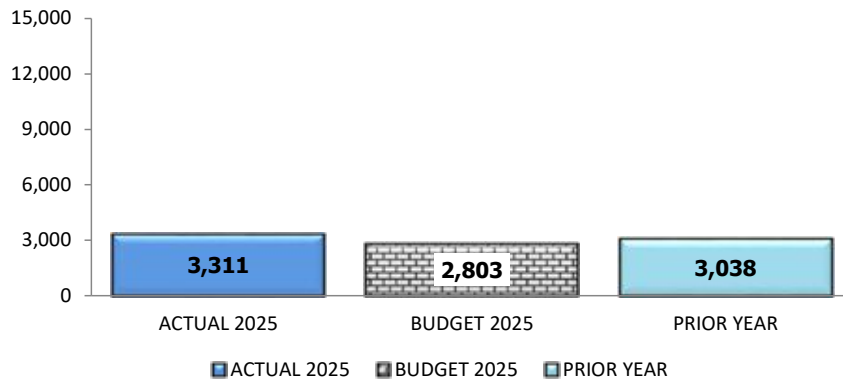
LBJ Surgery Cases - Q3

Actual	Budget	Prior Year
2,736	2,564	2,741

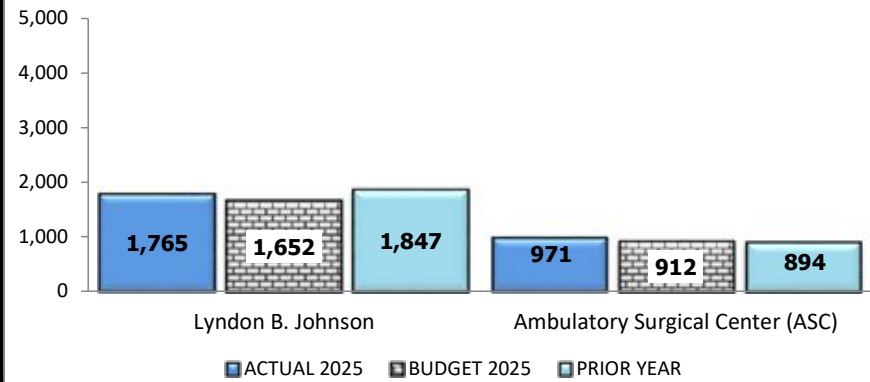
LBJ Surgery Cases - YTD

Actual	Budget	Prior Year
7,786	7,549	7,316

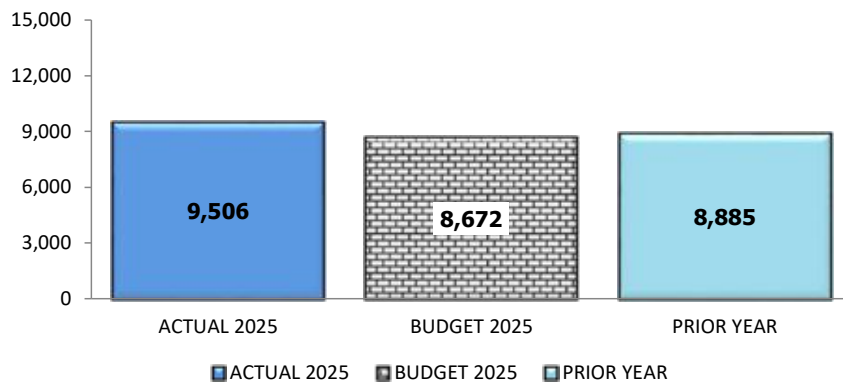
Ben Taub OR Cases - Quarter End



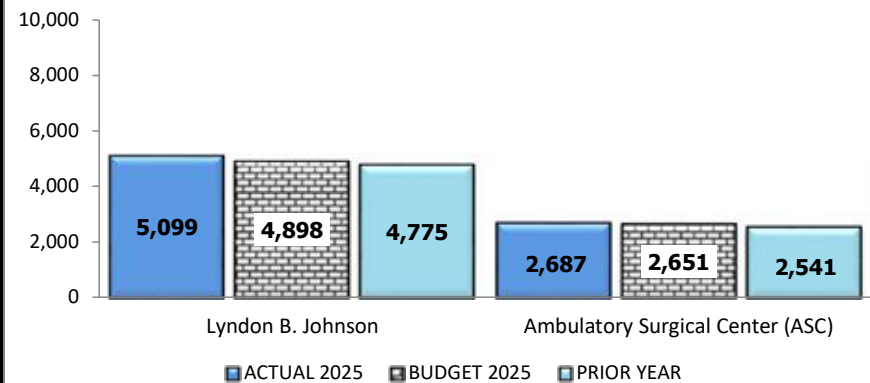
Lyndon B. Johnson OR Cases - Quarter End



Ben Taub OR Cases - YTD



Lyndon B. Johnson OR Cases - YTD



Harris Health

Statistical Highlights - Emergency Room Visits

As of the Quarter Ended June 30, 2025

BT Emergency Visits - Q3

Actual	Budget	Prior Year
20,621	20,556	21,331

BT Emergency Visits - YTD

Actual	Budget	Prior Year
61,846	62,715	62,391

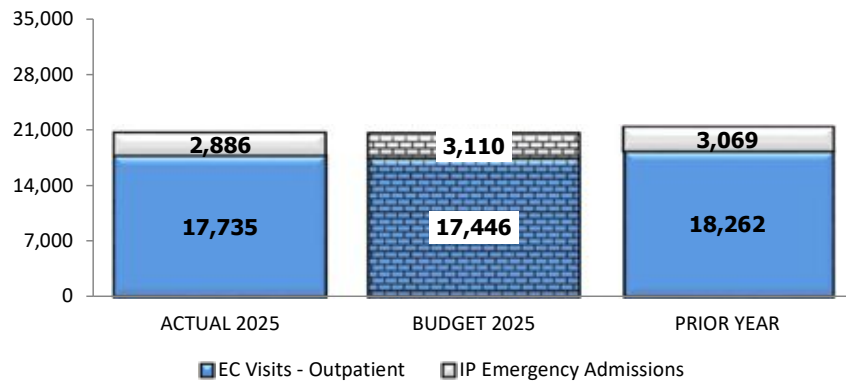
LBJ Emergency Visits - Q3

Actual	Budget	Prior Year
20,236	20,131	21,426

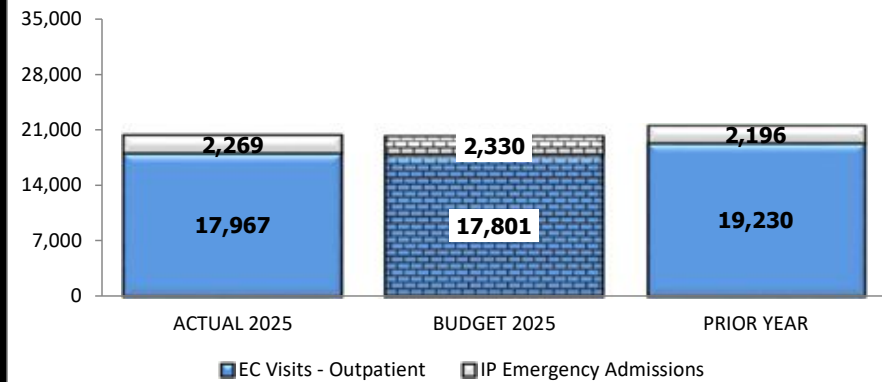
LBJ Emergency Visits - YTD

Actual	Budget	Prior Year
59,560	58,459	60,076

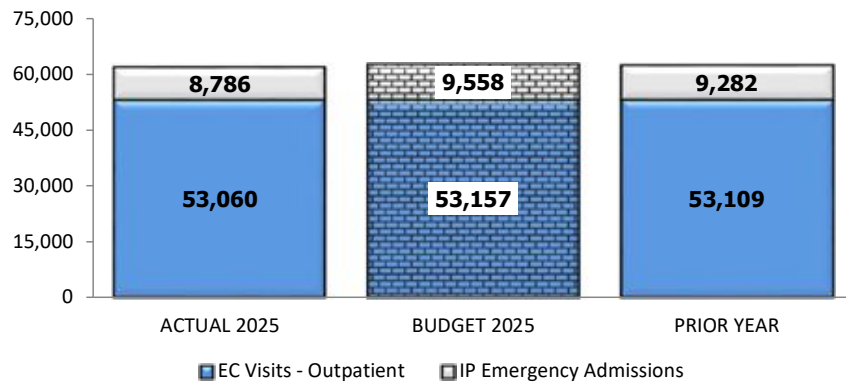
Ben Taub EC Visits - Quarter End



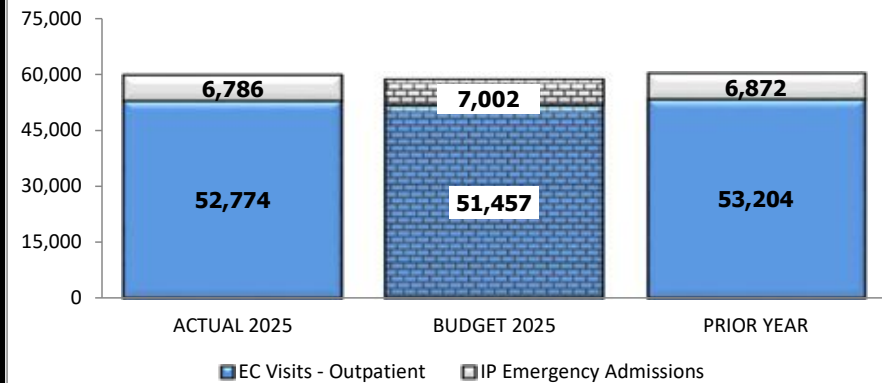
Lyndon B. Johnson EC Visits - Quarter End



