

Thursday, August 28, 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 | 2 min |
| <ul style="list-style-type: none">• Board Meeting – June 30, 2025 (Revised)• Board Meeting – July 24, 2025 | | |
| III. Announcements / Special Presentations | Dr. Andrea Caracostis | 15 min |
| A. CEO Report Including Special Announcements – <i>Dr. Esmaeil Porsa</i> | | (10 min) |
| B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements | | (5 min) |
| IV. Public Comment | Dr. Andrea Caracostis | 3 min |
| V. Executive Session | Dr. Andrea Caracostis | 50 min |
| A. 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
– <i>Dr. Andrea Caracostis and Dr. Yashwant Chathampally</i> | | (20 min) |
| B. 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
– <i>Dr. Kunal Sharma and Dr. Asim Shah</i> | | (10 min) |

- C. [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)

- D. Consultation with Attorney 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 (10 min)
– **Mr. Louis Smith and Ms. Sara Thomas**

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

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

- A. General Action Item(s) Related to Quality: Medical Staff (2 min)

1. [Consideration of Approval of Credentialing Changes for Members of Harris Health Medical Staff – Dr. Kunal Sharma](#)

- B. General Action Item(s) Related to Quality: Correctional Health Medical Staff (2 min)

1. [Consideration of Approval of Credentialing Changes for Members of Harris Health Correctional Health Medical Staff – Dr. O. Reggie Egins](#)

- C. General Action Item(s) Related to Community Health Choice (2 min)

1. [Consideration of Approval of the Appointment of Katherine Collins to the Community Health Choice, Inc. \(CHC\) and Community Health Choice Texas, Inc. \(CHCT\), Collectively "Community", Board of Directors – Ms. Lisa Wright, CEO, Community Health Choice](#)

2. [Community Health Choice Retirement Notification of Board Member, Anne Clutterbuck \[Information Only\] – Ms. Lisa Wright, CEO, Community Health Choice](#)

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

- A. [Consideration of Approval of the Proposed Harris Health Fiscal Year 2026 Operating and Capital Budget – Ms. Victoria Nikitin](#) (15 min)

IX. Strategic Discussion **Dr. Andrea Caracostis** **45 min**

- A. Harris Health Strategic Plan Initiatives

1. [Presentation Regarding the Harris Health 2026-2030 Strategic Plan Update – Ms. Maria Cowles and BRG](#) (10 min)

2. [Presentation Regarding an Overview of Harris Health's Construction Status, Facility Management Structure and Safety Oversight – Mr. Patrick Casey](#) (10 min)

3. Discussion Regarding Patient and Family Advisory Council (PFAC) Update (10 min)
– **Dr. Jennifer Small and Mr. David Riddle**

4. Discussion Regarding Harris Health's 60th Anniversary (10 min)
– **Ms. Olga Rodriguez and Mr. Bryan McLeod**

B. Committee Report(s)

(5 min)

- [August 12, 2025: Quality Committee](#)

X. Consent Agenda Items

Dr. Andrea Caracostis 5 min

A. Consent Purchasing Recommendations

1. [Consideration of Approval of Purchasing Recommendations \(Items A1 through A15 of the Purchasing Matrix\) – Ms. Kimberly Williams and Mr. Jack Adger, Harris County Purchasing Office \(See Attached Expenditure Summary: August 28, 2025\)](#)

B. Consent Grant Recommendations

1. [Consideration of Approval of Grant Recommendation \(Item B1 of the Grant Matrix\) – Dr. Jennifer Small \(See Attached Grant Matrix: August 28, 2025\)](#)

C. Consent Contract Recommendations

1. [Consideration of Approval of Contract Recommendations \(Items C1 through C2 of the Contract Matrix\) – Dr. Jennifer Small \(C1\) and Ms. Sara Thomas \(C2\) \(See Attached Contract Matrix: August 28, 2025\)](#)

D. New Consent Items for Board Approval

1. [Consideration of Acceptance of the Harris Health July 2025 Financial Report Subject to Audit – Ms. Victoria Nikitin](#)
2. [Consideration of Acceptance of the Harris Health Fiscal Year 2025 Third Quarter Investment Report – Ms. Victoria Nikitin](#)
3. [Consideration of Acceptance of the Harris Health Fiscal Year 2025 Second Quarter Pension Plan Report – Ms. Victoria Nikitin](#)
4. Consideration of Approval of the Removal of Sima Ladjevardian as a Member of the Dialysis Center at Quentin Mease Governing Body
– **Board of Trustees**

{End of Consent Agenda}

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

Dr. Andrea Caracostis 15 min

- A. [Review and Acceptance of the Following Reports for the Health Care for the Homeless Program \(HCHP\) as Required by the United States Department of Health and Human Services, which Provides Funding to the Harris County Hospital District d/b/a/Harris Health 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 August 2025 Operational Update](#)

- B. [Consideration of Approval of the HCHP 2025 Shelter Based Clinics List – Dr. Jennifer Small and Ms. Tracey Burdine](#)

(1 min)

- C. [Consideration of Approval of the HCHP Budget Summary Report](#)
 – [Dr. Jennifer Small and Ms. Tracey Burdine](#)

(1 min)

XII. Executive Session**Dr. Andrea Caracostis 70 min**

- E. [Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Financial Performance for the Six Months Ending June 30, 2025, and Overview of the Main Drivers that Impact the Financial Performance and Budget Planning, Pursuant to Tex. Gov't Code Ann. §551.085 – Ms. Lisa Wright, CEO and Ms. Anna Mateja, CFO, Community Health Choice](#)

(20 min)

- F. Consultation with Attorney Regarding Contemplated Litigation, Pursuant to Tex. Gov't Code Ann. §§551.071, 551.085, and Possible Action Regarding this Matter Upon Return to Open Session, Including Authorizing Community Health Choice to Commence Litigation in an Appropriate State Court in Harris County, Texas to Resolve a Contractual Dispute
 – **Mr. Chris Buley, CLO, Community Health Choice and Ms. Sara Thomas**

(10 min)

- G. Consultation with Attorney Regarding Litigation, Pursuant to Tex. Gov't Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session, Including Approval of a Settlement in Civil Action No. 4:23-cv-03198, U.S. District Court, Southern District of Texas, Houston Division
 – **Ms. Ebon Swofford and Mr. Michael Fritz**

(10 min)

- H. Consultation with Attorney Regarding Opioid Litigation, Pursuant to Tex. Gov't Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session, Including Consideration of Approval to Participate in the Settlement with Purdue Pharma L.P. and its Affiliated Debtors in the Texas Opioid Multi-District Litigation Upon Return to Open Session
 – **Ms. Ebon Swofford**

(10 min)

- I. 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)

- J. 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**

(10 min)

XIII. Reconvene**Dr. Andrea Caracostis 4 min****XIV. 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	<p>A. CEO Report Including Special Announcements</p> <p>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.</p>	As Presented.
	<p>B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements</p> <p>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.</p>	As Presented.

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
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 Board.	As Presented.
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.

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
	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.
	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>Motion No. 25.06-57 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)	
	<ul style="list-style-type: none"> June 13, 2025: Governance Committee <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>Motion No. 25.06-58 Interim Vice Chair Appointment: Ms. Carol Paret</p> <p>Motion No. 25.06-59 Interim Secretary Appointment: 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	<u>Motion No. 25.06-68</u> 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	<u>Motion No. 25.06-69</u> 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	<u>Motion No. 25.06-70</u> 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	<u>Motion No. 25.06-71</u> 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.

	<p>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</p> <p>Motion: Approval of the Settlement with the State of Texas Health and Human Services Commission - Office of Inspector General Related to Reimbursement of Medicaid Payments in the amount of \$2,516,662.27, Pursuant to the terms discussed in the executive session.</p>	<p>Motion No. 25.06-72 Moved by Ms. Carol Paret, seconded by Mr. Philip Sun, and unanimously passed that the Board approve agenda item XIV.J. Motion carried.</p>
	<p>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</p> <p>Motion No. 1: Approval of the Review of the Chief Executive Officer (CEO) Evaluation & Compensation recommendations, as presented in executive session.</p> <p>Motion No. 2: Approval of the Chief Executive Officer (CEO) goals for the period of July 2025 to June 2026, as presented in executive session.</p>	<p>Motion No. 25.06-73 Review of the CEO Evaluation & Compensation Recommendations 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.</p> <p>Motion No. 25.06-74 CEO Goals for July 2025 – June 2026 Moved by Ms. Libby Viera - Bland, seconded by Ms. Ingrid Robinson, and unanimously passed that the Board approve agenda item XIV.K. Motion carried.</p>
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. The Board took action on item XIV. J and K of the Executive Session agenda.	
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

MINUTES OF THE HARRIS HEALTH BOARD OF TRUSTEES

Board Meeting

Thursday, July 24, 2025

9:00 A.M.

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
I. Call to Order and Record of Attendance	<p>The meeting was called to order at 9:00 a.m. by Dr. Andrea Caracostis, Chair. It was noted that a quorum was present, and the attendance was recorded. Dr. Caracostis noted 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.</p> <p>Dr. Caracostis noted that, due to space constraints in the room caused by the public hearing, she recommended moving item V.A. to the top of the agenda. She asked if there were any objections from the Board; with no objections from the quorum of board members present, the public hearing was moved to the beginning of the agenda.</p>	<p>A copy of the attendance is appended to the archived minutes.</p>
V. Public Hearing	<p>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</p> <ul style="list-style-type: none"> Public Hearing Statement Public Comment <p>Dr. Caracostis called to order the public hearing on the proposal for Harris County Hospital District (Harris Health) to take, by eminent domain, three parcels within Hermann Park. These parcels consist of approximately 8.9 acres of real property located across Cambridge Street, isolated from the remainder of Hermann Park, and adjacent to the Ben Taub Hospital site. The proposed taking is part of a public project to redevelop and expand the hospital's Level I trauma facilities and to provide the increased capacity necessary to meet the essential emergency services and healthcare needs of the residents of the City of Houston, Harris County, and the greater Southeast Texas region (the "Project").</p> <p>Dr. Caracostis shared that Dr. Esmaeil Porsa, President and CEO of Harris Health, would present an overview of the Project and the necessity for the public hearing. She noted that legal counsel for Harris Health was present to respond to any legal questions regarding the hearing and the Project. Board members were also invited to ask questions or seek further clarification of the proposal.</p> <p>Dr. Porsa provided an overview of the Project and the necessity for the proposed land acquisition. He stated that Harris Health intends to take, by eminent domain, three parcels within Hermann Park to support the redevelopment and expansion of the hospital's Level I trauma facilities. He added</p>	<p><i>Item taken out of order.</i></p> <p><u>Motion No. 25.07-75</u> Moved by Ms. Sima Ladjevardian, seconded by Mr. Paul Puente, and unanimously passed that the Board close the public hearing. Motion carried.</p>

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
	<p>that this proposed expansion is critical to meeting growing healthcare demands in Houston, Harris County, and the broader Southeast Texas region.</p> <p>He explained that Hermann Park, which is owned by the City of Houston, comprises approximately 445 acres and is bounded by Fannin Street (west), Hermann Drive (north), Almeda Road (east), and Brays Bayou (south). The three parcels in question are located across from Ben Taub Hospital and bordered by Lamar Fleming Drive, Cambridge Street, and Braeswood Boulevard. Although within Hermann Park, these parcels are separated from the main body of the park by Cambridge Street and represent less than 2% of the park’s total acreage.</p> <p>Dr. Porsa acknowledged that the land is subject to park use restrictions and reversionary interests, which would be addressed through the condemnation process. He explained that Chapter 26 of the Texas Parks and Wildlife Code requires the Board of Trustees of Harris Health to hold a public hearing prior to the acquisition of park land for public use.</p> <p>Under Section 26.001, a public entity may not approve any project requiring the use of park land unless, after a public hearing, the governing body determines:</p> <ol style="list-style-type: none"> 1. There is no feasible and prudent alternative to the use or taking of park land, and 2. The project includes all reasonable planning to minimize harm to the park. <p>Ben Taub Hospital, established in 1966, is a cornerstone of Harris County’s safety net healthcare system and one of only two Level I trauma centers in the County. It serves nearly 5 million residents in the region and offers 24/7 access to essential medical care and surgical specialties. Currently, the hospital is consistently operating above its maximum licensed capacity of 402 beds, due to growing demand.</p> <p>Population growth in Harris County is projected to increase by 5% by 2030, with the senior population expected to grow by 20% during the same period, further increasing strain on trauma and emergency services. Harris Health anticipates that approximately 110 additional beds will be needed to accommodate an estimated 18,000 additional emergency room visits over the next decade.</p> <p>Dr. Porsa explained that expanding capacity within the existing hospital footprint was found to be infeasible due to:</p> <ul style="list-style-type: none"> • Structural limitations of the aging facility, • Inability to close parts of the hospital during construction without disrupting essential services. 	

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
	<p>Therefore, acquiring the adjacent parcels is necessary to construct a modern, high-performing healthcare facility. The new facility would meet current standards, accommodate future growth, and ensure continuous delivery of high-quality, resilient care.</p> <p>These three parcels are the only adjacent land available for expansion. Their proximity to Ben Taub Hospital makes them uniquely suited for the construction of a new patient tower, which would be directly connected to the existing hospital via a skybridge. This connection will ensure access to the full range of Level I trauma services and facilitate the efficient movement of staff and patients.</p> <p>Dr. Porsa emphasized Harris Health’s commitment to collaborating with the City of Houston, the Hermann Park Conservancy, the Houston Zoo, the Texas Medical Center, and other stakeholders to ensure that the project is carried out thoughtfully and with community needs in mind.</p> <p>Because no other land near Ben Taub Hospital is available to support the expanded facility, and to maintain current hospital operations during construction, there is no feasible or prudent alternative to the acquisition of the proposed parcels.</p> <p>Harris Health also commits to taking all reasonable measures to minimize harm to the rest of Hermann Park and to preserve public access. Until the condemnation proceedings are complete, and ownership is transferred, the land will continue to be used for park purposes by the City of Houston.</p> <p>Dr. Porsa noted that at the conclusion of the public hearing, the Board will be asked to authorize Harris Health officials to begin specific actions over the next two months, including engagement with the City of Houston and other stakeholders. At its September meeting, the Board will consider a resolution containing the required findings under Chapter 26 of the Texas Parks and Wildlife Code and authorizing the acquisition of the three parcels through condemnation.</p> <p>Dr. Caracostis opened the public hearing for comments, allotting each speaker three minutes. The following individuals provided comments related to the proposed expansion of Ben Taub Hospital’s Level I trauma facilities:</p> <ol style="list-style-type: none"> 1. Ms. Cara Lambright, President & CEO, Hermann Park Conservancy 2. Mr. Michael Evans, Director, City of Houston Parks 3. Mr. William “Bill” McKeon, President & CEO, Texas Medical Center 4. Mr. Sebastian Solar, Harris Health Strategic Fund & Member, Hermann Park Conservancy Board of Directors 5. Ms. Lisa Peterson, President & CEO, Houston Zoo 6. Mr. Sebastian Solar, on behalf of Ms. Beth Robertson, Chair, Harris Health Strategic Fund 7. Dr. Paul Klotman, President & CEO, Baylor College of Medicine 	

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
II. Approval of the Minutes of Previous Meeting	<ul style="list-style-type: none"> Board Meeting – June 30, 2025 	<u>Motion No. 25.07-76</u> Moved by Mr. Paul Puente, seconded by Ms. Carol Paret, and unanimously passed that the Board approve the minutes of June 30, 2025, Board meeting. Motion carried.
III. Announcements/ Special Presentations	<p>A. CEO Report Including Special Announcements</p> <p>Dr. Esmail Porsa, President and Chief Executive Officer (CEO), shared that Harris Health recently held its first community town hall meeting at Harris County Precinct 1. Commissioner Rodney Ellis, Board member Ms. Ingrid Robinson, and members of Harris Health leadership were in attendance. He also noted the record attendance of 100 people.</p> <ul style="list-style-type: none"> Board Member Announcements Regarding Board Member Advocacy and Community Engagements New Member of the Harris Health Board of Trustees <p>Dr. Caracostis stated that the Harris Health Board of Trustees is pleased to welcome its newest trustee, Dr. Marlen Trujillo. She was appointed to the Board during the June 26, 2025 meeting of the Harris County Commissioners Court to a term ending July 2, 2027. Dr. Trujillo currently serves as Chief Executive Officer of the Spring Branch Community Health Center, where she has provided leadership for over 17 years. She brings extensive experience in executive leadership, fiscal accountability, fund development, community partnerships, workforce development, and public health research. A dedicated advocate for reducing health disparities—especially among women—Dr. Trujillo has a deep understanding of her community’s healthcare needs. She holds a Master of Business Administration from Our Lady of the Lake University in San Antonio and a PhD in Public Health from the University of Texas Health Science Center at Houston School of Public Health.</p> <p>Dr. Caracostis invited everyone to join in a warm welcome of Dr. Marlen Trujillo to the Harris Health Board of Trustees.</p>	As Presented.

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
	<p>Dr. Caracostis also expressed her sincere appreciation to Dr. Cody Pyke for her dedicated service and meaningful contributions over the past two years. During her tenure, Dr. Pyke was a strong advocate for health equity and intersectional justice in healthcare. She made a lasting impact as Chair of the Governance Committee and the Governing Body of the Dialysis Center at Quentin Mease. Additionally, she served on the Quality Committee and the Diversity, Equity, and Inclusion Committee, as well as in other key roles. Dr. Caracostis extended a heartfelt thanks to Dr. Pyke for her leadership and service to the Board and the community.</p>	
IV. Public Comment	<p>Ms. Cynthia Cole, Executive Director of Local #1550 – AFSCME (American Federation of State, County, and Municipal Employees), addressed the Board regarding concerns related to Harris Health Family and Medical Leave Act (FMLA) and Americans with Disabilities (ADA) accommodations, as well as issues regarding employee treatment in the workplace. She emphasized the importance of fostering a positive and cohesive work environment where employees feel respected, supported and free from intimidation or devaluation.</p> <p>Dr. Audrey Nath, a public citizen, addressed the Board regarding preventable deaths occurring in the Harris County Jail.</p> <p>Ms. Mara Moreno, a public citizen, addressed the Board regarding the standard of care at the Harris County Jail.</p>	As Presented.
VI. Executive Session	<p>At 9:48 a.m., Dr. Caracostis stated that the Board would enter Executive Session for Items VI. 'A through D' 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 & 551.085.</p>	
	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	No Action Taken.
	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	No Action Taken.
	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	No Action Taken.

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
	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	No Action Taken.
VII. Reconvene to Open Meeting	At 10:42 a.m., Dr. Caracostis reconvened the meeting in open session; she noted that a quorum was present, and that no action was taken in the Executive Session.	
VIII. 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 July 2025, there were fifty-two (52) initial appointments, eighteen (18) reappointments, zero (0) changes/additions of privileges, sixteen (16) resignations, and one (1) file for discussion. A copy of the credentialing report is available in the permanent record.</p>	Motion No. 25.07-77 Moved by Ms. Libby Viera - Bland, seconded by Ms. Sima Ladjevardian, and unanimously passed that the Board approve agenda item VIII.A.1. Motion carried.
	<p>2. Approval of Changes to the Critical Care Clinical Privileges</p> <p>Dr. Sharma presented the changes to the Critical Care Clinical Privileges. He requested approval to revise the reappointment criteria and to remove Peritoneal Dialysis as a procedure from the Critical Care Clinical Privileges document. A copy of the updated Critical Care Clinical Privileges is available in the permanent record.</p>	Motion No. 25.07-78 Moved by Ms. Carol Paret, seconded by Ms. Sima Ladjevardian, and unanimously passed that the Board approve agenda item VIII.A.2. Motion carried.
	<p>3. Approval of Changes to the Pulmonary Medicine Clinical Privileges</p> <p>Dr. Sharma presented the proposed changes to the Pulmonary Medicine Clinical Privileges and noted that the request includes several updates:</p> <ul style="list-style-type: none"> • Revision of the initial and reappointment criteria; • Addition of Chemical Pleurodesis as a procedure; • Revision of the initial and reappointment criteria for Diagnostic and Therapeutic Thoracoscopy, including biopsy privileges; and • Addition of Interventional Pulmonology Special Privileges, including related qualifications and procedures, to the Pulmonary Medicine Privileges document. <p>A copy of the Pulmonary Medicine Clinical Privileges is available in the permanent record.</p>	Motion No. 25.07-79 Moved by Ms. Carol Paret, seconded by Ms. Sima Ladjevardian, and unanimously passed that the Board approve agenda item VIII.A.3. Motion carried.
	B. General Action Item(s) Related to Quality: Correctional Health Medical Staff	

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
	<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 July 2025, there were five (5) initial appointments, three (3) reappointments, and one (1) resignation. A copy of the credentialing report is available in the permanent record.</p>	<p><u>Motion No. 25.07-80</u> Moved by Ms. Carol Paret, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda item VIII.B.1. Motion carried.</p>
	<p>C. General Action Item(s) Related to the Acquisition of Land</p>	
	<p>1. 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</p>	<p><u>Motion No. 25.07-81</u> Moved by Mr. Paul Puente, seconded by Ms. Sima Ladjevardian, and unanimously passed that the Board table agenda item VIII.C.1. and to authorize the President & CEO of Harris Health or his designee to notify the City of Houston and other stakeholders of its intent to acquire (whether through condemnation or purchase) certain parcels of land which are owned by the City and which are adjacent to Ben Taub Hospital for the purposes of fulfilling Harris Health’s commitment to the voters of Harris County to increase Ben Taub Hospital’s patient capacity through redevelopment and expansion, and further directing the President & CEO or his designee to engage the City and Harris County in negotiations that will permit the Harris Health Board of Trustees to adopt a resolution containing the determinations and findings required by Chapter 26 of the</p>

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
		Texas Parks & Wildlife Code on or about September 25, 2025 as presented. Motion carried.
IX. New Items for Board Consideration		
	<p>A. Presentation Regarding the LBJ Radiation Oncology/Infusion Therapy Project</p> <p>Ms. Amineh Kostov, Senior Vice President, System Service Lines, provided an overview of the proposed LBJ Radiation Oncology & Infusion Center project on the LBJ Legacy Campus. The proposed center is designed to expand access to critical cancer services for patients in the North Houston region, supporting Harris Health’s mission to deliver comprehensive and equitable care.</p> <p>Mr. Mark Stewart, Director of Construction Operations, outlined the key features of the project, which will include:</p> <ul style="list-style-type: none"> • Two new Linear Accelerators and the expansion of a third vault • A dedicated Brachytherapy Suite and CT Simulator • An Infusion Center with up to 50 infusion patient stations • A dedicated lobby, covered entrance, physician offices, exam rooms, and support spaces • Location adjacent to existing Radiology for integrated support and efficiency • The potential future addition of a Nuclear Medicine Suite with PET CT capabilities <p>The LBJ Radiation Oncology & Infusion Center will encompass approximately 70,000 square feet, combining repurposed space in the LBJ Legacy Hospital Annex with the construction of new radiation oncology vaults. The total project cost is estimated at no more than \$70 million. A copy of the presentation is available in the permanent record.</p>	<p>Agenda items IX. A. 1. and 2. were presented together with the following two actions taken below.</p>
	<p>1. Approval to Proceed with the Strategy and Design for the LBJ Radiation Oncology and Infusion Center Project</p>	<p>Motion No. 25.07-82 Moved by Ms. Sima Ladjevardian, seconded by Ms. Libby Viera - Bland, and unanimously passed that the Board approve agenda item IX.A.1. Motion carried.</p>
	<p>2. Approval to Utilize the Construction Manager at Risk (CMAR) Delivery Method for the Construction of the Harris Health LBJ Radiation Oncology and Infusion Center</p>	<p>Motion No. 25.07-83 Moved by Ms. Libby Viera - Bland, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda item IX.A.2. Motion carried.</p>

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
	<p>B. Presentation Regarding the Harris Health Ambulatory Care Services (ACS) Pasadena Strategy with Harris County</p> <p>Dr. Jennifer Small, CEO, Ambulatory Care Services (ACS), delivered a presentation on the Harris Health ACS Pasadena Strategy in partnership with Harris County.</p> <p>As part of the collaboration, Harris County has purchased the facility, which includes approximately 70,030 square feet on the second floor. Harris Health also plans to utilize the first floor—approximately 60,000 square feet—for the consolidation and relocation of the following facilities:</p> <ul style="list-style-type: none"> • Monroe Same Day Clinic (to become a future Urgent Care); • Strawberry Health Center; and • Pediatric & Adolescent Health Center – Pasadena. <p>This strategic consolidation aims to improve access, efficiency, and coordination of care for patients in the Pasadena area. Dr. Small also requested that the Construction Manager at Risk (CMAR) Delivery Method be utilized for the construction of the Harris Health Pasadena Square Clinic Project. A copy of the presentation is available in the permanent record.</p>	<p>Agenda items IX. B. 1. and 2. were presented together with the following two actions taken below.</p>
	<p>1. 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</p>	<p><u>Motion No. 25.07-84</u> Moved by Ms. Sima Ladjevardian, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda item IX.B.1. Motion carried.</p>
	<p>2. Approval to Utilize the Construction Manager at Risk (CMAR) Delivery Method for the Construction of the Harris Health Pasadena Square Clinic Project</p>	<p><u>Motion No. 25.07-85</u> Moved by Ms. Carol Paret, seconded by Ms. Libby Viera - Bland, and unanimously passed that the Board approve agenda item IX.B.2. Motion carried.</p>
	<p>C. 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</p> <p>Ms. Victoria Nikitin, Executive Vice President and CFO, presented a resolution recommending the extension of the JPMorgan Chase Bank Letter of Credit supporting the Series 2010 Refunding and Revenue Bonds. The current letter of credit, securing \$72,998,335 in outstanding bonds, is set to</p>	<p><u>Motion No. 25.07-86</u> Moved by Mr. Paul Puente, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda item IX.C. Motion carried.</p>

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION										
	<p>expire on August 12, 2025. JPMorgan has offered a three-year extension through August 12, 2028, at a rate of 0.0042% per annum, as outlined in the Amended and Restated Reimbursement Agreement. A copy of the resolution with supporting documents is available in the permanent record.</p> <p>Dr. Caracostis issued a roll call vote as follows:</p> <table><tr><td>1. Philip Sun – Aye</td><td>6. Ingrid Robinson – Aye</td></tr><tr><td>2. Sima Ladjevardian – Aye</td><td>7. Carol Paret – Aye</td></tr><tr><td>3. Paul J. Puente – Aye</td><td>8. Dr. Andrea Caracostis – Aye</td></tr><tr><td>4. Marlen Trujillo – Aye</td><td>9. Afsheen Davis – Absent</td></tr><tr><td>5. Libby Viera-Bland – Aye</td><td></td></tr></table> <p>There were 8 yes votes, 0 opposed votes, 0 abstain votes, and 1 absent – Motion passes.</p>	1. Philip Sun – Aye	6. Ingrid Robinson – Aye	2. Sima Ladjevardian – Aye	7. Carol Paret – Aye	3. Paul J. Puente – Aye	8. Dr. Andrea Caracostis – Aye	4. Marlen Trujillo – Aye	9. Afsheen Davis – Absent	5. Libby Viera-Bland – Aye		
1. Philip Sun – Aye	6. Ingrid Robinson – Aye											
2. Sima Ladjevardian – Aye	7. Carol Paret – Aye											
3. Paul J. Puente – Aye	8. Dr. Andrea Caracostis – Aye											
4. Marlen Trujillo – Aye	9. Afsheen Davis – Absent											
5. Libby Viera-Bland – Aye												
X. Strategic Discussion												
	A. Harris Health Strategic Plan Initiatives											
	<p>1. Discussion Regarding Harris Health Legislative Update</p> <p>Mr. R. King Hillier, Senior Vice President, Public Policy & Government Relations, provided a federal and state legislative update, highlighting several key points:</p> <p>Federal Update:</p> <ul style="list-style-type: none">• President Biden recently signed a significant federal healthcare bill with major implications for non-Medicaid expansion states like Texas.• Initial concerns of a \$300–\$400 million financial risk to Texas were mitigated by a provision that grandfathered the state’s Medicaid financing model (Local Provider Participation Fund).• Although Harris Health avoided immediate financial harm, Medicaid supplemental payment rates will be reduced to 110% of Medicare beginning in 2028, potentially impacting funding.• Medicaid Disproportionate Share Hospital (DSH) cuts were not reversed in the final legislation and may take effect October 1, 2025.• The Congressional Budget Office estimates 1.9 million Texans may lose coverage due to changes in Medicaid and the ACA marketplace, potentially adding 300,000–400,000 uninsured individuals in the Houston area.	As Presented.										

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
	<p>Ms. Lisa Wright, President & CEO of Community Health Choice, added that:</p> <ul style="list-style-type: none"> • Marketplace insurers, such as Aetna, are withdrawing from the Texas market, and other carriers are raising 2026 premiums by up to 25%. • This could result in 30,000–60,000 individuals leaving the marketplace due to affordability issues. • Changes requiring Medicaid reenrollment every six months pose significant administrative burdens, especially for vulnerable populations. • Loss of retroactive Medicaid eligibility from 90 days to 60 days may lead to unreimbursed care costs. • New Medicaid work requirements could affect an estimated 500,000–700,000 Texans, further reducing enrollment. <p>State Legislative Update:</p> <ul style="list-style-type: none"> • The Texas Legislature adjourned on June 2 and reconvened in special session on July 21. • Issues to monitor include: <ul style="list-style-type: none"> ○ Potential property tax cuts and their implications for Harris Health’s revenue and bond capacity. ○ Natural disaster preparedness and response legislation that could affect county health operations. ○ Pharmaceutical restrictions related to abortion medication, which may impact broader care access. • Mr. Hillier noted that the regular session was generally favorable to Harris Health, but continued vigilance is necessary during the special session. 	
	<p>2. Presentation Regarding Harris Health’s Strategic Facilities Plan Management</p> <p>Mr. Louis Smith, Executive Vice President, COO, provided an update on Harris Health’s Strategic Facilities Plan, focusing on key factors influencing construction costs: design goals, market conditions and site/organizational policies. He outlined funding strategies, including prioritization of the LBJ Legacy projects, allocation of bond funds across campuses, extending the strategic plan timeline and exploring philanthropic opportunities beyond the \$100M goal.</p> <p>Ms. Nikitin concluded with a summary of bond fund expenditures. She reported that the first bond issuance of \$840 million was received on May 29, 2025. Of this amount:</p> <ul style="list-style-type: none"> • \$278 million was reimbursed to Harris Health for LBJ campus project expenses previously funded with internal cash (since summer 2023), in line with the reimbursement resolution adopted in August 2023. 	<p>As Presented.</p>

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
	<ul style="list-style-type: none"> The resolution covers expenditures for the LBJ hospital expansion, property acquisition, parking garage, and Central Utilities Plant. The remaining \$562 million from this issuance will support ongoing construction. A second bond issuance is anticipated in May 2026. A copy of the presentation is available in the permanent record.	
XI. Consent Agenda Items		
	A. Consent Purchasing Recommendations	
	1. Approval of Purchasing Recommendations (Items A1 through A6 of the Purchasing Matrix) A copy of the purchasing agenda is available in the permanent record.	Motion No. 25.07-87 Moved by Ms. Libby Viera - Bland, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda item IX.A.1. of the purchasing recommendations (A1 through A6 of the purchasing matrix). Motion carried.
	2. Harris Health Second Quarter of Fiscal Year 2025 Premier Spend Report for Information Only	For Information Only
	B. Consent Grant Recommendations	
	1. Approval of Grant Recommendations (Item B1 of the Grant Matrix)	Motion No. 25.07-88 Moved by Ms. Carol Paret, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda items IX.B – D. Motion carried.

	C. Consent Contract Recommendations	
	1. Approval of Contract Recommendations (Items C1 through C2 of the Contract Matrix)	<u>Motion No. 25.07-88</u> Moved by Ms. Carol Paret, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda items IX.B – D. Motion carried.
	D. New Consent Items for Board Approval	
	1. Acceptance of the Harris Health June 2025 Quarterly Financial Report Subject to Audit	<u>Motion No. 25.07-88</u> Moved by Ms. Carol Paret, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda items IX.B – D. Motion carried.
	2. 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	<u>Motion No. 25.07-88</u> Moved by Ms. Carol Paret, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda items IX.B – D. Motion carried.
	3. Approval of the Appointment of Ms. Libby Viera-Bland as a Member of the Dialysis Center (DC) at Quentin Mease Governing Body	<u>Motion No. 25.07-88</u> Moved by Ms. Carol Paret, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda items IX.B – D. Motion carried.
	4. Approval of the Appointment of Dr. Marlen Trujillo as a Member of the Board of Trustees Quality Committee	<u>Motion No. 25.07-88</u> Moved by Ms. Carol Paret, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda items IX.B – D. Motion carried.

	5. 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	<u>Motion No. 25.07-88</u> Moved by Ms. Carol Paret, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda items IX.B – D. Motion carried.
	6. 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	<u>Motion No. 25.07-88</u> Moved by Ms. Carol Paret, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda items IX.B – D. Motion carried.
	E. Consent Reports and Updates to the Board	
	1. Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health	For Information Only
XII. 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 July 2025 Operational Update <p>Ms. Tracey Burdine, Director, ACS, presented the HCHP July 2025 Operational Report, including the Productivity Report, Board Authority requirements, and the 2025 Quality Management Plan (QMP). presented key updates, reporting 4,391 unduplicated patients and 15,931 visits year-to-date, surpassing 50% of the annual goal. In June, 1,259 patients were served with 2,362 visits. She reviewed Board Authority responsibilities, including governance oversight, policy approval, CEO appointment, and performance evaluation.</p> <p>Ms. Burdine noted that the 2025 Quality Management Plan focuses on:</p> <ul style="list-style-type: none"> Promoting a just and accountable culture; Enhancing data collection and performance measurement; Strengthening internal systems and workflows; and Advancing equitable, patient-centered care. 	<p><u>Motion No. 25.07-89</u> Moved by Ms. Libby Viera - Bland, seconded by Ms. Sima Ladjevardian, and unanimously passed that the Board approve agenda item XII.A. Motion carried.</p>

	<p>The plan aligns with HRSA and Harris Health standards and is guided by STEEP quality domains (Safe, Timely, Effective, Efficient, Equitable, and Patient–Centered). A copy of the presentation is available in the permanent record.</p> <p>Note: Agenda items XII. A-C were presented together.</p>	
	B. Approval of the HCHP Board Authority Report	Motion No. 25.07-90 Moved by Ms. Libby Viera - Bland, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda item XII.B. Motion carried.
	C. Approval of the HCHP 2025 Quality Management Plan	Motion No. 25.07-91 Moved by Ms. Carol Paret, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda item XII.C. Motion carried.
XIII. Executive Session	At 11:43 a.m., Dr. Andrea Caracostis stated that the Board would enter Executive Session for Items XIII. 'E and F' as permitted by law Tex. Health & Safety Code Ann. §161.032, and Tex. Gov't Code Ann. §§551.071, 551.085.	
	E. Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Financial Performance for the Four Months Ending May 31, 2025, Pursuant to Tex. Gov't Code Ann. §551.085	No Action Taken.
	F. Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Health Care Program Requirements, Including Status of Fraud and Abuse Investigations, Pursuant to 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.
XIV. Reconvene	At 11:49 a.m. Dr. Andrea Caracostis, reconvened the meeting in open session; she noted that a quorum was present, and that no action was taken in the Executive Session.	
XV. Adjournment	There being no further business to come before the Board, the meeting adjourned at 11:49 a.m.	

I certify that the foregoing are the Minutes of the Harris Health Board of Trustees Meeting held on July 24, 2025.

Respectfully Submitted,

Andrea Caracostis, MD, MPH, Chair

Libby Viera – Bland, AICP, Secretary

Minutes transcribed by Cherry A. Joseph, MBA

Thursday, July 24, 2025
Harris Health Board of Trustees Board Meeting Attendance

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

EXECUTIVE LEADERSHIP/STAFF/ SPECIAL INVITED GUESTS	
Alexander Barrie	Dr. Esperanza “Hope” Galvan
Amineh Kostov	Dr. Glorimar Medina
Dr. Amy Smith	Guy Hagstette (<i>Senior VP of Parks and Civic Projects, Kinder Foundation</i>)
Anna Mateja (<i>CFO, Community Health Choice</i>)	Holly Gummert (<i>Harris County Attorney’s Office</i>)
Anthony Williams	Jack Adger (<i>Harris County Purchasing Office</i>)
Ashley McPhail (<i>Chief External Affairs & Administration Officer, Texas Medical Center</i>)	Dr. Jackie Brock
Dr. Asim Shah	Jay Aiyer
Audrey Nath (<i>Public Comment Speaker</i>)	Jeffrey Dansdill
Barron Wallace (<i>Bracewell</i>)	Dr. Jennifer Small
Beth White (<i>President & CEO, Houston Parks Board</i>)	Jennifer Zarate
Bryan McLeod	Jessey Thomas
Cara Lambright (<i>President & CEO, Herman Park Conservancy</i>)	John Matcek
Cherry Joseph	Dr. Joseph Kunisch
Cristian Julian (<i>Intern, Hope Clinic</i>)	Kate David (<i>Legal Department, City of Houston</i>)
Cynthia Cole (<i>Public Comment Speaker: AFSME Local 1550</i>)	Kim Mickelson (<i>Legal Department, City of Houston</i>)
Daniel Smith	Dr. Kunal Sharma
DeWight Dopslauf	Kyle Wolfe (<i>Chief Operating Officer, Hermann Park Conservancy</i>)
Elizabeth Hanshaw Winn (<i>Consultant</i>)	Lisa Petersen (<i>President & CEO, Houston Zoo</i>)
Dr. Esmaeil Porsa (<i>President & CEO, Harris Health</i>)	Lisa Wright (<i>CEO, Community Health Choice</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	
Louis Smith	Dr. Sandeep Markan
Mara Moreno <i>(Public Comment Speaker)</i>	Sandy Gomez <i>(Husch Blackwell)</i>
Maria Cowles	Sara Thomas <i>(Harris County Attorney's Office)</i>
Mark Stewart	Sarah Grunau <i>(Reporter, Houston Public Media)</i>
Mary Buzak <i>(Bracewell)</i>	Sebastien Solar <i>(Member, Harris Health Strategic Fund / Hermann Park Conservancy Advisory Board of Directors)</i>
Dr. Matasha Russell	Shani Chiang <i>(Houston Public Media)</i>
Matthew Schlueter	Shawn DeCosta
Micah Rodriguez	Sonny Jiles <i>(Founding Board Member, Harris Health Strategic Fund)</i>
Omar Reid	Stephanie Parker <i>(Senior Communications Strategist, Elmore PR)</i>
Paige Abernathy <i>(Harris County Attorney's Office)</i>	Susan Elmore <i>(Founder & President, Elmore PR)</i>
Dr. Paul Klotman <i>(President & CEO, Baylor College of Medicine)</i>	Dr. Tien Ko
R. King Hillier	Tracey Burdine
Randy Manarang	Victoria Nikitin
Richard Whiteley <i>(Bracewell)</i>	William "Bill" McKeon <i>(President & CEO, Texas Medical Center)</i>
Saied Alavi <i>(Marek / Houston Zoo Board of Directors)</i>	Dr. Yashwant Chathampally
Sam Karim	

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.*

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, August 28, 2025

Executive Session

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.



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

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Meeting of the Board of Trustees

Thursday, August 28, 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

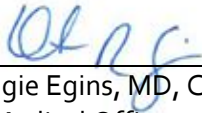
- Pages 50 - 74 Were Intentionally Left Blank -

Meeting of the Board of Trustees

Thursday, August 28, 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 76 - 79 Were Intentionally Left Blank -

Meeting of the Board of Trustees

Thursday, August 28, 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 August 12, 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



August 2025 Medical Staff Credentials Report

Medical Staff Initial Appointments: 41

BCM Medical Staff Initial Appointments - 18

UT Medical Staff Initial Appointments - 22

HCHD Medical Staff Initial Appointments - 1

Medical Staff Reappointments: 190

BCM Medical Staff Reappointments - 98

UT Medical Staff Reappointments - 90

HCHD Medical Staff Reappointments - 2

BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Changes in Clinical Privileges: 7

BCM/UT/HCHD Medical Staff Resignations: 27

Other Business:

For Information

Temporary Privileges Awaiting Board Approval - 22

Urgent Patient Care Need Privileges Awaiting Board Approval - 2

Leave of Absence - 4

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

Medical Staff Initial Appointment Files for Discussion - 2

Medical Staff Reappointment Files for Discussion - 2

Meeting of the Board of Trustees

Thursday, August 28, 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 August 11, 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

August 2025 Correctional Health Credentials Report

Medical Staff Initial Appointments: 2

Medical Staff Reappointments: 1

Medical Staff Resignations: 2

Medical Staff Files for Discussion: 0

Meeting of the Board of Trustees

Thursday, August 28, 2025

Consideration of Approval of the Appointment of Katherine Collins to the
Community Health Choice, Inc. (CHC) and Community Health Choice Texas, Inc. (CHCT),
collectively "Community", Board of Directors

Article I of Community's Bylaws states, in part:

The Corporation is a component unit of the District and, notwithstanding any provision of the Bylaws or any other document governing the Corporation, the Corporation is prohibited from taking any action on the following matters without the prior approval by resolution (or other appropriate written form of approval) of the District's Board of Trustees acting as the District's governing body under Chapter 281 of the Texas Health and Safety Code (the "District Trustees"):

(c) Appointment or removal of Directors of the Corporation.

Community's Bylaws require that Community's Board of Directors identify potential Board members for consideration and recommend consideration of approval to the Board of Trustees of such individuals for appointment to Community's Board. The Governance Committee of Community's Board considered three candidates and ultimately chose Katherine Collins, for her depth of experience with financial matters, compliance, and strategic growth. She also serves on the Community Health Choice Budget and Finance Committee. Her resume is attached for reference. Community's Board considered and agreed with the recommendation of its Governance Committee.

Recommendation: Community Health Choice, Inc. and Community Health Choice Texas, Inc. Boards of Directors recommend to the Harris Health System Board of Trustees the approval of the appointment of Katherin Collins to the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Boards of Directors.

Thank you.

- Pages 85 - 87 Were Intentionally Left Blank -

Meeting of the Board of Trustees

Thursday, August 28, 2025

Community Health Choice Retirement Notification of Board Member, Anne Clutterbuck

Article I of Community's Bylaws states, in part:

The Corporation is a component unit of the District and, notwithstanding any provision of the Bylaws or any other document governing the Corporation, the Corporation is prohibited from taking any action on the following matters without the prior approval by resolution (or other appropriate written form of approval) of the District's Board of Trustees acting as the District's governing body under Chapter 281 of the Texas Health and Safety Code (the "District Trustees"):

(c) Appointment or removal of Directors of the Corporation.

Pursuant to Community's Bylaws, Community provides notice of the retirement of Anne Clutterbuck from the Board of Directors of Community Health Choice, Inc. and Community Health Choice Texas, Inc. Accordingly, at its meeting on August 20, 2025, Community's Board of Directors will approve the resignation notice of Anne Clutterbuck.

Thank you.

Meeting of the Board of Trustees

Thursday, August 28, 2025

Consideration of Approval of the Proposed Harris Health
Fiscal Year 2026 Operating and Capital Budget

Administration recommends approval of the Harris Health System Fiscal Year 2026 Operating and Capital Budget to be presented to the Harris County Commissioners Court for final approval in conjunction with its adoption of a 2025 Tax Rate that will result in net ad valorem tax revenue not to exceed the amount shown in the proposed Budget.



Victoria Nikitin
EVP – Chief Financial Officer



Fiscal Year 2026 Operating and Capital Budget

**Harris Health Board of Trustees
Executive Summary and Proposed Budget**

August 28, 2025

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Harris Health

Fiscal Year 2026 Proposed Operating & Capital Budget

Fiscal Year Ending Sept. 30, 2026 - Operating and Capital Budget

Executive Summary

Harris Health is presenting for consideration its proposed FY 2026 Operating and Capital Budget for the 12-month planning period from Oct. 1, 2025, through Sept. 30, 2026.

Harris Health's administration recommends a 1.9% operating margin for FY 2026, predicated on the Commissioners Court final adopted tax rate for Harris Health. The proposed Operating Budget for the fiscal year currently reflects a margin of \$53.1 million, and underscores the ongoing effort to manage operations and continue the implementation of Harris Health's Strategic Plan.

The Harris Health budget excludes the operating results for Community Health Choice, Inc. (HMO), Harris County Hospital District Foundation, and the Harris Health Strategic Fund.

Who We Are

Founded Jan. 1, 1966, Harris Health is the public safety-net healthcare provider for Harris County, Texas, and is committed to ensuring the patient care it provides meets the community's highest standards.

As the largest safety net hospital system in Texas, Harris Health continues to serve a racially and ethnically diverse population, with more than 43% uninsured and approximately 19% of patients having Medicaid and CHIP coverage. More patients (48%) speak Spanish as their primary language than any other language including English, with more than 40 other preferred languages represented among the approximately 250,000 unique patients receiving medical care in FY 2024.

Harris Health's two acute care trauma hospitals (Ben Taub and Lyndon B. Johnson) are nationally designated as Magnet® facilities (with Ben Taub one of only approximately 40 hospitals in the US to achieve Magnet recognition *with Distinction*), one of the industry's most prestigious recognitions for nursing excellence. Harris Health's ambulatory care health centers are recognized by the National Committee for Quality Assurance as Patient Centered Medical Homes and have garnered multiple awards

harrishealth.org

Harris Health

Fiscal Year 2026 Proposed Operating & Capital Budget

and recognitions for the high quality of care provided. Harris Health's Ambulatory Care Services have Pathway to Excellence® designation from the American Nurses Credentialing Center (ANCC). This recognition – previously only given to hospitals – now includes Harris Health's Ambulatory Care Services as the second ambulatory service in the U.S. awarded the designation.

Ben Taub Hospital, a Level I trauma center, and LBJ Hospital, a Level III trauma center, remain two of the busiest emergency centers in the area and provided more than 165,000 emergency visits in FY 24. Together they also provided almost 31,000 patient discharges and approximately 5,300 deliveries in FY 24.

Harris Health began providing correctional health services at the Harris County Jail on March 1, 2022. Since then, Harris Health has focused on improving clinical and operational processes to include, among others:

- implementing Epic (electronic health record) to ensure seamless transfer of electronic health information;
- establishing protocols for remote consultations with specialties such as cardiology and neurology (reducing the need to transfer patients to Ben Taub or LBJ for care);
- transition from paper-based medication administration to an electronic system using Pyxis (automated dispensing cabinets), barcode scanning, and eMAR (electronic Medication Administration Record) for safer, more accurate, and efficient medication management;
- implementation of “floor clinics” to improve access and continuity of care while reducing patient movement;
- implementation of point of care testing to reduce the need for off-unit transport; and
- redesign of the intake process for better efficiency and inclusivity.

The cost of charity care provided by Harris Health for the benefit of the Harris County community exceeded \$713.5 million in FY 2024, but Harris Health's impact goes far beyond providing critical healthcare services. Clinical care is provided in partnership with Baylor College of Medicine, McGovern Medical School at UTHealth and The University of Texas M.D. Anderson Cancer Center. Through these and

Harris Health

Fiscal Year 2026 Proposed Operating & Capital Budget

other affiliated academic partnerships, Harris Health helps train the region's future healthcare workforce, ensuring that the next generation of doctors, nurses and other healthcare professionals are prepared to provide the highest quality of care for all Harris County residents.

Also, as independent consulting firm Tripp Umbach established, Harris Health is a driving force in the Harris County economy. The study indicated that in FY 2022 (March 2021-February 2022), Harris Health operations generated more than \$4.8 billion directly and indirectly in the Harris County economy. Moreover, every \$1 Harris Health receives in ad valorem taxes generates \$5.89 in the local economy. Harris Health supports 29,237 jobs directly and indirectly in Harris County, resulting in one in every 70 jobs in the county. Further, Harris Health's operations generated \$132.9 million in state and local taxes. These impressive economic impact numbers are based on the health system's operations in the Harris County economy.

Harris Health

Fiscal Year 2026 Proposed Operating & Capital Budget

Continued Implementation of 2021-2025 Strategic Plan and Development of the 2026 – 2030 Strategic Plan

Harris Health leadership, at the direction of Harris Health’s Board of Trustees, continues to implement strategies and initiatives aligned with the organization’s 2021-2025 Strategic Plan. The Plan is guided by six strategic pillars which serve as the system’s foundation for the future.

- **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.
- **People:** Harris Health will enhance the patient, employee and medical staff experience and develop a culture of respect, recognition and trust by actively listening to feedback and developing strategies to address high-impact areas of opportunity.
- **One Harris Health System:** Harris Health will act as one system in its approach to the management and delivery of healthcare.
- **Population health management:** Harris Health will lead in mitigating adverse health consequences driven by the social determinants of health through partnerships, demonstration of models, and convening the community of providers and support organizations to create a system of care that goes beyond the traditional disease management approach and toward a health promotion and diseases prevention approach to care.
- **Infrastructure optimization:** Harris Health will invest in and optimize infrastructure related to facilities, information technology (IT) and telehealth, information security, and health informatics to increase value, ensure safety and meet the current and future needs of the patients served.
- **Diversity, equity and inclusion:** Harris Health will ensure equitable access to high-quality care for patients, foster a diverse and inclusive workplace, cultivate and sustain strategic relationships with suppliers and community partners, and broaden its reach and understanding of the communities it serves.

Further, Harris Health’s Board of Trustees and Executive Administration are in the process of developing Harris Health’s 2026-2030 Strategic Plan, which builds off the 2021 – 2025 Strategic Plan and positions Harris Health for continued clinical and operational success.

Harris Health

Fiscal Year 2026 Proposed Operating & Capital Budget

Strategic Facilities Plan

In November 2023, Harris County voters overwhelmingly approved Harris Health's \$2.5 billion bond proposal, with more than 72% of voters showing support. The bond election paved the way for Harris Health to execute the first phase of its Strategic Facilities Plan, which includes the replacement and renovation of Lyndon B. Johnson Hospital, development of an additional patient care tower and other work at Ben Taub Hospital to extend the useful life of that facility, creation of new ambulatory clinics to improve primary and specialty care access in underserved areas of Harris County, and necessary infrastructure updates at many existing ambulatory care clinics.

In anticipation of a successful bond referendum, Harris Health engaged architectural and engineering firms for the LBJ project in fall of 2022. Completion of programming, schematic design and much of design development prior to the bond election allowed Harris Health to break ground on the new hospital on the LBJ campus in May 2024, only six months after the bond election. The new hospital is a 12-story, 1.2 million square foot facility that will be able to accommodate 330 inpatient beds. It will connect to the legacy building via an overhead pedestrian bridge. The two half stories at the top of the patient tower will be shelled to be able to eventually expand the hospital to 450 inpatient beds. The replacement hospital design phase is complete and construction is ongoing, with occupancy projected in Q1 of 2029. The LBJ staff parking garage construction is complete (with solar panel installation to be completed in summer of 2025). A new visitor parking garage and Central Utility Plant are under construction, with expected completion of both in 2027.

On the Ben Tab campus, Harris Health has completed a telemetry expansion and is in the design development phase for the CCU renovation and reconfiguration, which is expected to be complete in Spring of 2027. Harris Health is also in the planning phase for numerous imaging equipment replacements and improvements as well as preparing to begin several projects intended to address key mechanical, electrical, plumbing and sewer issues. Simultaneously, planning will continue for a new patient care tower (approximately 120 beds).

Harris Health

Fiscal Year 2026 Proposed Operating & Capital Budget

In FY 2026, Harris Health will also continue facility work related to its Ambulatory Care Platform. Demand forecasting that will support determination of the location of the new clinics that will be funded with bond proceeds is complete and locations are being identified. Other major ambulatory care projects in planning, design or construction phases during FY 2026 include:

- Replacement of major imaging and radiation oncology equipment at Smith Clinic;
- Replacement of imaging equipment at Acres Home, Settegast and Gulfgate Health Centers;
- Renovation of clinical space and installation of new imaging equipment at Aldine and MLK Health Centers;
- Creation of Urgent Care Centers on the campuses of Casa de Amigos, El Franco Lee, and Vallbona Health Center;
- Renovation of the Open Door Mission Clinic (occupancy expected in Fall of 2025);
- Vallbona Health Center campus improvements (occupancy expected in Fall of 2027);
- Creation of Pasadena Square Clinic to consolidate in one location and expand the operations of Strawberry Health Center, Monroe Same Day Clinic, and Pediatric and Adolescent Health Center – Pasadena (occupancy expected in Spring of 2028); and
- Cypress Health Center renovation and expansion (occupancy expected in Fall of 2028).

Other notable Harris Health facilities projects in the design or construction phase during FY 2026 include:

- Construction of the new Holly Hall Operations Center building that will house the Central Fill Pharmacy, EMS, and other virtual care services. Occupancy is expected to begin in September of 2026.
- Implementation of an infrastructure resiliency plan (to include generators and improved electrical distribution) at LBJ Hospital and the LBJ Outpatient Center/Ambulatory Surgery Center, Ben Taub Hospital, and the following Ambulatory Care health centers: Aldine, Quentin Mease, Smith Clinic, Gulfgate, Martin Luther King, Jr., and El Franco Lee.

Harris Health

Fiscal Year 2026 Proposed Operating & Capital Budget

Strategic Initiatives October 2025 – September 2026

Approved Strategic Initiatives

The following strategic initiatives in support of the system's Strategic Plan are currently **in progress** and are included in the draft budget for FY 2026:

- Hospital at Home Service Expansion
- Endoscopy Center at Quentin Mease Expansion
- Implementation of Epic Rover and Unified Communications;
- Implementation of Epic Back to Foundation
- Implementation of Service Now
- Addition of Phlebotomists in Emergency Centers;
- Outpatient Parenteral Antibiotic Therapy Program Expansion; and
- Creation of Consolidated Utilization Review Team

Incremental costs included in the FY 2026 projections associated with these projects totals \$26.7 million.

Hospital at Home Service Expansion

Harris Health will expand its Hospital at Home Service, an innovative care model that provides acute care in the home setting, incrementally expanding bed-capacity and service capability for the health system. Moreover, it helps reduce Emergency Center (EC) boarding hours and overcrowding, length of stay, and observation hours, while also increasing acute care capacity, health equity and access for patients. In FY 2026 Harris Health will expand this program's staffing, infrastructure and clinical eligibility criteria in order to increase admissions to the program to an average of 50 patients per month. (Pillars: Quality and Patient Safety, System Optimization)

Endoscopy Center at Quentin Mease Expansion

The expanded endoscopy capabilities of the Endoscopy Center at Quentin Mease Health Center minimize patient outsourcing and improve access to care for patients in need of colorectal cancer screening services. In FY 2026, Harris Health will expand the number of procedure rooms that are operational as well as the hours of operation for the Endoscopy Center. (Pillars: Quality and Patient Safety, System Optimization, Access)

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Implementation of Epic Rover and Unified Communications

Harris Health has begun implementation of Epic Rover and Unified Communication. Epic Rover supports Harris Health's high standards for patient safety by supporting barcode scanning and validation of medications, specimens, blood products, and integration of infusion pumps. Epic Rover is a mobile application that allows clinicians enhanced mobility; it provides a way to manage medication administration, blood administration, documentation, and communication from a mobile device (typically at the patient's bedside), which frees up workstations and allows for more direct interaction with patients. The addition of this Epic-based tool will increase bar code medication administration compliance, reduce missed barcode scans, reduce bed turnaround time, improve real-time documentation, and increase clinician satisfaction and patient safety. Unified Communications allows care teams, EVS, Transportation and others to be in direct communication and allows for focused and intelligent monitoring which brings alerts directly to the closest or most relevant care providers. (Pillars: Quality and Patient Safety, People, System Optimization)

Implementation of Epic Back to Foundation

Harris Health has begun the implementation of Epic Back to Foundation, with several minor releases successfully completed in FY 2025. Harris Health was the first hospital system in Houston to implement Epic as its electronic medical record, and over the years (particularly when Epic was in its early phases of development) has customized Epic to the extent that its current level of complexity limits needed standardization and scalability. Implementing Epic Back to Foundation will allow Harris Health to take advantage of Epic's most modern capabilities and learn from best practices of over 300 health systems. It will also allow workforce members to leverage the most robust self-service reporting and data analytics, digitize workflows and automate role recognition. One of two major releases will be deployed in FY 2026 (with the second major release deployed in FY 2027). (Pillars: Quality and Patient Safety, People, System Optimization)

Implementation of Service Now

Harris Health is in the planning phase for deployment of Service Now, a service management system that will create one consolidated enterprise service management platform for employee needs utilizing

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automation and scalability, modernize IT service delivery and technology operations. It will also enhance Harris Health's risk posture and audit capabilities. (Pillars: People, System Optimization)

Addition of Phlebotomists in Emergency Centers

Harris Health is adding phlebotomists to the patient care teams in its emergency centers in order to support nursing staff in this extremely busy environment. Delegating the task of blood draws to the experts (phlebotomists) will reduce blood culture contamination rates, improve specimen collection and integrity, improve operational efficiency, enhance the customer experience and improve nursing satisfaction. (Pillars: Quality and Patient Safety, People, System Optimization)

Outpatient Parenteral Antibiotic Therapy Program Expansion

Harris Health is expanding its Outpatient Parenteral Antibiotic Therapy (OPAT) program by creating a dedicated service team that can support both hospitals. OPAT is a program in which patients with serious infections are educated on how to receive IV antibiotics at home rather than in a hospital setting. OPAT has proven successful in reducing relevant emergency center visits and hospital admissions and improving patient experience. (Pillar: Quality and Patient Safety, Health Promotion & Disease Prevention)

Creation of Consolidated Utilization Review Team

Harris Health is creating a consolidated Utilization Review team and process to ensure that Harris Health hospital-based healthcare care is effective, efficient, and in line with evidence-based standards of care. Utilization Review remains a well-recognized component of a resource management approach to health care service delivery and payment. This team will consistently track patients' plans of care to ensure they are always in the appropriate status and on a trajectory to the next level of care, and support patient care teams by providing expertise to address real-time delays and management of resources. To augment this work, Harris Health will change its Physician Advisor program to make use of a third-party organization with more extensive case and utilization management experience. (Pillars: One Harris Health, Population Health Management)

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Pending Strategic Initiatives

The following strategic initiatives are **not yet implemented** but are included in the draft FY 2026 budget. These initiatives, along with several other projects, total \$3.8 million and will be implemented in FY 2026 assuming Harris Health's budgeted and actual revenues and expenses support the deployment of each. In the event that revenues and/or expenses do not support the implementation of all of these critical initiatives, they will be implemented in order of priority as determined by Harris Health leadership. The included strategic initiatives are:

- Increase in Living Wage from \$16/hour to \$17/hour;
- Centralized Sterile Compounding Service Center; and
- "Healthy Connect" Remote Patient Monitoring for Blood Pressure Program Expansion.

Increase in Living Wage

Harris Health plans to increase its minimum hourly wage from \$16 to \$17, reflecting a commitment to improving the livelihood of its workforce. This initiative positions Harris Health as a leader in fostering a fair and equitable work environment and assists in recruitment and retention efforts in certain sectors of its workforce. Harris Health also will address resulting compression in wage structures as needed to maintain a fair and differentiated compensation structure. (Pillar: People)

Central Sterile Compounding Service Center

Harris Health plans to establish a centralized sterile compounding service center within the new Holly Hall Operations Building. This initiative will enhance the reliability of the pharmacy supply chain, improve access to compounded sterile products, improve pharmacy drug shortages and reduce overall pharmaceutical expenditures for Harris Health.

"HealthyConnect" Remote Patient Monitoring for Blood Pressure Program Expansion

Harris Health is expanding its nationally recognized "HealthyConnect" Remote Patient Monitoring program, which supports patients by monitoring home blood pressure submissions and providing self-management education, medication intervention, social determinants of health screening, and navigation. This supports Harris Health's goal of improving heart health outcomes and equity by achieving targeted improvements in hypertension, hyperlipidemia, preeclampsia, and tobacco cessation. In CY 2023

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patients enrolled in the program achieved an average decrease in systolic BP of 21 mmHg and an average decrease in diastolic BP of 9 mmHg over an average seven-month program enrollment (with an average BP at graduation of 128/75). Patients also reported a medication adherence rate of 93.2%. In FY 2026, Harris Health will increase the number of ambulatory care sites offering this program. (Pillars: Quality and Patient Safety; Health Promotion and Disease Management; System Optimization)

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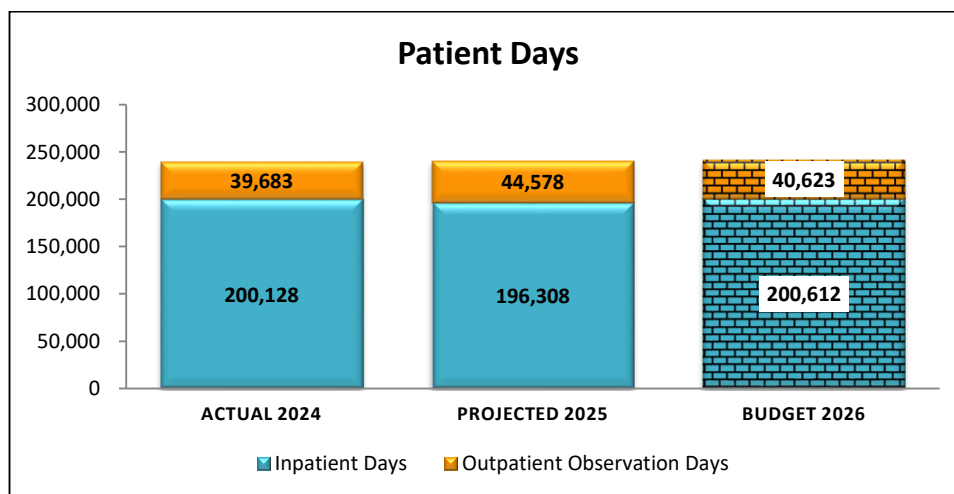
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Patient Volumes Projections

Continuing Harris Health's commitment to the community, the income eligibility criteria will be maintained at 150% of the federal poverty level. There are no plans to change the indigent care policy, Financial Assistance Program, affecting patient volumes. While overall volumes are projected to remain stable as compared to current year levels, Harris Health continues to advance strategies that optimize our patient care platform and align with its strategic pillars, ensuring the delivery of high-quality, accessible care across the system.

Inpatient Volumes

In the acute care pavilions, capacity on both the Ben Taub and LBJ campuses consistently exceeds 90%, restricting opportunities for growth. While both hospitals continue to implement initiatives to address patient throughput, the total number of cases occupying beds is expected to remain consistent with current fiscal year levels. Accordingly, total patient days, inclusive of outpatient observation days, are projected at 241,235 for FY 2026, compared to the 240,886 projected days for FY 2025. Total cases occupying beds are projected at 42,932, with inpatient cases at 31,405 and outpatient observation cases at 11,527, compared to a projected total of 42,406 cases for FY 2025.



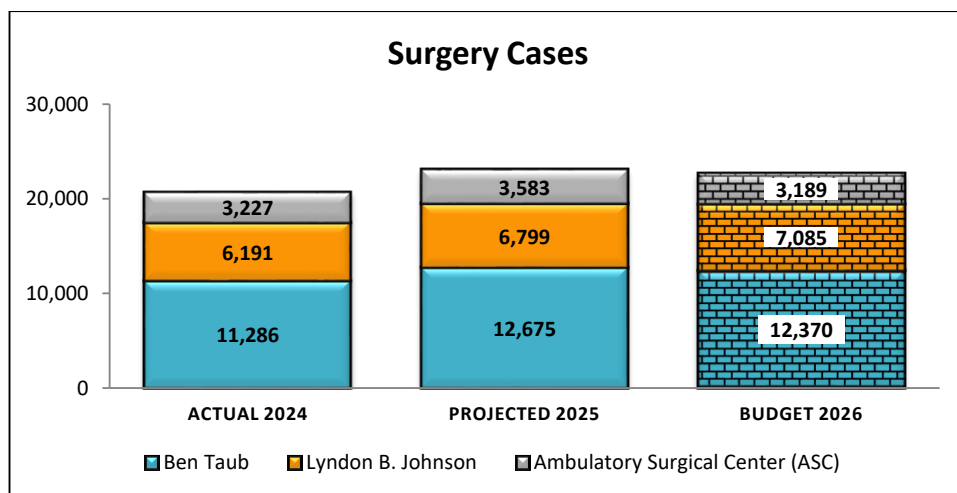
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Included in the above projections are the volumes associated with Hospital at Home, which went live in February 2024 as the first program in the metro-Houston area to care for acute patients in their homes. Hospital at Home admitted 58 patients following the program go-live in FY 2024 and is nearing 250 total admissions as of July 2025. The program remains the first and only fully functional Hospital at Home model in the Harris County Area. In FY 2025, the nursing team expanded to having 2 RNs in the field, increasing the census capacity to 6 patients per day. The program has met and exceeded its monthly goals since Q2 FY 2025 and plans on expanding daily census capacity to 9 by second quarter of FY2026 with the addition of a third field RN. The program is expected to support an additional 481 inpatient cases and 1,750 patient days in FY2026 in support of the acute care pavilions.

Surgery Cases

Surgery case volumes for FY 2026 are estimated at 22,644. Inpatient surgeries are anticipated to increase approximately 4%, to 11,064 cases, compared to expected FY 2025-year end cases. The increase is attributed to the completion of the OR refresh project at LBJ in May 2026, thus allowing for the utilization of all ORs. Overall outpatient surgery cases are projected to decrease by approximately 6.8%, to 11,580 cases, compared to the current fiscal year end projections. The decrease is a result of rooms closures related to the planned OR refresh project at the Outpatient Center scheduled for FY 2026.

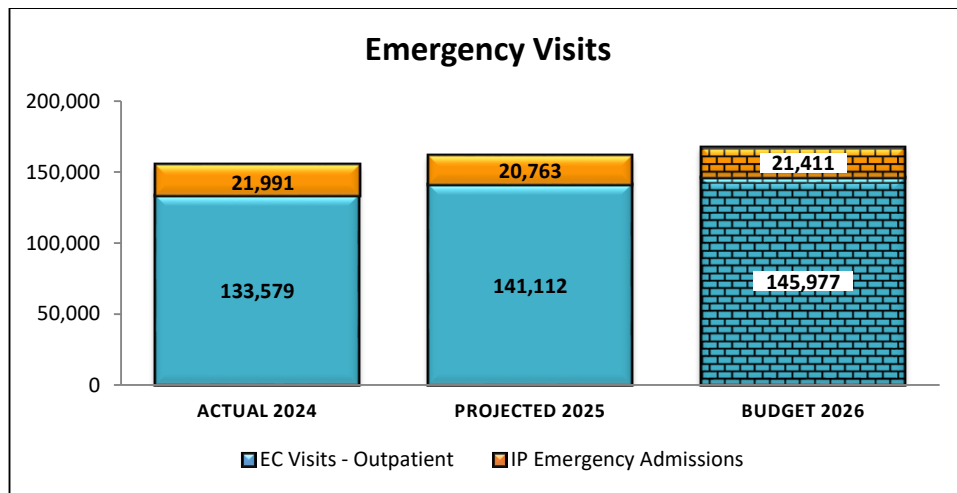


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Emergency Room Visits

Emergency room visits are projected to total 167,388 for FY2026, consistent with the multi-year trend. Harris Health continues to implement strategies aimed at improving throughput and further decompressing its Emergency Centers, including changes related to patients boarding in the Emergency Center. Plans are underway to more efficiently manage the needs of these patients by staffing the area in which they are cohorted as an inpatient unit.



Births

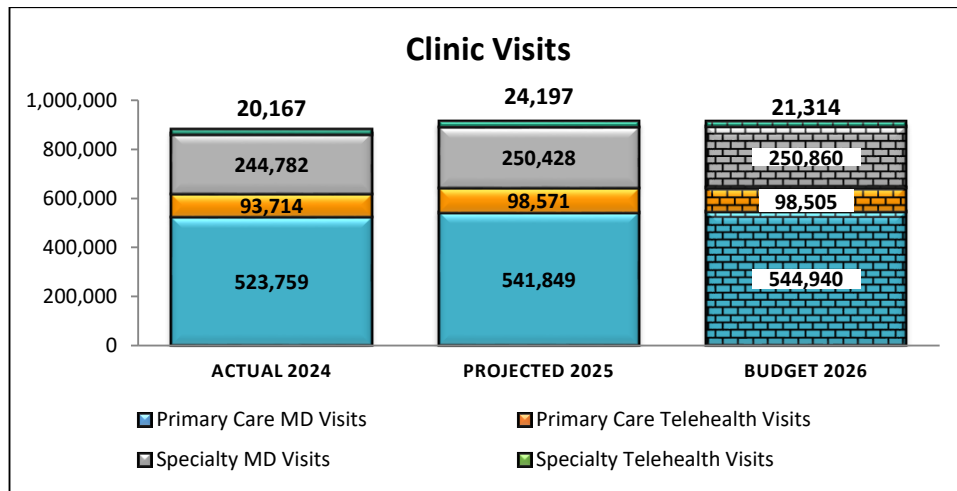
Labor and delivery volumes are expected to remain at levels similar to current year with approximately 5,400 births anticipated for the upcoming fiscal year.

Outpatient Visits

Outpatient visits, inclusive of primary, specialty, and telehealth visits are expected to remain consistent with current year levels at 915,619 projected visits for FY 2026.

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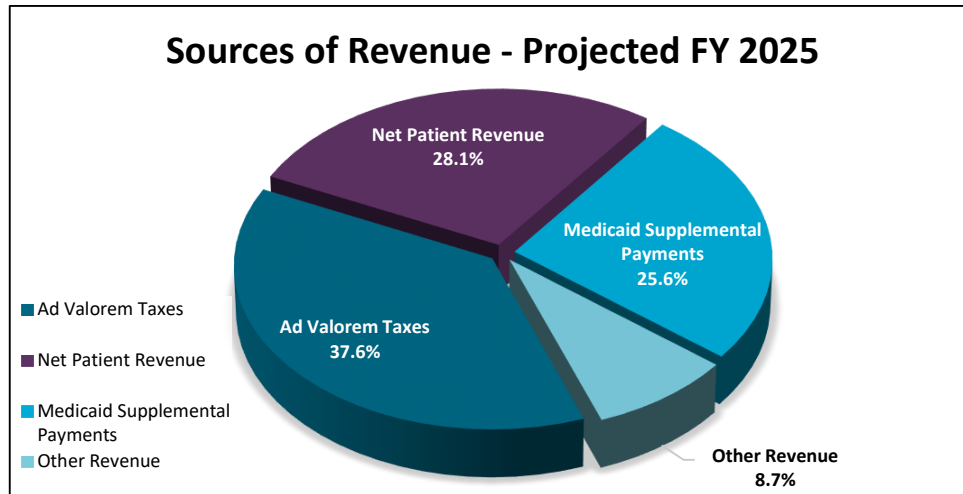


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Revenue Projections

Total Net Revenue is projected to close FY 2025 at \$2.714 billion, which is an increase of \$180.3 million or 7.1% more than FY 2024. Over eighty percent of the year-over-year increase is attributed to the ad valorem revenue, with the rest coming from net patient revenue and other sources.



Tax revenue projections for FY 2026, provided by the Harris County Office of Management and Budget (OMB), represent \$1.042* billion for the No New Revenue Rate (NNR) and \$1.216* billion for the Voter Approved Rate (VAR), which result in a bottom-line loss of \$120.6 million and a positive net of \$53.1 million, respectively. Depending on the final adopted tax rate for FY 2026, Total Net Revenue for the system is expected to be in the \$2.665 to \$2.839 billion range, or a corresponding decrease of \$49.7 to an increase of \$124.0 million as compared to the FY 2025 year-end projection.

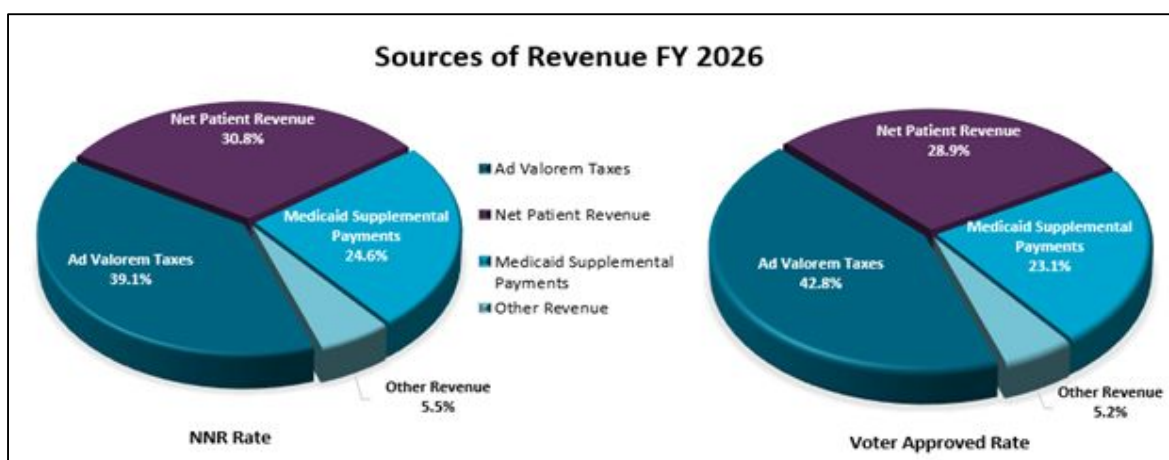
At this time, several uncertainties remain unresolved and will continue to be outstanding through the fall of 2025 due to federal policy timelines and pending Congressional decisions. Such contingencies are not factored into the budget calculations due to their high volatility, and include program decision related to:

- Medicare ACA DSH add-on payments;
- Potential Medicaid DSH cuts; and
- Certain Medicaid Supplemental decisions.