Ben Taub EC Visits - YTD



Lyndon B. Johnson EC Visits - YTD



Harris Health

Statistical Highlights - Births

As of the Quarter Ended June 30, 2025

BT Births - Q3

Actual	Budget	Prior Year
631	767	685

BT Births - YTD

Actual	Budget	Prior Year
2,204	2,332	2,106

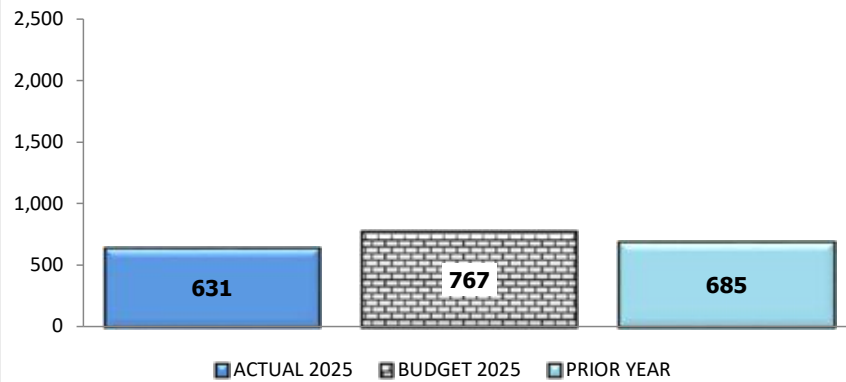
LBJ Births - Q3

Actual	Budget	Prior Year
498	544	584

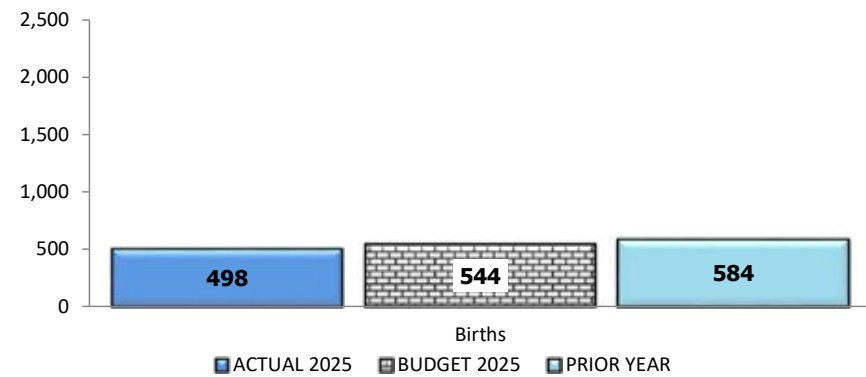
LBJ Births - YTD

Actual	Budget	Prior Year
1,696	1,723	1,741

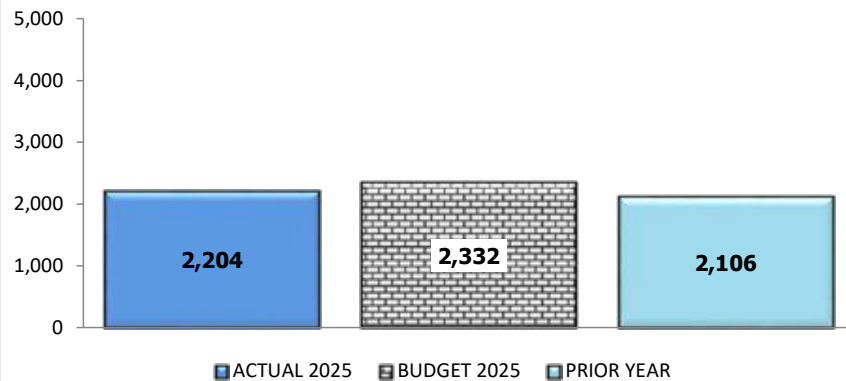
Ben Taub Births - Quarter End



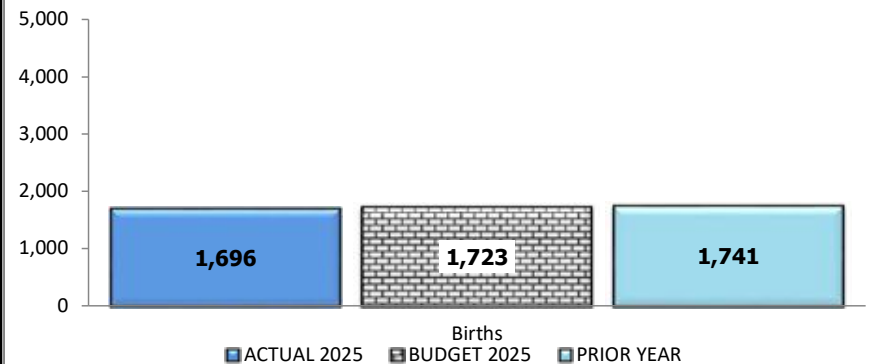
Lyndon B. Johnson Births - Quarter End



Ben Taub Births - YTD



Lyndon B. Johnson Births - YTD



Harris Health

Statistical Highlights - Adjusted Patient Days

As of the Quarter Ended June 30, 2025

BT Adjusted Patient Days - Q3

64,561

BT Adjusted Patient Days - YTD

194,078

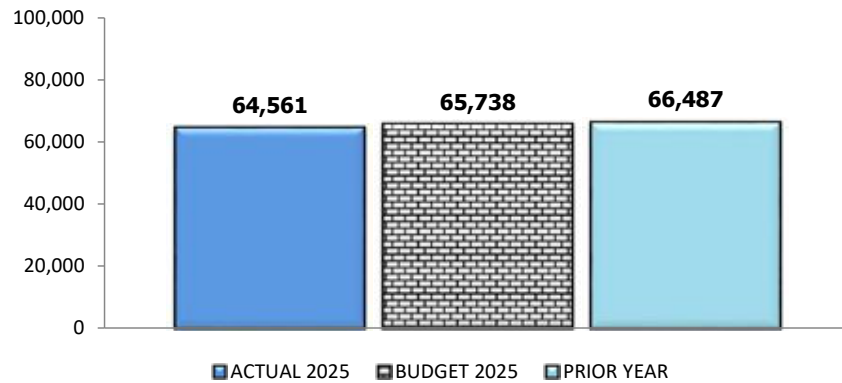
LBJ Adjusted Patient Days - Q3

40,310

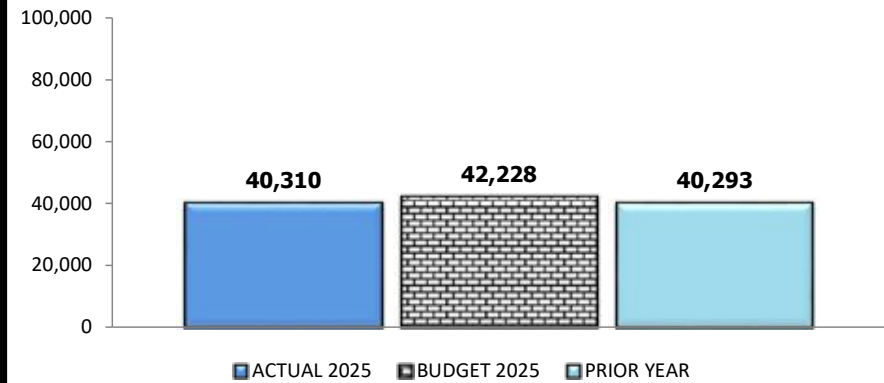
LBJ Adjusted Patient Days - YTD

122,377

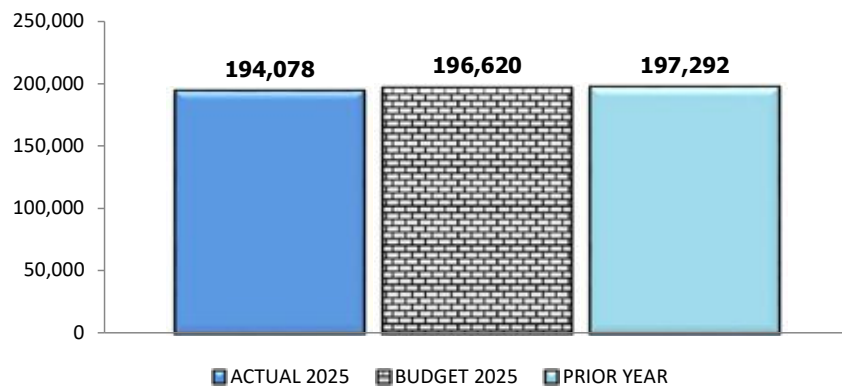
Ben Taub APD - Quarter End



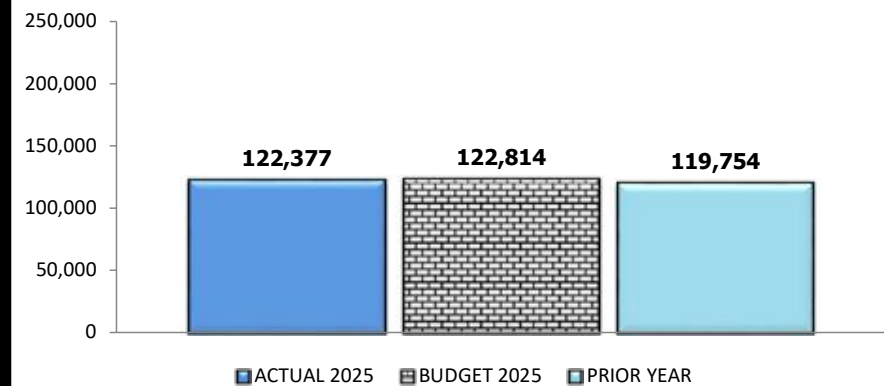
Lyndon B. Johnson APD - Quarter End



Ben Taub APD - YTD



Lyndon B. Johnson APD - YTD



Harris Health

Statistical Highlights - Average Daily Census (ADC)

As of the Quarter Ended June 30, 2025

BT Average Daily Census - Q3

425.5

BT Average Daily Census - YTD

429.1

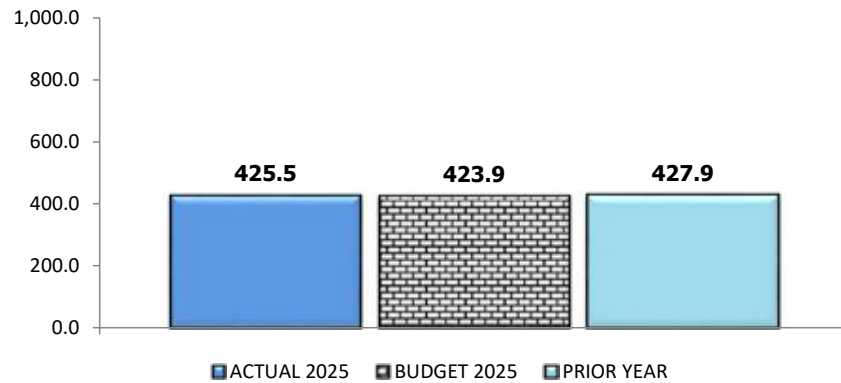
LBJ Average Daily Census - YTD

227.5

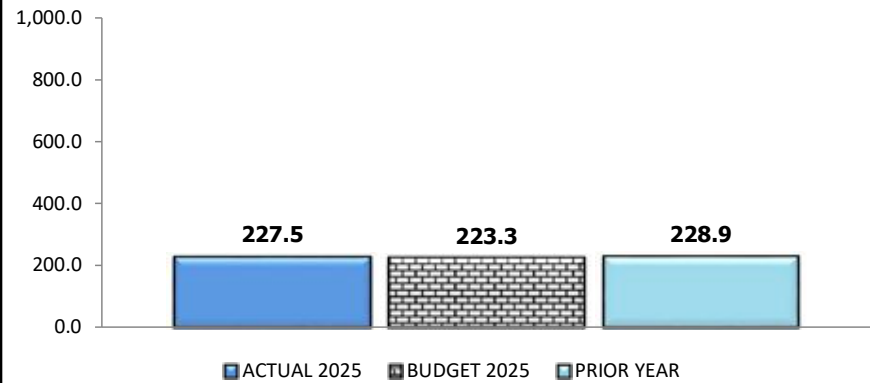
LBJ Average Daily Census - YTD

230.3

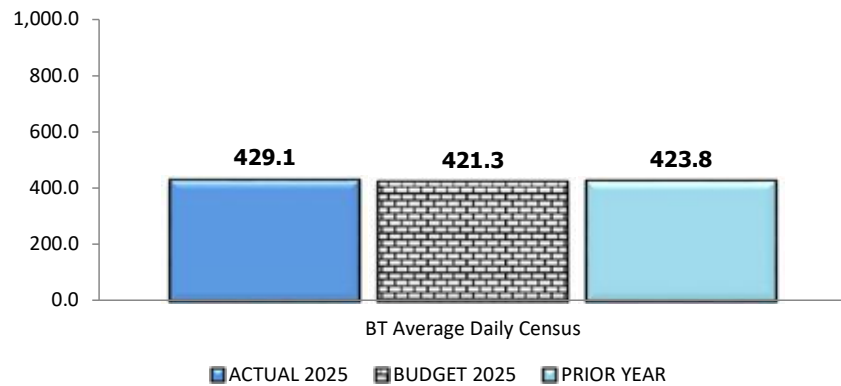
Ben Taub ADC - Quarter End



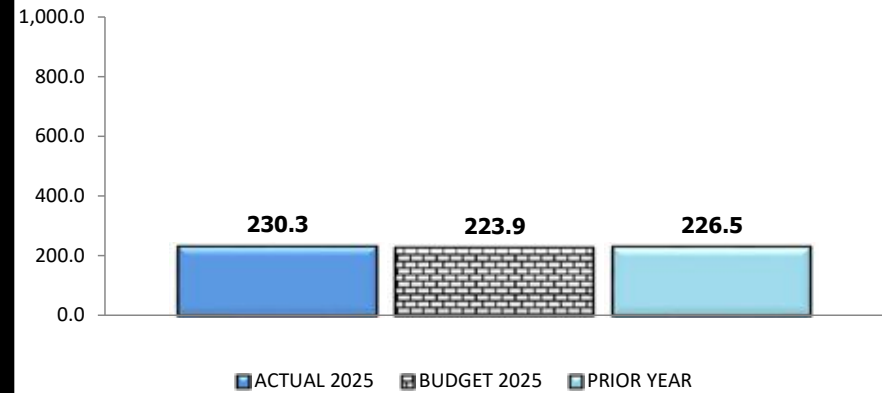
Lyndon B. Johnson ADC - Quarter End



Ben Taub ADC - YTD



Lyndon B. Johnson ADC - YTD



Harris Health

Statistical Highlights - Inpatient Average Length of Stay (ALOS)