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As Harris Health learns about each individual contingency, Administration will inform the Board of Trustees and Commissioners Court of the potential impact on the organization's budget and financial position.



Ad Valorem Tax

Net Ad Valorem Tax revenue is projected at approximately 37% of Harris Health's total revenue, in FY 2025. Tax projections for FY 2026 are preliminary at this time until tax rates are set by the Harris County Commissioners Court. Estimates of ad valorem support provided by Harris County OMB are \$1.042* billion for the No New Revenue Rate (NNR) and \$1.216* billion for the Voter Approved Rate (VAR). These projections include \$49.7 million in debt service attributable to the May 2025 issuance of the \$840 million bonds, which was added to the I&S tax rate. For FY 2026 budget cycle, Harris Health is proposing total tax revenues not to exceed the VAR rate of \$1.216* billion. This amount is needed to close the expense gap and arrive at a 1.9% margin allowing for continued reinvestment in the system's operations and the ongoing implementation of the current Strategic Facilities Plan and other system initiatives.

*All estimates are for a total tax rate that includes Management & Operations (M&O) and Interest & Sinking (I&S).

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Net Patient Service Revenue

Total Net Patient Service Revenue comprises approximately 30% of the revenue portfolio for Harris Health. FY 2026 projections reflect both the overall volume projections for next year as well as anticipated increases in both Patient Service Revenue and Medicare ACA DSH add-on payments. Patient Service Revenue is projected to increase by 2% or \$13 million for FY 2026 driven by revenue optimization efforts underway. The ACA-mandated uncompensated care pool, specific to the Medicare DSH program, will result in a corresponding payment increase of \$45.3 million for FFY 2026, subject to final Inpatient Prospective Payment System (IPPS) rule by Centers for Medicare and Medicaid (CMS) to be adopted by October 1, 2025. Total Net Patient Service Revenue is currently estimated at \$820.5 million for FY 2026.

Medicaid Supplemental Payments

Medicaid Supplemental Programs' revenues make up approximately 26% of Harris Health's total revenue and include Medicaid Disproportionate Share (Medicaid DSH), Uncompensated Care (UC) and High Impecunious Charge Hospital (HICH), Comprehensive Hospital Increase Reimbursement Program (CHIRP), Network Access Improvement Program (NAIP), Hospital Augmented Reimbursement Program (HARP) and Graduate Medical Education (GME) program funding. In FY 2025, HHSC implemented two new programs: APHRIQA (Alternate Participating Hospital Reimbursement for Improving Quality Award) and ATLIS (Aligning Technology by Linking Interoperable Systems), which are expected to continue into FY 2026.

Medicaid Supplemental and Directed Payment Programs in Texas have been created over time, to assist hospitals with covering cost of care not covered with base Medicaid rates and to support providers serving low-income uninsured populations. About one-third of these payments are relatively predictable as they are based on the volume of care and negotiated rates. However, two-thirds are much less predictable due to dependencies on state and federal policy decisions regarding funding amounts and distributions. These include largest programs such as DSH, UC, and CHIRP.

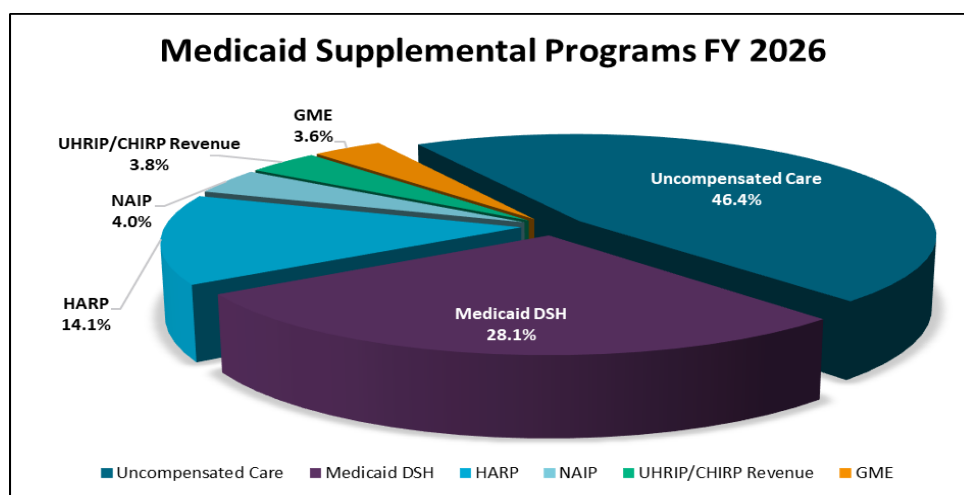
At this time, the Texas Health and Human Services Commission (HHSC) has not settled over two-thirds of Harris Health's projected Medicaid Supplemental program revenue. This includes UC and HICH program

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revenues, which comprise the bulk of annual receipts. Such distributions will not be complete until later in the fiscal year, adding to the budget uncertainty.

In its FY 2026 budget estimates, Harris Health is relying upon the modeling done by the similarly-situated peer safety net Texas hospitals and will continue to update and refine those until FY 2025 distributions are finalized. The analysis recently provided by the State shows a decrease of the HIGH sub-pool from \$350 million in FY 2024 to \$250 million in FY 2025, state-wide. Further sizing changes for FY 2026 are unknown. In addition, in the current fiscal year Harris Health received over \$37 million in one-time refunds for DSH and UC Supplemental programs for FFY 2018-2023. Such refunds have not been anticipated nor are expected to continue in future years as the State has largely worked through the multi-year backlog. As a result, FY 2025 total Medicaid Supplemental funding for the system is estimated at \$696.1 million, and is projected at approximately \$655.5 million, or 5.8% less, in FY 2026.



Medicaid Disproportionate Share (DSH)

Since 2013-2014, US Congress delayed calls for a reduction in federal DSH funding by \$8 billion starting in FFY 2025. However, these reductions continue to remain on the Congressional agenda for FFY 2026-2028. The cuts for federal fiscal year 2026 alone would cost Texas safety-net hospitals around \$800 million and more than \$2 billion over the next three years combined*. If not repealed again by December 2025, the

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available future distributions to Harris Health could drop by 30% in FFY 2026 and beyond. As noted earlier, any potential impact of DSH cuts at the Congressional level may not be known until late fall of 2025, and, therefore, is not included in the projections pending federal action.

*Texas Hospital Association (THA)

The annualized DSH net benefit for FY 2025 reflects a total of \$211.5 million. Projected funding for FY 2026 is estimated to be \$184.1 million. The decrease is attributed to FFY 2018-2023 one-time refunds received from the State this fiscal year. Harris Health continues to provide intergovernmental transfers (IGT) for the private hospitals for Medicaid DSH, and is credited that same IGT amount in the payment calculations.

Uncompensated Care (UC) and High Impecunious Charge Hospital (HICH)

Harris Health is the largest provider of Uncompensated Care in the state, and one that receives the largest funding distribution. Due to the policy decisions at the state and federal level occurring later in the fiscal cycle (September and October), this program is particularly vulnerable to change in budget calculations. The estimated annualized UC net benefit for FY 2025 reflects a total of \$317.1 million. Projected funding for FY 2026 is estimated to be \$303.9 million. The decrease is attributed to \$13.2 million one-time refunds received from the State in FY 2025.

Under the terms of the January 2021 1115 Waiver, HHSC negotiated with CMS for the continuation and resizing of the statewide UC pool. The result of the 2021 pool resizing was an increase of approximately \$600 million annually, for a total UC of \$4.5 billion for demonstration years DY12 through DY16 (FFY 2023 – FFY 2027). The additional UC funding was used to create a new High Impecunious Charge Hospital (HICH) sub-pool starting FY 2023. Eligibility to receive funds from the HICH sub-pool is restricted to rural hospitals, state-owned hospitals, and hospitals that have at least 30% of their charges from serving uninsured persons. Harris Health falls into the last category, and has received funding from the UC HICH sub-pool.

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HHSC has flexibility to determine how much of the current \$4.5 billion UC pool is in the HICH sub-pool. Based on the recently released calculations, final FY 2025 UC allocations sized the HICH sub-pool down to \$250 million state-wide while FY 2026 allocations will remain unknown until the summer of 2026.

Hospital Augmented Reimbursement Program (HARP)

The Hospital Augmented Reimbursement Program (HARP) is a relatively recent statewide supplemental program (as of FFY 2022) providing Medicaid payments to hospitals for inpatient and outpatient services that serve Texas Medicaid fee-for-service (FFS) patients. Harris Health is currently projecting \$92.6 million in program revenue for both FY 2025 and FY 2026.

Comprehensive Hospital Increase Reimbursement Program (CHIRP)

For the Comprehensive Hospital Increase Reimbursement Program (CHIRP), the net annual benefit to the System is estimated at \$19.3 million in FY 2025, and Harris Health expects to retain similar reimbursement levels in FY 2026. In FY 2025 under the CHIRP umbrella, the Alternate Participating Hospital Reimbursement for Improving Quality Award (APHRIQA) was introduced. As the name implies, APHRIQA is a hospital incentive program. FY 2025 funding is projected at \$5.5 million and will be budgeted at the same level for FY 2026. Also introduced in FY 2025 was Aligning Technology by Linking Interoperable Systems (ATLIS), an incentive program for Medicaid MCOs. The goal of ATLIS is to encourage MCOs to incentivize their in-network hospitals to provide real-time notifications on Medicaid patients' admissions, discharges, and transfers, along with a set of clinical information—ultimately aimed at improving MCOs' quality of care. Funding for ATLIS is projected to be negligible in both FY 2025 and FY 2026, at less than \$0.3 million per year.

Network Access Improvement Program (NAIP)

The Network Access Improvement Program (NAIP) funding is expected to be \$26.0 million for FY 2025 and is projected at the same level for FY 2026. This program is slated to sunset in FY 2026.

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Graduate Medical Education (GME)

The Graduate Medical Education (GME) funding program, started in October 2018, allows for recovery of some GME costs. The net benefit to Harris Health in FY 2025 is estimated at \$23.9 million and is projected at the same level for FY 2026.

Other Revenue

Other revenues represent approximately 11.7% of Harris Health's total revenue and are expected to remain stable with exception of the funding received from the County for the Correctional Health interlocal agreement (ILA). Harris Health will see a net decrease of \$91.2 million in revenue related to the change in ILA with the County.

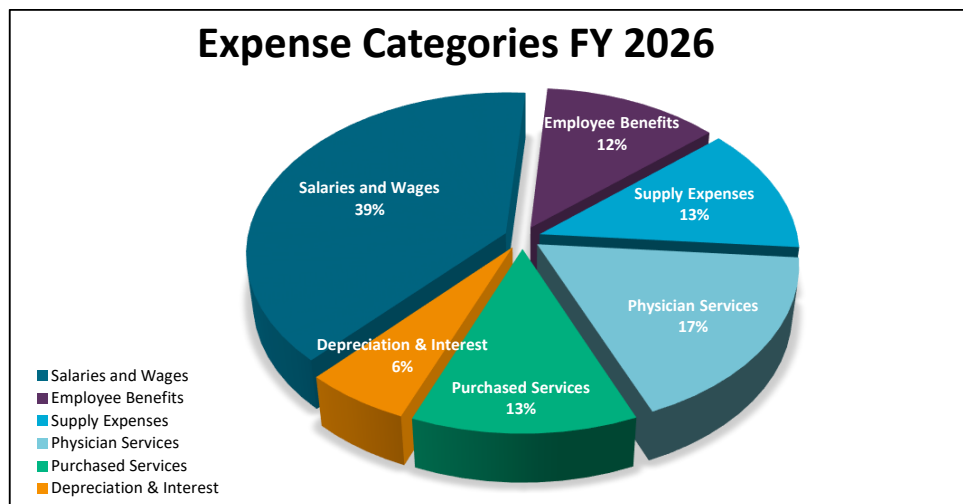
Investments are expected to continue to perform favorably due to maintained higher interest rates by Federal Reserve. Investment income is projected at \$69.7 million for FY 2026. The annual philanthropic commitment from the Strategic Fund is projected at \$10 million for FY 2026 and is reflected in the capital gifts and grants section of Other Revenue. Annual tobacco settlement revenue and other operating revenue comprise the remainder of Other Revenue and are projected at \$15.2 million and \$52.3 million for FY 2026, respectively.

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Expense Projections

During FY 2025, total Harris Health operating expense is projected to end the year at \$2.577 billion, an increase of \$182.1 million or 7.6% compared to FY 2024. After accounting for general inflationary increases of 5.4% or \$139.5 million and an additional \$69.2 million associated with the aforementioned implementation of the Strategic Plan, total operating expense for FY 2026 is expected to be \$2.786 billion which is 8.1% or \$208.7 million greater than FY 2025 projected year end. Inclusion of the pending strategic initiatives into the final operating budget for FY 2026 is dependent on the final adopted tax rate set by the Harris County Commissioners Court. Anything resulting in less than a break-even margin, will require re-evaluation and re-prioritization of the strategic projects for FY 2026.



Salaries, Wages and Benefits

Salaries and wages are expected to grow by 9.0%, or \$90.4 million, in FY 2026, to a total of \$1.095 billion. This increase includes general inflationary increases of 5.1%, or \$43.3 million, to account for merit and market adjustments in alignment with current market trends. These adjustments are needed to remain competitive in the current healthcare industry. Also of note in the upcoming fiscal year is Harris Health's transition of providers from the current University of Houston contract to Harris Health-employed providers in support of Correctional Health. This transition is expected to be budget neutral; however, as a result of this change dollars have shifted from Physician Services to Salaries and Benefits. Additional

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salary and wage expenses anticipated in FY 2026 are attributed to volume increases and approved strategic initiatives, counterbalanced by Harris Health's focus on productivity improvements.

Benefits are expected to grow by \$31.0 million, or 9.9% in FY 2026 to a total of \$345.6 million. This includes a 4.0% general inflationary increase for employee health insurance, while Pension and Post Employee Health Benefit projections are based on the most recently available actuarial assumptions.

The cost of the total compensation portfolio in FY 2026 to support ongoing operations and the identified initiatives in support of the Strategic Plan is projected at \$1.440 billion, or 51.7% of the total operating budget.

Supply & Pharmaceutical Expense

Overall supplies, inclusive of pharmaceutical expense, is projected to increase by 5.7% or \$19.0 million in FY 2026 to a total of \$352.1 million. Premier, the Group Purchasing Organization utilized by Harris Health, projects an overall 6.1% inflationary increase to supply expense in 2026, inclusive of pharmaceutical cost. Non-pharmaceutical supplies for DSH-eligible hospitals, specifically, are expected to experience an inflationary increase of 5.5%, while pharmaceutical costs are forecasted to rise between 3% and 5% in 2025. The increased expense over the prior fiscal year largely stems from the estimated inflation of \$18.3 million or 5.5%. Additional incremental expense is attributed to approved strategic initiatives.

Physician Services

Physician Services are projected to increase by \$1.1 million or 0.2% in FY 2026 to \$484.5 million. The projected expense assumes provider vacancies remain steady as compared to FY 2025 and includes an increase of \$14.8 million or 3.1% related to average contract rate increases as well as planned service expansions. This increase is offset by the previously mentioned transition of providers from the University of Houston to Harris Health in support of Correctional Health. The dollars associated with this transition are now reflected under Salaries & Benefits.

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Purchased Services

Purchased Services are expected to grow by 9.0%, or \$28.5 million in FY 2026, to a total of \$346.2 million. Included in these projections are general inflationary increases of 4.0% or \$12.7 million. Marketplace insurance premium subsidies comprise another \$11.8 million of the increase over current fiscal year end projections. Medical insurance subsidies are expected to increase resulting from changes in the ACA Marketplace plan pricing. The increase is driven by the expected repeal of the public health emergency, PHE, flexibilities at the end of 2025 as well as a related 10% increase in membership related to changes in Medicaid requirements.

Depreciation, Amortization and Interest

Overall depreciation and interest are projected to increase by 31.3% or \$38.7 million compared to FY 2025 year-end projections, reaching a total of \$162.4 million. The increase is attributed to additional interest expense over current year-end projections related to the issuance of the first two installments of the voter-approved \$2.5 billion bond. Debt service related to the May 2025 issuance of the \$840 million bonds is included in the Interest & Sinking (I&S) tax rate to be set by Harris County. Corresponding tax revenue projections are included in this presentation under the I&S section of the ad valorem rate prepared by the the Harris County Office of Management and Budget (OMB).

In summary, total operating expense for Harris Health is projected to grow by \$208.7 million, or 8.1%, to \$2.786 billion in FY 2026. Tax revenue projections provided by Harris County OMB of \$1.042* billion for the No New Revenue Rate (NNR) and \$1.216* billion for the Voter Approved Rate (VAR), coupled with the expense projections, results in a loss of \$120.6 million and a positive net income of \$53.1 million, respectively.

The Administration recommends approval of the Harris Health System Fiscal Year 2026 Operating and Capital Budget to be presented to the Harris County Commissioners Court for final approval in conjunction with its adoption of a 2025 Tax Rate that will result in net ad valorem tax revenue not to exceed the amount shown in the proposed Budget.

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Fiscal Year 2026 Proposed Operating & Capital Budget

Capital Expenditures

Harris Health is continuously assessing its facilities, equipment and technology to determine the priorities for replacement, repair and any new acquisitions. The assessment and prioritization methodology addresses patient safety, building safety and code compliance requirements, planned equipment obsolescence, and new technology.

The overall capital budget for FY 2025 was \$158.7 million, of which \$53.8 million was for investment in facilities infrastructure. For FY 2026, Harris Health is shifting from a commitment-based budget methodology to cash basis. As a result of this shift, a decrease in the capital budget is projected for FY 2026 related to timing differences between when a project is committed to versus cash expended. The projected routine capital budget for FY 2026 is projected at \$112.6 million. Capital dollars attributed to the \$2.5 billion bond issuance and associated strategic capital projects are not included.

Capital Category (In Millions)	FY 2026 Budget
Facilities Projects	\$ 65.8
Information Technology	14.3
Medical Capital	20.6
Other	9.9
Emergency Capital	2.0
Routine Capital Budget	\$ 112.6

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Statement of Revenues and Expenses

Fiscal 2026 Proposed Budget

In Millions	ACTUAL FY 2024	PROJECTED FY 2025	No New Revenue Tax Rate FY2026	Voter Approved Tax Rate FY2026
<u>Revenue:</u>				
Net Patient Service Revenue	\$ 748.1	\$ 762.0	\$ 820.5	\$ 820.5
Medicaid Supplemental Programs	697.7	696.1	655.5	655.5
Other Operating Revenue	121.5	143.5	52.3	52.3
Total Operating Revenue	1,567.3	1,601.6	1,528.2	1,528.2
Net Ad Valorem Tax Revenue	874.2	1,020.8	1,041.9	1,215.6
Net Tobacco Settlement Revenue	15.2	19.0	15.2	15.2
Capital Gifts & Grants	0.0	4.0	10.0	10.0
Interest Income & Other	77.8	69.3	69.7	69.7
Total Nonoperating Revenue	967.1	1,113.1	1,136.7	1,310.4
Total Net Revenue	\$ 2,534.4	\$ 2,714.7	\$ 2,665.0	\$ 2,838.7
<u>Expense:</u>				
Salaries and Wages	\$ 955.1	\$ 1,004.3	\$ 1,094.7	\$ 1,094.7
Employee Benefits	291.3	314.5	345.6	345.6
Total Labor Cost	1,246.4	1,318.9	1,440.3	1,440.3
Supplies	322.3	333.1	352.1	352.1
Physician Services	443.7	483.5	484.5	484.5
Purchased Services	281.0	317.7	346.2	346.2
Depreciation, Amortization & Interest	101.4	123.7	162.4	162.4
Total Operating Expense	\$ 2,394.9	\$ 2,576.9	\$ 2,785.6	\$ 2,785.6
Operating Income (Loss)	\$ 139.5	\$ 137.8	\$ (120.6)	\$ 53.1
Total Margin	5.5%	5.1%	-4.5%	1.9%

Harris Health

Fiscal 2026 Proposed Operating & Capital Budget

	Actual FY 2024	Projected FY 2025	Budget FY 2026
Volumes:			
Primary Care Clinic Visits			
MD Clinic Visits	523,759	541,849	544,940
Telehealth Visits	93,714	98,571	98,505
Specialty Clinic Visits			
MD Clinic Visits	244,782	250,428	250,860
Telehealth Visits	20,167	24,197	21,314
Total Clinic Visits	882,422	915,045	915,619
Total Emergency Room Visits	155,570	161,875	167,388
Total Surgery Cases	20,704	23,056	22,644
Total Outpatient Visits	1,499,714	1,751,163	1,760,197
Births	5,494	5,200	5,454
Inpatient Cases (Discharges)	30,753	29,703	31,405
Outpatient Observation Cases	11,476	12,703	11,527
Total Cases Occupying Patient Beds	42,229	42,406	42,932
Inpatient Days	200,128	196,308	200,612
Outpatient Observation Days	39,683	44,578	40,623
Total Patient Days	239,811	240,886	241,235
Average Daily Census	655.2	660.0	660.9
Payor Mix (% of Charges):			
Charity & Self Pay	43.37%	45.15%	45.15%
Medicaid & Medicaid Managed	19.41%	18.75%	18.75%
Medicare & Medicare Managed	11.44%	10.73%	10.73%
Other Third-Party Payers	25.78%	25.38%	25.38%

Harris Health

Fiscal 2026 Proposed Operating & Capital Budget



Appendix A

Harris Health

Fiscal 2026 Proposed Capital Budget Projects

Major Capital Project Highlights	FY 2026 BUDGET
<u>Infrastructure</u>	
Smith Clinic Generator Installation and Process Chillers	\$ 4,070,100
Aldine Roof and Skylight	1,340,400
Ben Taub Main Air Handling Units Phase 4 of 4	1,187,000
Ben Taub MRI Suite Expansion and Buildout	840,600
Quentin Mease Generator Installation and Boiler	729,000
Fournace Place Generator Installation	695,300
	\$ 8,862,400
<u>Renovation</u>	
Ben Taub Nuclear Medicine Gamma Camera & Spec/CT	2,522,700
	\$ 2,522,700
<u>Transformation</u>	
Holly Hall Operations Center	\$ 43,979,200
Ben Taub New Echo Lab Build-Out and Relocation	2,315,800
Lyndon B. Johnson Interventional Radiology Reconfiguration	2,555,400
Ben Taub Tower Outpatient Vascular/Cardiology and Support Offices	1,141,200
	\$ 49,991,600
<u>Medical Equipment</u>	
Multi-site Radiographic System Refresh	\$ 5,322,000
Outpatient Center/Ambulatory Surgical Center Surgical Lighting System	3,316,500
Laboratory Equipment Consignment	2,187,400
System-wide Endoscope replacement (ongoing)	1,600,000
Lyndon B. Johnson CT Scan	1,683,800
	\$ 14,109,700
<u>Other</u>	
System-wide Leases – Facilities	\$ 7,364,800
System-wide Leases – Equipment	808,000
Ambulance Refresh	673,900
Subscription Based IT (SBIT)	600,000
	\$ 9,446,700
<u>IT</u>	
IT Ambulatory Site-wide Network Technology Refresh	\$ 2,530,500
IT Gigamon Technology Refresh	2,010,500
IT VMWare Hosts for Harris Health Projects	1,656,100
IT Enterprise Backup Solution Refresh	1,450,000
IT Citrix Epic and Clinical infrastructure refresh	1,417,900
IT Workstation on Wheels tech refresh	1,062,200
	\$ 7,596,700
Subtotal Major Projects	\$ 92,529,800

Harris Health

Fiscal 2026 Proposed Operating & Capital Budget



Appendix B

Harris Health System

Statistical Highlights

Fiscal 2026 Proposed Budget

BT Patient Days

Actual FY2024	Projected FY2025	Budget FY2026
156,327	156,181	156,680

BT Cases Occupying Beds

Actual FY2024	Projected FY2025	Budget FY2026
25,014	24,403	25,190

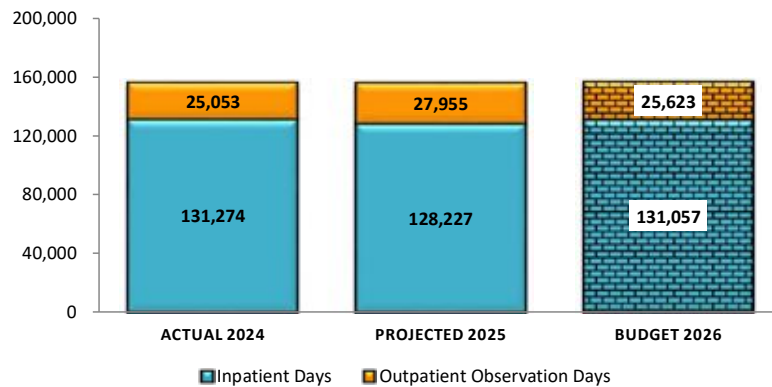
LBJ Patient Days

Actual FY2024	Projected FY2025	Budget FY2026
83,308	83,830	82,805

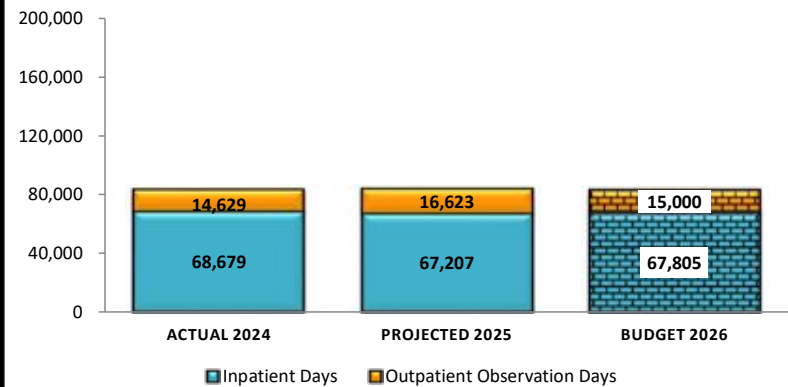
LBJ Cases Occupying Beds

Actual FY2024	Projected FY2025	Budget FY2026
17,167	17,752	17,261

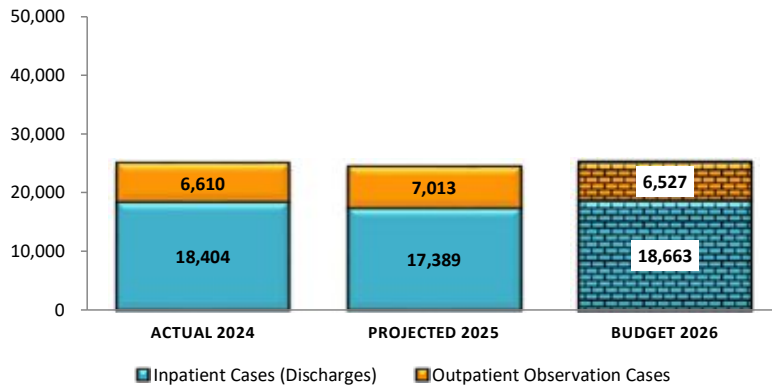
Ben Taub - Patient Days



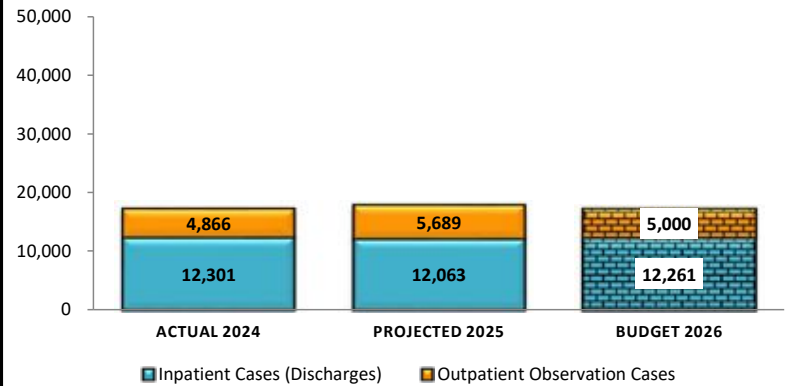
Lyndon B. Johnson - Patient Days



Ben Taub - Cases Occupying Beds



Lyndon B. Johnson - Cases Occupying Beds



Harris Health System

Statistical Highlights

Fiscal 2026 Proposed Budget

BT Emergency Visits

Actual	Projected	Budget
FY2024	FY2025	FY2026
76,693	82,461	84,632

BT Surgery Cases

Actual	Projected	Budget
FY2024	FY2025	FY2026
11,286	12,675	12,370

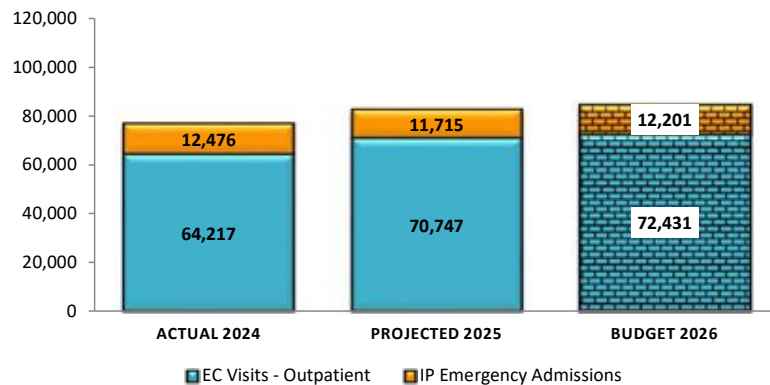
LBJ Emergency Visits

Actual	Projected	Budget
FY2024	FY2025	FY2026
78,877	79,413	82,756

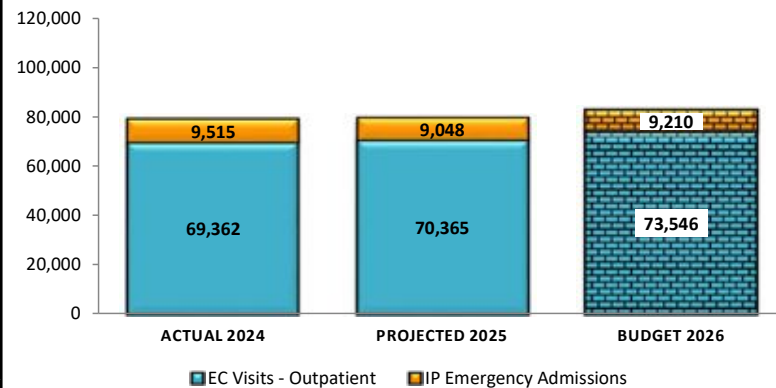
LBJ Surgery Cases

Actual	Projected	Budget
FY2024	FY2025	FY2026
9,418	10,381	10,274

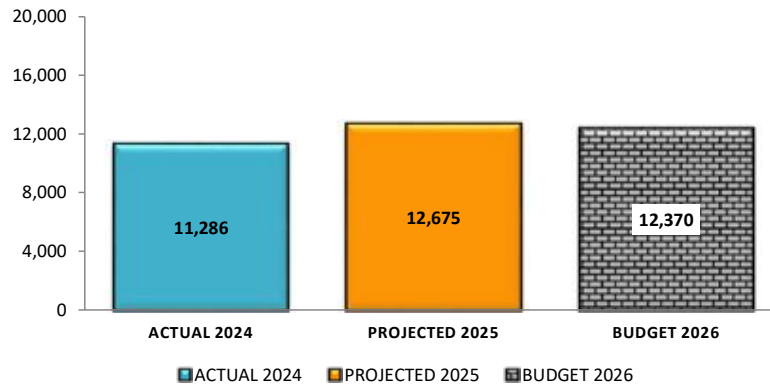
Ben Taub - Emergency Visits



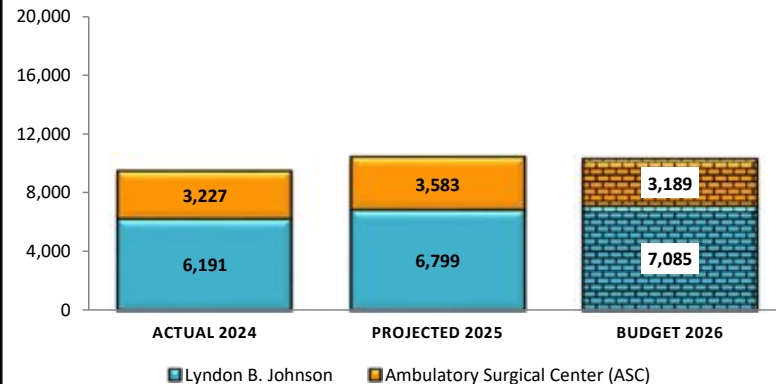
Lyndon B. Johnson - Emergency Visits



Ben Taub - Surgery Cases



Lyndon B. Johnson - Surgery Cases



Harris Health System

Statistical Highlights

Fiscal 2026 Proposed Budget

BT Births

Actual FY2024	Projected FY2025	Budget FY2026
3,195	2,939	3,054

LBJ Births

Actual FY2024	Projected FY2025	Budget FY2026
2,299	2,261	2,400

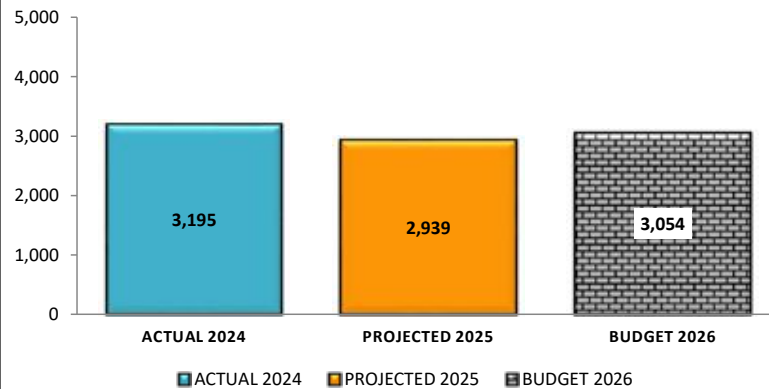
Primary Care Clinic Visits

Actual FY2024	Projected FY2025	Budget FY2026
617,473	640,420	643,445

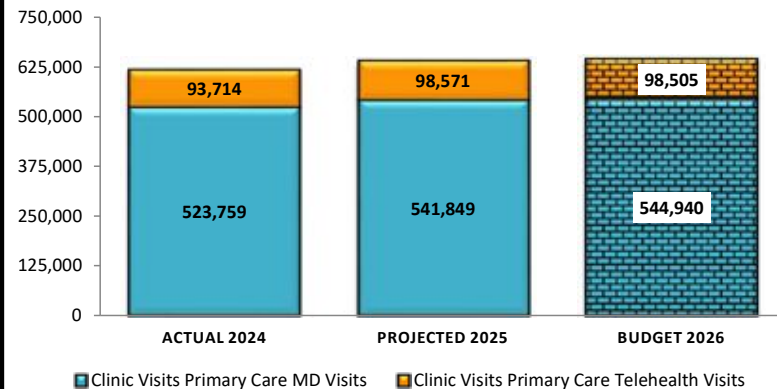
Specialty Clinic Visits

Actual FY2024	Projected FY2025	Budget FY2026
264,949	274,625	272,174

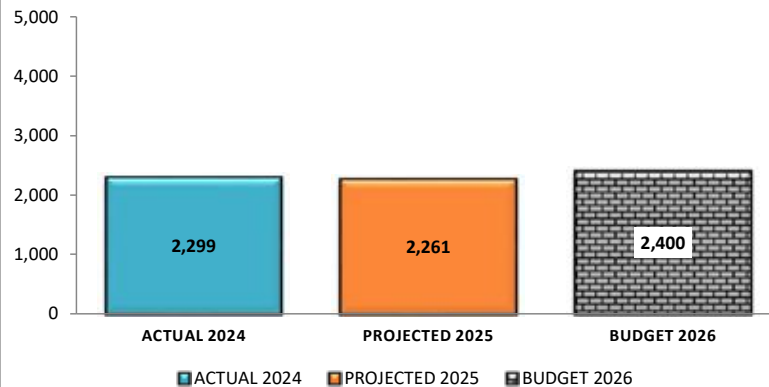
Ben Taub - Births



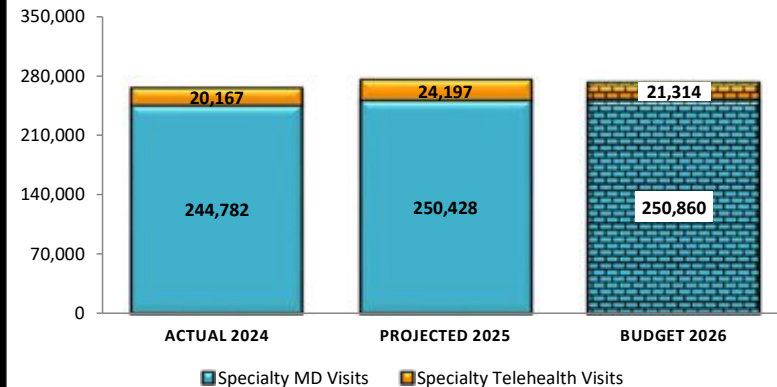
Primary Care Clinic Visits



Lyndon B. Johnson - Births



Specialty Clinic Visits



Meeting of the Board of Trustees

Thursday, August 28, 2025

Presentation Regarding the Harris Health 2026-2030 Strategic Plan Update



Maria M. Cowles
EVP, Chief Strategy Officer and Chief of Staff

HARRIS HEALTH BOARD OF TRUSTEES UPDATE ON STATUS OF THE STRATEGIC PLANNING PROCESS & SCHEDULE TO GAIN BOARD INPUT & APPROVAL OF THE 2026–2030 STRATEGIC PLAN



AUGUST 28, 2025

THIS PRESENTATION CONTAINS INFORMATION FROM BERKELEY RESEARCH GROUP, LLC WHICH IS CONFIDENTIAL.
THE INFORMATION IS INTENDED FOR THE SOLE USE OF THIS PRESENTATION AND SHOULD NOT BE REDISTRIBUTED WITHOUT BERKELEY RESEARCH GROUP, LLC'S EXPRESS WRITTEN CONSENT.