As of the Quarter Ended June 30, 2025

BT Inpatient ALOS - Q3

7.58

BT Inpatient ALOS - YTD

7.37

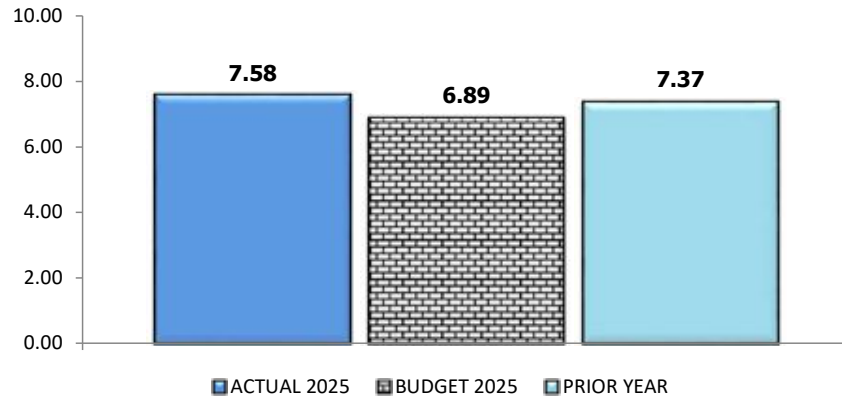
LBJ Inpatient ALOS - Q3

5.43

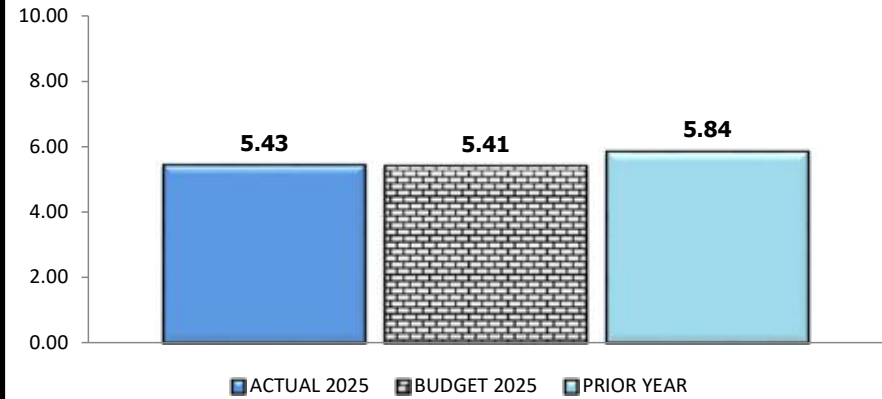
LBJ Inpatient ALOS - YTD

5.57

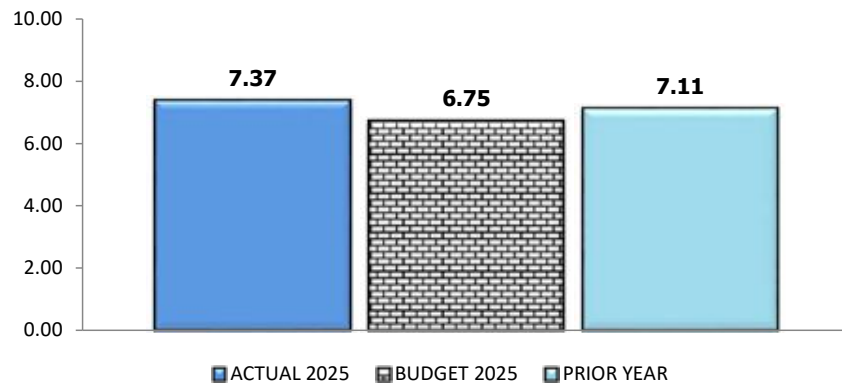
Ben Taub ALOS - Quarter End



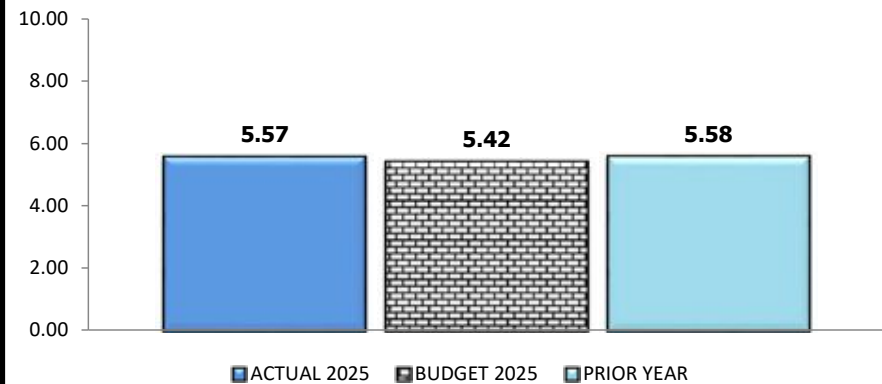
Lyndon B. Johnson ALOS - Quarter End



Ben Taub ALOS - YTD



Lyndon B. Johnson ALOS - YTD



Harris Health

Statistical Highlights - Case Mix Index (CMI)

As of the Quarter Ended June 30, 2025

BT Case Mix Index (CMI) - Q3

Overall	Excl. Obstetrics
1.949	2.131

BT Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.880	2.080

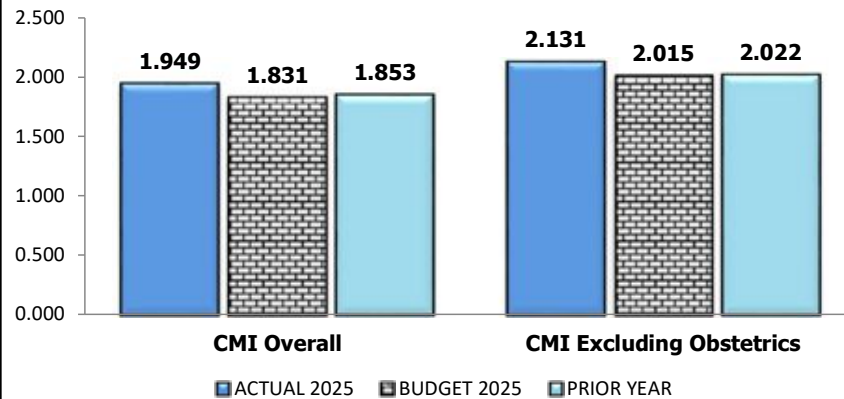
LBJ Case Mix Index (CMI) - Q3

Overall	Excl. Obstetrics
1.528	1.660

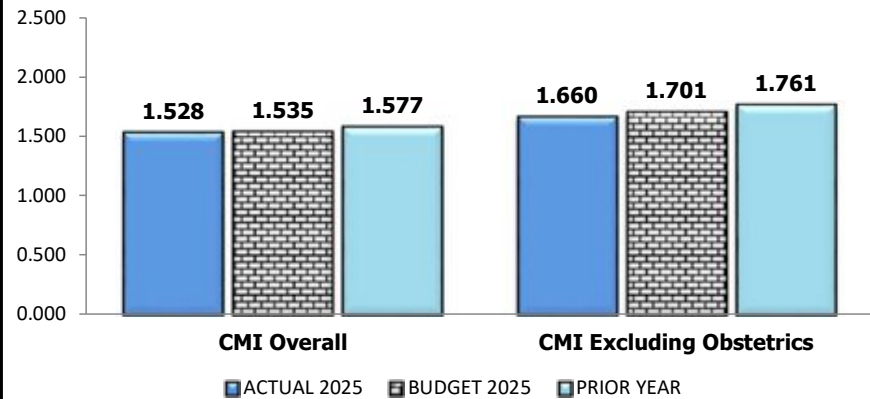
LBJ Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.532	1.690

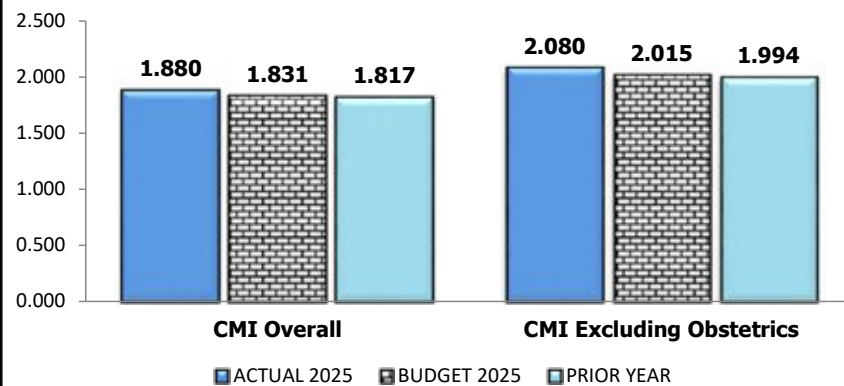
Ben Taub CMI - Quarter End



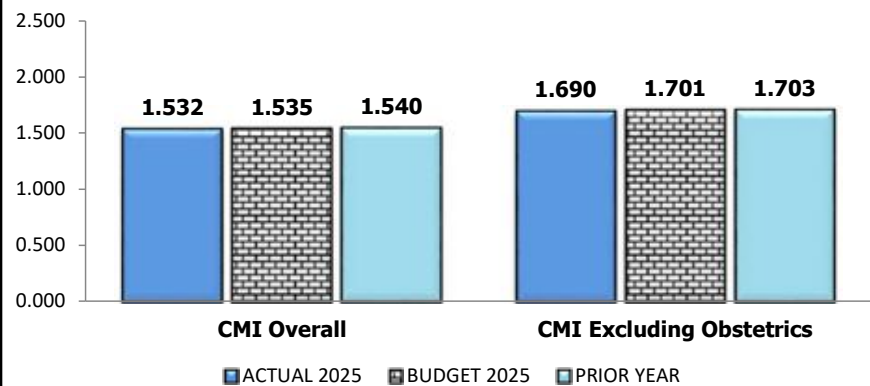
Lyndon B. Johnson CMI - Quarter End



Ben Taub CMI - YTD



Lyndon B. Johnson CMI - YTD

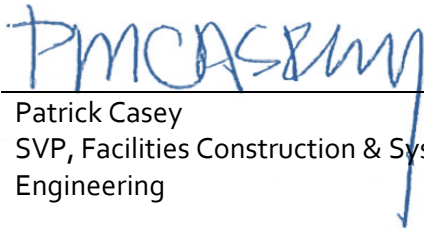


Meeting of the Board of Trustees

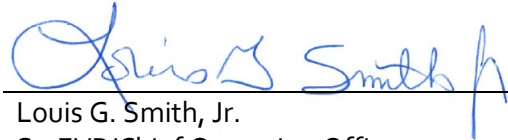
Thursday, July 24, 2025

Consideration of Approval to Convey a Water Meter Easement and Right of Way
to the City of Houston for the 2525 Holly Hall Operations Center Project,
Houston, Harris County, Texas

Administration recommends Board of Trustees approval to convey to The City of Houston a 375 square feet water meter easement to include without limitation, access to, across, along, under and upon the easement for the 2525 Holly Hall Operations Center Project. The easement is identified as "375 square feet being out of Unrestricted Reserve "B", Block 2, of Plaza Del Oro section Six, located in the P.W. Rose Survey, Abstract No. 645, Houston, Harris County, Texas" as detailed in the attached exhibit and survey.



Patrick Casey
SVP, Facilities Construction & Systems
Engineering



Louis G. Smith, Jr.
Sr. EVP/Chief Operating Officer

County: Harris
Project: 2525 Holly Hall COH WME
M&B No: 25-017(r)
CS Job No: 25003

**METES AND BOUNDS DESCRIPTION OF A 0.0086 ACRE
15'X25' WATER METER EASEMENT**

Being a tract of land containing 0.0086 acre (375 square feet), located in the P.W. Rose Survey, Abstract Number 645, in Harris County, Texas; Said 0.0086 acre being out of Unrestricted Reserve "B", Block 2, of Plaza Del Oro section Six, a subdivision of record in Volume 264, Page 51, of the Harris County Map Records (H.C.M.R.), same being out of a called 7.5000 acre tract of land described as Tract I and recorded in the name of Harris County Hospital District, in Harris County Clerk's File Number (H.C.C.F. No.) N207628; Said 0.0086 acre tract being more particularly described by metes and bounds as follows (all bearings and coordinates are referenced to the Texas Coordinate System of 1983, South Central Zone, coordinates are grid, to convert to surface apply the combined scale factor of 0.999884243407):

COMMENCING, at a 5/8-inch iron rod found (X:3115975.99, Y:13815147.95) at the northeasterly corner of said Tract I, same being the northwesterly corner of a called 7.8902 acre tract of land recorded in the name of Fabco Properties II, LLC, in H.C.C.F. No. 20130563590, on the northeast line of said Unrestricted Reserve "B" and on the southwest Right-of-Way (R.O.W.) line of El Camino Street (sixty feet wide per Volume 264, Page 51, of the H.C.M.R.);

THENCE, North 72° 17' 03" West, with the northeast line of said Tract I and said Unrestricted Reserve "B" and with the southwest R.O.W. line of said El Camino Street, a distance of 235.21 feet to the northeasterly corner and **POINT OF BEGINNING** (X:3115751.96, Y:13815219.52) of the herein described tract;

THENCE, through and across said Tract I and said Unrestricted Reserve "B", the following three (3) courses:

1. South 17° 42' 57" West, a distance of 15.00 feet to a point for the southeasterly corner of the herein described tract;
2. North 72° 17' 03" West, a distance of 25.00 feet to a point for the southwesterly corner of the herein described tract;

3. North 17° 42' 57" East, a distance of 15.00 feet to a point on the northeast line of said Tract I and said Unrestricted Reserve "B" and on the southwest R.O.W. line of said El Camino Street, for the northwesterly corner of the herein described tract, from which a 5/8-inch iron rod found at the northwesterly corner of said Tract I, same being the northeasterly corner of a called 2.866 acre tract of land described as Tract 1 and recorded in the name of Harris County in H.C.C.F. No. RP-2017-243718, bears North 72° 17' 03" West, a distance of 351.77 feet;

THENCE, South 72° 17' 03" East, with the northeast line of said Tract I and said Unrestricted Reserve "B" and with the southwest R.O.W. line of said El Camino Street, a distance of 25.00 feet to the **POINT OF BEGINNING** and containing 0.0086 acre (375 square feet) of land.

An Exhibit Map of the herein described tract was prepared in conjunction with and accompanies this description.