Strategic Planning Process Nearing Conclusion




Stakeholder Engagement a Key Priority in the Process

70+ 
Interviews

20+ 
Presentations

100+ 
Artifacts Received &
Produced

5 
Focus Groups
Completed

3+ 
Surveys &
Questionnaires

1050+ 
Survey Feedback

Harris Health is the Undeniable Safety Net – But There Are Challenges Ahead

- Population growth & aging of the population will continue to strain hospital capacity
- The aging population will translate into a higher % of Medicare patients
- Care for the uninsured and those on Medicaid will increase; the questions are by how much & how fast
- Healthcare demand will outpace physician supply
- Healthcare inflation will most certainly be higher than payment increases
- Workforce shortages will be exacerbated by an aging workforce & higher demand for healthcare workers outside of hospitals and health systems
- Financial sustainability for health systems will be further tested
- Cybersecurity threats likely to increase
- The technological integration of data will continue to be a work in progress, but it's a must moving forward
- Global/National challenges (pandemics and natural disasters) that will test emergency preparedness

Key Question

How does Harris Health remain successful in delivering on its mandate to be the Safety Net for Harris County?

Harris Health's New Mission, Vision & Values

New Mission Statement

Harris Health is a public, integrated health system dedicated to improving the health of our communities by delivering high quality, person-centered care in collaboration with community and academic partners.

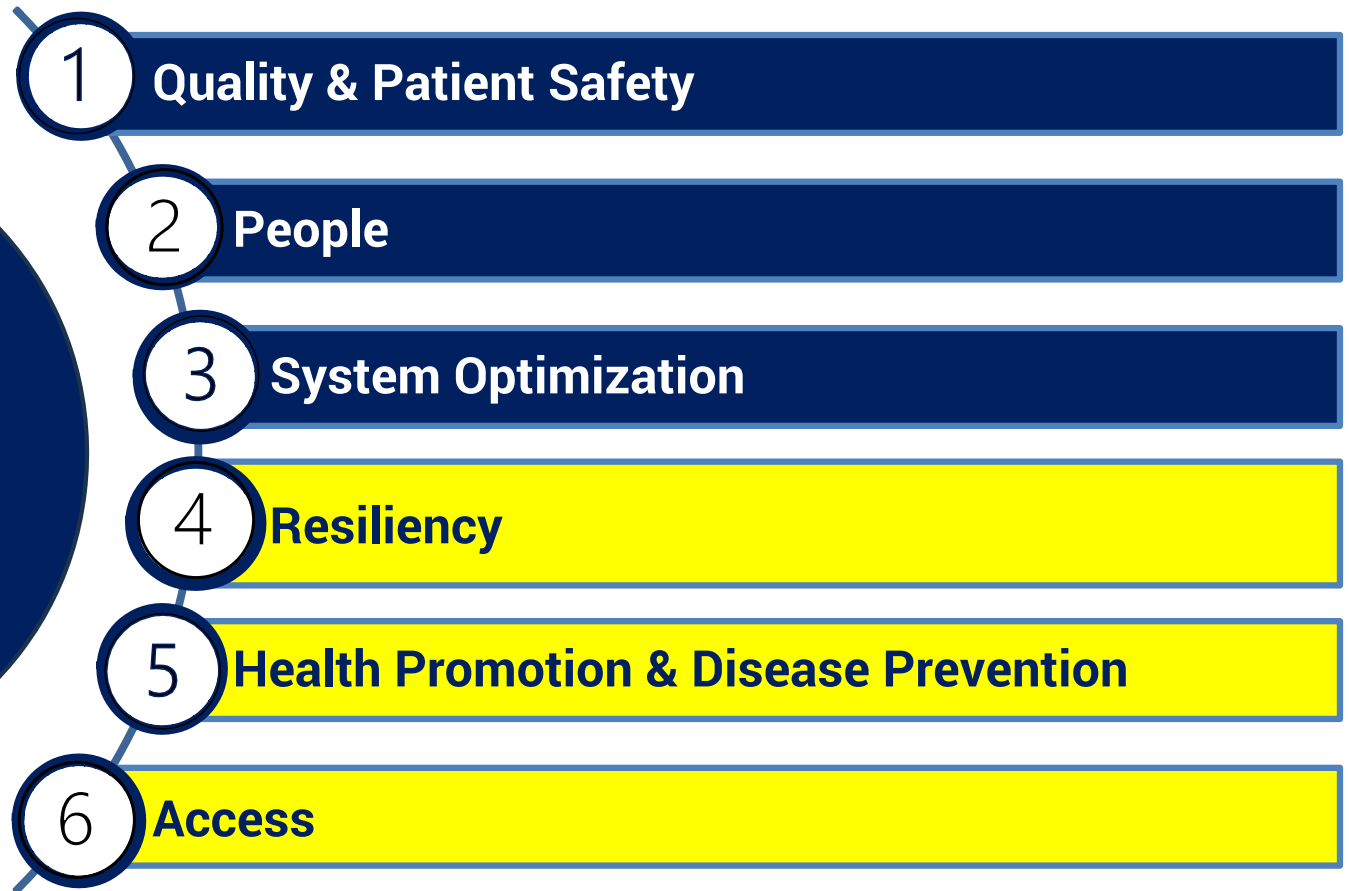
New Vision Statement

As One Harris Health, our vision is to enable healthier communities through innovative care delivery, collaboration, and partnerships.

New Statement of Core Values

Collaboration . Accountability . Respect . Excellence . Integrity . Compassion .

Harris Health's Six Pillars Guiding the 2026-2030 Strategic Plan



Next Steps with Harris Health's Board

- Review the Draft Strategic Plan to be sent to you in advance of the September 25th Board Meeting
- September 25 Meeting: Gain Board's Input to Draft Distributed
- Build in Board input in advance of the October 23rd Board Meeting
- October 23rd Meeting: Discuss Final Draft of the 2026-2030 Strategic Plan with a Request of the Board to Approve the Harris Health's 2026-2030 Strategic Plan: ONE HARRIS HEALTH: LEADING WITH CARE. PARTNERING FOR HEALTH.

2026-2030 Strategic Plan

**ONE HARRIS HEALTH:
Leading with Care.
Partnering for Health.**

Thank you!



Sam Moskowitz

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AOlig@ThinkBRG.com

INTELLIGENCE THAT WORKS


Meeting of the Board of Trustees

Thursday, August 28, 2025

Presentation Regarding an Overview of Harris Health's Construction Status,
Facility Management Structure and Safety Oversight



Patrick Casey
SVP, Facilities Construction & Systems
Engineering



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



Harris Health Facilities Overview

August 28, 2025

Patrick M. Casey, RA, MBA, ACHE

SVP, Facilities Construction & System Engineering

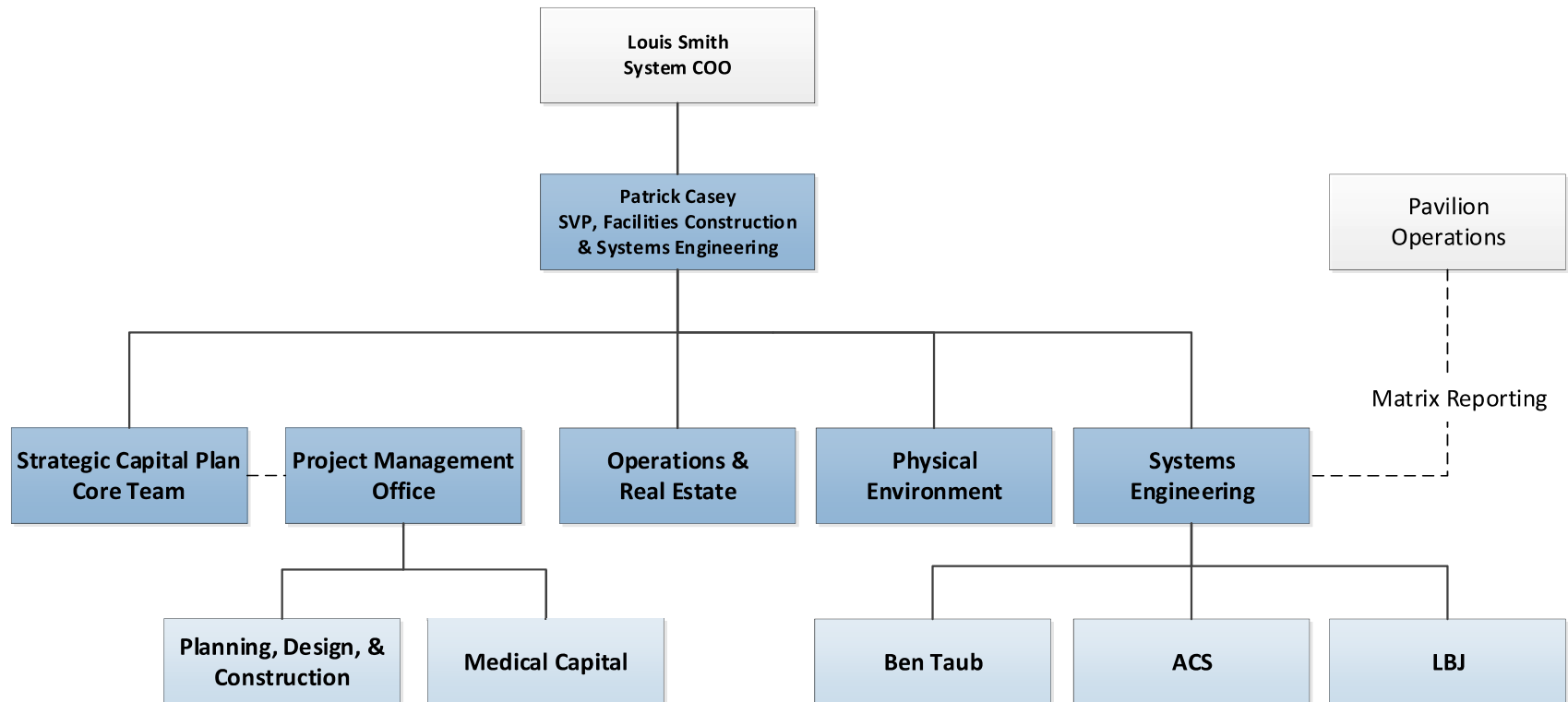
HARRISHEALTH



Agenda

- Facilities Department Overview
- Strategic Capital Facilities Plan Staffing
- Project Design/Delivery Methodology
- Cost Challenges & Optimization
- Project Controls Implemented
- Safety Program
- Sustainability Initiatives

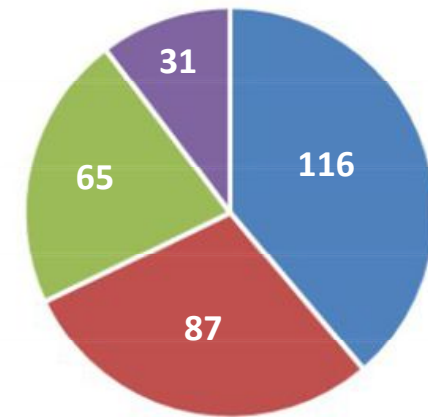
Harris Health Facilities Department Organization Structure



Active Capital Projects

Project Pavilion	Number of Projects
Ambulatory Care Services	116
Ben Taub Hospital	87
Lyndon B. Johnson Hospital	65
Strategic Cap. Med. Equip.	31
Grand Total	299

Number of Projects



■ ACS ■ BT ■ LBJ ■ Strategic Cap Med Equip

Total Space Currently Managed

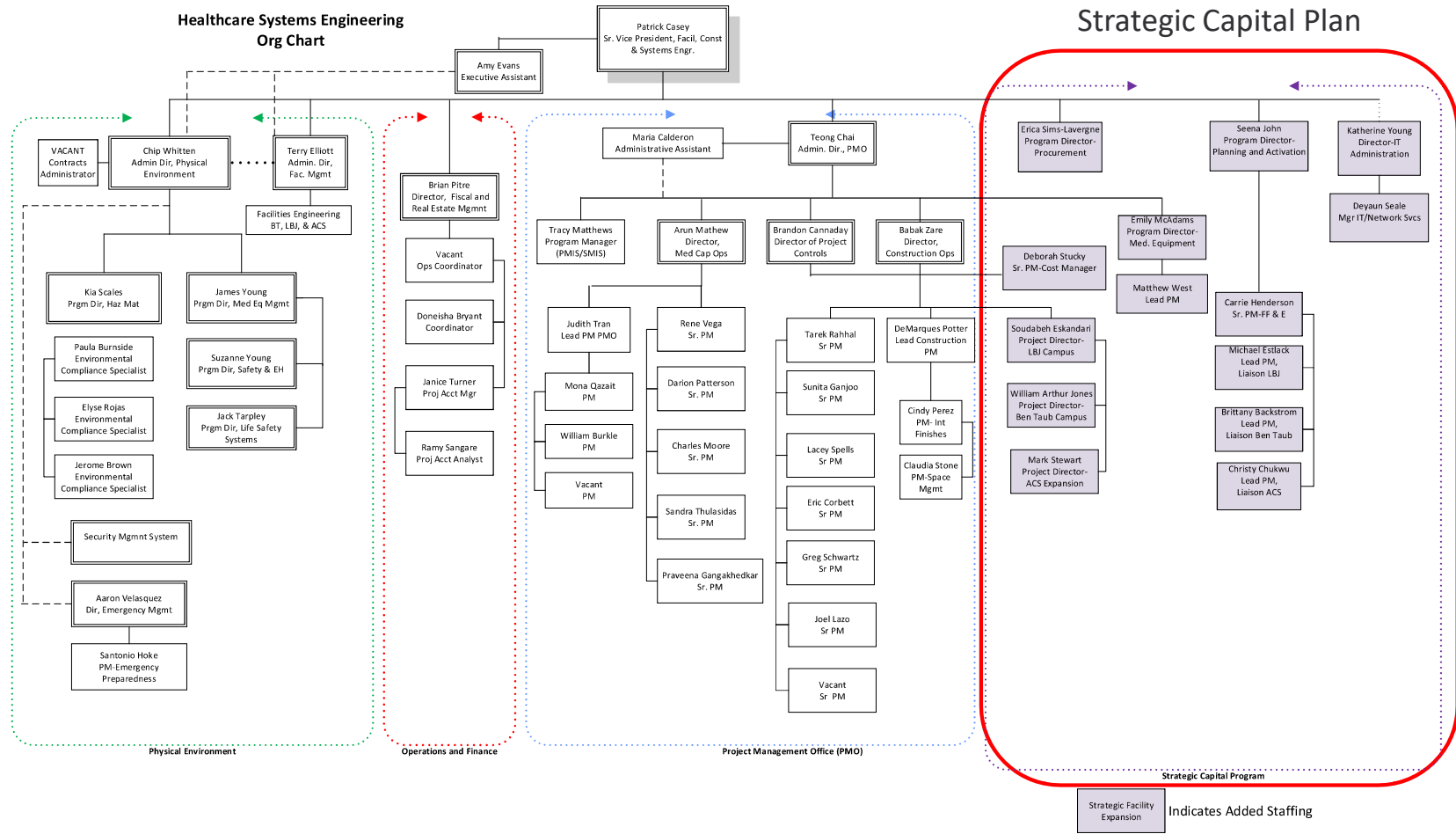
	Total Square Footage	Percentage
Hospitals	1,266,219	28%
Clinics/Office	1,829,379	40%
Parking Garages	1,447,576	32%
Grand Total	4,543,174	100%

Total Space Under Construction or Planned

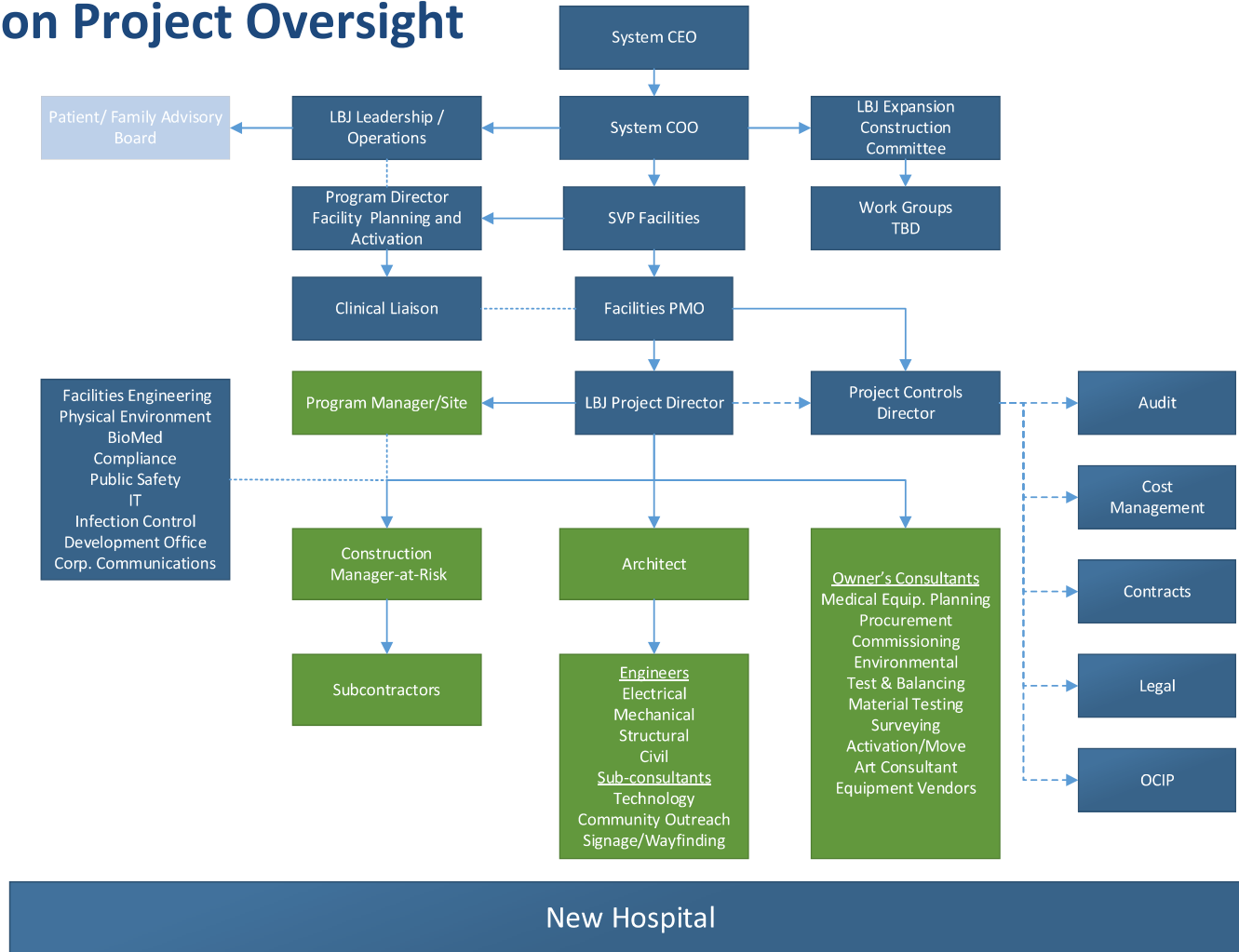
	Total Square Footage	Percentage
Hospitals	1,830,000	68%
Clinics/Office	393,000	15%
Parking Garages	450,000	17%
Grand Total	2,673,000	100%

Adding 59%

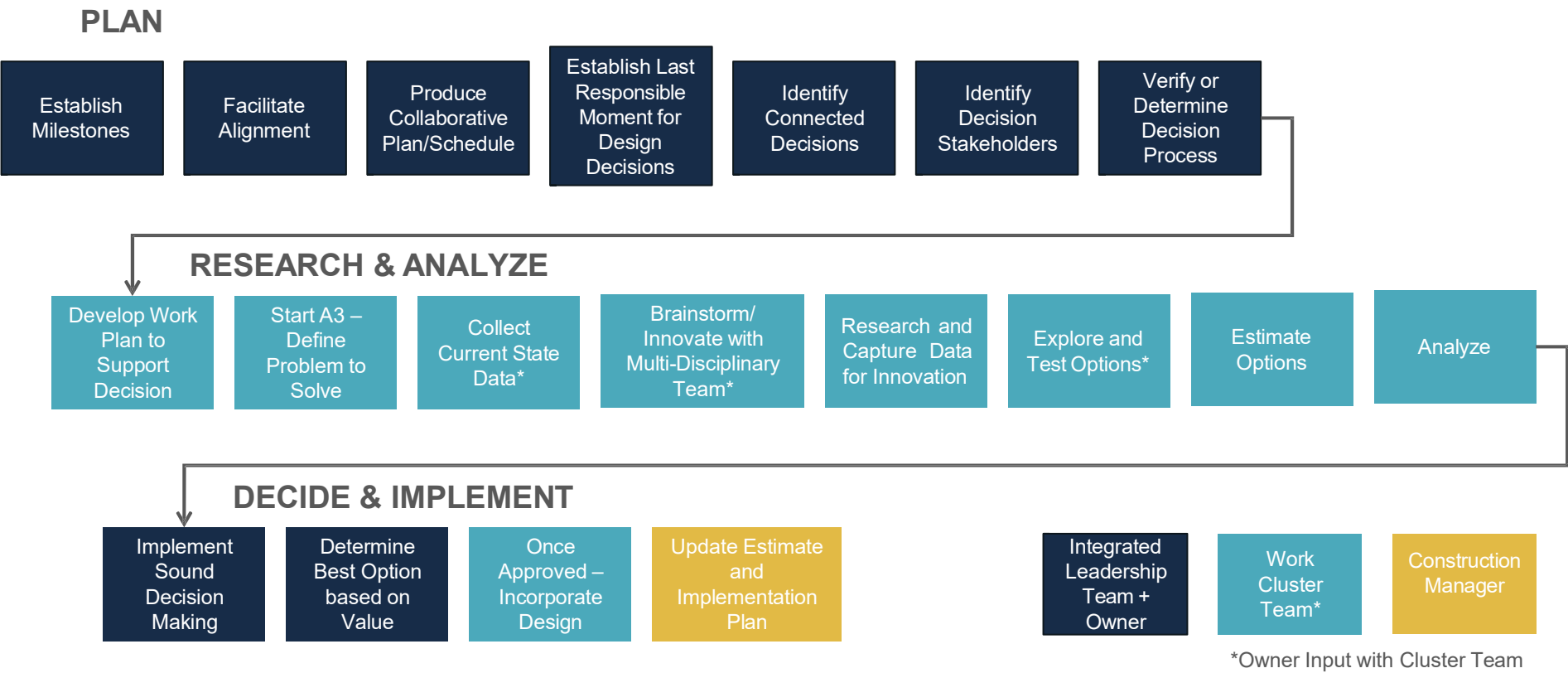
Staffing for Strategic Capital Plan



LBJ Expansion Project Oversight



Target Value Project Delivery Methodology



Comparable Construction Cost Market Data for Texas

Project	Completion	Construction Cost	Square Footage	Cost/SF	Notes
LBJ Campus New Hospital	Q3 2028	\$ 1,351,000,000	1,318,000	\$ 1,025	86,750 Square Feet Shelled
Large Healthcare Project in Texas	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

External Market Analysis

		West						Central						
		Northwest			Southwest			North Central			South Central			
	Unit	Low (\$/UNIT)	Median (\$/UNIT)	High (\$/UNIT)	Low (\$/UNIT)	Median (\$/UNIT)	High (\$/UNIT)	Low (\$/UNIT)	Median (\$/UNIT)	High (\$/UNIT)	Low (\$/UNIT)	Median (\$/UNIT)	High (\$/UNIT)	Low
Education														
K-12 School	SF	\$360	\$575	\$980	\$350	\$610	\$970	\$330	\$538	\$860	\$300	\$488	\$660	
Higher Ed Instructional Bldg	SF	\$530	\$805	\$1,330	\$510	\$850	\$1,310	\$490	\$750	\$1,170	\$440	\$680	\$900	
Healthcare														
Hospital	SF	\$820	\$1,160	\$1,840	\$790	\$1,510	\$2,120	\$760	\$1,083	\$1,620	\$690	\$978	\$1,240	
Medical Office Building	SF	\$440	\$635	\$1,010	\$430	\$740	\$1,040	\$410	\$595	\$890	\$370	\$535	\$880	

*External Market Comparison - Market Analysis Q1 2025, Cumming Group

LBJ Expansion (5% above Median)

HARRISHEALTH

Three Major Categories Driving Construction Costs – LBJ Expansion

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 (mechanical, electrical & plumbing) 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.
 - MD Anderson Clinical Services Building (2024-2027)
 - MD Anderson Clinical Research Building 5 (2022-2027)
 - Houston Methodist Centennial (2022-2027)
 - Memorial Herman Sugarland (2024- 2027)
 - MD Anderson Sugarland (2024-2027)
 - MD Anderson Ambulatory Care Building 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 – completion 2027)
- Escalation – Current LBJ buyout strategy to expedite construction start mitigates a potential \$61M 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	\$ 80M
Tariffs / Government Policies	\$ 18M	\$ 36M

Strategic Execution & Cost Optimization – LBJ Expansion

- **Local Materials:** Used concrete over steel to reduce tariffs, delays, and supply chain risks.
- **OCIP Savings:** Owner Controlled Insurance Program saved ~\$20M and supported small/MWBE firms.
- **Early Design & Procurement:** Finalized early to enable Spring 2024 start; \$28M saved through early buyout, over \$1B under contract.
- **Market Monitoring:** Daily coordination saved \$8M on long-lead items like generators and HVAC units.
- **Proactive Planning:** Prefabrication and pull-planning used extensively to control costs and ensure efficiency.
- **Value Optimization:** \$80M in savings achieved with no loss of design quality.
- **Utility Negotiations:** Secured \$21M in savings through partnership with CenterPoint Energy.
- **Inclusive Bidding:** Smaller bid packages increased MWBE/local firm participation and competition.
- **CMAR (Construction Manager at-Risk) Terms:** All bid/buyout savings flow back to Harris Health.

LBJ Expansion Construction Contract Cost Summary

Summary of Construction Contract for the New Hospital		
Gauranteed Maximum Price (GMP)	Board Approval Date	Amount
GMP 1	7/25/2024	\$ 358,801,674
GMP 2	12/12/2024	\$ 639,702,700
GMP 3	5/22/2025	\$ 183,819,802
GMP 4*		\$ 205,244,182
TOTAL GMP		\$ 1,387,568,358

*GMP-4 Package is on the August 28, 2025 Consent Agenda. It includes interior finishes, terrace landscape, hospital AV systems, interior and exterior signage, Lockwood property development, bridges, and the farm pavilion. All (4) GMP's have been competitively bid based on Construction Document (CD) drawings prepared by HKS, Inc.

Harris Health Project Controls Process

- Clear project goals, requirements, and budget with contingencies.
- Use of enterprise project management system (Trimble aka e-Builder).
- Experienced project management and Construction Manager at-Risk (CMAR) delivery method selection.
- Structured Scope/Budget Alignment (SBA) process with leadership oversight and expert input.
- Rigorous change management and decision-making timelines.
- Strong QA/QC programs and lifecycle cost considerations.
- Healthy cash flow practices to attract top-tier subcontractors (21-Day Pay).
- Owner Controlled Insurance Program (OCIP).
- Program-wide safety program with full-time safety inspector.
- Third-Party Construction auditor.
- Technology integration BIM (Building Information Modeling) for clash detection and equipment planning.
- Master schedule with milestones; Pull-Planning for activation readiness.
- Collaborative team culture with trust-building and decision-making delegation.

Safety Program – LBJ Expansion

Comprehensive Safety Program

- Harris Health PMO Safety Policy & Procedures
- Owner Controlled Insurance Policy (OCIP)
- Fulltime Safety Inspector under OCIP
- Site Specific Safety Plans
- Contractor Specific Safety Plan
- All trade workers OSHA Certified
- OSHA Partnership on LBJ Expansion
- Safety Training/Orientation to obtain site badge
- Site Access Control System
- Designated Safety Officers
- Central Shelter / Cooling Station
- LBJ Expansion Utilizes “Send Word Now”

June Manhours	Total Manhours through June 2025	Safety Inspections in June	Recordable injuries to Date:	Project Incident Rate:
80,261	606,992	475	1	0.33 <1 = Excellent

Safety Data from LBJ Expansion



LBJ Expansion Weekly All-hands Safety Meeting

Sustainability Initiatives – New Hospital Construction

Energy Efficiency

30% more energy efficient compared to other regional hospitals

100% Electrification Ready

Strategic infrastructure flexibility to allow for 100% electrification in the future as the electrical grid becomes cleaner and eliminate the need for fossil fuels

Water Conservation

7,000,000 gal per year collected from HVAC equipment condensation and reused for cooling tower make-up water

50% site irrigation reduction with the utilization of bioswales and natural inhabitant landscape

30% potable water consumption reduction with the use of low flow fixtures

Carbon Emissions

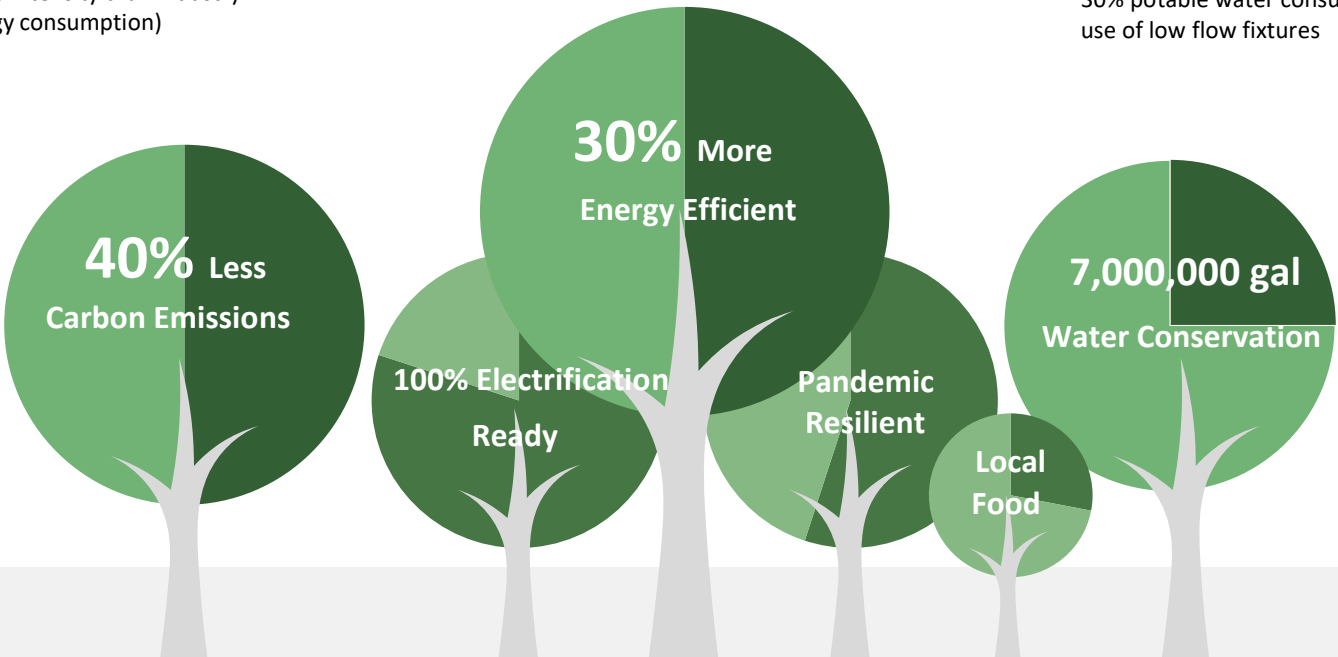
40% less carbon emissions intensity than industry standard (related to energy consumption)

Pandemic Resilient

Pandemic-resilient infrastructure implements a proactive approach to effectively prepare for, respond to, and recover from public health crises

Local & Sustainable Food

The largest urban farm in the US operated by a healthcare system and extensive orchard aim to improve the health the community by addressing the food insecurities, community-based access, and chronic care management needed by the underserved patient population.



Co-generation System Value to LBJ Expansion



Sustainability – the fuel mix of the Electric Reliability Council of Texas (ERCOT) grid is still heavily reliant on coal as a fuel source. By utilizing natural gas as an energy source this system provides 34% less carbon emissions than the Grid – equivalent to powering 1,683 homes.



Resilience – The hospital is served by the utility grid AND on-site power generation allowing for reliable and steady power through foreseen and unforeseen events.



Energy – Using the free waste heat from the generator's combustion cycle will push LBJ as one of the most energy efficient hospitals in the region by up to 30%.



Business continuity – Natural gas generators during normal and emergency modes will allow for reliable and extended operations, even going into island mode.



Low operational cost – Using the most cost-effective utility source and leveraging free waste heat will optimize operational costs.

Meeting of the Board of Trustees

Thursday, August 28, 2025

Committee Report(s)

Committee Meeting(s):

- Quality Committee – August 12, 2025
 - HRO Safety Message: The Video, “Good Catches” was displayed.
A good catch or instances of care where health care professionals go above and beyond to protect patients, provide organizations with a way to celebrate and recognize behavior. Recognizing healthcare professionals and the contributions they make daily can help return joy and meaning to the healthcare environment. A good, structured and consistent good catch program allows leaders an avenue to recognize good care and support those they lead and, at the same time, create and improve overall safety and quality of care.