Chris Rhodes, R.P.L.S.
Texas Registration Number 6532



CIVIL-SURV LAND SURVEYING, LC
10590 Westoffice Dr., Suite 100
Houston, TX 77042
PH: (713) 839-9181
June 23, 2025

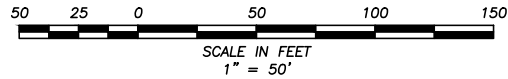
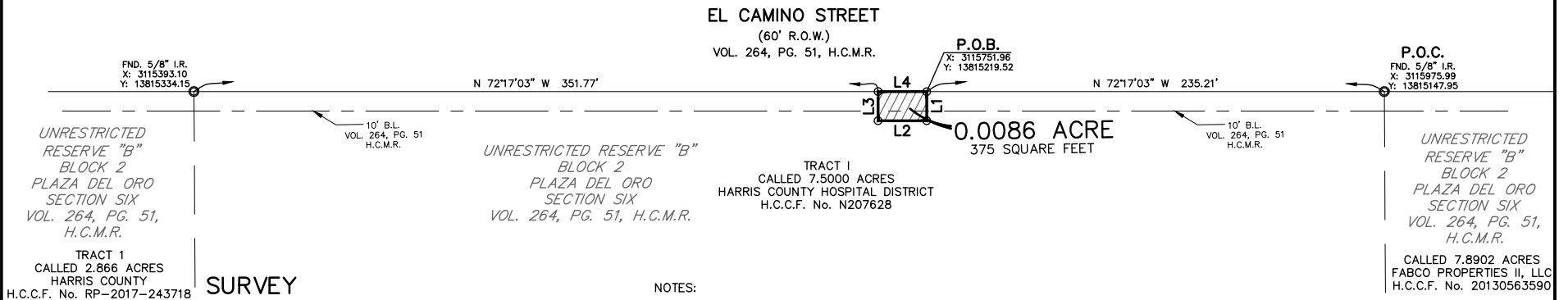


EXHIBIT ____, PAGE 3 OF 3 PAGES

LEGEND	
F.C. =	FILM CODE
H.C.M.R. =	HARRIS COUNTY MAP RECORDS
H.C.D.R. =	HARRIS COUNTY DEED RECORDS
H.C.C.F. =	HARRIS COUNTY CLERK'S FILE
FND. =	FOUND
C.I.R. =	CAPPED IRON ROD
I.P. =	IRON PIPE
No. =	NUMBER
R.O.W. =	RIGHT-OF-WAY
P.O.B. =	POINT OF BEGINNING
P.O.C. =	POINT OF COMMENCEMENT
B.L. =	BUILDING LINE
U.E. =	UTILITY EASEMENT
VOL. =	VOLUME
PG. =	PAGE



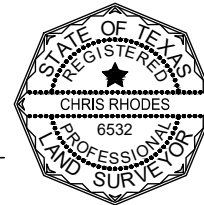
SURVEY
OF A
0.0086 ACRE
15'X25' WATER METER EASEMENT
OUT OF UNRESTRICTED RESERVE "B", BLOCK 2, OF PLAZA DEL ORO SECTION SIX, A SUBDIVISION OF RECORD IN VOLUME 264, PAGE 51, OF THE H.C.M.R., SAME BEING OUT OF A CALLED 7.5000 ACRE TRACT OF LAND DESCRIBED AS TRACT I AND RECORDED IN THE NAME OF HARRIS COUNTY HOSPITAL DISTRICT, IN H.C.C.F. No. N207628, IN THE
P.W. ROSE SURVEY, ABSTRACT No. 645
CITY OF HOUSTON, HARRIS COUNTY, TEXAS
JOB #25003 JUNE 23, 2025

NOTES:

1. THE BEARINGS SHOWN ON THIS SURVEY ARE BASED ON THE TEXAS COORDINATE SYSTEM OF 1983, SOUTH CENTRAL ZONE.
2. THE SURVEYOR HAS NOT ABSTRACTED THE SITE, AND NO TITLE REPORT HAS BEEN FURNISHED, THEREFORE, ALL ENCUMBRANCES ON THE SUBJECT PROPERTY MAY NOT BE SHOWN HEREON.
3. THE COORDINATES SHOWN HEREON ARE TEXAS SOUTH CENTRAL ZONE NO. 4203 STATE PLANE GRID COORDINATES (NAD 83) HAVING A COMBINED SCALE FACTOR OF 0.999884243407. ALL DISTANCES SHOWN HEREON ARE SURFACE DISTANCES.
4. AN ACCOMPANYING METES AND BOUNDS DESCRIPTION DATED JUNE 23, 2025 WAS SUBMITTED TO THE CITY OF HOUSTON PUBLIC WORKS RIGHT-OF-WAY SECTION WITH THIS SURVEY.

I HEREBY CERTIFY THAT THIS IS A TRUE REPRESENTATION OF A SURVEY MADE ON THE GROUND UNDER MY SUPERVISION AND REFLECTS THE ACTUAL CONDITIONS FOUND AT THE TIME OF THE SURVEY.


CHRIS RHODES
REGISTERED PROFESSIONAL LAND SURVEYOR
TEXAS REGISTRATION NO.: 6532



HOUSTON PUBLIC WORKS

APPROVAL

DATE _____

SURVEY SECTION

RIGHT OF WAY SECTION

KEY MAP No. 533N	FACET MAP No. 5354B/D
PARCEL NO.	
JOB NO.	
WBS NO.	
ILMS NO.	

10590 WESTOFFICE DRIVE, SUITE #100
HOUSTON, TEXAS 77042
OFFICE: (713) 839-9181

Civil-Surv
Land Surveying, LLC

TBPELS No. 10143800
Email: michael@civil-surv.net

LINE TABLE		
LINE #	DIRECTION	LENGTH
L1	S 17°42'57" W	15.00'
L2	N 72°17'03" W	25.00'
L3	N 17°42'57" E	15.00'
L4	S 72°17'03" E	25.00'

1" = 10'

0' 15' 30' 60'
SCALE: 1"=30'

LEGEND
C C PROPOSED BUILDING LIMITS

GENERAL CONSTRUCTION NOTES

1. ALL UNDERGROUND UTILITIES SHOWN ARE NOT GUARANTEED TO BE COMPLETE OR DEEPENED, BUT WERE OBTAINED FROM THE BEST INFORMATION AVAILABLE.
2. CONTRACTOR TO VERIFY ALL UNDERGROUND UTILITIES IN THE FIELD PRIOR TO CONSTRUCTION AND NOTIFY ENGINEER IF DISCREPANCIES OCCUR.
3. THE LOCATION OF ALL UTILITIES PRESENTED ON THESE DRAWINGS IS SHOWN IN AN APPROXIMATE WAY ONLY. THE CONTRACTOR SHALL DETERMINE THE EXACT LOCATION BEFORE COMMENCING WORK. HE AGREES TO BE FULLY RESPONSIBLE FOR ANY AND ALL DAMAGES WHICH MAY BE OCCURRED BY THE FAILURE OF ANY UTILITY LOCATE AND PRESERVE THESE UNDERGROUND UTILITIES.
4. CAUTION: THERE ARE OVERHEAD POWER LINES IN THE WORK AREA. CONTRACTOR SHALL FOLLOW ALL STATE AND FEDERAL REGULATIONS WHEN WORKING AROUND EXISTING POWER LINES.
5. CONTRACTOR TO OBTAIN ALL PERMITS AND APPROVALS REQUIRED PRIOR TO STARTING CONSTRUCTION.
6. BENCHMARKS SHALL HAVE A MINIMUM SLOPE OF GREATER THAN 1% AND A CROSS SLOPE NO GREATER THAN 1% UNLESS OTHERWISE NOTED.
7. ALL DRAINAGES ARE TO FACE OF CURB OR EDGE OF PAVEMENT UNLESS OTHERWISE NOTED.
8. ALL DRAINAGES ARE PROPOSED TO BE PARALLEL TO THEIR RESPECTIVE PROPERTY LINES UNLESS OTHERWISE NOTED.
9. REFER TO ARCHITECTURAL AND STRUCTURAL DRAWINGS FOR BUILDING DIMENSIONS.
10. REFER TO CONSTRUCTION. THE CONTRACTOR SHALL COORDINATE STAGING AND TRAFFIC CONTROL PLANS WITH OWNER.
11. ALL DISTURBED AREAS NOT TO BE PAVED OR LANDSCAPED SHALL BE RESEED UPON COMPLETION.
12. WATER AND SEWER MAINS SHALL BE CONSTRUCTED AND TESTED IN ACCORDANCE WITH TCEQ RULES AND REGULATIONS.
13. CONTRACTOR RESPONSIBLE FOR THE WORK SHALL BE RESPONSIBLE FOR OBTAINING ALL UTILITY PERMITS PRIOR TO INSTALLATION OF ANY UTILITIES INCLUDING WATER, SEWER, ELECTRIC, CABLE TELEVISION AND GAS.
14. DOMESTIC WATER LINES LESS THAN 4" IN DIAMETER SHALL BE SCH 40 PVC AND HAVE A MINIMUM COVER OF 2 FEET. DOMESTIC WATER LINES 4" DIAMETER AND LARGER SHALL BE SCH 40 PVC AND HAVE A MINIMUM COVER OF 4 FEET.
15. FIRE WATER SERVICE SHALL BE SCH 40 BLACK-IRONING PVC PIPE THAT BEARS UNDERSTRESS AND CANNOT BE REVERSED. ALL FIRE WATER SERVICE SHALL BE 1" TO 2" DIAMETER. ALL FIRE WATER SERVICE SHALL BE SCH 40 PVC AND HAVE A MINIMUM COVER OF 4 FEET.
16. SANITARY SEWER PIPE SHALL BE SCH 40 POLYETHYLENE (PE) PIPE. SCHEDULE 40 AND PE PIPE SHALL BE 12 INCHES OR LARGER SHALL BE SCH 40 UNLESS OTHERWISE NOTED.
17. ALL STORM SEWER PIPE SHALL BE HIGH-DENSITY POLYETHYLENE (HDPE) UNLESS OTHERWISE NOTED.
18. ALL STORM AND SANITARY CLEANSOUTS SHALL HAVE TRIMMED CLEANSOUTS. CLEANSOUTS LOCATED OUTSIDE OF PAVED AREAS SHALL HAVE A MINIMUM 18" OF 1/2" GRADE REINFORCED CONCRETE PAD WITH TOP OF PAD MATCHING FINISHED GRADE.

GENERAL UTILITY KEY NOTES

1. REFER TO MAP PLANS FOR CONTINUATION.
2. FIELD VERIFY EXISTING UTILITY LOCATION, SIZE AND DEPTH BEFORE CONSTRUCTION. NOTIFY ENGINEER OF ANY DISCREPANCIES.
3. REFER TO LANDSCAPE PLANS FOR CONTINUATION.

ROOF DRAIN NOTES

1. ALL ROOF DRAINING SHALL BE CONNECTED DIRECTLY TO SUBSURFACE DRAINAGE SYSTEM UNLESS OTHERWISE NOTED.
2. PROVIDE ADEQUATE FLOWING IN ROUTES, EVENTS AND MATERIALS FROM ROOF DRAINING TO LEADS. SEE MEP & ARCHITECTURAL PLANS.
3. SEE TYPICAL ROOF DRAIN CONNECTION DETAIL ON SHEET C04.

DRAINAGE KEY NOTES

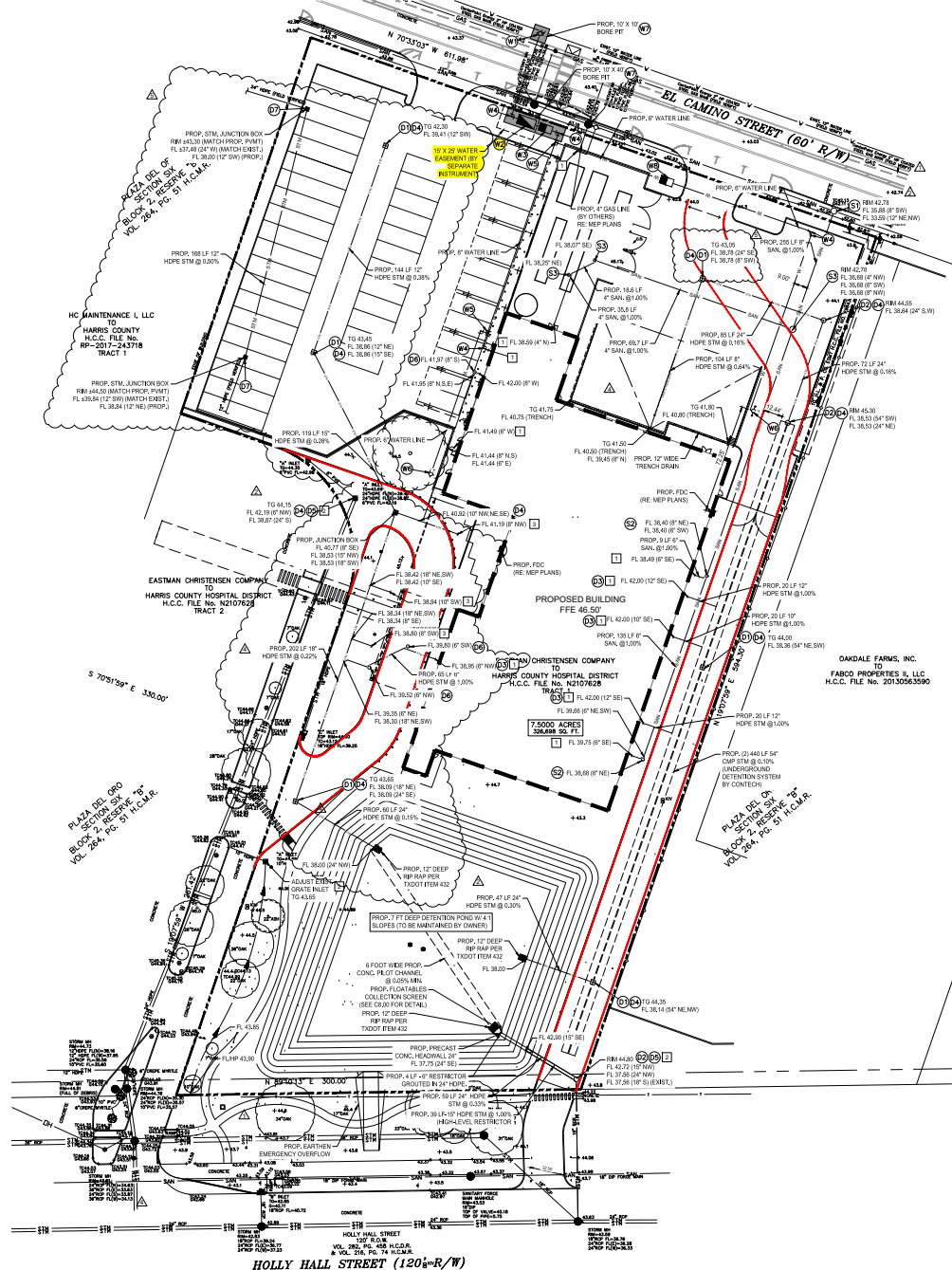
- (D1) PROPOSED TYPE "B" INLET.
- (D2) PROPOSED 4" DIA. STORM MANHOLE.
- (D3) PROPOSED ROOF DRAIN CONNECTION, RE. ARCHITECT.
- (D4) CONNECT PROPOSED STORM SEWER TO PROPOSED DRAINAGE STRUCTURE. SEAL WALL PENETRATIONS USING WATER STOP AND NONSHRINK GROUT.
- (D5) CONNECT PROPOSED STORM SEWER TO EXISTING DRAINAGE STRUCTURE. SEAL WALL PENETRATIONS USING WATER STOP AND NONSHRINK GROUT.
- (D6) PROPOSED STORM SEWER CLEANSOUT. CLEANSOUTS WITHIN PAVED AREAS SHALL HAVE A TRIMMED CLEANSOUT.
- (D7) CONNECT 18" DIA. STORM SEWER TO PROPOSED DRAINAGE STRUCTURE. SEAL WALL PENETRATIONS USING WATER STOP AND NONSHRINK GROUT.

WATER KEY NOTES

- (W1) PROPOSED 12" TRAPPING SLEEVE WITH VALVE.
- (W2) PROPOSED 4" CONNECTION FIRE AND DOMESTIC WATER METER IN VAULT.
- (W3) PROPOSED 4" CONNECTION FIRE AND DOMESTIC WATER BACKFLOW PREVENTER IN VAULT.
- (W4) PROPOSED 4" BEND.
- (W5) PROPOSED 4" X 4" TEE CONNECTION.
- (W6) PROPOSED FIRE HYDRANT 4" X 4" GATE VALVE. PROPOSED CONCRETE ISOLATION.
- (W7) PROPOSED JACK & BORE (TRENCHLESS CONSTRUCTION).
- (W8) PROPOSED 4" RPZ BACKFLOW PREVENTER FOR FIRE HYDRANT WATER LINE (ABOVE GRADE).

SANITARY SEWER KEY NOTES

- (S1) CONNECT PROPOSED 4" SANITARY SEWER TO PROPOSED SANITARY MANHOLE. PROVIDE WATER TIGHT SEAL AT WALL PENETRATIONS.
- (S2) PROPOSED 4" SANITARY CLEANSOUT.
- (S3) CONNECT PROPOSED 4" SANITARY SEWER TO PROPOSED SANITARY MANHOLE. PROVIDE WATER TIGHT SEAL AT WALL PENETRATIONS.



REET (120' R/W)

HOLLY HALL STREET (120' R/W)

REFER TO CITY OF HOUSTON (ILMS NO. 24111454 FOR PUBLIC PLAN SET)



HDR Architecture Inc.
4828 Loop Central Dr., Suite 800
Houston, TX 77081

MARTINEZ MOORE
ENGINEERS

1301 McKinney St #1100,
Houston, Texas 77010

SSR South Star
ENGINEERS

900 Thredneedle St,
Houston, TX 77079

WATSON
ENGINEERS

1301 McKinney St #1100,
Houston, Texas 77010

CG CONSULTANTS
ENGINEERS

8204 Fairbanks N Houston Rd Ste 201,
Houston, TX 77064

CUMMING
ENGINEERS

1 Music Circle S Suite 430,
Nashville, TN 37203

CLARK CONDON
landscape architecture

10401 Stella Link Rd,
Houston, TX 77025

St.onge
ENGINEERS

1400 Williams Rd,
York, PA 17402

Dially
ENGINEERS

9800 Richmond Ave Ste 450,
Houston, TX 77042

Harris Health Group
Central Fill Pharmacy

2525 Holly Hall,
Houston, TX 77042

HARRIS HEALTH
SYSTEM

Project Manager: Yvonne Nagy
Project Designer: Stephen Kowales
Project Engineer: Andrew Schaubert
Landscape Architect: Matt Fark
Civil Engineer: Carlos Delgado
Structural Engineer: Jassalyn Nelson
Civil Engineer: Frank Eastwood
Electrical Engineer: HANU LUTHEGGER
Mechanical Engineer: Colin Halliday
Interior Designer: Jim Halliday
Architect: Andrew Schaubert
Inspector: Charles Hefner

Sheet Number: 1356601
Original Issue: 05/03/2024

MARK DATE DESCRIPTION
1 06/21/2024 ADDENDUM 2
2 06/27/2024 ADDENDUM 3
3 07/02/2024 ADDENDUM 4
4 09/13/2024 BULLETIN 1 - CORRECTIONS
5 03/26/2025 BULLETIN 3

Project Number: 1356601
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Original Issue: 05/03/2024

EASEMENT

THE STATE OF TEXAS §
COUNTY OF HARRIS §

GRANTOR(S): Harris County Hospital District
(Exact legal name of person or entity that is the recorded property owner)

GRANTEE: **The City of Houston**, a Municipal Corporation situated in Harris, Fort Bend and Montgomery Counties, Texas

GRANTEE'S MAILING ADDRESS: P. O. Box 1562, Houston, Texas 77251

PROPERTY: The tract or parcel of land described in **EXHIBIT "A"**, consisting of 3 pages, attached hereto and made a part hereof, (the "Easement") and noted as Parcel No. _____; Job No. _____; and ILMS No. _____
(above tracking numbers assigned as needed by City of Houston)

Grantor(s) being the owner(s) in fee simple of the hereinafter described property located in Houston, Harris County, Texas, in consideration of the sum of One Dollar (\$1.00) to Grantor(s) in hand paid by Grantee, the receipt of which is hereby acknowledged, does grant, sell and convey unto Grantee, its successors and assigns, an easement for **Water Meter** purposes, said easement being in, upon, under, over, across and along the Property.

Grantor(s) does hereby agree, bind, and obligate Grantor(s) and Grantors' heirs, successors, and assigns, that no fences, buildings or other improvements shall be placed in, on or along said easement, and further, that Grantee shall be and is hereby released from any and all liability from any damages occasioned by and in the reasonable exercise of its rights granted.

TO HAVE AND TO HOLD the Property and easement for said purposes, together with all the rights and appurtenances thereto in anywise belonging to Grantee, its successors and assigns forever. However, if said easement or any part thereof is ever discontinued for said purposes, the title thereto (or to the part so discontinued) shall revert to the then owners of said property. The right and privilege being reserved to Grantee, its successors, assigns or agents, to go upon said Property at any time for the purpose of removing, repairing, or replacing any City improvements installed thereon or thereunder.

THIS EASEMENT IS NOT VALID UNLESS COUNTERSIGNED BY THE CITY OF HOUSTON.

EXECUTED this _____ day of _____, 20____.

GRANTOR(S):

Approved as to form:

Assistant City Attorney

THE STATE OF TEXAS §
COUNTY OF HARRIS §

(Individual)

This instrument was acknowledged before me on this _____ day of _____, 20____, by

_____.

(Seal)

Notary Public in and for the State of Texas

THE STATE OF TEXAS §
COUNTY OF HARRIS §

(Partnership acknowledged by partner or general partner)

This instrument was acknowledged before me on the _____ day of _____, 20____, by

_____, as _____, on behalf of
(Name of acknowledging partner) (Partner or General Partner)

_____, a _____.
(Name of Partnership that is Grantor) (Partnership or Texas Limited Partnership)

(Seal)

Notary Public in and for the State of Texas

THE STATE OF TEXAS §
COUNTY OF HARRIS §

(Partnership acknowledged by another business entity)

This instrument was acknowledged before me on the _____ day of _____, 20____, by

_____, as _____, of
(Name of acknowledging partner or officer) (Title -Partner, General Partner, Pres, VP)

_____, a _____, on behalf of
(Name of business entity that is the general partner) (Type of entity, ie., partnership, corporation, LLC or other)

said business entity and executed this instrument as partner on behalf of _____.
(Name of partnership that is Grantor)

(Seal)

Notary Public in and for the State of Texas

THE STATE OF TEXAS §
COUNTY OF HARRIS §

(Acknowledgment for Corporation)

This instrument was acknowledged before me on the _____ day of _____, 20____,

by _____, _____ of
(Name of acknowledging officer - Pres. or VP, or other if named by corporate resolution) (Title of Officer)

_____, a _____ corporation, on behalf of said corporation.
(Name of Corporation) (State of Incorporation)

(Seal)


Notary Public in and for the State of Texas

Meeting of the Board of Trustees

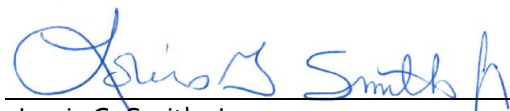
Thursday, July 24, 2025

Consideration of Approval to Convey a Perpetual Blanket Easement and Right of Way to
CenterPoint Energy Houston Electric, LLC, at Holly Hall Operations Center, 2525 Holly Hall
Street, Houston, Harris County, Texas

Administration recommends Board of Trustees approval to authorize the conveyance of a perpetual blanket easement and right of way to CenterPoint Energy Houston Electric, LLC. for electric distribution and related communication facilities located at 2525 Holly Hall St., Houston, Texas. The easement is further referred to as "Facilities" lying on, over, under and across the following property owned by Harris Health System described as those certain 7.5000-acre and 2.4345-acre tracts of land situated in the P. W. Rose Survey, Abstract No. 645, Harris County, Texas, being the same property described as Tract I and Tract 11, respectively, in a deed from Eastman Christensen Company to Harris County Hospital District, dated June 28, 1991, and filed for record under County Clerk's File No. N207628, in the Official Public Records of Harris County, Texas.



Patrick Casey
SVP, Facilities Construction & Systems
Engineering



Louis G. Smith, Jr.
Sr. EVP/Chief Operating Officer

**SHORT FORM BLANKET EASEMENT
3-PHASE OVERHEAD AND UNDERGROUND**

NOTICE OF CONFIDENTIALITY RIGHTS: IF YOU ARE A NATURAL PERSON, YOU MAY REMOVE OR STRIKE ANY OR ALL OF THE FOLLOWING INFORMATION FROM ANY INSTRUMENT THAT TRANSFERS AN INTEREST IN REAL PROPERTY BEFORE IT IS FILED FOR RECORD IN THE PUBLIC RECORDS: YOUR SOCIAL SECURITY NUMBER OR YOUR DRIVER'S LICENSE NUMBER.

STATE OF TEXAS }
 } KNOW ALL PERSONS BY THESE PRESENTS:
COUNTY OF HARRIS }

THAT, Harris County Hospital District, a political subdivision of the State of Texas, its successors and assigns, hereinafter referred to as "Grantor", whether one or more, for and in consideration of the sum of ONE DOLLAR (\$1.00) CASH to Grantor paid by CenterPoint Energy Houston Electric, LLC, its successors and assigns, hereinafter referred to as "Grantee", whose principal address is P. O. Box 1700, Houston, Texas 77251-1700, has **GRANTED, SOLD AND CONVEYED** and by these presents, does **GRANT, SELL AND CONVEY** unto said Grantee, all or in part, a perpetual **blanket** easement, hereinafter referred to as the "Easement", for electric distribution and related communication facilities consisting of a variable number of wires and cables and all necessary and desirable equipment and appurtenances, including, but not limited to, towers or poles made of wood, metal or other materials, props and guys, hereinafter referred to as "Facilities", lying on, over, under, and across the following described lands owned by Grantor, ("Grantor's Property"), to wit:

Those certain 7.5000-acre and 2.4345-acre tracts of land situated in the P. W. Rose Survey, Abstract No. 645, Harris County, Texas, being the same property described as Tract I and Tract II, respectively, in a deed from Eastman Christensen Company to Harris County Hospital District, dated June 28, 1991, and filed for record under County Clerk's File No. N207628

in the Official Public Records of said County and State, (the "Easement Area").

The Easement Area herein granted is a blanket easement and shall apply only insofar as the boundaries of Grantor's Property will permit. Grantee further reserves the right to extend services and drops within Grantor's Property and to adjacent land owners from said Facilities.

Grantor or its successors or assigns shall observe and exercise all notification laws as per the Underground Facility Damage Prevention and Safety Act, also known as "ONE CALL" & "CALL BEFORE YOU DIG" when working in or near the Easement Area.

To the extent that such laws and codes apply to Grantor, its successors and assigns, Grantor, its successors and assigns shall observe all safety codes and laws which apply to working along, within and or near the Easement Area and Facilities during construction activities and safe clearance from such Facilities, including the Occupational Safety and Health Administration ("O.S.H.A."), Chapter 752 of the Texas Health and Safety Code, the National Electric Code, and the National Electrical Safety Code.