Paige McInnis
Harris County Purchasing Agent

August 14, 2025

Board of Trustees Office
Harris Health

RE: Board of Trustees Meeting – August 28th, 2025
Budget and Finance Agenda Items

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

A. Approvals

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: August 28, 2025 (Approvals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A1	McCarthy Building Companies, Inc. MWBE Goal: 35%	Construction Manager at Risk for the Construction of the Lyndon B. Johnson Hospital Replacement Project for Harris Health - The additional funds are based on the fourth Guaranteed Maximum Price (GMP -4) proposal from McCarthy Building Companies, Inc. and will be allocated into the project through a Change order. <i>Job No 230368</i>	Additional Funds	Babak Zare	\$ 1,182,324,181	\$ 205,244,182
A2	J.T. Vaughn Construction, LLC MWBE Goal: 10%	Replacement of Mechanical Equipment at Ben Taub Hospital for Harris Health - This project includes the replacement of aging heating, ventilation, and air conditioning (HVAC) equipment across key areas of the facility, including the Central Plant, NPC building, and Main Hospital/Tower. Several air handling units and associated components will be upgraded to improve system efficiency, reliability, and maintainability. <i>Job No. 250146</i>	Lowest priced proposal meeting requirements	Patrick Casey		\$ 10,290,000
A3	HKS, Inc. (HCHD-733) MWBE Goal: 30%	Professional Architectural and/or Engineering Services for the New Lyndon B. Johnson Hospital for Harris Health - The additional funds provide for additional permit fees and includes an owner contingency of \$3,000,000 for the new Lyndon B. Johnson Hospital. <i>Job No. 210413, Board Motion 23.08-130</i>	Additional Funds	Babak Zare	\$ 69,461,678	\$ 4,500,000
A4	Best Care EMS, LTD. (HCHD-1675) MWBE Goal: 100% Acadian Ambulance Service (HCHD-1674) MWBE Goal: 0% Minimal MWBE Availability	Patient Transport Services - To provide Patient Transportation Services to patients of Correctional Health <i>Professional Services Exemption</i>	Award Professional Services Exemption One (1) year initial term with six (6) one-year renewal options	Kiki Teal		\$ 2,505,168
A5	Page Southerland Page, Inc MWBE Goal: 24%	Professional Architectural and Engineering Services for Various Projects for Harris Health - To provide professional architectural and engineering services for various projects at Harris Health. <i>Job No. 220099, Board Motion 22.06-83 A1</i>	Additional Funds	Babak Zare	\$ 1,500,000	\$ 2,500,000
A6	The University of Texas Health Science Center at Houston MWBE Goal: Exempt Funding Source Baylor College of Medicine MWBE Goal: Exempt Funding Source	Primary Care Services for HIV Patients - To provide primary care services for low-income people living with HIV at Harris Health-owned or operated facilities. <i>Job No. 240348</i>	Award Best proposal meeting requirements One (1) year initial term with four (4) one-year renewal options	Carin Martin		\$ 1,549,149

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A7	The Brandt Companies, LLC MWBE Goal: 33%	Refurbishment of Air Handling Units at Ben Taub Hospital Phase IV for Harris Health - The additional funds provides additional owner contingency to replace damaged return air ductwork at Ben Taub Hospital. <i>Job No. 230204, Board Motion 23.08-130</i>	Additional Funds	Babak Zare	\$ 10,768,972	\$ 1,500,000
A8	Philips Healthcare MWBE Goal: Exempt Sole Source	Patient Information Center Hardware for Harris Health - This procurement is to purchase upgraded patient information center hardware for the bedside monitors at Ben Taub Hospital, Lyndon B. Johnson Hospital, and Quentin Mease Health Center. <i>Sole Source Exemption</i>	Purchase Sole Source Exemption	Arun Mathew		\$ 959,395
A9	Johnson Controls, Inc. (HCHD-210) MWBE Goal: Exempt Sole Source	Maintenance and Service of Heating, Ventilation, Air Conditioning System (HVAC) and Building Automation System (BAS) for Harris Health - To continue providing maintenance and service for the HVAC and BAS for Harris Health facilities. <i>Sole Source Exemption, Board Motion 23.08-130</i>	Ratify Extension Sole Source Exemption July 24, 2025 through July 23, 2026	Terry Elliot	\$ 950,000	\$ 950,000
A10	Energy Rental Solutions, LLC MWBE Goal: Exempt Public Health or Safety	Automatic Transfer Switches for Harris Health - To purchase four (4) 3000A automatic transfer switches and four (4) 4000A breaker disconnects which were previously rented until the conclusion of Hurricane Season. Harris Health has fulfilled the rental commitment and now the units can be purchased. <i>Public Health or Safety Exemption</i>	Purchase Public Health or Safety Exemption	Teong Chai		\$ 705,460
A11	The Trevino Group, Inc. MWBE Goal: 20%	Renovation of Radiographic Room at Martin Luther King Jr. Health Center for Harris Health - To provide all labor, materials, equipment and incidental for the renovation of radiographic room at Martin Luther King Jr. Health Center. The owner contingency provides for coverage on unanticipated costs throughout the construction project. <i>Job No. 250145</i>	Best proposal meeting requirements	Babak Zare		\$ 350,400
A12	Agilent Technologies, Inc. (GA-06897) MWBE Goal: Exempt Public Health or Safety	Immunohistochemistry Staining and Special Staining Systems Including Analyzer, Reagents, Consumables and Service - To continue providing for immunohistochemistry staining and special staining testing on a reagent rental basis. <i>Public Health or Safety Exemption</i>	Additional Funds Extension Public Health or Safety Exemption September 05, 2025 through September 04, 2028	Norin Pung	\$ 103,300	\$ 309,900
A13	Alliance Healthcare Services, Inc. MWBE Goal: Exempt Sole Source	Rental of a Mobile SPECT Gamma Camera for Harris Health - To provide a Mobile SPECT Gamma Camera capable of imaging cardiac and general nuclear medicine studies until the construction refresh of the Nuclear Medicine Lab at Ben Taub Hospital is complete. <i>Sole Source Exemption</i>	Purchase Sole Source Exemption	Michelle Robinson		\$ 288,000

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A14	Zoll Data Systems (HCHD-1659) MWBE Goal: Exempt Sole Source	Automated Dispatch System Software for Patient Flow in Harris Health - To provide the several Zoll modules to support patient flow, including Care Exchange, Dispatch, Respond, and EMS Charts. These modules help with real-time data exchange, communication and data transfer between dispatch and field crews, as well as communication between the vendors, hospitals, and EMS. Sole Source Exemption	Purchase Sole Source Exemption Three-year initial term	Alyssa Davis		\$ 254,137
A15	Bard Peripheral Vascular Inc (HCHD-1392) MWBE Goal: Exempt Public Health or Safety	Endovascular Stents and Covered Stents for Harris Health - To provide Harris Health with endovascular stents and covered stents. These products include pricing for Covera Stent and Fluency Plus Catheter. Public Health or Safety Exemption	Award Public Health or Safety Exemption One-year initial term with four (4) one-year renewal options	Charles Motley		\$ 250,000
					Total Expenditures	\$ 232,155,791
					Total Revenue	\$ (0)

Meeting of the Board of Trustees

Thursday, August 28, 2025

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

Grant Recommendations:

B1. Grant Award Renewal

- Grantor: Unites States Department of Health Resources and Services Administration (HRSA), *Funded by Ryan White HIV/AIDS Treatment Extension Act of 2009 Part D*
- Term: August 1, 2025 – July 31, 2026
- Award Amount: \$464,814.00
- Project Owner: Dr. Jennifer Small

Grant Agenda Items for the Harris County Hospital District dba Harris Health, Board of Trustees Report
Grant Matrix: August 28, 2025

No.	Grantor	Description/Justification	Action, Basis of Recommendation	Term	Project Owner	Award Amount
B1	Unites States Department of Health Resources and Services Administration (HRSA) <i>Funded by Ryan White HIV/AIDS Treatment Extension Act of 2009 Part D</i>	Consideration of Approval of a Grant Award Renewal Between Harris Health and the United States Department of Health Resources and Services Administration (HRSA), funded by Part D of the Ryan White HIV/AIDS Treatment Extension Act of 2009 to Provide Women, Infants, Children, and Youth HIV services.	Grant Award Renewal	August 1, 2025 through July 31, 2026	Dr. Jennifer Small	\$ 464,814.00
TOTAL AMOUNT:						\$ 464,814.00

Meeting of the Board of Trustees

Thursday, August 28, 2025

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

Contract Recommendations:

C1. Oral and Maxillofacial Surgery Services Agreement (6th contract year)

- Contractor: The University of Texas Health Science Center at Houston
- Project Owner: Dr. Jennifer Small
- Term: July 1, 2025 – June 30, 2026
- Amount: \$5,638,716.54

C2. Renewal and Amendment of an Interlocal Agreement

- Contractor: Harris County, Texas
- Project Owner: Ms. Sara Thomas
- Term: October 1, 2025 – September 30, 2026
- Amount: \$5,100,000.00

Contract Agenda Item(s) for the Harris County Hospital District dba Harris Health, Board of Trustees Report
Contract Matrix: August 28, 2025

No.	Contractor	Description/Justification	Action, Basis of Recommendation	Term	Project Owner	Amount
C1	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 by \$77,383.12, for the Total Compensation Amount not-to-exceed \$5,638,716.54 for the sixth Contract Year of the Oral and Maxillofacial Surgery Services Agreement.	Oral and Maxillofacial Surgery Services Agreement	July 1, 2025 through June 30, 2026	Dr. Jennifer Small	\$ 5,638,716.54
C2	Harris County, Texas	Consideration of Approval to renew and amend the Interlocal Agreement Between Harris Health and Harris County, Texas for Legal Representation and Related Support Services Provided by the Harris County Attorney's Office.	Renewal and Amendment of an Interlocal Agreement	October 1, 2025 through September 30, 2026	Sara Thomas	\$ 5,100,000.00
TOTAL AMOUNT: \$						10,738,716.54


Meeting of the Board of Trustees

Thursday, August 28, 2025

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

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

Administration recommends that the Board accept the financial report for the period ended July 31, 2025, subject to final audit.



Victoria Nikitin
EVP – Chief Financial Officer



Financial Statements

As of July 31, 2025
Subject to Audit



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Financial Highlights Review **HARRISHEALTH**

As of July 31, 2025

Operating income for the month ended July 31, 2025 was \$12.6 million compared to budgeted loss of \$4.3 million.

Total net revenue for the month ended July 31, 2025 of \$228.3 million was \$5.1 million or 2.3% more than budget. Net patient revenue was \$2.8 million more than budget while other operating revenue was \$2.1 million greater than budget due to receipt of trauma funds.

As of July 31, 2025, total expenses of \$215.7 million were \$11.7 million or 5.1% less than budget. Total labor costs were \$11.7 million less than budget driven primarily by the timing of strategic initiatives' implementation compared to plan. Additionally, benefits expense was less than anticipated driven by the pension expense adjustment based on the recently issued actuarial report.

For the month ended July 31, 2025, total patient days and average daily census increased 0.4% compared to budget. Inpatient case mix index, a measure of patient acuity, and length of stay were 0.7% and 6.8% lower, respectively, than budget. Emergency room visits were 2.7% more than budget. Total clinic visits, including telehealth, were 17.8% higher compared to budget. Births were down 9.3%.

Total cash receipts for the month were \$303.6 million. The System has \$1,812.2 million in unrestricted cash, cash equivalents and investments, representing 272.2 days cash on hand. Increase in days cash of hand is due to reimbursement from the Series 2025 bond totaling \$310.6 million as of July 31, 2025, for capital expenditures tied to the Strategic Capital Plan. The remainder of the \$840 million issuance is recorded an asset limited as to use within the balance sheet. The corresponding debt is shown within the long-term debt portion of the balance sheet.

Harris Health has \$138.8 million in net accounts receivable, representing 66.1 days of outstanding patient accounts receivable at July 31, 2025. The July balance sheet reflects a combined net receivable position of \$72.4 million under the various Medicaid Supplemental programs. The current portion of ad valorem taxes receivable is \$6.5 million, which is offset by ad valorem tax collections as received. Accounts payable and accrued liabilities include \$176.0 million in deferred ad valorem tax revenues that are released as ad valorem tax revenue is recognized. As of July 31, 2025, \$1,030.0 million in ad valorem tax collections were received and \$85.8 million in current ad valorem tax revenue was recognized.

Income Statement

HARRISHEALTH

As of July 31, 2025 and 2024 (in \$ Millions)

	MONTH-TO-MONTH			YEAR-TO-DATE				
	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	PRIOR YEAR	PERCENT VARIANCE
REVENUE								
Net Patient Revenue	\$ 67.3	\$ 64.5	4.4%	\$ 638.8	\$ 626.5	2.0%	\$ 619.0	3.2%
Medicaid Supplemental Programs	53.8	53.9	-0.2%	576.4	539.3	6.9%	579.0	-0.4%
Other Operating Revenue	14.5	12.3	17.4%	124.4	120.8	3.0%	106.9	16.4%
Total Operating Revenue	\$ 135.6	\$ 130.7	3.7%	\$ 1,339.6	\$ 1,286.6	4.1%	\$ 1,304.8	2.7%
Net Ad Valorem Taxes	85.8	85.1	0.8%	856.3	850.7	0.7%	752.8	13.8%
Net Tobacco Settlement Revenue	-	-	0.0%	19.0	15.2	24.7%	15.2	24.8%
Capital Gifts & Grants	-	0.8	0.0%	4.0	8.3	-52.0%	-	0.0%
Interest Income & Other	6.9	6.5	6.5%	58.4	64.7	-9.7%	65.5	-10.9%
Total Nonoperating Revenue	\$ 92.7	\$ 92.4	0.3%	\$ 937.6	\$ 938.9	-0.1%	\$ 833.5	12.5%
Total Net Revenue	\$ 228.3	\$ 223.1	2.3%	\$ 2,277.3	\$ 2,225.5	2.3%	\$ 2,138.3	6.5%
EXPENSE								
Salaries and Wages	\$ 81.0	\$ 89.7	9.8%	\$ 811.4	\$ 849.9	4.5%	\$ 788.2	-3.0%
Employee Benefits	24.7	27.7	10.7%	261.4	276.6	5.5%	244.2	-7.1%
Total Labor Cost	\$ 105.7	\$ 117.4	10.0%	\$ 1,072.9	\$ 1,126.6	4.8%	\$ 1,032.3	-3.9%
Supply Expenses	29.5	29.5	-0.2%	271.3	292.8	7.3%	249.0	-9.0%
Physician Services	41.3	38.7	-6.5%	400.8	398.8	-0.5%	372.2	-7.7%
Purchased Services	27.6	26.9	-2.6%	255.2	275.9	7.5%	230.5	-10.7%
Depreciation & Interest	11.6	14.9	22.0%	99.0	81.9	-20.9%	84.4	-17.2%
Total Operating Expense	\$ 215.7	\$ 227.4	5.1%	\$ 2,099.2	\$ 2,175.9	3.5%	\$ 1,968.5	-6.6%
Operating Income (Loss)	\$ 12.6	\$ (4.3)		\$ 178.1	\$ 49.6		\$ 169.8	
Total Margin %	5.5%	-1.9%		7.8%	2.2%		7.9%	

Balance Sheet

HARRISHEALTH

July 2025 and 2024 (in \$ Millions)

	CURRENT YEAR	PRIOR YEAR
<u>CURRENT ASSETS</u>		
Cash, Cash Equivalents and Short Term Investments	\$ 1,812.2	\$ 1,419.6
Net Patient Accounts Receivable	138.8	157.8
Net Ad Valorem Taxes, Current Portion	6.5	17.2
Other Current Assets	246.7	382.5
Total Current Assets	\$ 2,204.2	\$ 1,977.0
<u>CAPITAL ASSETS</u>		
Plant, Property, & Equipment, Net of Accumulated Depreciation	\$ 574.2	\$ 551.1
Construction in Progress	512.1	193.0
Right of Use Assets	33.6	38.1
Total Capital Assets	\$ 1,119.9	\$ 782.2
<u>ASSETS LIMITED AS TO USE & RESTRICTED ASSETS</u>		
Debt Service & Capital Asset Funds	\$ 566.5	\$ 37.2
LPPF Restricted Cash	19.1	14.6
Capital Gift Proceeds	59.2	54.5
Other - Restricted	1.1	1.0
Total Assets Limited As to Use & Restricted Assets	\$ 645.9	\$ 107.3
Other Assets	43.6	52.9
Deferred Outflows of Resources	164.8	187.4
Total Assets & Deferred Outflows of Resources	\$ 4,178.4	\$ 3,106.9
<u>CURRENT LIABILITIES</u>		
Accounts Payable and Accrued Liabilities	\$ 361.5	\$ 241.7
Employee Compensation & Related Liabilities	168.3	158.1
Deferred Revenue - Ad Valorem	176.0	151.5
Estimated Third-Party Payor Settlements	33.5	28.4
Current Portion Long-Term Debt and Capital Leases	36.4	37.6
Total Current Liabilities	\$ 775.7	\$ 617.3
Long-Term Debt	1,106.4	280.2
Net Pension & Post Employment Benefits Liability	647.4	705.0
Other Long-Term Liabilities	7.5	6.6
Deferred Inflows of Resources	110.4	114.5
Total Liabilities	\$ 2,647.4	\$ 1,723.7
Total Net Assets	\$ 1,531.0	\$ 1,383.3
Total Liabilities & Net Assets	\$ 4,178.4	\$ 3,106.9

Cash Flow Summary

HARRISHEALTH

As of July 31, 2025 and 2024 (in \$ Millions)

	MONTH-TO-MONTH		YEAR-TO-DATE	
	CURRENT YEAR	PRIOR YEAR	CURRENT YEAR	PRIOR YEAR
<u>CASH RECEIPTS</u>				
Collections on Patient Accounts	\$ 66.0	\$ 61.0	\$ 696.1	\$ 682.7
Medicaid Supplemental Programs	187.0	68.2	514.4	738.5
Net Ad Valorem Taxes	1.7	0.0	1,029.7	877.4
Tobacco Settlement	-	-	19.0	15.2
Other Revenue	48.9	9.0	483.5	201.4
Total Cash Receipts	\$ 303.6	\$ 138.2	\$ 2,742.7	\$ 2,515.3
<u>CASH DISBURSEMENTS</u>				
Salaries, Wages and Benefits	\$ 114.6	\$ 104.3	\$ 1,111.3	\$ 1,100.2
Supplies	26.9	28.0	298.9	267.5
Physician Services	39.1	35.2	375.3	350.9
Purchased Services	19.6	24.1	247.1	227.7
Capital Expenditures	50.7	28.8	361.8	156.1
Debt and Interest Payments	0.3	0.2	20.4	7.0
Other Uses	(10.0)	(4.7)	(20.8)	(1.0)
Total Cash Disbursements	\$ 241.0	\$ 215.9	\$ 2,394.0	\$ 2,108.3
Net Change	\$ 62.6	\$ (77.7)	\$ 348.8	\$ 406.9
Unrestricted cash, cash equivalents and investments - Beginning of year			\$ 1,463.4	
Net Change			\$ 348.8	
Unrestricted cash, cash equivalents and investments - End of period			\$ 1,812.2	

Performance Ratios

HARRISHEALTH

As of July 31, 2025 and 2024 (in \$ Millions)

	MONTH-TO-MONTH		YEAR-TO-DATE		
	CURRENT YEAR	CURRENT BUDGET	CURRENT YEAR	CURRENT BUDGET	PRIOR YEAR
<u>OPERATING HEALTH INDICATORS</u>					
Operating Margin %	5.5%	-1.9%	7.8%	2.2%	7.9%
Run Rate per Day (In\$ Millions)	\$ 6.7	\$ 7.1	\$ 6.6	\$ 6.9	\$ 6.2
Salary, Wages & Benefit per APD	\$ 2,285	\$ 2,646	\$ 2,403	\$ 2,546	\$ 2,351
Supply Cost per APD	\$ 638	\$ 664	\$ 608	\$ 662	\$ 567
Physician Services per APD	\$ 892	\$ 873	\$ 898	\$ 901	\$ 848
Total Expense per APD	\$ 4,663	\$ 5,126	\$ 4,702	\$ 4,918	\$ 4,484
Overtime as a % of Total Salaries	3.1%	3.0%	3.4%	3.0%	3.5%
Contract as a % of Total Salaries	3.3%	2.7%	3.2%	2.8%	4.2%
Full-time Equivalent Employees	10,346	10,896	10,425	10,663	10,388
<u>FINANCIAL HEALTH INDICATORS</u>					
Quick Ratio			2.8		3.1
Unrestricted Cash (In \$ Millions)			\$ 1,812.2	\$ 1,372.2	\$ 1,419.6
Days Cash on Hand			272.2	197.7	227.6
Days Revenue in Accounts Receivable			66.1	75.7	77.7
Days in Accounts Payable			51.4		45.6
Capital Expenditures/Depreciation & Amortization			456.3%		214.6%
Average Age of Plant(years)			10.1		10.4

Harris Health Key Indicators



Statistical Highlights

HARRISHEALTH

As of July 31, 2025 and 2024

	MONTH-TO-MONTH			YEAR-TO-DATE				
	CURRENT QUARTER	CURRENT BUDGET	PERCENT CHANGE	CURRENT YEAR	CURRENT BUDGET	PERCENT CHANGE	PRIOR YEAR	PERCENT CHANGE
Adjusted Patient Days	46,261	44,251	4.5%	446,463	442,696	0.9%	439,010	1.7%
Outpatient % of Adjusted Volume	62.5%	60.8%	2.9%	63.2%	62.3%	1.5%	62.2%	1.5%
Primary Care Clinic Visits	46,679	39,724	17.5%	453,066	442,002	2.5%	427,454	6.0%
Specialty Clinic Visits	21,757	18,279	19.0%	209,578	202,182	3.7%	201,697	3.9%
Telehealth Clinic Visits	10,924	9,351	16.8%	103,000	97,791	5.3%	93,414	10.3%
Total Clinic Visits	79,360	67,354	17.8%	765,644	741,975	3.2%	722,565	6.0%
Emergency Room Visits - Outpatient	11,761	11,556	1.8%	117,595	116,170	1.2%	119,405	-1.5%
Emergency Room Visits - Admitted	1,999	1,846	8.3%	17,571	18,406	-4.5%	17,920	-1.9%
Total Emergency Room Visits	13,760	13,402	2.7%	135,166	134,576	0.4%	137,325	-1.6%
Surgery Cases - Outpatient	1,093	921	18.7%	10,413	9,620	8.2%	9,452	10.2%
Surgery Cases - Inpatient	937	870	7.7%	8,909	8,392	6.2%	8,517	4.6%
Total Surgery Cases	2,030	1,791	13.3%	19,322	18,012	7.3%	17,969	7.5%
Total Outpatient Visits	127,849	111,516	14.6%	1,313,372	1,224,910	7.2%	1,234,103	6.4%
Inpatient Cases (Discharges)	2,745	2,563	7.1%	24,990	26,719	-6.5%	25,514	-2.1%
Outpatient Observation Cases	912	902	1.1%	10,439	9,371	11.4%	9,612	8.6%
Total Cases Occupying Patient Beds	3,657	3,465	5.5%	35,429	36,090	-1.8%	35,126	0.9%
Births	402	443	-9.3%	4,302	4,498	-4.4%	4,326	-0.6%
Inpatient Days	17,329	17,365	-0.2%	164,447	167,061	-1.6%	165,813	-0.8%
Outpatient Observation Days	3,373	3,249	3.8%	36,806	30,333	21.3%	33,186	10.9%
Total Patient Days	20,702	20,614	0.4%	201,253	197,394	2.0%	198,999	1.1%
Average Daily Census	667.8	665.0	0.4%	662.0	649.3	2.0%	652.5	1.5%
Average Operating Beds	702	700	0.2%	701	700	0.1%	704	-0.4%
Bed Occupancy %	95.2%	95.0%	0.2%	94.4%	92.8%	1.8%	92.7%	1.9%
Inpatient Average Length of Stay	6.31	6.78	-6.8%	6.58	6.25	5.2%	6.50	1.3%
Inpatient Case Mix Index (CMI)	1.700	1.712	-0.7%	1.730	1.712	1.0%	1.712	1.1%
<u>Payor Mix (% of Charges)</u>								
Charity & Self Pay	44.0%	43.4%	1.4%	45.1%	43.4%	4.1%	43.5%	3.8%
Medicaid & Medicaid Managed	21.0%	19.4%	8.4%	18.7%	19.4%	-3.4%	19.5%	-3.6%
Medicare & Medicare Managed	10.6%	11.4%	-7.8%	10.7%	11.4%	-6.2%	11.5%	-6.8%
Commercial & Other	24.4%	25.8%	-5.3%	25.4%	25.8%	-1.6%	25.5%	-0.6%
Total Unduplicated Patients - Rolling 12				244,106			246,614	-1.0%
Total New Patient - Rolling 12				87,411			88,974	-1.8%