Grantor herein reserves the right to grant easements in favor of third parties across the herein described Easement Area in a near perpendicular fashion to Grantee's Facilities, the approximate locations of which are shown on Exhibit "A", attached hereto and made a part hereof, provided (i) no other utilities are permitted to cross within a vertical distance of twenty-four (24) inches of Grantee's below ground Facilities, (ii) no other facilities or structures shall be permitted longitudinally within a distance of five (5) feet of the centerline of any of Grantee's below ground and above ground Facilities, (iii) no other utilities or structures shall be permitted longitudinally within a distance of fifteen (15) feet of the centerline of any of Grantee's overhead Facilities, beginning at a plane

sixteen (16) feet above the ground and extending upward, hereinafter collectively referred to as "Grantee's Exclusive Easement Area", and, (iv) doing so does not, in the sole opinion of Grantee, endanger or interfere with the efficient, safe and proper operation and maintenance of Grantee's Facilities.

Grantor herein covenants and agrees that, in the event that any third party facilities or obstructions are located within Grantee's Exclusive Easement Area, Grantor will take immediate action to remove and/or relocate said facilities and/or obstructions to a location outside of Grantee's Exclusive Easement Area at Grantor's sole cost and expense.

If Grantor, its successors or assigns should, at any future date, request that the Easement Area herein granted be further defined, Grantee agrees, at Grantor's expense, to prepare a new, defined easement described by a sealed survey sketch. Defined easements shall be unobstructed and may be further described by, but not limited to, the following descriptions:

- 1.) A ten (10) foot wide easement (for above and below ground facilities);
- 2.) A ten (10) foot wide easement together with ten (10) foot aerial easements adjoining both sides of said ten (10) foot wide easement (for above ground and overhead facilities that are not along a perimeter);
- 3.) A ten (10) foot wide easement together with an adjoining eleven (11) foot, six (6) inch wide aerial easement (for above ground and overhead perimeter facilities);
- 4.) A fourteen (14) foot wide easement together with an adjoining seven (7) foot, six (6) inch wide aerial easement (for above ground and overhead perimeter facilities);
- 5.) An easement sixteen (16) feet wide and twenty-four (24) feet long (for Grantee's pad-mounted transformer station purposes).

Grantee further agrees to release this Easement upon execution and delivery of the new defined easement by Grantor.

In the event that Grantor, its successors and assigns, desires that Grantee's Facilities be relocated, then Grantee agrees to relocate said Facilities provided that

Grantor furnishes a suitable and feasible site or location for such relocation and, provided that Grantor, its successors and assigns, shall, if requested by Grantee, furnish to Grantee a suitable and acceptable easement covering the new location. Any and all costs associated with relocating said Facilities will be at Grantor's sole expense.

Grantee shall also have reasonable rights of ingress and egress to and from said Easement Area, together with reasonable working space, for the purposes of erecting, installing, operating, maintaining, replacing, inspecting, and removing said Facilities, together with the additional right to remove from said Easement Area, all bushes, trees and parts thereof, or other structures which, in the opinion of Grantee, endanger or may interfere with the efficiency, safe and proper operation, and maintenance of said Facilities.

TO HAVE AND TO HOLD the above described Easement, together with all and singular the rights and appurtenances thereto in anywise belonging, unto Grantee forever, and Grantor does hereby bind itself and its successors, heirs, assigns, and legal representatives, to fully warrant and forever defend all and singular the above described Easement and rights unto said Grantee, against every person whomsoever lawfully claiming or to claim the same or any part thereof, by, through or under Grantor, but not otherwise. In the event of a deficiency in title or actions taken by others which results in the relocation of Grantee's Facilities, the Grantor herein, its successors and assigns, will be responsible for all costs associated with the relocation and/or removal of Grantee's Facilities.

The terms, conditions and provisions contained herein constitute the complete and final agreement between Grantor and Grantee, (collectively the "Parties") with respect to the subject matter hereof and supersedes all prior agreements, representations and understandings of the Parties and, by Grantor's signature affixed hereto and Grantee's use of the Easement, the Parties evidence their agreement thereof. No oral or written agreements made or discussed prior to, or subsequent to, the execution of this Easement

shall supersede those contained herein. Any and all revisions, amendments and/or exceptions to the terms, conditions and provisions contained in this Easement shall be in written, recordable form and executed by both parties, or their respective successors or assigns in order to be deemed valid.

EXECUTED this [] day of [], 20[].

Harris County Hospital District, a political subdivision of the State of Texas

BY: []
Signature

[]
Name typed or printed

[]
Title

STATE OF TEXAS }

COUNTY OF [] }

BEFORE ME, the undersigned authority, a Notary Public in and for the State of Texas, on this day personally appeared _____, _____ of Harris County Hospital District, a political subdivision of the State of Texas, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that ()he executed the same for the purposes and consideration therein expressed, in the capacity therein stated, and as the act and deed of said district.

Given under my hand and seal of office this [] day of [], 20[].

[]
Notary's Signature

[]
Name typed or printed

[]
Commission Expires

**ATTACHMENT
AFFIDAVIT**

STATE OF TEXAS }

COUNTY OF _____}

BEFORE me the undersigned authority on this day personally appeared
 _____ the _____

of Harris County Hospital District, a political subdivision of the State of Texas, hereinafter referred to as Affiant, who being duly sworn, deposes and says that Affiant is the current owner of the tract of land described in an easement instrument executed by the same on even date herewith, said tract of land is further described as follows:

Those certain 7.5000-acre and 2.4345-acre tracts of land situated in the P. W. Rose Survey, Abstract No. 645, Harris County, Texas, being the same property described as Tract I and Tract II, respectively, in a deed from Eastman Christensen Company to Harris County Hospital District, dated June 28, 1991, and filed for record under County Clerk's File No. N207628 in the Official Public Records of said County and State.

Affiant further says that the said premises have been held by Affiant, that possession thereof has been peaceable and undisturbed, and that the title thereto has never been disputed or questioned to Affiant's knowledge, nor does Affiant know of any facts by reason of which said possession or title might be disturbed or questioned, or by reason of which any claim to said premises, or any part thereof, might arise or be set up adverse to this Affiant.

EXECUTED this _____ day of _____, 20____.

Harris County Hospital District, a political subdivision of the State of Texas

BY: _____
Signature

Title

Name typed or printed

SUBSCRIBED and SWORN before me this _____ day of _____,
20____.

Notary's Signature

Name typed or printed

Commission Expires

**AFTER RECORDING RETURN TO:
SURVEYING & RIGHT OF WAY
CENTERPOINT ENERGY HOUSTON ELECTRIC, LLC
P. O. BOX 1700
HOUSTON, TX 77251-1700**

Meeting of the Board of Trustees

Thursday, July 24, 2025

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



R. King Hillier
SVP, Public Policy & Government Relations

July 2025**Board of Trustees Monthly Legislative Report****FEDERAL UPDATE**

Reconciliation Update: Congress passed the One Big Beautiful Bill Act on July 3 with amended provider tax language that preserves Texas' local tax funding structure for Medicaid.

During Senate consideration of the bill from the previous week, Texas was able to preserve around \$10 billion in annual funding for Medicaid that would have been lost under earlier drafts of the Senate bill. The House passed the Senate's version by a 218-214 vote following a 51-50 vote in the Senate on Tuesday, in which Vice President J.D. Vance cast the tiebreaking vote. The measure was signed into law by President Donald Trump on July 4.

Bill drafters reworked the Medicaid provider tax piece following a ruling last week by the Senate parliamentarian that the bill's previous provider tax restrictions violated a key Senate rule on budgetary legislation. The final bill contains the following relevant provisions for Texas hospitals:

- **Provider taxes** – All taxes “enacted and imposed” by states or local units of government by July 4 date of enactment for the bill will be recognized and allowed to continue. The [existing 6% “safe harbor” maximum](#) for these taxing arrangements will remain in place for Texas and other states that have not expanded Medicaid. This means that localities looking to maximize their provider tax financing have until the July 4 enactment date to increase their own percentages to 6%, if a locality has not already done so. Harris County is already at the 6% maximum rate. Landing on this arrangement for provider taxes protects about \$7 billion in Texas Medicaid funds that might have been forfeited if local taxes were not allowed.
- **State-directed payments (SDP)** – Preprints for SDPs submitted before the bill's date of enactment will be grandfathered in, a benefit for Texas' Medicaid program with an estimated impact of \$3 billion. This provision was added as the last amendment by Senator Young of Indiana at the behest of the Front Line Hospital Alliance of which Dr. Porsa serves as Chairperson.
- **Rural Health Transformation Program** – During Senate negotiations on the bill, lawmakers inserted this new funding source, which allocates a total of \$50 billion in funding to states – \$10 billion for each of the next five years – for rural health care transformation, including relief for rural hospitals.

- **Medicaid Disproportionate Share Hospital (DSH) cuts** – The final legislation does not include a delay for these planned cuts to [DSH hospital funding](#), which will go into effect this October without further action. The version previously passed by the House included a two-year delay. Without further legislative action, the Texas Medicaid DSH program direct reimbursement to hospitals will be reduced by \$800 million.
- **Texas Uninsured** – In Texas, 4.2 million receive their health insurance through Medicaid/CHIP and another 3.4 million receive their health insurance through the Affordable Care Act (ACA) Market Place. The Kaiser Family Foundation estimates that 1.9 million Texans will lose health insurance coverage through Medicaid/CHIP and the ACA over the next 10 years under the new law.

Sens. John Cornyn and Ted Cruz, the governor's office and the Texas Health and Human Services Commission (HHSC) secured critical changes in the final legislation regarding provider tax provisions. The bill includes a lengthy timeline to implement provisions related to new SDPs. SDPs will now be limited to 110% of Medicare which is a reduction from the current Average Commercial Rate (ACR). The transition and reduction in payments will begin in Federal Fiscal Year 2028 with rates being reduced by 10% per year until they reach 110% of Medicare rates. We will provide impact estimates in the coming months. This transition period will give ample opportunity for more advocacy with our congressional leadership and delegation to minimize or delay these reductions in the SDPs.

A year-end bill will be introduced later this fall that will be a vehicle to address the Medicaid DSH cuts, site-neutral payment alternatives, and 340B modifications.

Healthy Texas Women 1115 Waiver Extended Through June 2030: The federal Section 1115 Medicaid demonstration waiver for the state's Healthy Texas Women (HTW) program has been extended for another five years by CMS. The extension went into effect on Tuesday, July 1, and runs through June 30, 2030. The extension allows HHSC to transition HTW to a managed care delivery model, as required by legislation that passed in 2023. HHSC says it will provide updates on that transition as it is implemented.

STATE UPDATE

Veto Period Ends: With the end of the veto period, the 89th Regular Session has finally fully concluded.

All told, Gov. Greg Abbott vetoed 28 bills, only two of which are of interest to Harris health.

- HB 2520 by Rep. Ann Johnson would have added several requirements to public meeting notices applicable to numerous government bodies, in addition to specifying a board of managers appointed by the Texas Education Agency is subject to the Open Meetings Act.
 - Gov. Abbott's veto proclamation asserts the bill is duplicative in the sense that such boards of managers are already subject to the Open Meetings Act.
- SB 268 by Sen. Charles Perry generally would have ensured complaints against licensed health care professionals are adjudicated by the appropriate licensing agency regardless of which licensing agency receives the initial complaint.
 - Gov. Abbott's veto proclamation asserts the bill would have prohibited a licensing board in receipt of an initial complaint from taking any disciplinary action for portions of a complaint within its jurisdiction. For example, the Texas Medical Board should not be prohibited from issuing a cease-and-desist order for unlicensed medical practice simply because the specific practice at issue is also regulated by another board.

MCO Procurement Court Case Resumes: Having successfully defended against bills, amendments, and budget riders during the regular legislative session seeking to cancel the latest procurement of state Medicaid and Children's Health Insurance program (CHIP) contracts, the court case on the same issue is now scheduled to resume.

Filed last year in the wake of tentative contract announcements, Texas' Fifteenth Court of Appeals abated the lawsuit till 30 days after the end of the 89th Regular Session of the Texas Legislature, giving lawmakers the opportunity to weigh in on the procurement.

With no action by lawmakers on the matter, the appeal of the district court's ruling was reinstated on the appellate court's active docket as of July 3, 2025.

The district court had previously found the Texas Health and Human Services Commission erred in failing to award Medicaid and CHIP contracts to several managed care organizations owned and controlled by several children's hospitals throughout the state.

Gov. Abbott Signs Biennial State Budget, Line-Item Vetoes Certain Expenditures: Gov. Abbott signed into law Senate Bill 1, the General Appropriations Act for the 2026–27 biennium, affirming the budget complies with all constitutional and statutory spending limits.

In signing the state budget, Gov. Abbott line-item vetoed several spending provisions, including \$60 million for the summer Electronic Benefit Transfer (EBT) program, which would have provided \$120 in food benefits for each eligible child.

Eligible families include those with children in the National School Lunch Program or directly certified through Medicaid or the Supplemental Nutrition Assistance program. Moreover, families of children not enrolled in one of these programs—such as those attending private, charter, or home school—could have applied separately for the EBT program.

In vetoing the \$60 million expenditure, Gov. Abbott cited, “significant uncertainty regarding federal matching rates,” and suggested lawmakers revisit the program when there’s more fiscal clarity.

He also vetoed several contingency appropriations linked to bills that failed to pass the legislature.

Gov. Abbott Calls First Special Legislative Session to Begin July 21, 2025: Items included in the call that impact Harris Health are reducing property taxes, a ban on taxpayer funded lobbying, abortion legislation, flood warning systems, flood emergency communications, and natural disaster preparation and recovery.

[View the governor's special session proclamation.](#)

Gov. Abbott has the authority to add issues or bills to the call at any time during a special session, just as he has the authority to call as many special sessions as he deems necessary. Each special session lasts a maximum of 30 days but can be concluded before this if all business is deemed completed.

Meeting of the Board of Trustees

Thursday, July 24, 2025

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

Attached for review and acceptance:

- **HCHP July 2025 Operational Updates**

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



Jennifer Small, AuD, MBA, CCC-A
Chief Executive Officer – Ambulatory Care Services

Health Care for the Homeless Monthly Update Report – July 2025

Jennifer Small AuD, MBA, CCC-A, Chief Executive Officer, Ambulatory Care Services

Tracey Burdine, Director, Health Care for the Homeless Program

HARRISHEALTH



Agenda

- Operational Update
 - Productivity Report
 - Board Authority
 - Quality Management Plan

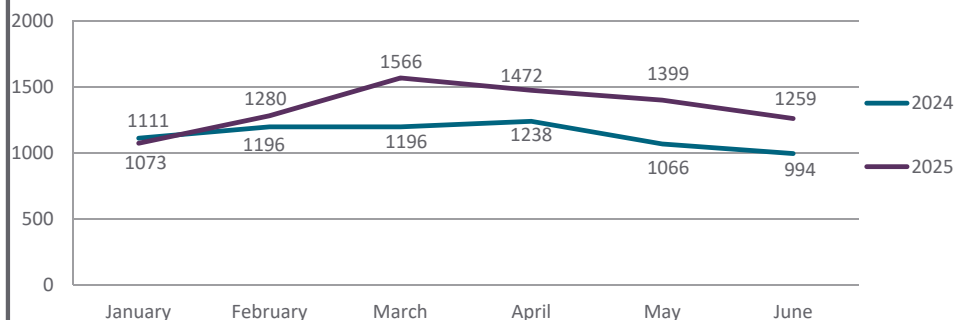
HARRISHEALTH

Patients Served

HRSA Unduplicated Patients Target: 7,250	HRSA Completed Visit Patients Target: 30,496
YTD Unduplicated Patients: 4,391	YTD Total Completed Visits: 15,391

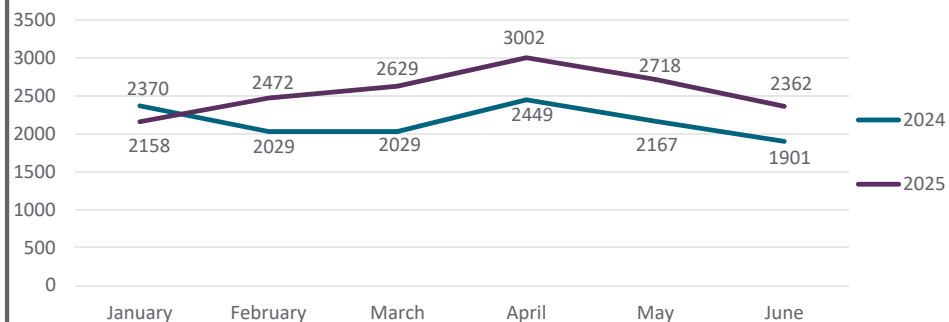
Unduplicated Patients

Monthly Unduplicated Patients (January – June)

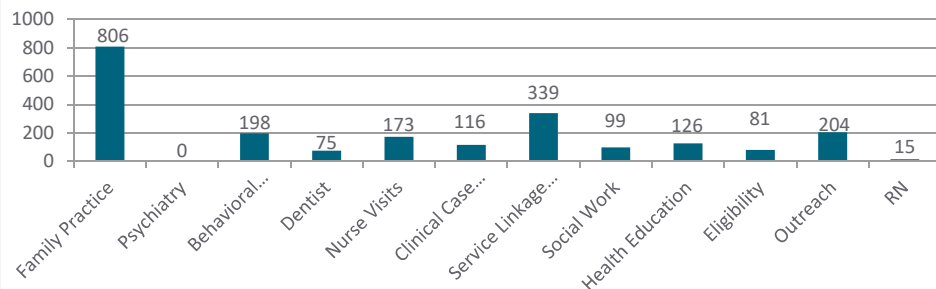


Completed Visits

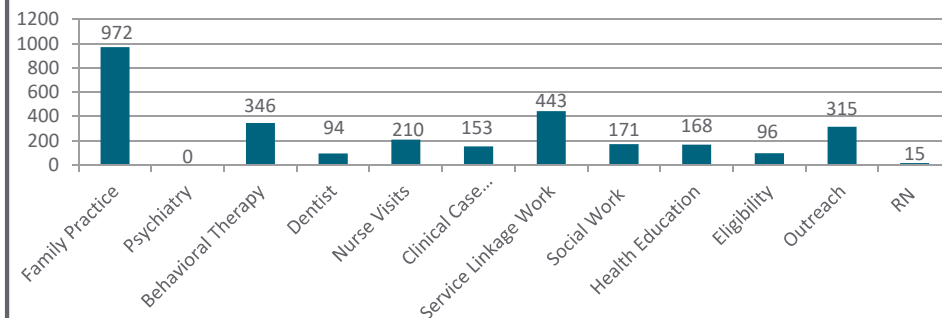
Completed Visits (January – June)



Monthly Unduplicated Patients by Department (June 2025)



Completed Visits by Department (June 2025)



Board Authority

Requirement:

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

Health Care for the Homeless 2025 Quality Management Plan

LaResa A. Ridge MD, Health Care for the Homeless Medical Director, Ambulatory Care Services

**Jaden Jacobs, MHA, Health Care for the Homeless Quality Coordinator, Ambulatory Care
Services**

HARRISHEALTH

Operational Update

HCHP 2025 Quality Management Plan

Goals and Objectives

The overall goal of the Quality Management (QM) Program is to assist in the identification and implementation of strategies to provide the best care possible to HCHP clients in accordance with national standards. An organized review of systems and processes will include assessment, design, evaluation, and implementation of improvement strategies to address identified opportunities for improvement. The goals and objectives of the annual QM activities are driven based on key focus areas of the organization as well as findings and/or recommendations in the following areas:

- Data collection/reporting related activities
- Internal system, structure and/or process
- Clinical, outreach, eligibility, and case management processes

These goals are influenced by Standards of Care (SOC) changes, Administrative Agency and/or Project Officer recommendations.

Operational Update

HCHP 2025 Quality Management Plan Updates

- Aligned with Health Resources and Services Administration (HRSA) and Harris Health Performance Improvement guidelines.
- Guided by the Institute of Medicine (IOM) six domains of healthcare quality: Safe, Timely, Effective, Efficient, Equitable, and Patient Centered (STEEEP).
- Evaluation conducted through quarterly and annual performance review processes.
- Data reviewed monthly, with reporting to the following governance committees:
 - Ambulatory Care Services (ACS) Quality Review Council (QRC)
 - Quality Governance Council
 - Compliance and Performance Improvement Committee
- Continuous improvement driven by:
 - Daily clinical huddles
 - Ongoing input from internal stakeholders across all service levels

Operational Update

HCHP 2025 Quality Management Plan Quality Focus Areas of 2025

Promote a Just and Accountable Culture

1. Encourage open communication and error reporting
2. Support learning from mistakes without punitive action
3. Strengthen patient safety through shared accountability

Enhance Data Collection and Measurement

1. Improve dashboard utilization for data analysis
2. Drive performance through accurate and timely data
3. Use standardized benchmarks

Strengthen Internal Systems and Workflows

1. Align clinical and operational processes
2. Improve coordination across mobile and sites
3. Streamline care delivery for consistency and efficiency

Advance Equitable, Patient Centered Care

1. Implement harm reduction strategies
2. Improve access and experience for underserved populations
3. Promote health equity through focused quality initiatives

Meeting of the Board of Trustees

Thursday, July 24, 2025

Consideration of Approval of the HCHP 2025 Quality Management Plan

Attached for review and approval:

- **HCHP 2025 Quality Management Plan**

Administration recommends that the Board approve the Healthcare for the Homeless Program 2025 Quality Management Plan as required by the United States Department of Health and Human Services which provides funding to the Harris County Hospital District d/b/a/ Harris Health to provide health services to persons experiencing homelessness under Section 330 (h) of the Public Health Service Act.



Jennifer Small, AuD, MBA, CCC-A
Chief Executive Officer – Ambulatory Care Services

HARRISHEALTH

Health Care for the Homeless Program

DOC# - Quality Management Plan - 2025

March 18, 2025

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I. INTRODUCTION:

The Harris Health mission is to be “a community-focused academic healthcare system dedicated to improving the health of those most in need in Harris County through quality care delivery, coordination of care, and education.” Health care for homeless persons in Harris County are provided through the Health Care for the Homeless Program (HCHP). The HCHP Quality Management Plan reflects the program’s aim of establishing a comprehensive, coordinated process for continual evaluation and improvement of outpatient services. The goal of services is to improve the health status of HCHP clients through focused improvement activities. The Quality Management Plan provides direction for assessing quality and adherence to recommended standards of care for services provided.

II. PURPOSE:

The requirements of the Quality Management Plan and the Harris Health Quality, Safety, and Performance Improvement Plans will work in tandem for activities related to monitoring, assessment, evaluation, and implementation of improvement strategies.

The information gathered from the abovementioned activities will help to enhance the care and treatment provided to HCHP clients.

III. GUIDING PRINCIPLES:

Creating a culture of safety, including providing safe care and a safe environment, and continual improvement, is the work of the entire organization. Harris Health has adopted the Institute of Medicine (IOM) six (6) domains of Health Care Quality as the guiding principles for our Quality Manual. These six (6) aims (S.T.E.E.E.P.) guide our work to facilitate performance excellence:

A. Safe: Avoiding harm to patients from care that is intended to help them.

B. Timely: Reducing waits and sometimes-harmful delays for both those who receive and those who give care.

C. Effective: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively.)

D. Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.

E. Equitable: Providing care that does not vary in quality because of personal characteristics such as sex, ethnicity, geographic location, and socioeconomic status.

F. Patient-Centered: Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.

IV. JUST AND ACCOUNTABLE CULTURE

It is inevitable that people will make mistakes. Thus, a Just and Accountable Culture creates an open, fair, and learning culture by recognizing that individuals demonstrate certain behaviors, which organizational leaders should identify and manage appropriately. Behavioral choices include Human Error, At-Risk Behavior, and Reckless Behavior.

A Just and Accountable Culture promotes learning, so employees are engaged and encouraged to speak up and share near misses, etc. to learn from events and prevent future occurrences.

A Just and Accountable Culture recognizes that many errors represent predictable interactions between human operators and the systems in which they work. So, when mistakes are made, we must learn from them and then design safer systems and processes to prevent them from occurring again.

A Just and Accountable Culture balances leadership management of the behavioral choices with individual accountability. Human error and at-risk behavior will be managed appropriately, but there will be zero tolerance for reckless behavior.

V. STRATEGIC GOALS AND QUALITY OBJECTIVES

Quality and patient safety: Harris Health will become a high-reliability organization (HRO) with quality and patient safety as a core value where zero patient harm is not only a possibility but an expectation.

The overall goal of the Quality Management (QM) Program is to assist in the identification and implementation of strategies to provide the best care possible to HCHP clients in accordance with national standards. An organized review of systems and processes will include assessment, design, evaluation, and implementation of improvement strategies to address identified opportunities for improvement. The goals and objectives of the annual QM activities are driven based on key focus areas of the organization as well as findings and/or recommendations in the following areas:

- Data collection/reporting-related activities
- Internal system, structure, and process
- Clinical, outreach, eligibility, and case management processes

The goals are influenced by Standard of Care (SOC) changes, Administrative Agency, and/or Project Officer recommendations.

VI. QUALITY INFRASTRUCTURE

Leadership

The overall responsibility and leadership for the HCHP Quality Management Program resides with the Center Director and Medical Director of HCHP. The Quality Assurance Coordinator will provide oversight for monitoring and

evaluating the assessment-related activities. The Quality Assurance Coordinator will serve as the liaison for all tiers of membership. The infrastructure is comprised of three (3) tiers

- an administrative tier (manager level),
- a center-based committee, and
- task-specific workgroup(s) as deemed necessary.

Quality Management (QM) related activities will be coordinated through a collaborative effort of the administrative staff of HCHP. The Quality Assurance Coordinator will work with all three (3) tiers of the QM Program. HCHP activities will be shared with the Harris Health Performance Improvement program as directed.

The membership of the **administrative committee** may include but is not limited to the following persons:

- Medical Director
- Center Director
- Nursing Manager
- Grants Project Manager

The administrative committee is charged with providing direction for the Quality Management Program. Findings and outcomes are shared with leadership staff for recommendations of strategies to improve patient care and services.

Quality Management (QM) related activities are reviewed at least monthly. The facilitator of the second tier has the flexibility as needed to request additional support and/or direction from the Center Director and Medical Director as needed. Minutes of administrative meetings are recorded and available for review.