Harris Health

Statistical Highlights

July FY 2025

Cases Occupying Beds - CM

Actual	Budget	Prior Year
3,657	3,465	3,554

Cases Occupying Beds - YTD

Actual	Budget	Prior Year
35,429	36,090	35,126

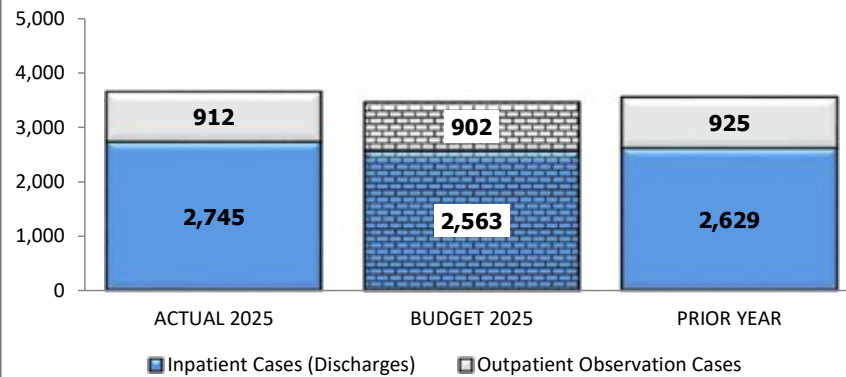
Emergency Visits - CM

Actual	Budget	Prior Year
13,760	13,402	14,858

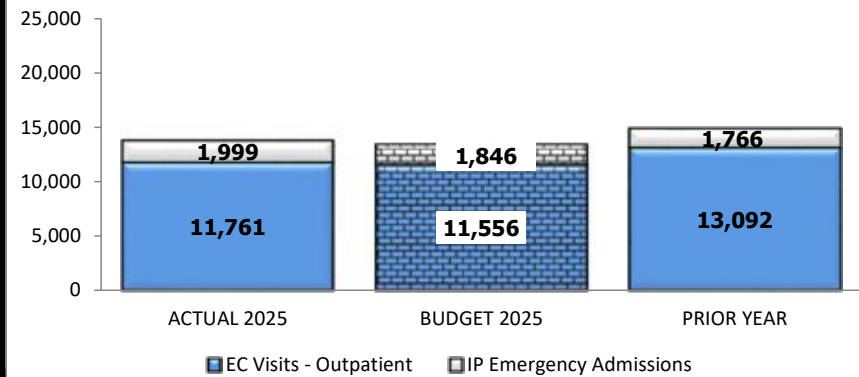
Emergency Visits - YTD

Actual	Budget	Prior Year
135,166	134,576	137,325

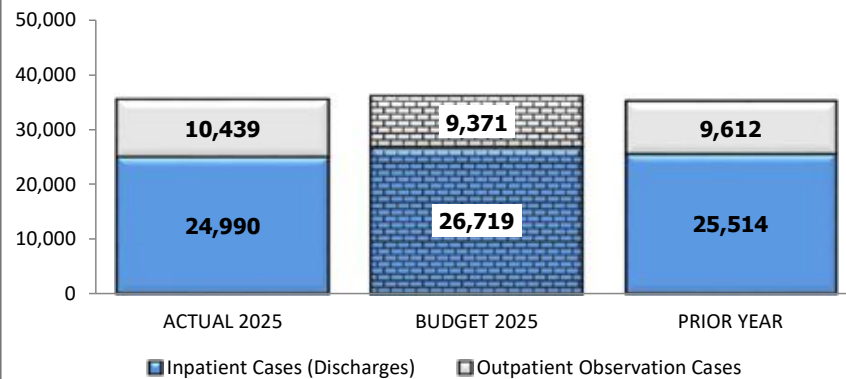
Cases Occupying Beds - Current Month



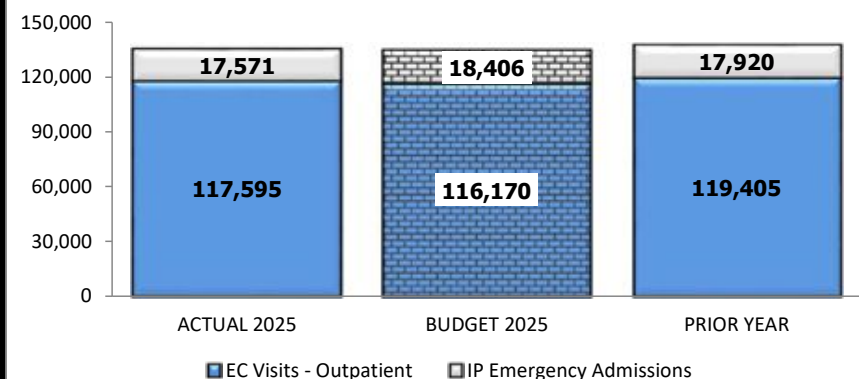
Emergency Visits - Current Month



Cases Occupying Beds - YTD



Emergency Visits - YTD



Harris Health

Statistical Highlights

July FY 2025

Surgery Cases - CM

Actual	Budget	Prior Year
2,030	1,791	1,768

Surgery Cases - YTD

Actual	Budget	Prior Year
19,322	18,012	17,969

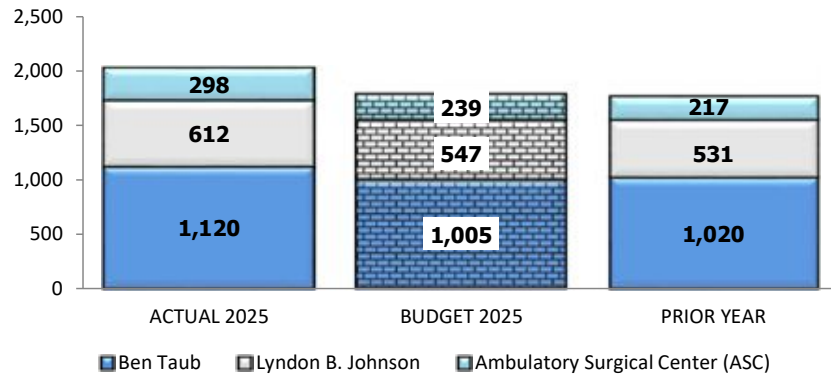
Clinic Visits - CM

Actual	Budget	Prior Year
79,360	67,354	60,199

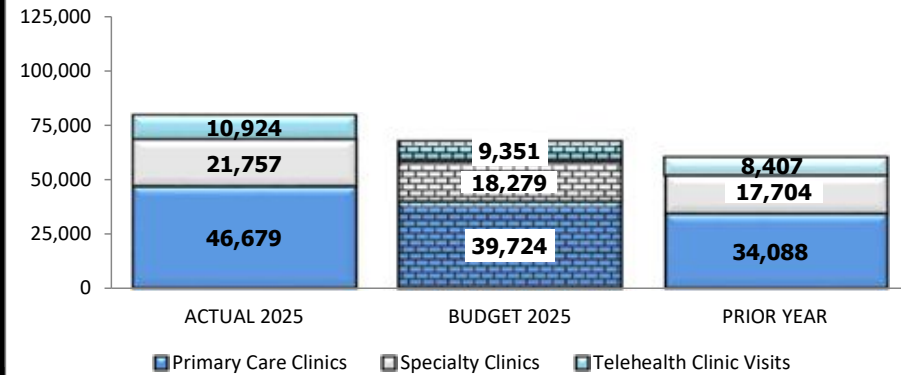
Clinic Visits - YTD

Actual	Budget	Prior Year
765,644	741,975	722,565

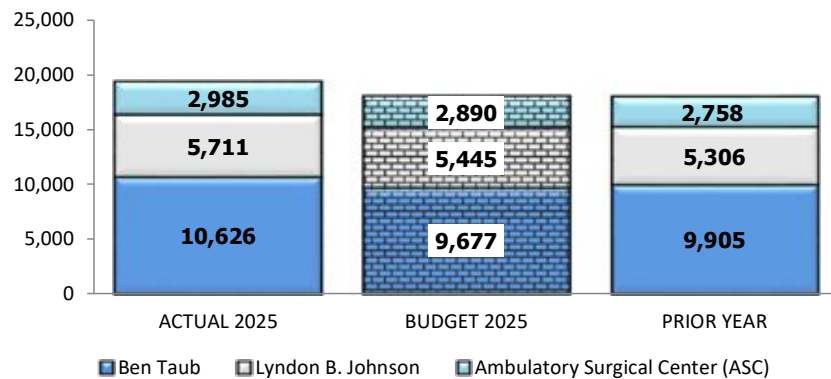
Surgery Cases - Current Month



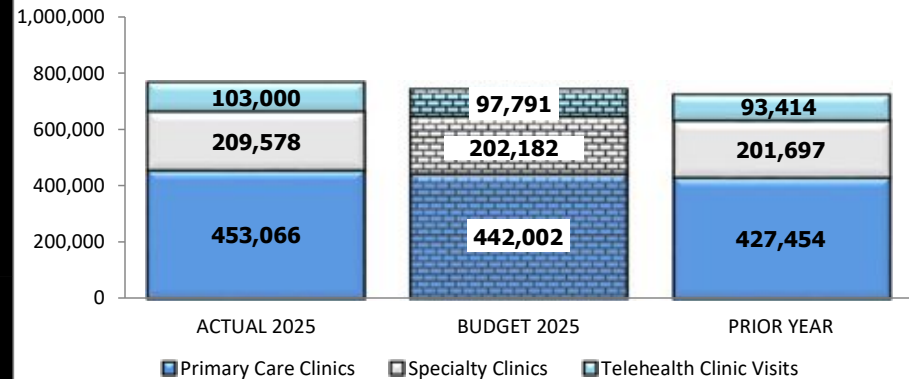
Clinic Visits - Current Month



Surgery Cases - YTD



Clinic Visits - YTD



Harris Health

Statistical Highlights

July FY 2025

Adjusted Patient Days - CM

46,261

Adjusted Patient Days - YTD

446,463

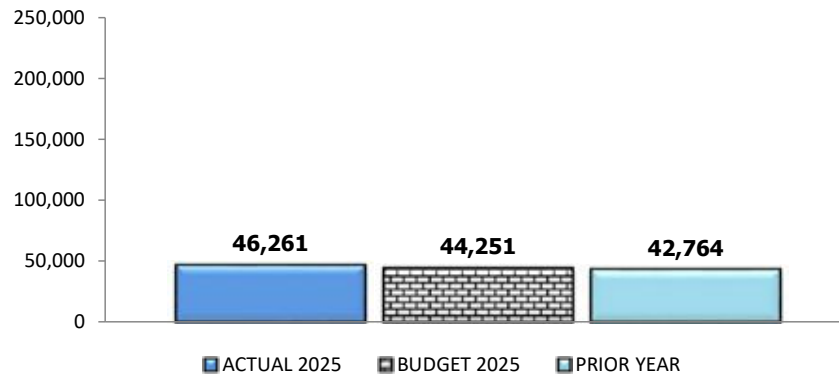
Average Daily Census - CM

667.8

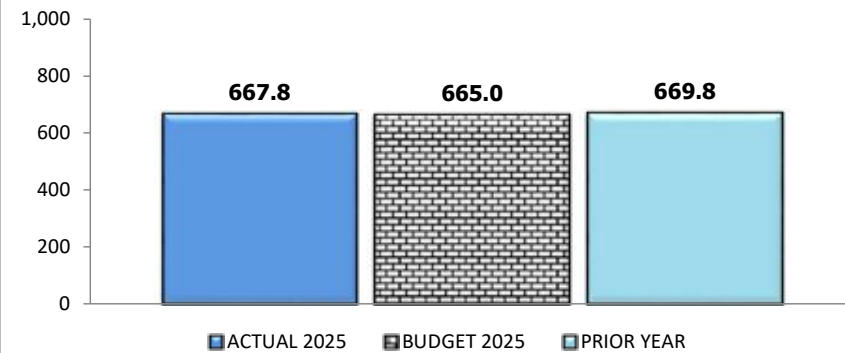
Average Daily Census - YTD

662.0

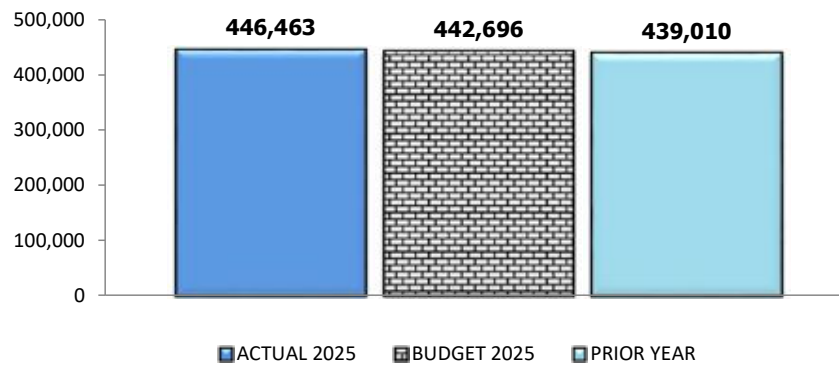
Adjusted Patient Days - Current Month



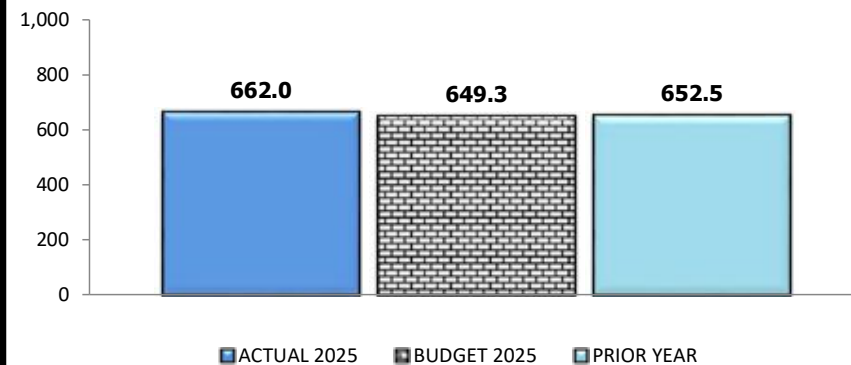
Average Daily Census - Current Month



Adjusted Patient Days - YTD



Average Daily Census - YTD



Harris Health

Statistical Highlights

July FY 2025

Inpatient ALOS - CM

6.31

Inpatient ALOS - YTD

6.58

Case Mix Index (CMI) - CM

Overall

Excl. Obstetrics

1.700

1.836

Case Mix Index (CMI) - YTD

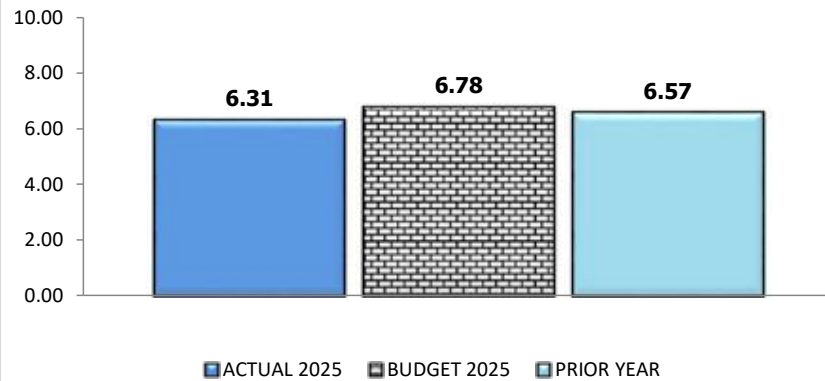
Overall

Excl. Obstetrics

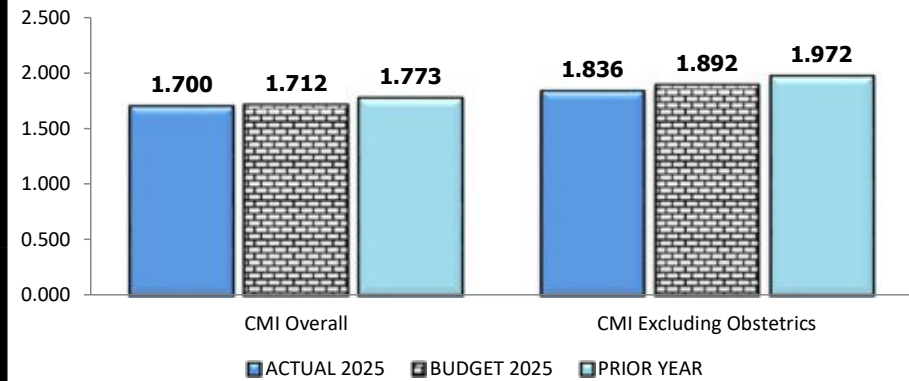
1.730

1.907

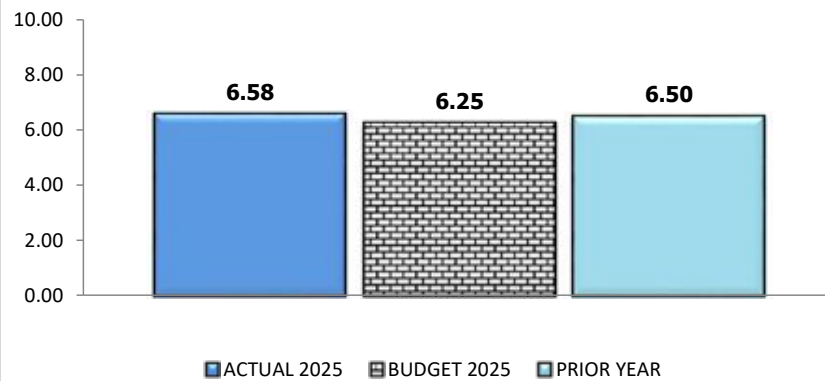
Inpatient ALOS - Current Month



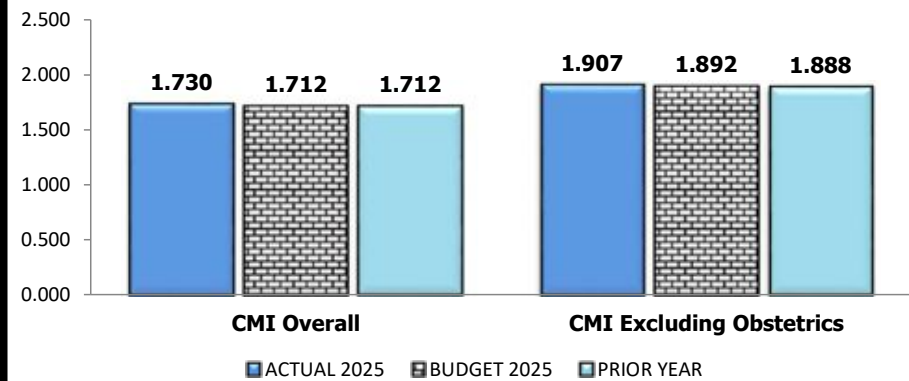
Case Mix Index - Current Month



Inpatient ALOS - YTD



Case Mix Index - YTD



Harris Health

Statistical Highlights - Cases Occupying Beds

July FY 2025

BT Cases Occupying Beds - CM

Actual	Budget	Prior Year
2,057	2,032	2,165

BT Cases Occupying Beds - YTD

Actual	Budget	Prior Year
20,359	21,602	20,916

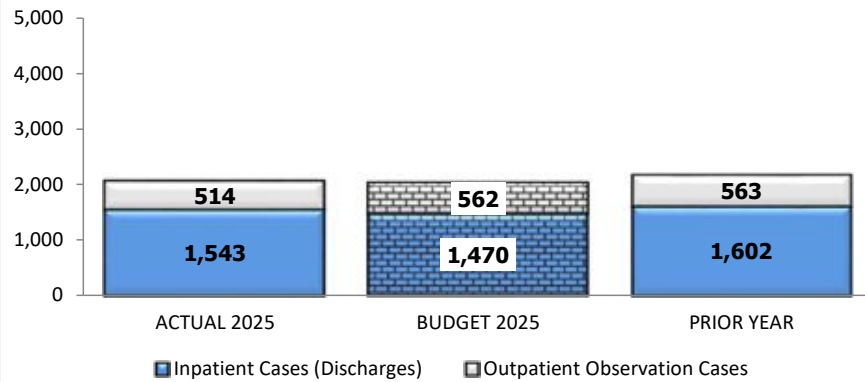
LBJ Cases Occupying Beds - CM

Actual	Budget	Prior Year
1,571	1,410	1,379

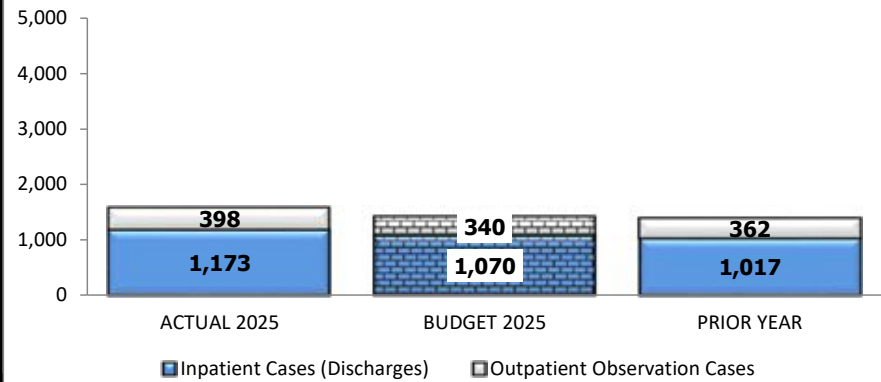
LBJ Cases Occupying Beds - YTD

Actual	Budget	Prior Year
14,885	14,302	14,185

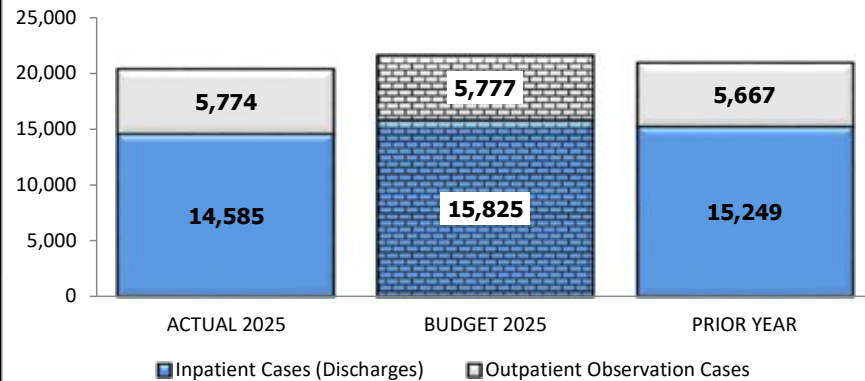
Ben Taub Cases - Current Month



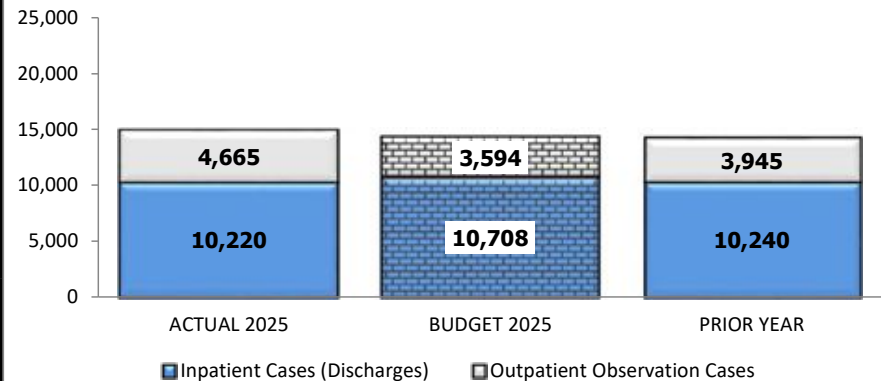
Lyndon B. Johnson Cases - Current Month



Ben Taub Cases - YTD



Lyndon B. Johnson Cases - YTD



Harris Health

Statistical Highlights - Surgery Cases

July FY 2025

BT Surgery Cases - CM

Actual	Budget	Prior Year
1,120	1,005	1,020

BT Surgery Cases - YTD

Actual	Budget	Prior Year
10,626	9,677	9,905

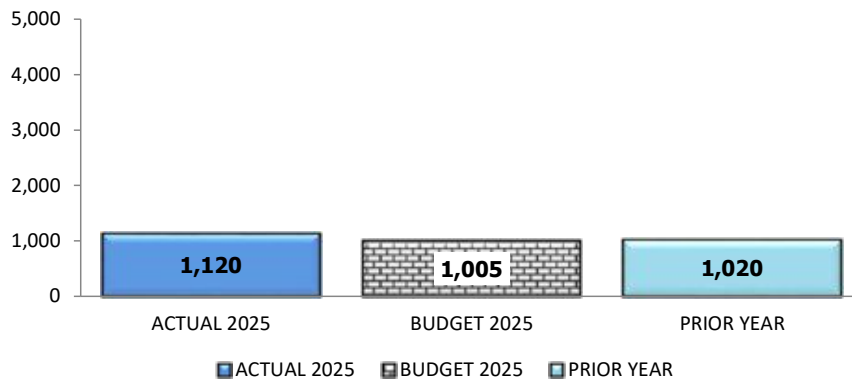
LBJ Surgery Cases - CM

Actual	Budget	Prior Year
910	786	748

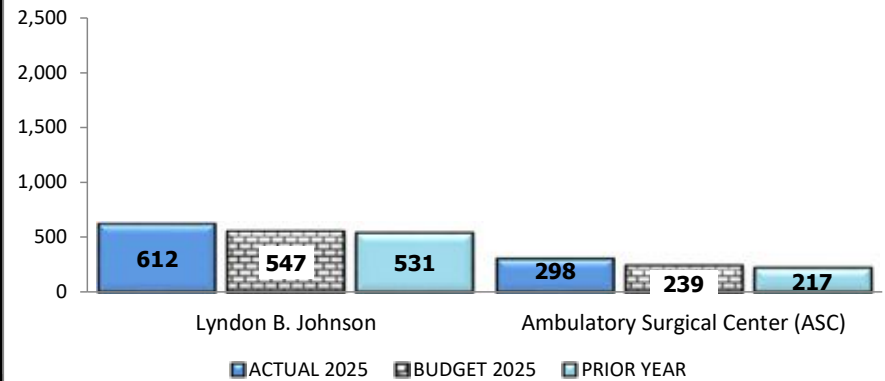
LBJ Surgery Cases - YTD

Actual	Budget	Prior Year
8,696	8,335	8,064

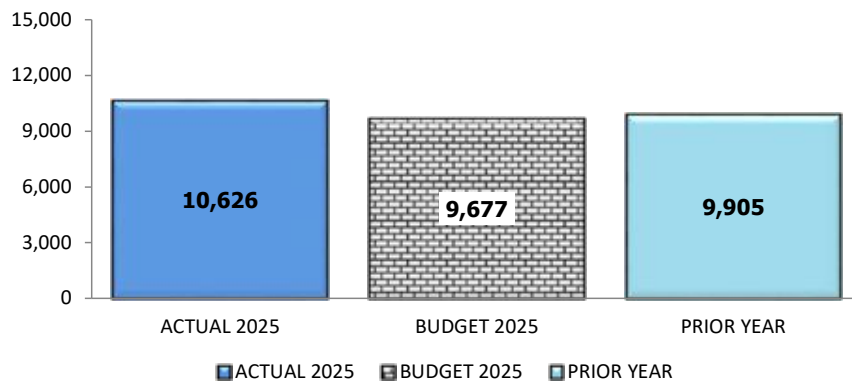
Ben Taub OR Cases - Current Month



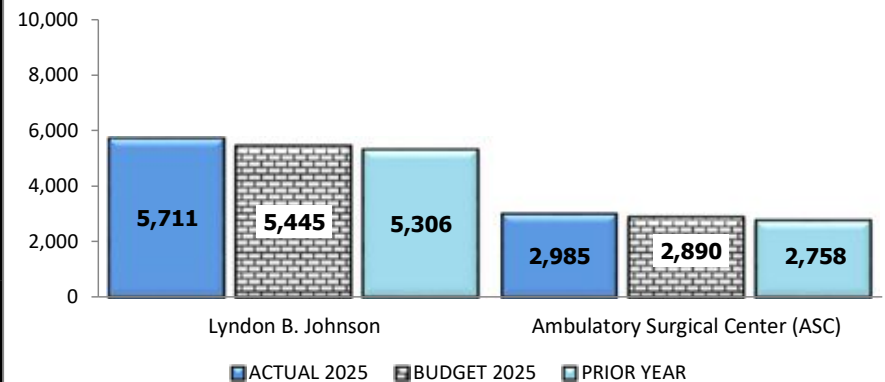
Lyndon B. Johnson OR Cases - Current Month



Ben Taub OR Cases - YTD



Lyndon B. Johnson OR Cases - YTD



Harris Health

Statistical Highlights - Emergency Room Visits

July FY 2025

BT Emergency Visits - CM

Actual	Budget	Prior Year
7,150	6,545	7,647

BT Emergency Visits - YTD

Actual	Budget	Prior Year
68,996	69,260	70,038

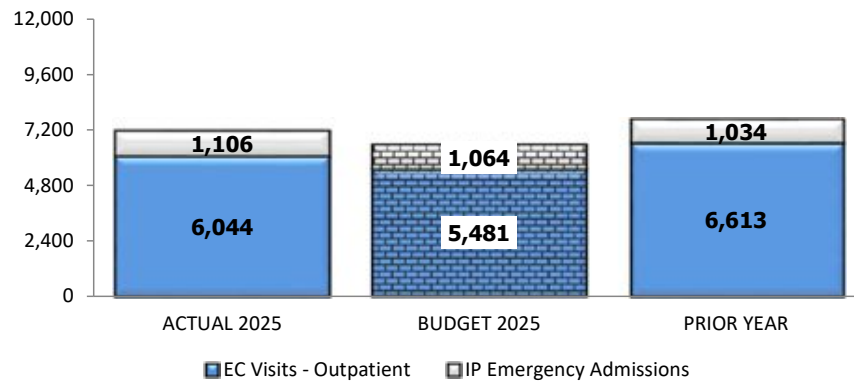
LBJ Emergency Visits - CM

Actual	Budget	Prior Year
6,610	6,857	7,211

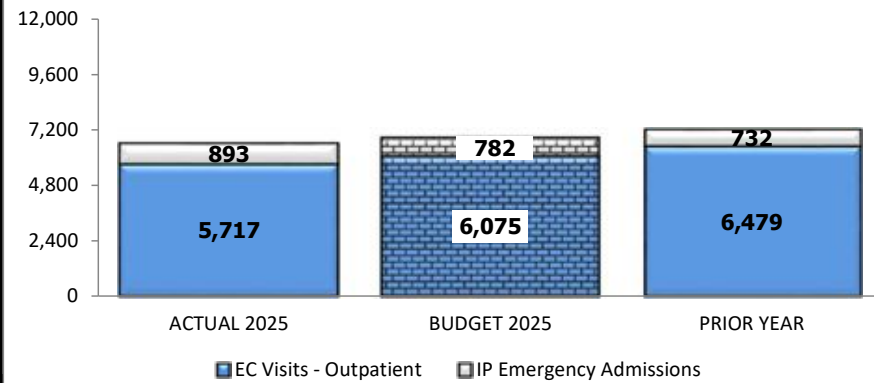
LBJ Emergency Visits - YTD

Actual	Budget	Prior Year
66,170	65,316	67,287

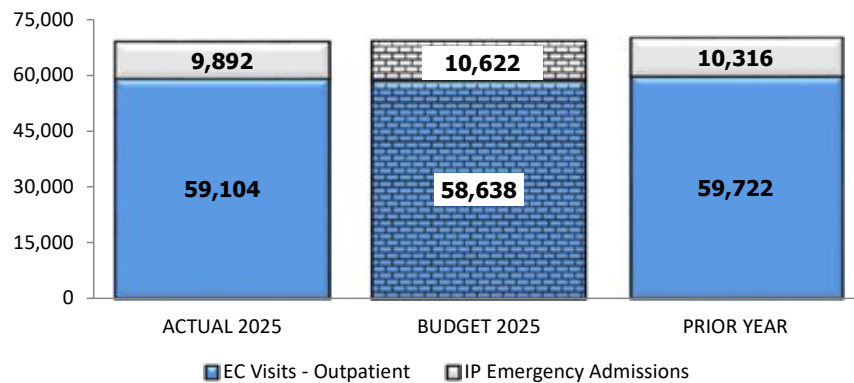
Ben Taub EC Visits - Current Month



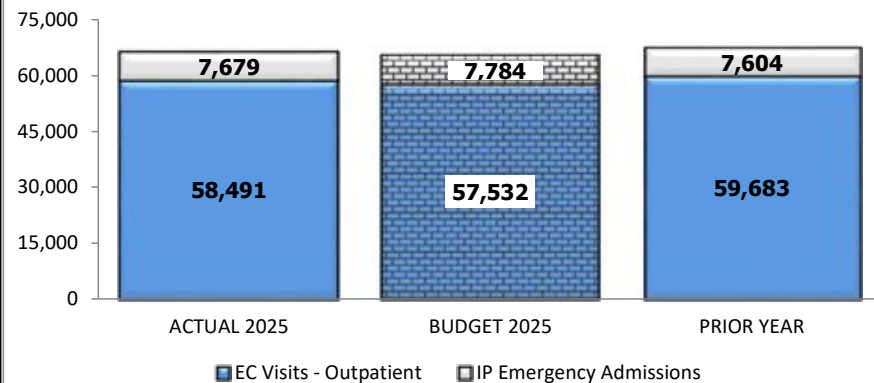
Lyndon B. Johnson EC Visits - Current Month



Ben Taub EC Visits - YTD



Lyndon B. Johnson EC Visits - YTD



Harris Health

Statistical Highlights - Births

July FY 2025

BT Births - CM

Actual	Budget	Prior Year
216	224	270

BT Births - YTD

Actual	Budget	Prior Year
2,420	2,556	2,376

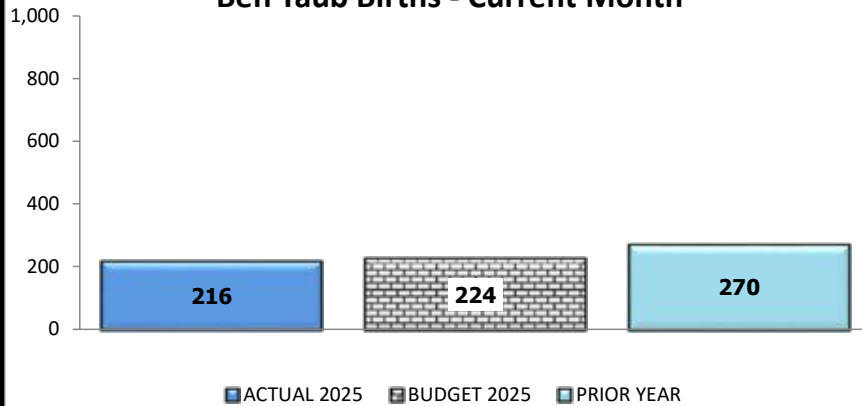
LBJ Births - CM

Actual	Budget	Prior Year
186	219	209

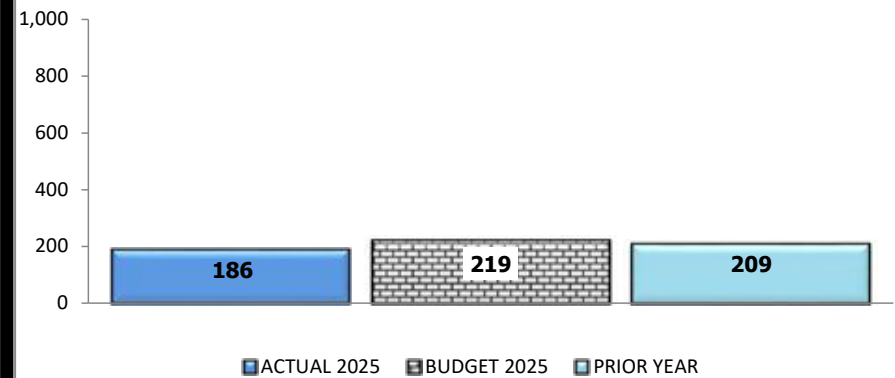
LBJ Births - YTD

Actual	Budget	Prior Year
1,882	1,942	1,950

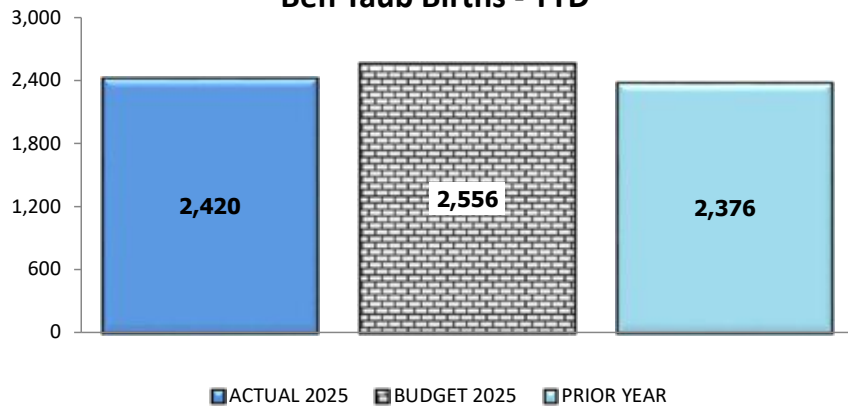
Ben Taub Births - Current Month



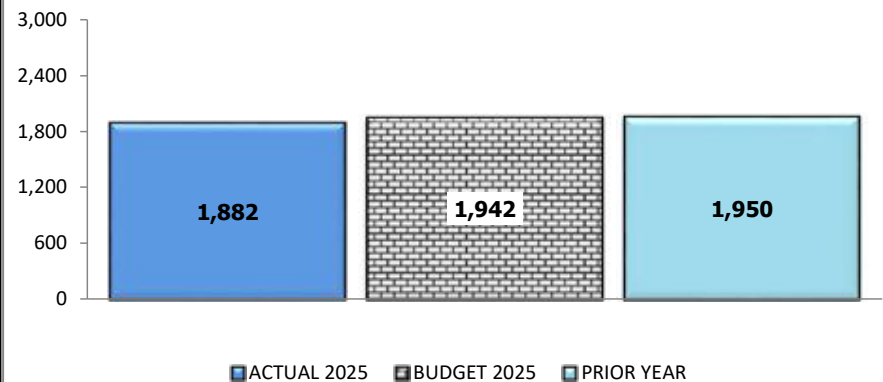
Lyndon B. Johnson Births - Current Month



Ben Taub Births - YTD



Lyndon B. Johnson Births - YTD



Harris Health

Statistical Highlights - Adjusted Patient Days

July FY 2025

BT Adjusted Patient Days - CM

22,150

BT Adjusted Patient Days - YTD

216,228

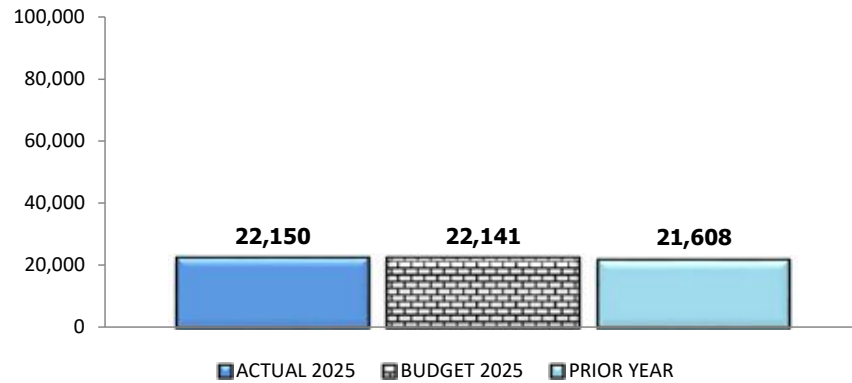
LBJ Adjusted Patient Days - CM

14,282

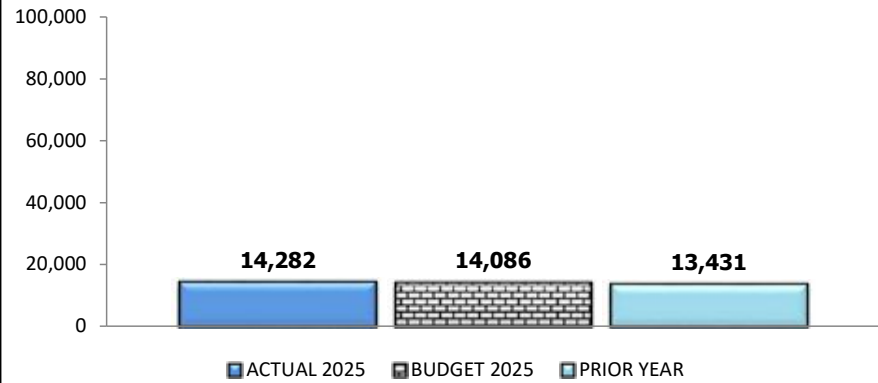
LBJ Adjusted Patient Days - YTD

136,659

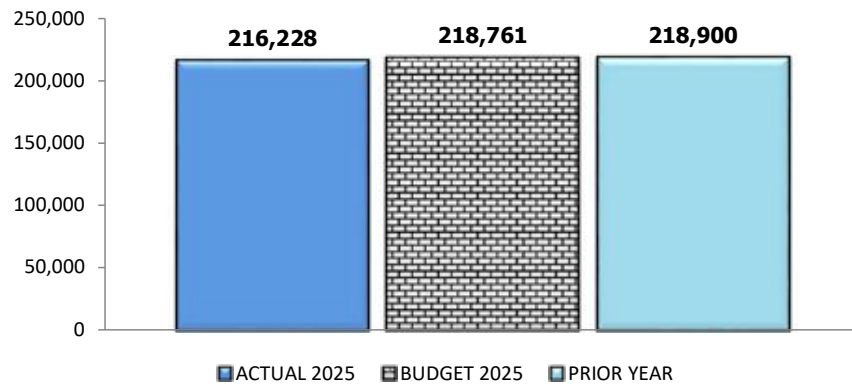
Ben Taub APD - Current Month



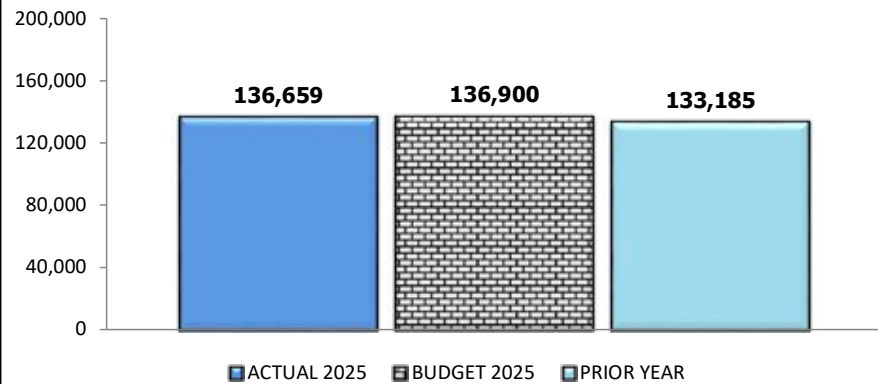
Lyndon B. Johnson APD - Current Month



Ben Taub APD - YTD



Lyndon B. Johnson APD - YTD



Harris Health

Statistical Highlights - Average Daily Census (ADC)

July FY 2025

BT Average Daily Census - CM

421.5

BT Average Daily Census - YTD

428.3

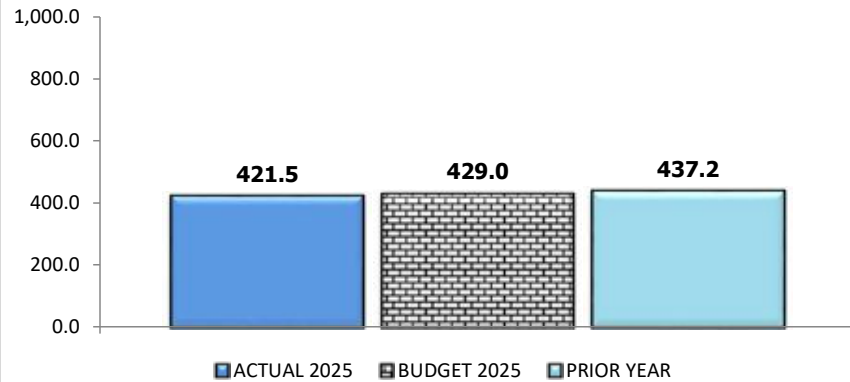
LBJ Average Daily Census - CM

242.8

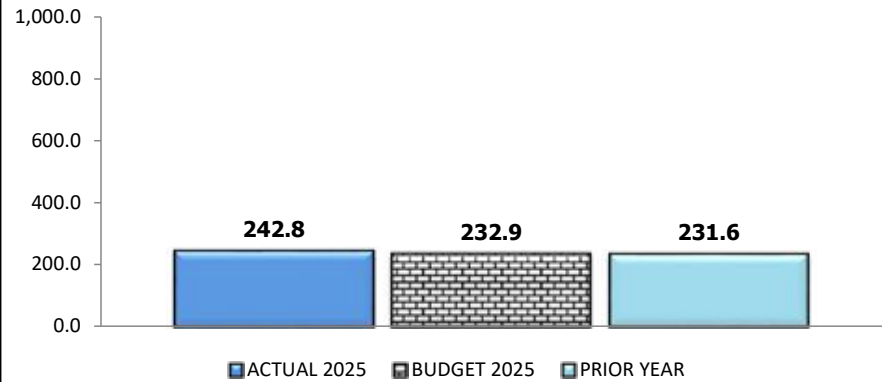
LBJ Average Daily Census - YTD

231.6

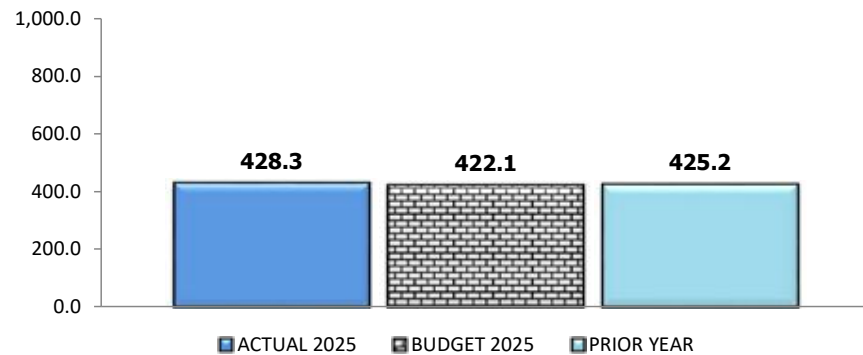
Ben Taub ADC - Current Month



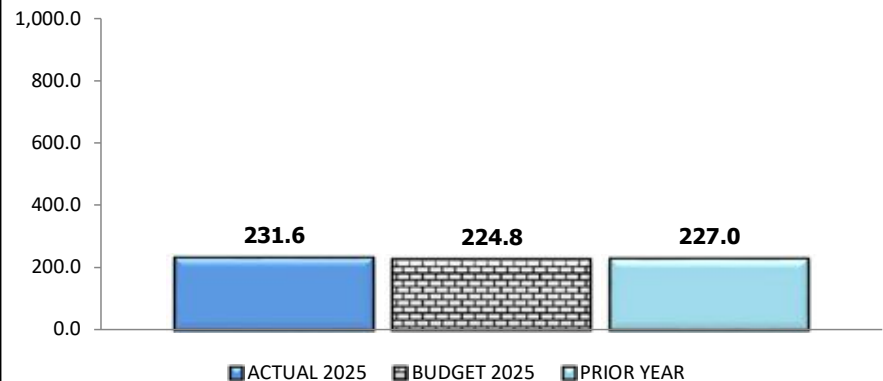
Lyndon B. Johnson ADC - Current Month



Ben Taub ADC - YTD



Lyndon B. Johnson ADC - YTD



Harris Health

Statistical Highlights - Inpatient Average Length of Stay (ALOS)