The **second tier** of the Quality Management Program is the center-based Compliance and Performance Improvement Committee (CPIC). A medical provider will serve on the committee, and the Grants Project Manager will serve as facilitator. The membership of the CPIC may include but is not limited to the following persons:

- Quality Assurance Coordinator
- Medical Provider
- Nursing Representative
- Case Management Representative

- Nurse Practitioner
- Eligibility Staff
- Health Educator
- Management

The role of the CPIC is to provide a comprehensive multi-disciplinary approach to address improvement opportunities identified through monitoring activities. The CPIC will meet monthly. Minutes will be recorded at each meeting and distributed to the membership for review and approval. The activities of the committee will be reported bi-directionally to the administrative committee as well as in the monthly staff meetings. Other venues will also be utilized to share information regarding the activities/decisions of the committee.

The committee will review the findings and employ tools to analyze any fallouts. The committee will utilize the **Plan-Do-Check/Study-Act** (PDCA/PDSA) model to address opportunities for improvement. The model allows for action anywhere along the continuum based on the analysis of the data.



The third tier of the Quality Management Program is the **Task Specific Workgroup**.

A Task-Specific Workgroup is formed as deemed necessary. The administrative team and/or the CPIC can convene a task-specific workgroup. The roles and responsibilities of this group are attached to specific tasks. Information from the workgroup will be reported to the CPIC, who will report the findings/recommendations to the administrative committee.

Membership will consist of persons who are owners of the identified area requiring improvement. The Quality Analyst will help to facilitate and serve as a resource to the selected group(s). A chair of the Task-Specific Workgroup is designated by the CPIC and/or administrative committee. The membership will remain fluid to allow- for the entry and exit of persons throughout the assignment and completion of tasks. The continuance of the workgroup is based on goal and assignment completion.

Quality Management (QM) is also addressed through the daily huddles, with participation from all staff, and the daily clinic huddles, which are site-specific and with participation from all staff at each site.

VII. PARTICIPATION OF STAKEHOLDERS

The goal of the Quality Management Program is to include internal and external stakeholders. Internal stakeholders' representatives are the nursing, physician, and ancillary staff involved in the provision of client care, the Ambulatory Care Services (ACS) Quality Review Council (QRC), Quality Governance Council (QGC) and the Harris Health Board of Trustees. External stakeholders include the HCHP Consumer Advisory Council. The council consists of clients and homeless service providers.

The Consumer Advisory Council group serves as the voice of the community. Membership of this committee serves on the Harris Health At Large Advisory Council. Communication is bi-directional sharing with clients of HCHP, members of other Harris Health Patient and Family Advisory Councils, and leadership of Harris Health. Representatives of HCHP participate in the monthly council meetings.

VIII. PERFORMANCE MEASUREMENT

The indicators and goals of performance measurement activities are based on the following:

- US Department of Health and Human Services guidelines
- DNV standards
- NCQA PCMH standards
- Needs assessment
- National goals and benchmarks
- Internally identified areas with opportunities for improvement

The indicators and goals for performance will change based on internally identified areas of improvement and/or per the direction of the administrative agency/project officer. The performance measurements will include review activities for services provided.

This plan's content embraces the requirements of Harris Health Performance Improvement program and Health Resources and Services Administration (HRSA) requirements in a combined approach. The intent of the plan is to incorporate requirements while operating under a single plan.

The information will be collected and analyzed by the Quality Assurance Coordinator. The findings will be disseminated to all tiers of the Quality committees and staff. The Medical Director will aid in the communication of information to the physician and nurse practitioner provider staff. The findings will be utilized to determine further focuses on quality activities.

The Harris Health QM plan utilizes multiple sources of information to establish evaluation components related to the standards of care guidelines and indicators for medical care. Sources of information include but are not limited to:

Harris Health Ambulatory Care Services (ACS) Quality Review Council (QRC)

Harris Health Quality Governance Council (QGC)

- Disease-specific treatment guidelines established by the United States Public Health Service (USPHS), the United States Preventive Services Task Force (USPSTF), the Infectious Disease Society of America (IDSA), and similar sources.

IX. DATA COLLECTION

Data collection will be conducted minimally on a monthly basis. The sample size used for chart review will comply with the Harris Health Quality Manual recommendations for review-related activities, USPHS guidelines, and HRSA Uniform Data System (UDS) requirements. A portion of the random sample, when available, will be generated from an internal download activity. Other sample data, when available for review purposes, will be generated from other internal sources (EMR-requested reports).

Reports will be generated in compliance with established reporting periods. Evaluation and findings of the information reviewed will be reported at the local, ACS, system, and board levels as deemed appropriate. Reports will be submitted quarterly or at a period designated to administrative agency or HRSA related agency. The Quality Assurance Coordinator and/or designee will present findings quarterly as specified by the Harris Health PI plan.

Data collection will also include any other mandated performance measures.

X. CAPACITY BUILDING

The Medical Director will work with the Quality Assurance Coordinator to engage medical staff in activities related to quality improvement. Quality Management (QM) related trainings will be provided to medical provider as well as all level of staffing. Topics will include basic QM principles as well as others based on need.

Technical assistance will be sought through the National Center for Quality Assurance, HRSA, and other approved sources.

Findings will be reported via staff meetings for internal customers. Multiple modes for communicating findings to external customers will be utilized.

XI. EVALUATION

An annual evaluation of the HCHP Quality Management Program will be conducted. The components of the program that will be evaluated will include:

- Effectiveness of the infrastructure of the committee (meetings as planned, effectiveness of the membership, appropriate makeup of the membership, necessary resources, etc.)
- Achievement of performance measurement goals

The program's various tiers will be involved in an assessment process of the activities conducted during the grant year. Information at each level will be reviewed and aggregated to determine an overall assessment of the Quality Management Program. The outcomes will be reported at the committee and staff level. Staff members will also be engaged in the QM process when necessary and appropriate.

XII. QM PLAN UPDATE

The QM plan will be reviewed annually and revised as needed. The Quality Analyst will work in collaboration with the administrative committee to review all recommendations from internal and external stakeholders. Proposed changes/updates will be circulated to internal and external stakeholders. Input from stakeholders will be incorporated into the plan as appropriate. The revised/updated plan will receive final approval from the Center Director. The final QM plan will be shared with the Harris Health Performance Improvement Committee, internal and external stakeholders.

XIII. COMMUNICATION

Information related to QM activities will be shared with internal stakeholders via the monthly staff meetings. QM information with external stakeholders will be shared quarterly during ACS-QRC and board of trustees' meetings.

Minutes will be recorded for all QM-related committee activities. A copy of the minutes will be available electronically and manually. This information will be available to all staff.

QM-related activities will be shared during the monthly staff meetings. Findings to include graphs and charts will be posted for staff's review.

XIV. PERFORMANCE IMPROVEMENT WORK PLAN

A performance improvement work plan will be created based on several criteria, which include: HRSA Performance Measures, focuses/priorities identified by Harris Health, and other grants related quality management activities. The improvement efforts will include the collection of data with analysis and aggregation of data. Further evaluation of the data will be conducted as necessary. Processes and systems for the delivery of services will also be monitored. Performance Improvement efforts will be implemented to facilitate improvement in the key areas.

XV. APPROVAL PAGE

This document has been revised by:

Nelson Gonzalez, DHA, MPH

Grants Project Manager

Harris Health

Health Care for the Homeless Program

This document has been reviewed and approved by:

Tracey Burdine, MA, BSN

Health Center Director

Harris Health

Health Care for the Homeless Program

This document has been reviewed and approved by:

LaResa Ridge, MD

Health Center Medical Director

Harris Health

Health Care for the Homeless Program

XV. REFERENCES/BIBLIOGRAPHY:

1. Type in policy numbers referenced within the manual including all statutory, regulatory, and any additional source reference information citations.
2. Prepare one for each citing individually , i.e., HCHD Policy 7.04 Pain Management, or Joint Commission Comprehensive Accreditation Manual PC.8.10.

XVI. REVISION HISTORY:

Effective Date	Version # (If Applicable)	Review or Revision Date (Indicate Reviewed or Revised)	Reviewed or Approved by: (Directors, Committees, Managers, and Stakeholders etc.)

XVII.

APPENDIX A
PERFORMANCE MEASURES GOALS 2025

UDS, HEDIS, & MIPS Quality Measures

Child Weight Assessment

Percentage of patients 3–17 years of age who had an outpatient *medical* visit and who had evidence of height, weight, and body mass index (BMI) percentile documentation *and* who had documentation of counseling for nutrition *and* who had documentation of counseling for physical activity during the measurement period.

Childhood Immunization Status

Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (Hib); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday

Ischemic Vascular Disease (IVD) and Aspirin Therapy

Percentage of patients aged 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), or who had a coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement period, *or* who had an *active* diagnosis of IVD during the measurement period, and who had documentation of use of aspirin or another antiplatelet during the measurement period.

Blood Pressure Control

Numerator: Patients whose most recent blood pressure reading was <140/90 during the measurement year. Denominator: Patients 18-75 had two OP visits with diabetes diagnosis in the past 24 months. Exclusions: Polycystic ovaries; steroid-induced diabetes; gestational diabetes. Documentation: Most recent BP –can be from another encounter. Representative BP – if there are multiple readings on the same date of service, lowest systolic and lowest diastolic reading will be used.

Controlling High Blood Pressure

Percentage of patients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the measurement period:

*All patients who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), including an ASCVD procedure;

*Patients aged 20 to 75 years who have ever had a low-density lipoprotein cholesterol (LDL-C) level ≥ 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia;

*Patients aged 40 to 75 at the beginning of the measurement period with a 10-year ASCVD risk score of $\geq 20\%$ during the measurement period; OR

*Patients aged 40-75 years with a diagnosis of diabetes

Colorectal Cancer Screening

Percentage of patients 45-75 years of age who had appropriate screening for colorectal cancer:

Appropriate screenings are defined by any *one* of the following criteria:

- Fecal occult blood test (FOBT) during the measurement period
- Fecal immunochemical test (FIT)-deoxyribonucleic acid (DNA) during the measurement period or the 2 years prior to the measurement period
- Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period
- Computerized tomography (CT) colonography during the measurement period or the 4 years prior to the measurement period
- Colonoscopy during the measurement period or the 9 years prior to the measurement period.

Tobacco Use Screening and Cessation Counseling

Percentage of patients aged 12 years and older who were screened for tobacco use one or more times during the measurement period AND who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period if identified as a tobacco user.

Adult BMI Assessment and Follow-up

Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the measurement period AND who had a follow-up plan documented if BMI was outside of normal parameters

Cervical Cancer Screening

Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:

* Women age 21-64 who had cervical cytology performed within the last 3 years

* Women age 30-64 who had cervical human papillomavirus (HPV) testing performed within the last 5 years

HbA1c Testing

Numerator: Patients whose most recent HbA1c was performed during the measurement year.
 Denominator: Patients 18-75 who had two OP visits Diabetes Diagnosis in the past 24 months. Exclusions: Polycystic Ovaries; Steroid Induced Diabetes; Gestational Diabetes.
 Documentation requirements/source: Diabetes Diagnosis & POC or Lab test.

Diabetes: HbA1c Poor Control (>9.0%)

Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period

HIV Screening

Percentage of patients aged 15-65 at the start of the measurement period who were between 15-65 years old when tested for Human immunodeficiency virus (HIV)

Because of the high-risk nature of persons experiencing homelessness and because of the Primary Care HIV Prevention grant, all patients should be tested once a year.

Screening for Depression and Follow-Up Plan

Percentage of patients aged 12 years and older screened for depression on the date of the visit or 14 days prior to the visit using an age-appropriate standardized depression-screening tool *and*, if positive, had a follow-up plan documented on the date of the visit.

Depression Remission at Twelve Months

The percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event.

Breast Cancer Screening

Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the Measurement Period

Dental Sealants for Children

Percentage of children aged 6 - 9 years, at moderate to high risk of caries, who received a sealant on a first permanent molar during the measurement period.

Initiation and Engagement of Substance Use Disorder Treatment

Percentage of patients 13 years and older with a new SUD episode who received treatment, including (a) those who initiated treatment within 14 days, and (b) those who engaged in ongoing treatment within 34 days.

Early Entry to Prenatal Care

Percentage of pregnant women beginning prenatal care in first trimester, who received or were referred for prenatal care services at any time during the reporting period.

Low Birth Weight

Percentage of births less than 2,500 grams to health center patients:

Report on *all* prenatal care patients who are either provided direct care or referred for care. Report all health center patients who delivered during the reporting period and all babies born to them.

Diabetes: Eye Exam

Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period.

Diabetes: Foot Exam

The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a foot exam (visual inspection and sensory exam with mono filament and a pulse exam) during the measurement year.

Diabetes: Medical Attention for Nephropathy

The percentage of patients 18-75 years of age with diabetes who had a nephropathy-screening test or evidence of nephropathy during the measurement period.

Documentation of Current Medications in the Medical Record

Percentage of visits for patients aged 18 years and older for which the eligible professional or eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.

Pneumococcal Vaccination Status for Older Adults

Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.

Preventive Care and Screening: Influenza Immunization

Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.

Adolescents Immunization (Meningococcal and Tdap)

Percentage of patients aged 13 years of age who received meningococcal and Tdap by their 13th birthday. Documentation requirements: must be completed by their 13th birthday. Exclusions: contraindication to vaccine; anaphylactic reaction.

BOARD OF TRUSTEES

HARRISHEALTH

Meeting of the Board of Trustees


Thursday, July 24, 2025

Executive Session

Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. financial performance for the five months ending May 31, 2025, pursuant to Tex. Gov't Code Ann. §551.085.



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



Victoria Nikitin
EVP & Chief Financial Officer
Harris Health

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