July FY 2025

BT Inpatient ALOS - CM

7.08

BT Inpatient ALOS - YTD

7.34

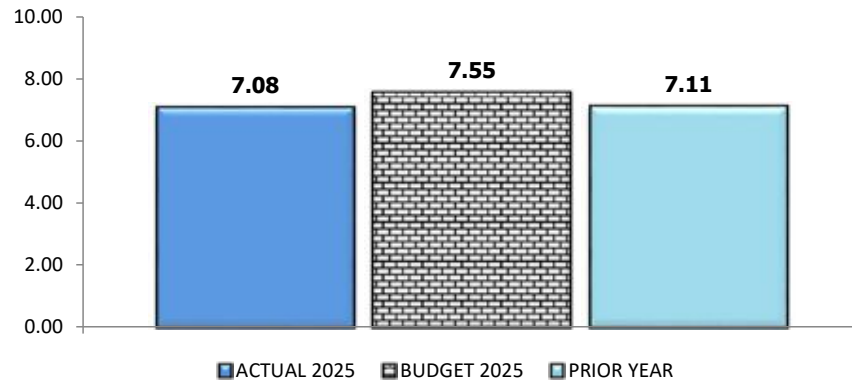
LBJ Inpatient ALOS - CM

5.37

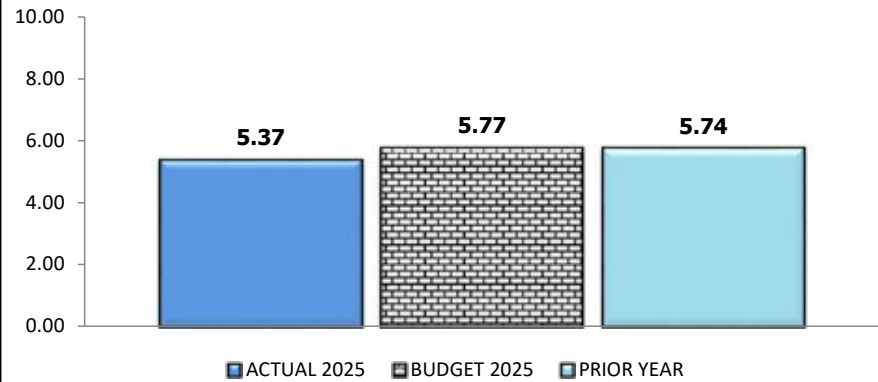
LBJ Inpatient ALOS - YTD

5.55

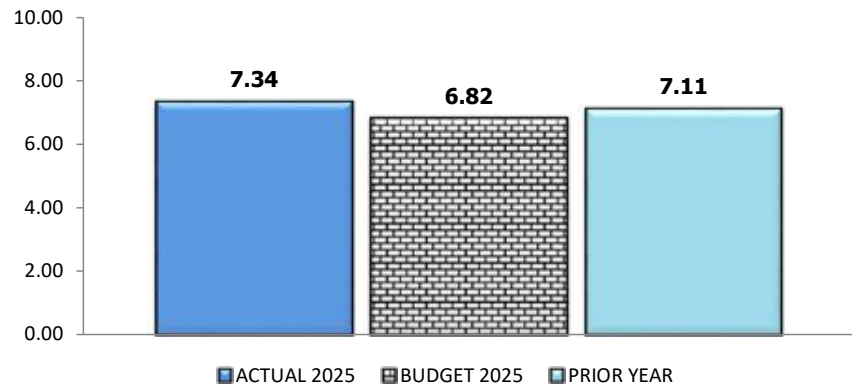
Ben Taub ALOS - Current Month



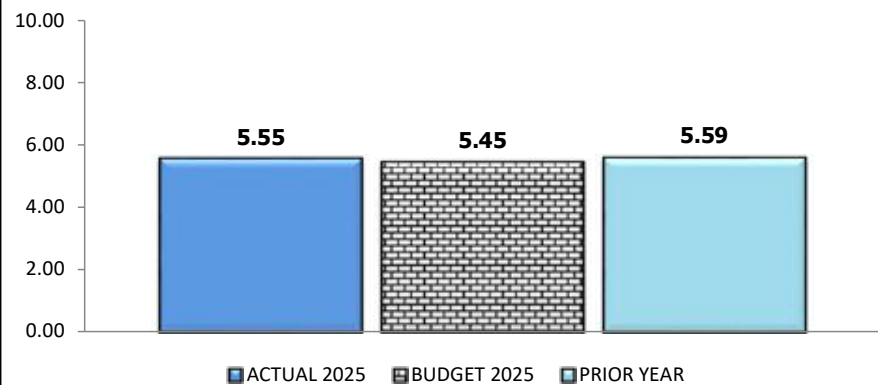
Lyndon B. Johnson ALOS - Current Month



Ben Taub ALOS - YTD



Lyndon B. Johnson ALOS - YTD



Harris Health

Statistical Highlights - Case Mix Index (CMI)

July FY 2025

BT Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.842	1.987

BT Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.876	2.070

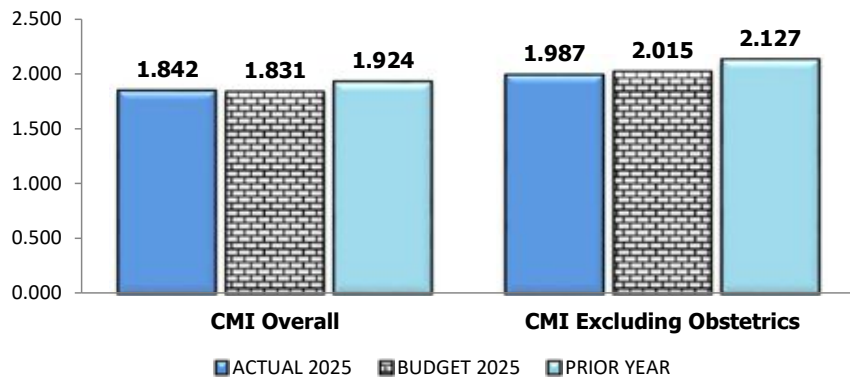
LBJ Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.528	1.655

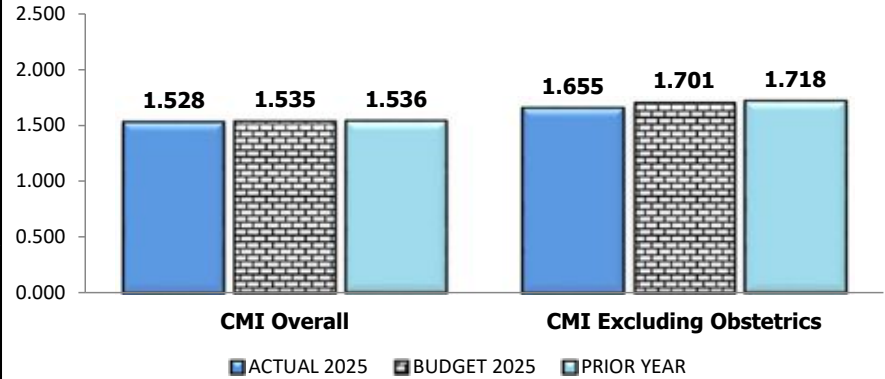
LBJ Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.532	1.686

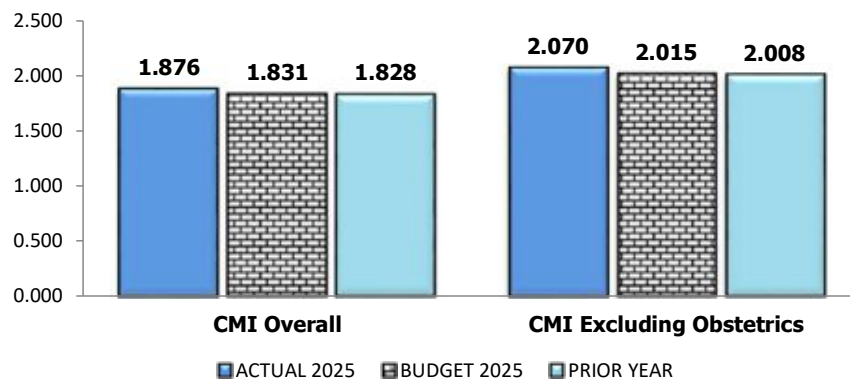
Ben Taub CMI - Current Month



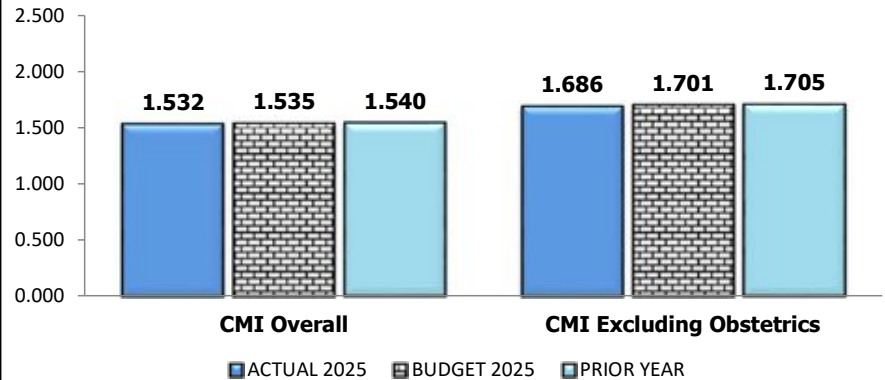
Lyndon B. Johnson CMI - Current Month



Ben Taub CMI - YTD



Lyndon B. Johnson CMI - YTD



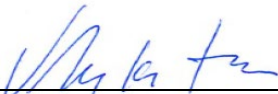
Meeting of the Board of Trustees

Thursday, August 28, 2025

Consideration of Acceptance of the Harris Health Fiscal Year 2025
Third Quarter Investment Report

Attached for your review and acceptance is the Fiscal Year 2025 Third Quarter Investment Report for the period April to June 2025.

Administration recommends that the Board accept the Third Quarter Investment Report for the period ended June 30, 2025.



Victoria Nikitin
EVP – Chief Financial Officer

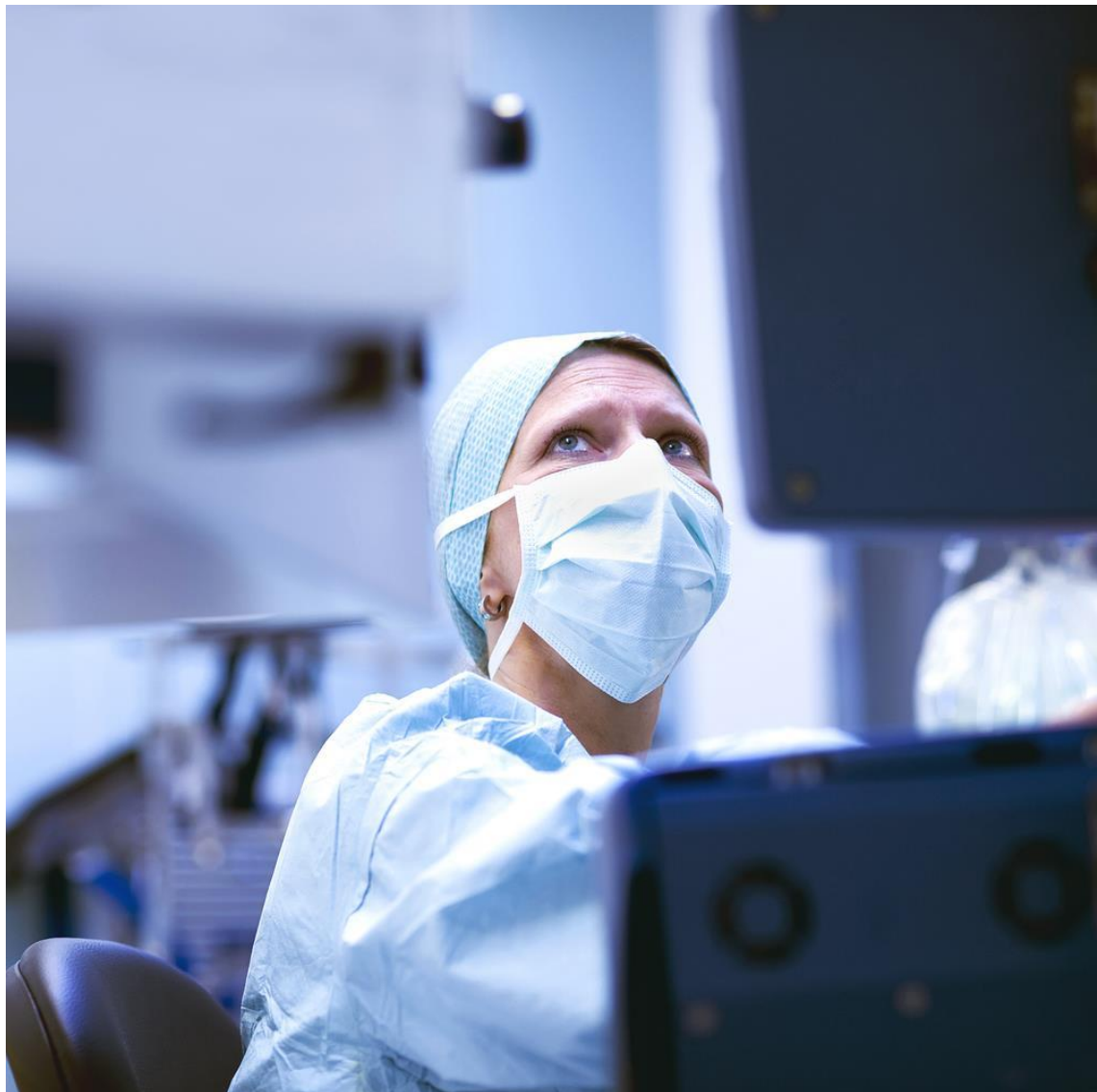


Quarterly Investment Summary

Harris Health

As of June 30, 2025

Investment advice and consulting services provided by Aon Investments USA, Inc.
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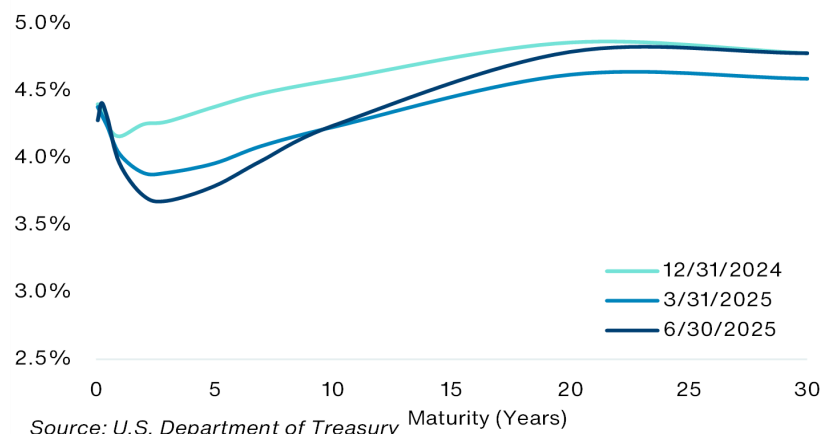
Financial Highlights

As of June 30, 2025

Review of Capital Markets

- During the quarter, U.S. Treasury yields displayed deviating behavior across maturities:
 - Short Term Maturities (0-1 year) remained inverted and did not materially change as the Federal Reserve held short-term rates the same
 - Intermediate Maturities (1 – 10 years) shifted downwards
 - Long Term Maturities (> 10 years) shifted upwards
- As a result, short-term commercial paper and money market funds continued to outperform intermediate dated bonds.
- The investment strategy in place for Harris Health continues to take advantage of the current interest rate environment.

U.S. TREASURY YIELD CURVE



Financial Highlights

As of June 30, 2025

Portfolio Balances

- On June 30, 2025, total assets were approximately \$2.4 billion.
- During the quarter, assets increased by \$547 million from the market value of \$1.9 billion on March 31, 2025.
 - The increase was the result of \$840 million in bond proceeds received during the quarter, a portion of which was used to reimburse Harris Health for funds previously spent on the Strategic Capital Plan with \$561 million representing the unspent proceeds invested for future use.

Balances by Account:

Account	June 30, 2025	
	Market Value	%
General Fund	\$1,752,474,938	72.7%
Debt Service	\$33,433,164	1.4%
Other Fund Accounts	\$622,814,705	25.9%
Total	\$2,408,722,807	100.0%

Portfolio Returns

- During the quarter, the portfolio generated investment income \$20.5 million.
- The portfolio produced an investment return of 0.96% for the quarter, performing in-line with the 90-Day U.S. Treasury Bill return.
- For the 12-month period ending June 30, 2025, the portfolio returned 4.29%, slightly trailing the 90-Day U.S. Treasury Bill's 4.68% return.

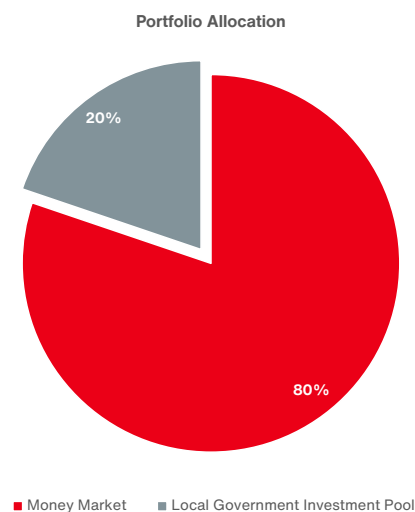


Financial Highlights

As of June 30, 2025

Description of Investments

- As of June 30, 2025, the portfolio was 100% invested in money market funds and short-term pools that all maintained a short duration of approximately 30 days.
- Money market funds accounted for 80% of the portfolio, followed by Local Government Investment Pools at 20%.
- Money market assets are allocated across multiple mutual funds.
- The Local Government Investment Pool assets are split between LoneStar (43.84%), TexasCLASS (56.14%), and TexasCLASS Govt (0.02%).



Compliance Statement

Harris County Financial Management certifies that to the best of their knowledge, based on the investment statements and reporting provided to them, that Harris Health is in compliance with the provisions of Texas Government Code - Public Funds Investment Act, Section 2256.023 and with the stated policies and strategies of Harris Health.

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Aon Investments USA Inc.
200 E. Randolph Street
Suite 700
Chicago, IL 60601
ATTN: Aon Investments Compliance Officer

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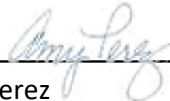
Private and Confidential - Investment advice and consulting services provided by Aon Investments USA Inc.
20220803-2336238

HARRISHEALTH SYSTEM


MONTHLY INVESTMENT REPORT JUNE 2025

PREPARED BY:
OFFICE OF MANAGEMENT AND BUDGET
FINANCIAL MANAGEMENT

The report is presented in accordance with the Texas Government Code - Public Funds Investment Act, Section 2256.023. Financial Management certifies that to the best of our knowledge that the Harris Health System (HHS) is in compliance with the provisions of Government Code 2256 and with the stated policies and strategies of HHS.



Amy Perez
Deputy Executive Director, OMB



Diana Elizondo
Investment Director



Mark LaRue
Investment Manager

SECTION 1
INVESTMENT BALANCES

Harris County
Date To Date
ML - PFIA Compliant Portfolio Holdings
Report Format: By Transaction
Group By: Portfolio Name
Portfolio / Report Group: Harris Health System
Begin Date: 5/31/2025, End Date: 6/30/2025

Description	CUSIP/Ticker	Ending Face Amount/Shares	Beginning MV	Ending MV	Ending BV	Investment Income-BV	Ending YTM @ Cost	Maturity Date
H9902 Hospital - General Fund								
H9902 HHS Cigna Health Benefits MM	D6332-HHSJPM	8,356,035.38	5,101,898.94	8,356,035.38	8,356,035.38	26,235.83	3.400	N/A
H9902 HHS FSA Plan MM	D6670-HHSJPM	214,635.10	195,535.20	214,635.10	214,635.10	589.31	3.400	N/A
H9902 HHS Gen Fd CJTXX MM	M5375-HHSCJTX	478,867,559.40	477,180,724.11	478,867,559.40	478,867,559.40	1,630,454.63	4.137	N/A
H9902 HHS Gen Funds OGVXX MMF MM	M5375-HHSOGVXX	790,726,438.45	600,000,000.00	790,726,438.45	790,726,438.45	2,544,458.43	4.224	N/A
H9902 HHS General Funds JPM MM	D5375-HHSJPM	40,476,581.71	345,608,607.13	40,476,581.71	40,476,581.71	385,388.86	3.500	N/A
H9902 HHS HRA ZBA MM	D5680-HHSJPM	1,107,293.43	0.00	1,107,293.43	1,107,293.43	618.52	3.400	N/A
H9902 Hospital - Cadence General Funds MMF MM	M3837-OGVXX	13,067,428.19	50,754,151.10	13,067,428.19	13,067,428.19	157,829.38	4.224	N/A
H9902 Hospital - FSA Plan MMF MM	M3951-FIGXX	25,152.96	0.00	25,152.96	25,152.96	19.17	4.220	N/A
H9902 Hospital - HRA Sweep MMF MM	M3845-FIGXX	0.00	1,102,747.15	0.00	0.00	3,036.86		N/A
H9902 Restr Donations JPM MM	D7157-HHSJPM	0.00	11,903.99	0.00	0.00	0.00		N/A
H9902 Restr Donations JPM MMF MM	M7157-HHSOGVXX	1,205,185.38	1,200,809.57	1,205,185.38	1,205,185.38	4,143.03	4.224	N/A
H9902 Unrestr Donations JPMMM	D6757-HHSJPM	169,314.98	168,843.15	169,314.98	169,314.98	471.83	3.400	N/A
LoneStar H9902 LGIP	LONESTARH9902	208,912,016.30	208,157,321.81	208,912,016.30	208,912,016.30	754,694.49	4.448	N/A
TexasCLASS H9902 LGIP	TXCLASSH9902	209,347,296.26	208,591,287.65	209,347,296.26	209,347,296.26	756,008.61	4.444	N/A
Sub Total/Average H9902 Hospital - General Fund		1,752,474,937.54	1,898,073,829.80	1,752,474,937.54	1,752,474,937.54	6,263,948.95	4.232	
H9906 Hospital - SPFC								
H9906 Hospital - SPFC MM	D2538-HHSJPM	864.27	604.48	864.27	864.27	2.31	3.400	N/A
H9906 SPFC JPM MMF MM	M2538-HHSOGVXX	58,275.78	58,483.26	58,275.78	58,275.78	200.35	4.224	N/A
TexasCLASS H9906 LGIP	TXCLASSH9906	1,008,369.70	1,004,728.19	1,008,369.70	1,008,369.70	3,641.51	4.444	N/A
Sub Total/Average H9906 Hospital - SPFC		1,067,509.75	1,063,815.93	1,067,509.75	1,067,509.75	3,844.17	4.431	
H9917 Hospital - Ser 2010 DS								
H9917 Ser 2010 DS MM	D2565-HHSJPM	43,478.94	43,357.78	43,478.94	43,478.94	121.16	3.400	N/A
H9917 Ser 2010 DS MMF MM	M2565-HHSOGVXX	6,081,232.63	6,059,659.61	6,081,232.63	6,081,232.63	20,905.30	4.224	N/A
TexasCLASS H9917 LGIP	TXCLASSH9917	67,943.40	67,698.04	67,943.40	67,943.40	245.36	4.444	N/A
Sub Total/Average H9917 Hospital - Ser 2010 DS		6,192,654.97	6,170,715.43	6,192,654.97	6,192,654.97	21,271.82	4.221	
H9918 Hospital - Ser 2010 DSR								
H9918 Ser 2010 DSR MM	D2763-HHSJPM	42,909.69	42,790.11	42,909.69	42,909.69	119.58	3.400	N/A

Description	CUSIP/Ticker	Ending Face Amount/Shares	Beginning MV	Ending MV	Ending BV	Investment Income-BV	Ending YTM @ Cost	Maturity Date
H9918 Ser 2010 DSR MMF MM	M2763-HHSOGVXX	6,081,232.63	6,059,659.61	6,081,232.63	6,081,232.63	20,905.30	4.224	N/A
TexasCLASS H9918 LGIP	TXCLASSH9918	66,199.85	65,960.78	66,199.85	66,199.85	239.07	4.444	N/A
Sub Total/Average H9918 Hospital - Ser 2010 DSR		6,190,342.17	6,168,410.50	6,190,342.17	6,190,342.17	21,263.95	4.221	
H9920 Hospital - Rev & Ref Ser 2016 DS								
H9920 Ser 2016 DS MM	D1898-HHSJPM	72,588.93	72,386.65	72,588.93	72,588.93	202.28	3.400	N/A
H9920 Ser 2016 DS MMF MM	M1898-HHSOGVXX	10,287,418.54	10,250,924.16	10,287,418.54	10,287,418.54	35,364.78	4.224	N/A
TexasCLASS H9920 LGIP	TXCLASSH9920	91,377.56	91,047.58	91,377.56	91,377.56	329.98	4.444	N/A
Sub Total/Average H9920 Hospital - Rev & Ref Ser 2016 DS		10,451,385.03	10,414,358.39	10,451,385.03	10,451,385.03	35,897.04	4.220	
H9921 Hospital - Rev & Ref Ser 2016 DSR								
H9921 Ser 2016 DSR MM	D2078-HHSJPM	73,914.21	73,708.23	73,914.21	73,914.21	205.98	3.400	N/A
H9921 Ser 2016 DSR MMF MM	M2078-HHSOGVXX	10,338,095.48	10,301,421.32	10,338,095.48	10,338,095.48	35,539.01	4.224	N/A
TexasCLASS H9921 LGIP	TXCLASSH9921	114,099.81	113,687.75	114,099.81	114,099.81	412.06	4.444	N/A
TexasCLASS Govt H9921 LGIP	TXCLASSGH9921	72,672.75	72,421.42	72,672.75	72,672.75	251.33	4.263	N/A
Sub Total/Average H9921 Hospital - Rev & Ref Ser 2016 DSR		10,598,782.25	10,561,238.72	10,598,782.25	10,598,782.25	36,408.38	4.221	
H9924 Hospital - Capital Assets Series 2020								
H9924 Capital Assets Ser 2020 MM	D9218-HHSJPM	2,615.50	0.00	2,615.50	2,615.50	2,615.50	3.400	N/A
TexasCLASS H9924 LGIP	TXCLASSH9924	1,260,290.21	1,255,739.00	1,260,290.21	1,260,290.21	4,551.21	4.444	N/A
Sub Total/Average H9924 Hospital - Capital Assets Series 2020		1,262,905.71	1,255,739.00	1,262,905.71	1,262,905.71	7,166.71	4.442	
H9925 Hospital - Capital Gift Proceeds								
H9925 HHS Capital Gift Proceeds MM	D0208-HHSJPM	3,404,965.32	2,002,906.82	3,404,965.32	3,404,965.32	3,311.89	1.350	N/A
TexasCLASS H9925 LGIP	TXCLASSH9925	55,551,235.32	55,350,625.07	55,551,235.32	55,551,235.32	200,610.25	4.444	N/A
Sub Total/Average H9925 Hospital - Capital Gift Proceeds		58,956,200.64	57,353,531.89	58,956,200.64	58,956,200.64	203,922.14	4.265	
H9927 Hospital - Unrestricted Donations								
H9927 Hospital - Unrestricted Donations JPM MM	D1359-HHSCADE	0.00	0.05	0.00	0.00	0.00		N/A
Sub Total/Average H9927 Hospital - Unrestricted Donations		0.00	0.05	0.00	0.00	0.00		
H9935 Hospital - 2025 Bond Proceeds								
H9935 HHS 2025 Bond Proceeds MM	D3379-HHSJPM	217,236.03	561,310,852.97	217,236.03	217,236.03	217,236.03	1.350	N/A
H9935 HHS 2025 Bond Proceeds MM	M3379-HHSOGVXX	561,310,852.97	0.00	561,310,852.97	561,310,852.97	1,257,679.87	4.224	N/A
Sub Total/Average H9935 Hospital - 2025 Bond Proceeds		561,528,089.00	561,310,852.97	561,528,089.00	561,528,089.00	1,474,915.90	4.223	
Total / Average		2,408,722,807.06	2,552,372,492.68	2,408,722,807.06	2,408,722,807.06	8,068,639.06	4.231	

SECTION 2
FISCAL YEAR TO DATE INVESTMENT EARNINGS

Harris County
Date To Date
ML - Portfolio Earnings for Monthly Report
Report Format: By Transaction
Group By: Portfolio Name
Portfolio / Report Group: Harris Health System
Begin Date: 9/30/2024, End Date: 6/30/2025

Description	CUSIP/Ticker	Buy Accrued Interest	Sell Accrued Interest	Interest/Dividends	Amortized Discount	Amortized Premium	Difference in Accrued Interest	Realized Gain/Loss-BV	Investment Income-BV
H9902 Hospital - General Fund									
H9902 Hospital - General Fund MM	M5899-HHSFIGXX	0.00	0.00	0.44	0.00	0.00	0.00	0.00	0.44
BARCLAYS US CCP DISC CP 0 11/26/2024	06741FLS4	0.00	0.00	0.00	180,718.64	0.00	0.00	0.00	180,718.64
DNB BANK ASA DISC CP 0 10/25/2024	2332K0KR2	0.00	0.00	0.00	318,235.56	0.00	0.00	0.00	318,235.56
H9902 HHS Cigna Health Benefits MM	D6332-HHSJPM	0.00	0.00	28,442.53	0.00	0.00	0.00	0.00	28,442.53
H9902 HHS FSA Plan MM	D6670-HHSJPM	0.00	0.00	731.42	0.00	0.00	0.00	0.00	731.42
H9902 HHS Gen Fd CJTXX MM	M5375-HHSCJTXX	0.00	0.00	4,379,378.42	0.00	0.00	0.00	0.00	4,379,378.42
H9902 HHS Gen Funds OGVXX MMF MM	M5375-HHSOGVXX	0.00	0.00	5,597,886.53	0.00	0.00	0.00	0.00	5,597,886.53
H9902 HHS General Funds JPM MM	D5375-HHSJPM	0.00	0.00	7,718,941.18	0.00	0.00	0.00	0.00	7,718,941.18
H9902 HHS HRA ZBA MM	D5680-HHSJPM	0.00	0.00	618.52	0.00	0.00	0.00	0.00	618.52
H9902 HHS Pharmacy Act Receivable MM	CADE-D3910	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
H9902 Hospital - Cadence General Funds DDA MM	CADE-D3837	0.00	0.00	2,171,183.77	0.00	0.00	0.00	0.00	2,171,183.77
H9902 Hospital - Cadence General Funds MMF MM	M3837-OGVXX	0.00	0.00	12,335,756.58	0.00	0.00	0.00	0.00	12,335,756.58
H9902 Hospital - Cigna Health Benefits MMF MM	M3944-FIGXX	0.00	0.00	250,171.24	0.00	0.00	0.00	0.00	250,171.24
H9902 Hospital - Donations Sweep MM	M5899-FIGXX	0.00	0.00	29,094.17	0.00	0.00	0.00	0.00	29,094.17
H9902 Hospital - FSA Plan MMF MM	M3951-FIGXX	0.00	0.00	52,395.00	0.00	0.00	0.00	0.00	52,395.00
H9902 Hospital - HRA Sweep MMF MM	M3845-FIGXX	0.00	0.00	38,656.21	0.00	0.00	0.00	0.00	38,656.21
H9902 Hospital - Unrestricted Donations DDA MM	CADE-D1359	0.00	0.00	601.01	0.00	0.00	0.00	0.00	601.01
H9902 Restr Donations JPM MM	D7157-HHSJPM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
H9902 Restr Donations JPM MMF MM	M7157-HHSOGVXX	0.00	0.00	13,192.10	0.00	0.00	0.00	0.00	13,192.10
H9902 Unrestr Donations JPM MM	D6757-HHSJPM	0.00	0.00	1,504.23	0.00	0.00	0.00	0.00	1,504.23
LoneStar H9902 LGIP	LONESTARH9902	0.00	0.00	7,054,060.63	0.00	0.00	0.00	0.00	7,054,060.63
T-Bill 0 10/22/2024	912797LU9	0.00	0.00	0.00	150,204.60	0.00	0.00	0.00	150,204.60
T-Bill 0 11/19/2024	912797MC8	0.00	0.00	0.00	574,719.15	0.00	0.00	0.00	574,719.15
T-Bill 0 12/26/2024	912796ZV4	0.00	0.00	0.00	390,430.44	0.00	0.00	0.00	390,430.44
TexasCLASS H9902 LGIP	TXCLASSH9902	0.00	0.00	7,073,778.38	0.00	0.00	0.00	0.00	7,073,778.38

Description	CUSIP/Ticker	Buy Accrued Interest	Sell Accrued Interest	Interest/Dividends	Amortized Discount	Amortized Premium	Difference in Accrued Interest	Realized Gain/Loss-BV	Investment Income-BV
Sub Total/Average H9902 Hospital - General Fund		0.00	0.00	46,746,392.36	1,614,308.39	0.00	0.00	0.00	48,360,700.75
H9906 Hospital - SPFC									
H9906 Hospital - SPFC MM	D2538-HHSJPM	0.00	0.00	3.77	0.00	0.00	0.00	0.00	3.77
H9906 Hospital - SPFC MM	D3936-HHSCADE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
H9906 Hospital - SPFC MM	M3936-HHSFIGXX	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.01
H9906 Hospital - SPFC Money Market MM	M3936-FIGXX	0.00	0.00	1,231.61	0.00	0.00	0.00	0.00	1,231.61
H9906 SPFC JPM MMF MM	M2538-HHSOGVXX	0.00	0.00	617.34	0.00	0.00	0.00	0.00	617.34
TexasCLASS H9906 LGIP	TXCLASSH9906	0.00	0.00	34,072.53	0.00	0.00	0.00	0.00	34,072.53
Sub Total/Average H9906 Hospital - SPFC		0.00	0.00	35,925.26	0.00	0.00	0.00	0.00	35,925.26
H9917 Hospital - Ser 2010 DS									
H9917 Hospital - Ser 2010 DS MM	D3993-HHSCADE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
H9917 Hospital - Ser 2010 DS MM	M3993-HHSFIGXX	0.00	0.00	2.05	0.00	0.00	0.00	0.00	2.05
H9917 Hospital - Series 2010 DS Sweep MMF MM	M3993-FIGXX	0.00	0.00	35,975.88	0.00	0.00	0.00	0.00	35,975.88
H9917 Ser 2010 DS MM	D2565-HHSJPM	0.00	0.00	224.70	0.00	0.00	0.00	0.00	224.70
H9917 Ser 2010 DS MMF MM	M2565-HHSOGVXX	0.00	0.00	64,260.80	0.00	0.00	0.00	0.00	64,260.80
TexasCLASS H9917 LGIP	TXCLASSH9917	0.00	0.00	2,295.79	0.00	0.00	0.00	0.00	2,295.79
T-Note 1.375 1/31/2025	912828Z52	0.00	0.00	41,250.00	64,650.15	0.00	-13,675.27	0.00	92,224.88
Sub Total/Average H9917 Hospital - Ser 2010 DS		0.00	0.00	144,009.22	64,650.15	0.00	-13,675.27	0.00	194,984.10
H9918 Hospital - Ser 2010 DSR									
H9918 Hospital - Ser 2010 DSR MM	D4017-HHSCADE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
H9918 Hospital - Ser 2010 DSR MM	M4017-HHSFIGXX	0.00	0.00	2.05	0.00	0.00	0.00	0.00	2.05
H9918 Hospital - Series 2010 DSR Sweep MMF MM	M4017-FIGXX	0.00	0.00	35,975.88	0.00	0.00	0.00	0.00	35,975.88
H9918 Ser 2010 DSR MM	D2763-HHSJPM	0.00	0.00	221.48	0.00	0.00	0.00	0.00	221.48
H9918 Ser 2010 DSR MMF MM	M2763-HHSOGVXX	0.00	0.00	64,260.80	0.00	0.00	0.00	0.00	64,260.80
TexasCLASS H9918 LGIP	TXCLASSH9918	0.00	0.00	2,236.90	0.00	0.00	0.00	0.00	2,236.90
T-Note 1.375 1/31/2025	912828Z52	0.00	0.00	41,250.00	64,650.15	0.00	-13,675.27	0.00	92,224.88
Sub Total/Average H9918 Hospital - Ser 2010 DSR		0.00	0.00	143,947.11	64,650.15	0.00	-13,675.27	0.00	194,921.99
H9920 Hospital - Rev & Ref Ser 2016 DS									
H9920 Hospital - Rev & Ref Ser 2016 DS MM	M4009-HHSFIGXX	0.00	0.00	3.48	0.00	0.00	0.00	0.00	3.48
H9920 Hospital - Series 2016 DS Sweep MMF MM	M4009-FIGXX	0.00	0.00	60,859.23	0.00	0.00	0.00	0.00	60,859.23
H9920 Ser 2016 DS MM	CADE-D4009	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Description	CUSIP/Ticker	Buy Accrued Interest	Sell Accrued Interest	Interest/Dividends	Amortized Discount	Amortized Premium	Difference in Accrued Interest	Realized Gain/Loss-BV	Investment Income-BV
H9920 Ser 2016 DS MM	D1898-HHSJPM	0.00	0.00	374.66	0.00	0.00	0.00	0.00	374.66
H9920 Ser 2016 DS MMF MM	M1898-HHSOGVXX	0.00	0.00	108,707.90	0.00	0.00	0.00	0.00	108,707.90
TexasCLASS H9920 LGIP	TXCLASSH9920	0.00	0.00	3,087.56	0.00	0.00	0.00	0.00	3,087.56
T-Note 1.375 1/31/2025	912828Z52	0.00	0.00	69,781.25	109,366.51	0.00	-23,134.00	0.00	156,013.76
Sub Total/Average H9920 Hospital - Rev & Ref Ser 2016 DS		0.00	0.00	242,814.08	109,366.51	0.00	-23,134.00	0.00	329,046.59
H9921 Hospital - Rev & Ref Ser 2016 DSR									
H9921 Hospital - Rev & Ref Ser 2016 DSR MM	D4033-HHSCADE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
H9921 Hospital - Rev & Ref Ser 2016 DSR MM	M4033-HHSFIGXX	0.00	0.00	3.49	0.00	0.00	0.00	0.00	3.49
H9921 Hospital - Series 2016 DSR Sweep MMF MM	M4033-FIGXX	0.00	0.00	61,159.03	0.00	0.00	0.00	0.00	61,159.03
H9921 Ser 2016 DSR MM	D2078-HHSJPM	0.00	0.00	381.99	0.00	0.00	0.00	0.00	381.99
H9921 Ser 2016 DSR MMF MM	M2078-HHSOGVXX	0.00	0.00	109,243.38	0.00	0.00	0.00	0.00	109,243.38
TexasCLASS H9921 LGIP	TXCLASSH9921	0.00	0.00	3,855.41	0.00	0.00	0.00	0.00	3,855.41
TexasCLASS Govt H9921 LGIP	TXCLASSGH9921	0.00	0.00	2,334.51	0.00	0.00	0.00	0.00	2,334.51
T-Note 1.375 1/31/2025	912828Z52	0.00	0.00	70,125.00	109,905.26	0.00	-23,247.96	0.00	156,782.30
Sub Total/Average H9921 Hospital - Rev & Ref Ser 2016 DSR		0.00	0.00	247,102.81	109,905.26	0.00	-23,247.96	0.00	333,760.11
H9924 Hospital - Capital Assets Series 2020									
H9924 Capital Assets Ser 2020 MM	D9218-HHSJPM	0.00	0.00	7,838.46	0.00	0.00	0.00	0.00	7,838.46
TexasCLASS H9924 LGIP	TXCLASSH9924	0.00	0.00	42,584.80	0.00	0.00	0.00	0.00	42,584.80
Sub Total/Average H9924 Hospital - Capital Assets Series 2020		0.00	0.00	50,423.26	0.00	0.00	0.00	0.00	50,423.26
H9925 Hospital - Capital Gift Proceeds									
H9925 HCHD - Capital Gift Proceeds MM	M1367-FIGXX	0.00	0.00	180.79	0.00	0.00	0.00	0.00	180.79
H9925 HHS Capital Gift Proceeds MM	D0208-HHSJPM	0.00	0.00	3,534.06	0.00	0.00	0.00	0.00	3,534.06
H9925 Hospital - Capital Gift Proceeds MM	CADE-D1367	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TexasCLASS H9925 LGIP	TXCLASSH9925	0.00	0.00	1,878,190.44	0.00	0.00	0.00	0.00	1,878,190.44
Sub Total/Average H9925 Hospital - Capital Gift Proceeds		0.00	0.00	1,881,905.29	0.00	0.00	0.00	0.00	1,881,905.29
H9927 Hospital - Unrestricted Donations									
H9927 Hospital - Unrestricted Donations JPM MM	D1359-HHSCADE	0.00	0.00	0.05	0.00	0.00	0.00	0.00	0.05
Sub Total/Average H9927 Hospital - Unrestricted Donations		0.00	0.00	0.05	0.00	0.00	0.00	0.00	0.05
H9928 Hospital - Restricted Donations									

Description	CUSIP/Ticker	Buy Accrued Interest	Sell Accrued Interest	Interest/Dividends	Amortized Discount	Amortized Premium	Difference in Accrued Interest	Realized Gain/Loss-BV	Investment Income-BV
H9902 Hospital - Restricted Donations MM	D5899-HHSCADE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sub Total/Average H9928 Hospital - Restricted Donations		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
H9930 Hospital - Cigna Health Benefits									
H9902 Cigna Health Benefits MM	D3944-HHSCADE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sub Total/Average H9930 Hospital - Cigna Health Benefits		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
H9932 Hospital - Cafeteria									
H9932 Hospital - Cafeteria MM	D3969-HHSCADE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sub Total/Average H9932 Hospital - Cafeteria		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
H9933 Hospital - Benefit Deductions									
H9933 Hospital - Benefit Deductions MM	D5956-HHSCADE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sub Total/Average H9933 Hospital - Benefit Deductions		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
H9934 Hospital - Visa/Mastercard ZBA									
H9934 Hospital - Visa/Mastercard ZBA MM	D3902-HHSCADE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sub Total/Average H9934 Hospital - Visa/Mastercard ZBA		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
H9935 Hospital - 2025 Bond Proceeds									
H9935 HHS 2025 Bond Proceeds MM	D3379-HHSJPM	0.00	0.00	279,500.95	0.00	0.00	0.00	0.00	279,500.95
H9935 HHS 2025 Bond Proceeds MM	M3379-HHSOGVXX	0.00	0.00	1,257,679.87	0.00	0.00	0.00	0.00	1,257,679.87
Sub Total/Average H9935 Hospital - 2025 Bond Proceeds		0.00	0.00	1,537,180.82	0.00	0.00	0.00	0.00	1,537,180.82
Total / Average		0.00	0.00	51,029,700.26	1,962,880.46	0.00	-73,732.50	0.00	52,918,848.22

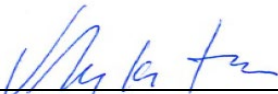
Meeting of the Board of Trustees

Thursday, August 28, 2025

Consideration of Acceptance of the Harris Health Fiscal Year 2025
Second Quarter Pension Plan Report

Attached for your review and acceptance is the Fiscal Year 2025 Second Quarter Pension Plan Report for the period April to June 2025.

Administration recommends that the Board accept the Second Quarter Pension Plan Report for the period ended June 30, 2025.



Victoria Nikitin
EVP – Chief Financial Officer

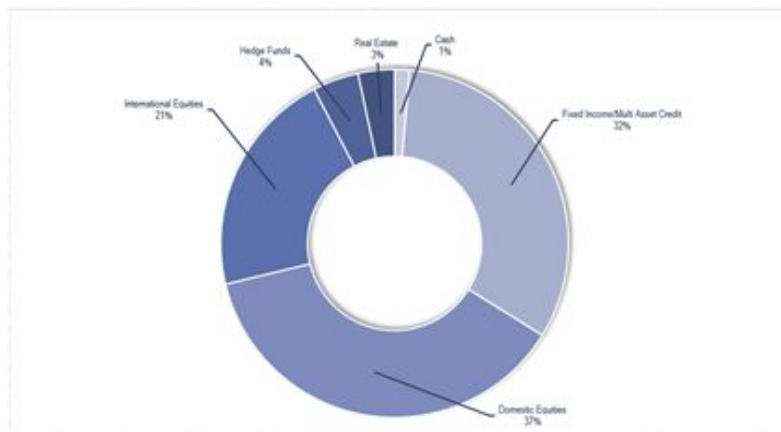
Pension Plan Summary

HARRISHEALTH

For the Quarter Ended and Year to Date June 30, 2025

	YEAR-TO-DATE	QUARTERLY		YEAR-TO-DATE
	12/31/24	03/31/25	06/30/25	12/31/25
Investment Return	9.4%	-0.1%	6.8%	6.7%
Market Value of Assets (in millions)	\$ 1,043.6	\$ 1,042.6	\$ 1,116.4	\$ 1,116.4
Employer Contributions (in millions)	\$ 69.0	\$ 16.7	\$ 17.8	\$ 34.5
Benefit Payments (in millions)	\$ 65.3	\$ 16.6	\$ 16.7	\$ 33.3
Funded Ratio	86.0%	85.5%	91.0%	91.0%

Current Asset Allocation:



*The Plan was in compliance with target asset allocations per the Board approved Pension Plan Investment Policy.

Market Updates:

The market value of the Plan assets increased \$73.8 million this quarter and increased \$72.8 million since the beginning of the calendar year. Investment return was 6.8% for the quarter ended June 30, 2025, due to the following market conditions:

- Global equity markets rose over the second quarter of 2025, despite facing a significant correction in the early weeks of the quarter. For most of the quarter, announcements and modifications on trade policy increased uncertainty among investors as higher than expected tariff rates were imposed to major U.S. trading partners.
- The U.S. economy contracted at an annualized rate of 0.5% in the first quarter of 2025, much lower than the initial 0.4% growth economists had expected and the previous quarter's 2.4%. This marks the first quarterly decline since the first quarter of 2022, primarily driven by an increase in imports and a decrease in government spending.
- Amid the uncertainty surrounding the U.S. tariff policies, the S&P 500 entered correction territory (-11.2%) from March 31 to April 8, before making a recovery and ending the quarter up by 10.9%. The MSCI AC World index rose by 11.7% over the quarter, marginally underperforming the MSCI AC World ex-U.S. index, which rose 12.3%.
- U.S. Treasury yields displayed deviating behavior across maturities, with the yield curve mostly shifting downwards in the short to medium term maturities and rising across the long-term maturities. Credit markets delivered positive returns over the quarter.

Meeting of the Board of Trustees

Thursday, August 28, 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 August 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 – August 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
 - Shelter Based Clinics List
 - Budget Summary Report
 - HHH Dental Collaboration

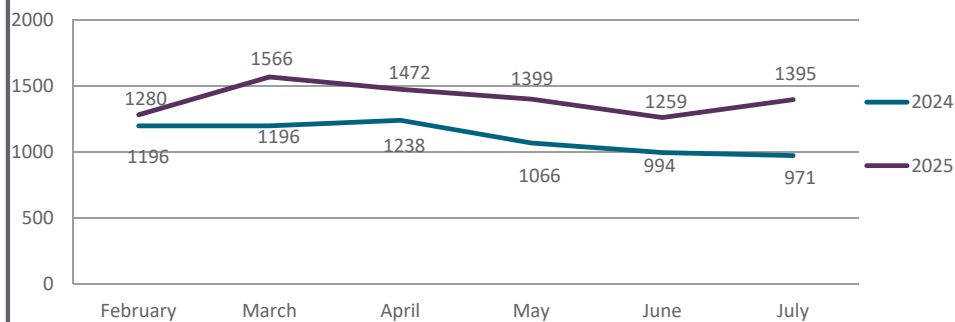
HARRISHEALTH

Patients Served

HRSA Unduplicated Patients Target: 7,250	HRSA Completed Visit Patients Target: 30,496
YTD Unduplicated Patients: 4,964	YTD Total Completed Visits: 18,369

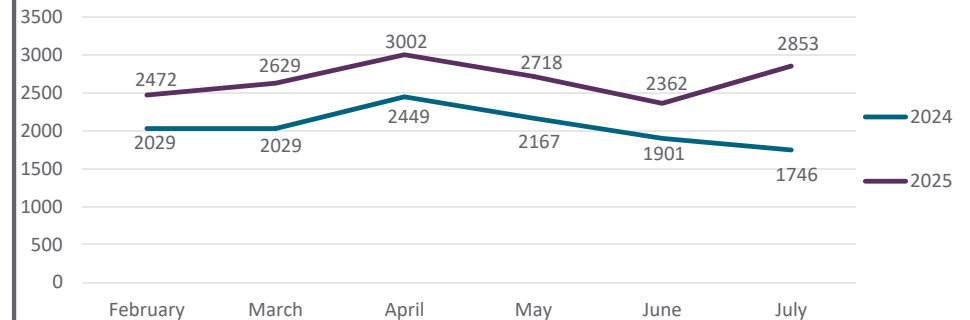
Unduplicated Patients

Monthly Unduplicated Patients (February – July)

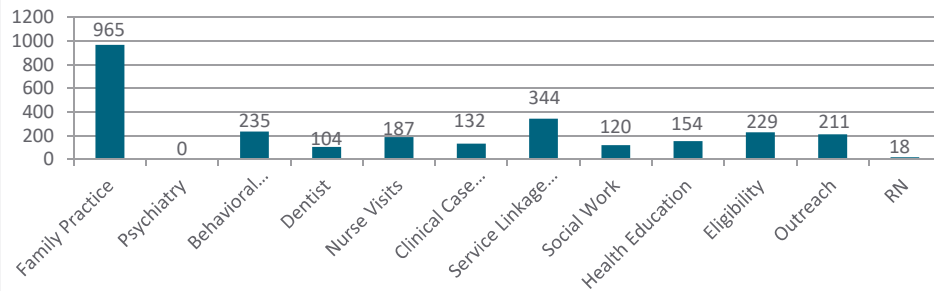


Completed Visits

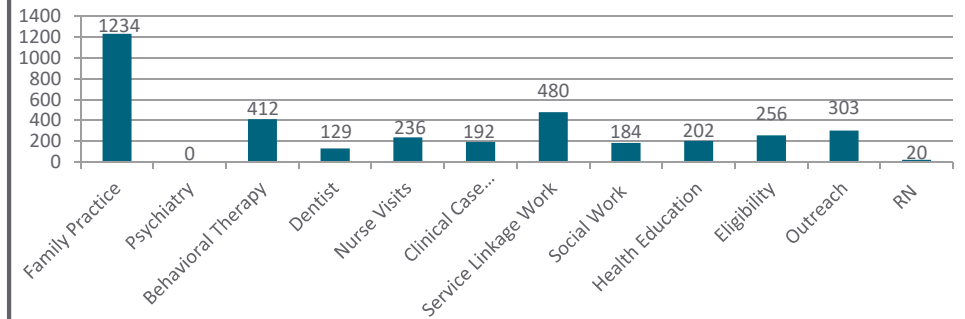
Completed Visits (February – July)



Monthly Unduplicated Patients by Department (July 2025)



Completed Visits by Department (July 2025)



Shelter Based Clinics

Health Care for the Homeless Program			
SHELTER LOCATIONS	SERVICES	SHELTER LOCATIONS	SERVICES
Harmony House Respite Center 602 Girard St., Houston, Texas 77007-6218 713-223-8104 Medical Clinic Hours of Operation: MONDAYS - FRIDAYS (7:30am - 4:30pm) <i>Eligibility: Tuesdays & Thursdays 7:30am - 4:30pm</i>	* Open Access <ul style="list-style-type: none"> • Medical • Eligibility • Dental 	Star of Hope Cornerstone 2575 Reed Rd., Houston, TX 77051-2216 832-369-3260 Medical Clinic Hours of Operation: MONDAYS - FRIDAYS (7:30am - 4:30pm) <i>Eligibility: Tuesdays & Thursdays 7:30am - 12:00pm</i>	<ul style="list-style-type: none"> • Medical • Eligibility • Dental
Lord of the Streets 3401 Fannin St., Houston, Texas 77004-3806 713-526-0311 Medical Clinic Hours of Operation: MONDAYS - FRIDAYS (7:30am - 4:30pm) <i>Eligibility: Wednesdays 7:30am - 4:30pm</i>	* Open Access <ul style="list-style-type: none"> • Medical • Eligibility • Dental 	Star of Hope Mission Men's Development Center 1811 Ruiz St., Houston, Texas 77002-1321 713-227-8900 Medical Clinic Hours of Operation: TUESDAYS, THURSDAYS & FRIDAYS (7:30am - 4:30pm) <i>Eligibility: Mondays 7:30am - 12:00pm</i>	<ul style="list-style-type: none"> • Medical • Eligibility • Dental
Open Door Mission 5803 Harrisburg Blvd., Houston, Texas 77011-4323 713-921-7520 Medical Clinic Hours of Operation: MONDAYS - FRIDAYS (7:30am - 4:30pm) <i>Eligibility: Tuesdays 7:30am - 4:30pm</i>	* Open Access <ul style="list-style-type: none"> • Medical/Lab • Eligibility • Dental 	Salvation Army Adult Rehabilitation Center 2118 Washington Ave., Houston, Texas 77007-6137 713-869-3551 Medical Clinic Hours of Operation: MONDAYS & WEDNESDAYS (7:30am - 4:30pm) <i>Eligibility: Thursdays 7:30am - 12:00pm</i>	<ul style="list-style-type: none"> • Medical • Eligibility • Dental
Navigation Center 2903 Jensen Drive Houston, Texas 77026-6019 713-497-0966 Medical Clinic Hours of Operation: MONDAYS - FRIDAYS (7:30am - 4:30pm) <i>Eligibility: Mondays 7:30am - 4:30pm</i>	* Open Access <ul style="list-style-type: none"> • Medical/Lab • Eligibility • Dental 	Mobile Dental Outreach 832-986-0358 Mobile Medical Outreach 832-547-4381	<ul style="list-style-type: none"> • Dental • Medical
* Open Access: Services are open to all people experiencing homelessness, regardless of their shelter status, based on appointment, and then, those on a 'first come, first served' basis.		ALL SITES ARE CLOSED: 3rd WEDNESDAY OF THE MONTH FROM 1:30pm - 4:30pm FOR STAFF MEETING	

Budget Summary Report

Homeless -Primary Grants and Harris Health Funding					
	Period: January 1, 2025 – June 30,2025				
	Reporting Period: January 1, 2025 – December 31, 2025				
	Line Item	Multiple Award Year Budget	YTD Total Expense	Remaining Balance (budget-projected expense)	%Used YTD
Operating	Personnel/Fringe	6,438,469	2,507,886	3,930,583	39%
	Travel	22,009	3,367	18,642	15%
	Supplies	684,493	53,576	630,917	7.8%
	Equipment	87,000	0	87,000	0%
	Contractual	830,645	80,256	750,389	9.7%
	Other	110,884	71,220	39,664	64%
	Total	8,173,500	2,716,305	5,457,195	33.2%

Healthcare for the Homeless Houston & Harris Health Health Care for the Homeless Program (HCHP): Dental Collaboration



Announcement

- Starting September 2, 2025, our HCHP's Dental Mobile Unit will operate on a limited bases at Healthcare for the Homeless Houston (HHH) sites.

Purpose & Key Details

- Guaranteeing continuous dental care for individuals experiencing homelessness without access to dental services.
- This support will remain in place until further notice, with ongoing evaluations.

Impact

- Ensures uninterrupted delivery of vital dental services.
- Highlights HCHP's commitment to collaboration and community support

Meeting of the Board of Trustees

Thursday, August 28, 2025

Consideration of Approval of the HCHP 2025 Shelter Based Clinics List

Attached for review and approval:

- **HCHP 2025 Shelter Based Clinics List**

Administration recommends that the Board approve the Healthcare for the Homeless Program Report as required by the United States Department of Health and Human Services which provides funding to the Harris County Hospital District d/b/a/ Harris Health 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 Program

SHELTER LOCATIONS	SERVICES	SHELTER LOCATIONS	SERVICES
Harmony House Respite Center 602 Girard St., Houston, Texas 77007-6218 713-223-8104 Medical Clinic Hours of Operation: MONDAYS - FRIDAYS (7:30am - 4:30pm) Eligibility: Tuesdays & Thursdays 7:30am - 4:30pm	* Open Access <ul style="list-style-type: none">• Medical• Eligibility• Dental	Star of Hope Cornerstone 2575 Reed Rd., Houston, TX 77051-2216 832-369-3260 Medical Clinic Hours of Operation: MONDAYS - FRIDAYS (7:30am - 4:30pm) Eligibility: Tuesdays & Thursdays 7:30am - 12:00pm	<ul style="list-style-type: none">• Medical• Eligibility• Dental
Lord of the Streets 3401 Fannin St., Houston, Texas 77004-3806 713-526-0311 Medical Clinic Hours of Operation: MONDAYS - FRIDAYS (7:30am - 4:30pm) Eligibility: Wednesdays 7:30am - 4:30pm	* Open Access <ul style="list-style-type: none">• Medical• Eligibility• Dental	Star of Hope Mission Men's Development Center 1811 Ruiz St., Houston, Texas 77002-1321 713-227-8900 Medical Clinic Hours of Operation: TUESDAYS, THURSDAYS & FRIDAYS (7:30am - 4:30pm) Eligibility: Mondays 7:30am - 12:00pm	<ul style="list-style-type: none">• Medical• Eligibility• Dental
Open Door Mission 5803 Harrisburg Blvd., Houston, Texas 77011-4323 713-921-7520 Medical Clinic Hours of Operation: MONDAYS - FRIDAYS (7:30am - 4:30pm) Eligibility: Tuesdays 7:30am - 4:30pm	* Open Access <ul style="list-style-type: none">• Medical/Lab• Eligibility• Dental	Salvation Army Adult Rehabilitation Center 2118 Washington Ave., Houston, Texas 77007-6137 713-869-3551 Medical Clinic Hours of Operation: MONDAYS & WEDNESDAYS (7:30am - 4:30pm) Eligibility: Thursdays 7:30am - 12:00pm	<ul style="list-style-type: none">• Medical• Eligibility• Dental
Navigation Center 2903 Jensen Drive Houston, Texas 77026-6019 713-497-0966 Medical Clinic Hours of Operation: MONDAYS - FRIDAYS (7:30am - 4:30pm) Eligibility: Mondays 7:30am - 4:30pm	* Open Access <ul style="list-style-type: none">• Medical/Lab• Eligibility• Dental	Mobile Dental Outreach 832-986-0358	<ul style="list-style-type: none">• Dental
		Mobile Medical Outreach 832-547-4381	<ul style="list-style-type: none">• Medical
* Open Access: Services are open to all people experiencing homelessness, regardless of their shelter status, based on appointment, and then, those on a 'first come, first served' basis.		ALL SITES ARE CLOSED: 3rd WEDNESDAY OF THE MONTH FROM 1:30pm - 4:30pm FOR STAFF MEETING	

Meeting of the Board of Trustees

Thursday, August 28, 2025

Consideration of Approval of the HCHP Budget Summary Report

Attached for review and approval:

- **HCHP Budget Summary Report**

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

ACS Grants - Homeless
Through June 2025

Type	Grant	Project ID	Grantor	Grant Start Date	Grant End Date	Expense Category	Award Budget	Expense through Dec 31, 2024	Budget/Balance Remaining as of Jan 1, 2025
Homeless	Homeless-Primary GYE 12/25	3317	HRSA Grant	1/1/2025	12/31/2025	Salary	3,055,980.00	-	\$ 3,055,980.00
Homeless	Homeless-Primary GYE 12/25	3317	HRSA Grant			Benefits	732,435.00	-	\$ 732,435.00
Homeless	Homeless-Primary GYE 12/25	3317	HRSA Grant			Travel	10,114.00	-	\$ 10,114.00
Homeless	Homeless-Primary GYE 12/25	3317	HRSA Grant			Supplies	154,641.00	-	\$ 154,641.00
Homeless	Homeless-Primary GYE 12/25	3317	HRSA Grant			Equipment	-	-	\$ -
Homeless	Homeless-Primary GYE 12/25	3317	HRSA Grant			Contractual	178,140.00	-	\$ 178,140.00
Homeless	Homeless-Primary GYE 12/25	3317	HRSA Grant			Other	15,200.00	-	\$ 15,200.00
Homeless	Homeless-Dental GYE 12/25	3318	HRSA Grant	1/1/2025	12/31/2025	Salary	92,999.90	-	\$ 92,999.90
Homeless	Homeless-Dental GYE 12/25	3318	HRSA Grant			Benefits	23,320.00	-	\$ 23,320.00
Homeless	Homeless-Dental GYE 12/25	3318	HRSA Grant			Travel	-	-	\$ -
Homeless	Homeless-Dental GYE 12/25	3318	HRSA Grant			Supplies	30,000.00	-	\$ 30,000.00
Homeless	Homeless-Dental GYE 12/25	3318	HRSA Grant			Equipment	-	-	\$ -
Homeless	Homeless-Dental GYE 12/25	3318	HRSA Grant			Contractual	176,845.00	-	\$ 176,845.00
Homeless	Homeless-Dental GYE 12/25	3318	HRSA Grant			Other	-	-	\$ -
Homeless	ARP - Capital	1760	HRSA Grant	9/15/2021	9/14/2025	Salary	-	-	\$ -
Homeless	ARP - Capital	1760	HRSA Grant			Benefits	-	-	\$ -
Homeless	ARP - Capital	1760	HRSA Grant			Travel	-	-	\$ -
Homeless	ARP - Capital	1760	HRSA Grant			Supplies	33,679.00	35,174.00	\$ (1,495.00)
Homeless	ARP - Capital	1760	HRSA Grant			Equipment	87,000.00	-	\$ 87,000.00
Homeless	ARP - Capital	1760	HRSA Grant			Contractual	471,800.00	-	\$ 471,800.00
Homeless	ARP - Capital	1760	HRSA Grant			Other	21,000.00	19,146.09	\$ 1,853.91
Homeless	Homeless Carryover 2025	3415	HRSA Grant	1/1/2025	12/31/2025	Salary	495,535.00	-	\$ 495,535.00
Homeless	Homeless Carryover 2025	3415	HRSA Grant			Benefits	118,928.00	-	\$ 118,928.00
Homeless	Homeless Carryover 2025	3415	HRSA Grant			Supplies	14,615.00	-	\$ 14,615.00
Homeless Support	Mobile Unit Purch/Spt	793	HCHD Foundation	8/1/2017	7/31/2025	Salary	-	-	\$ -
Homeless Support	Mobile Unit Purch/Spt	793	HCHD Foundation			Benefits	-	-	\$ -
Homeless Support	Mobile Unit Purch/Spt	793	HCHD Foundation			Travel	-	-	\$ -
Homeless Support	Mobile Unit Purch/Spt	793	HCHD Foundation			Supplies	10,000.00	5,270.52	\$ 4,729.48
Homeless Support	Mobile Unit Purch/Spt	793	HCHD Foundation			Equipment	164,305.00	164,305.00	\$ -
Homeless Support	Mobile Unit Purch/Spt	793	HCHD Foundation			Contractual	-	-	\$ -
Homeless Support	Mobile Unit Purch/Spt	793	HCHD Foundation			Other	25,769.09	2,124.07	\$ 23,645.02
Homeless Support	Shelter Support Dental	3320	Harris Health	1/1/2025	12/31/2025	Salary	13,580.00	-	\$ 13,580.00
Homeless Support	Shelter Support Dental	3320	Harris Health			Benefits	3,260.00	-	\$ 3,260.00
Homeless Support	Shelter Support Dental	3320	Harris Health			Travel	-	-	\$ -
Homeless Support	Shelter Support Dental	3320	Harris Health			Supplies	70,000.00	-	\$ 70,000.00
Homeless Support	Shelter Support Dental	3320	Harris Health			Equipment	-	-	\$ -
Homeless Support	Shelter Support Dental	3320	Harris Health			Contractual	-	-	\$ -
Homeless Support	Shelter Support Dental	3320	Harris Health			Other	-	-	\$ -
Homeless Support	Shelter Support Medical	3319	Harris Health	1/1/2025	12/31/2025	Salary	1,534,218.00	-	\$ 1,534,218.00
Homeless Support	Shelter Support Medical	3319	Harris Health			Benefits	368,213.00	-	\$ 368,213.00
Homeless Support	Shelter Support Medical	3319	Harris Health			Travel	11,895.00	-	\$ 11,895.00
Homeless Support	Shelter Support Medical	3319	Harris Health			Supplies	411,988.00	-	\$ 411,988.00
Homeless Support	Shelter Support Medical	3319	Harris Health			Equipment	-	-	\$ -
Homeless Support	Shelter Support Medical	3319	Harris Health			Contractual	3,860.00	-	\$ 3,860.00
Homeless Support	Shelter Support Medical	3319	Harris Health			Other	70,200.00	-	\$ 70,200.00

ACS Grants - Homeless
Through June 2025

Type	Grant	Project ID	Grantor	Grant Start Date	Grant End Date	Expense Category	Award Budget	Expense through Dec 31, 2024	Budget/Balance Remaining as of Jan 1, 2025
Homeless Support	Glucometers For The Homeless	2741	HCHD Foundation	10/13/2023	10/12/2025	Salary	-	-	\$ -
Homeless Support	Glucometers For The Homeless	2741	HCHD Foundation			Benefits	-	-	\$ -
Homeless Support	Glucometers For The Homeless	2741	HCHD Foundation			Travel	-	-	\$ -
Homeless Support	Glucometers For The Homeless	2741	HCHD Foundation			Supplies	4,993.80	4,979.31	\$ 14.49
Homeless Support	Glucometers For The Homeless	2741	HCHD Foundation			Equipment	-	-	\$ -
Homeless Support	Glucometers For The Homeless	2741	HCHD Foundation			Contractual	-	-	\$ -
Homeless Support	Glucometers For The Homeless	2741	HCHD Foundation			Other	6.20	20.69	\$ (14.49)

Homeless Primary Grant & Non-Federal Funding
Period: January 1, 2025 - June 30, 2025
Reporting Period: January 1, 2025 - December 31, 2025

	Line Item	Annual Budget	YTD Total Expense	Annualized Expenses	Remaining balance (Budget-YTD Expenses)	% Used YTD	% Used Annualized
Federal	Salary	\$ 3,644,514.90	\$ 1,573,507.94	\$ 3,147,015.88	\$ 2,071,006.96	43.2%	86.3%
	Benefits	\$ 874,683.00	\$ 406,343.30	\$ 812,686.60	\$ 468,339.70	46.5%	92.9%
	Travel	\$ 10,114.00	\$ 76.66	\$ 153.32	\$ 10,037.34	0.8%	1.5%
	Supplies	\$ 197,761.00	\$ 8,282.60	\$ 16,565.20	\$ 189,478.40	4.2%	8.4%
	Equipment	\$ 87,000.00	\$ -	\$ -	\$ 87,000.00	0.0%	0.0%
	Contractual	\$ 826,785.00	\$ 80,255.92	\$ 160,511.84	\$ 746,529.08	9.7%	19.4%
	Other	\$ 17,053.91	\$ 47,942.43	\$ 95,884.86	\$ (30,888.52)	281.1%	562.2%
	Total	\$ 5,657,911.81	\$ 2,116,408.85	\$ 4,232,817.70	\$ 3,541,502.96	37.4%	74.8%
Non-Federal	Salary	\$ 1,547,798.00	\$ 433,895.04	\$ 867,790.08	\$ 1,113,902.96	28.0%	56.1%
	Benefits	\$ 371,473.00	\$ 94,139.69	\$ 188,279.38	\$ 277,333.31	25.3%	50.7%
	Travel	\$ 11,895.00	\$ 3,290.47	\$ 6,580.94	\$ 8,604.53	27.7%	55.3%
	Supplies	\$ 486,731.97	\$ 45,293.61	\$ 90,587.22	\$ 441,438.36	9.3%	18.6%
	Equipment	\$ -	\$ -	\$ -	\$ -	0.0%	0.0%
	Contractual	\$ 3,860.00	\$ -	\$ -	\$ 3,860.00	0.0%	0.0%
	Other	\$ 93,830.53	\$ 23,277.30	\$ 46,554.60	\$ 70,553.23	24.8%	49.6%
	Total	\$ 2,515,588.50	\$ 599,896.11	\$ 1,199,792.22	\$ 1,915,692.39	23.8%	47.7%
Grand Total	Salary	\$ 5,192,312.90	\$ 2,007,402.98	\$ 4,014,805.96	\$ 3,184,909.92	38.7%	77.3%
	Benefits	\$ 1,246,156.00	\$ 500,482.99	\$ 1,000,965.98	\$ 745,673.01	40.2%	80.3%
	Travel	\$ 22,009.00	\$ 3,367.13	\$ 6,734.26	\$ 18,641.87	15.3%	30.6%
	Supplies	\$ 684,492.97	\$ 53,576.21	\$ 107,152.42	\$ 630,916.76	7.8%	15.7%
	Equipment	\$ 87,000.00	\$ -	\$ -	\$ 87,000.00	0.0%	0.0%
	Contractual	\$ 830,645.00	\$ 80,255.92	\$ 160,511.84	\$ 750,389.08	9.7%	19.3%
	Other	\$ 110,884.44	\$ 71,219.73	\$ 142,439.46	\$ 39,664.71	64.2%	128.5%
	Total	\$ 8,173,500.31	\$ 2,716,304.96	\$ 5,432,609.92	\$ 5,457,195.35	33.2%	66.5%

Project 3317 - Homeless Medical

	Expenses through current year June 2025	Expenses through 12/31/2024	Expenses 01/2025 to 06/2025
Salary	1,419,881.96	\$ -	\$ 1,419,881.96
Benefits	375,188.41		\$ 375,188.41
Travel	76.66	\$ -	\$ 76.66
Supplies	9,262.80	\$ -	\$ 9,262.80
Equipment	\$ -	\$ -	\$ -
Contractual	15,000.00		\$ 15,000.00
Other	5,608.43	\$ -	\$ 5,608.43
Total	\$ 1,825,018.26	\$ -	\$ 1,825,018.26

Project 3415 - Homeless Carryover 2025

	Expenses through current year June 2025	Expenses through 12/31/2024	Expenses 01/2025 to 06/2025
Salary	105,700.96	\$ -	\$ 105,700.96
Benefits	21,493.35	\$ -	\$ 21,493.35
Travel	\$ -	\$ -	\$ -
Supplies	305.94	\$ -	\$ 305.94
Equipment	\$ -	\$ -	\$ -
Contractual	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -
Total	\$ 127,500.25	\$ -	\$ 127,500.25

Project 1760 - ARP Capital

	Expenses through current year June 2025	Expenses through 12/31/2024	Expenses 01/2025 to 06/2025
Salary	\$ -	\$ -	\$ -
Benefits	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -
Supplies	32,227.94	\$ 35,174.00	\$ (2,946.06)
Equipment	\$ -	\$ -	\$ -
Contractual	\$ -	\$ -	\$ -
Other	61,321.09	\$ 19,146.09	\$ 42,175.00
Total	\$ 93,549.03	\$ 54,320.09	\$ 39,228.94

Project 3318 - Homeless Dental

	Expenses through current year June 2025	Expenses through 12/31/2024	Expenses 01/2025 to 06/2025
Salary	47,925.02		\$ 47,925.02
Benefits	9,661.54	\$ -	\$ 9,661.54
Travel	\$ -		\$ -
Supplies	1,659.92		\$ 1,659.92
Equipment	\$ -		\$ -
Contractual	65,255.92	\$ -	\$ 65,255.92
Other	159.00		\$ 159.00
Total	\$ 124,661.40	\$ -	\$ 124,661.40

Shelter Support Dental - 3320

	Expenses through current year June 2025	Expenses through 12/31/2024	Expenses 01/2025 to 06/2025
Salary	7,554.37		\$ 7,554.37
Benefits	1,067.30		\$ 1,067.30
Travel	\$ -		\$ -
Supplies	5,910.63	\$ -	\$ 5,910.63
Equipment			\$ -
Contractual	\$ -	\$ -	\$ -
Other	280.55	\$ -	\$ 280.55
Total	\$ 14,812.85	\$ -	\$ 14,812.85

Shelter Support Medical - 3319

	Expenses through current year June 2025	Expenses through 12/31/2024	Expenses 01/2025 to 06/2025
Salary	426,340.67	\$ -	\$ 426,340.67
Benefits	93,072.39		\$ 93,072.39
Travel	3,290.47		\$ 3,290.47
Supplies	39,382.98	\$ -	\$ 39,382.98
Equipment	\$ -	\$ -	\$ -
Contractual	\$ -		\$ -
Other	22,996.75	\$ -	\$ 22,996.75
Total	\$ 585,083.26	\$ -	\$ 585,083.26

Glucometers for the Homeless - 2741

	Expenses through current year June 2025	Expenses through 12/31/2024	Expenses 01/2025 to 06/2025
Salary			\$ -
Benefits			\$ -
Travel			\$ -
Supplies	4,979.31	4,979.31	\$ -
Equipment			\$ -
Contractual			\$ -
Other	\$ 20.69	\$ 20.69	\$ -
Total	\$ 5,000.00	\$ 5,000.00	\$ -

Mobile Unit Purch/Spt - 793

	Expenses through current year June 2025	Expenses through 12/31/2024	Expenses 01/2025 to 06/2025
Salary			\$ -
Benefits			\$ -
Travel			\$ -
Supplies	5,270.52	5,270.52	\$ -
Equipment	\$ 164,305.00	\$ 164,305.00	\$ -
Contractual			\$ -
Other	\$ 2,124.07	\$ 2,124.07	\$ -
Total	\$ 171,699.59	\$ 171,699.59	\$ -

BOARD OF TRUSTEES

HARRISHEALTH

Meeting of the Board of Trustees

Thursday, August 28, 2025

Executive Session

Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Financial Performance for the Six Months Ending June 30, 2025, and Overview of the Main Drivers that Impact the Financial Performance and Budget Planning, 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

- Pages 222 - 252 Were Intentionally Left Blank -