HARRISHEALTH

MINUTES OF THE HARRIS HEALTH BOARD OF TRUSTEES
Board Meeting
Wednesday, August 12, 2026
9:00 A.M.

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
I. Call to Order and Record of Attendance	The meeting was called to order at 9:03 AM by Dr. Andrea Caracostis, Presiding Officer. A quorum was present. She noted that while some board members were present in the boardroom, others were participating remotely by video conference in accordance with the Harris Health Video Conferencing Policy and applicable state law. All others wishing to view the meeting were advised to access the meeting online through the Harris Health website: http://harrishealthtx.swagit.com/live. Attendance was recorded and is appended to the archived minutes.	**A copy of the attendance is appended to the archived minutes.**
II. Approval of the Minutes of Previous Meeting • Board Meeting – July 8, 2026	Dr. Andrea Caracostis, Presiding Officer, presented the minutes of the Board meeting held on July 8, 2026 for approval. A copy of the minutes is available in the permanent record.	**Motion No. 26.08-102** **Moved by Ms. Libby Viera – Bland, seconded by Ms. Sima Ladjevardian, and unanimously passed that the Board approve the minutes of July 8, 2026, Board meeting. Motion carried.**
• HRSA Special Call Board Meeting – July 22, 2026	Dr. Andrea Caracostis, Presiding Officer, presented the minutes of the HRSA Special Call Board meeting held on July 22, 2026 for approval. A copy of the minutes is available in the permanent record.	**Motion No. 26.08-103** **Moved by Mr. Paul Puente, seconded by Ms. Libby Viera – Bland, and unanimously passed that the Board approve the minutes of July 22, 2026 HRSA Special Call Board meeting. Motion carried.**
• Fiscal Year 2027 Budget Workshop Meeting – August 3, 2026	Dr. Andrea Caracostis, Presiding Officer, presented the minutes of the Fiscal Year 2027 Budget Workshop meeting held on August 3, 2026 for approval. A copy of the minutes is available in the permanent record.	**Motion No. 26.08-104** **Moved by Ms. Libby Viera – Bland, seconded by Ms. Carol Paret, and unanimously passed that the Board approve the minutes of August 3, 2026 Fiscal Year 2027 Budget Workshop meeting. Motion carried.**

III. Announcements/ Special Presentations		
	A. CEO Report Including Special Announcements • LBJ Hospital Earns Gold Plus Recognition for STEMI Referral from the American Heart Association • Harris Health's Endoscopy Center at Quentin Mease Receives National Recognition from the American Society for Gastrointestinal Endoscopy • Health and Wellness Fair at Strawberry Health Center on Saturday, August 8, 2026, from 9:00 AM – 12:00 PM • John M. O'Quinn Hospital Construction Timeline Dr. Esmaeil Porsa, President and Chief Executive Officer, provided the CEO report and highlighted several significant organizational accomplishments and updates. Dr. Porsa announced that Lyndon B. Johnson (LBJ) Hospital received Gold Plus recognition from the American Heart Association for its referral processes involving ST-elevation myocardial infarction (STEMI) patients. He explained that this achievement represents a significant improvement from the challenges Harris Health experienced in 2020 with transferring cardiac patients from LBJ, which does not have a cardiac catheterization laboratory or cardiothoracic surgery capability. Through collaboration with UTHealth Houston and Memorial Hermann leadership, LBJ emergency physicians are now able to activate the receiving hospital's cardiac catheterization laboratory while the patient is en route, significantly improving the transition and referral process. Dr. Porsa noted that this recognition represents national acknowledgment of the work Harris Health has undertaken as part of its journey toward becoming a high-reliability organization. Dr. Porsa also recognized the Harris Health Endoscopy Center for receiving national recognition from the American Society for Gastrointestinal Endoscopy for operational excellence. He recalled that one of the early priorities identified in 2020 was addressing an approximately 8,000-patient colonoscopy backlog. Harris Health responded by developing and expanding its endoscopy capacity from two rooms operating three days per week to 22 rooms operating five days per week, with plans to expand to four additional rooms operating five days per week. Dr. Porsa reported that the endoscopy program has served approximately 7,000 patients and completed more than 9,000 procedures, and that the system is no longer experiencing a significant backlog, with patients generally receiving procedures within approximately six weeks of referral. Dr. Porsa reported on the Harris Health Strawberry Health Center Health and Wellness Fair, noting that approximately 2,000 community members attended and received services including vaccinations, screenings, and other health-related services. He expressed appreciation to Harris Health staff, physicians, residents, and community volunteers for their commitment to serving the community.	**As Presented.**

	Dr. Porsa also presented an updated construction timeline for the new LBJ Hospital, noting that the targeted opening date is January 15, 2029. Dr. Porsa stated that the timeline would be made available through Harris Health's administrative building, Diligent, and the Harris Health website to provide transparency regarding the construction progress. Board members commended Dr. Porsa and Harris Health leadership for the progress achieved in addressing the colonoscopy backlog and improving the cardiac referral process. Dr. Caracostis specifically recognized the work of current and former Board members, Harris Health leadership, the Quality Committee, physicians, and staff whose efforts established the foundation for the outcomes presented. She emphasized that the improvements demonstrate the long-term impact of Board governance and strategic oversight even when the individuals who initiated the work may no longer be serving on the Board. Dr. Porsa was thanked for his leadership and execution of these initiatives. Mr. Paul Puente also recognized Harris Health leadership and staff for responding to concerns regarding sanitary conditions and restroom facilities at the LBJ campus. It was noted that staff acted quickly and worked with construction partners to improve conditions beyond the minimum requirements.	
	B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements Board members did not provide additional announcements or advocacy updates.	
IV. Public Comment	There were no members of the public present to address the Board.	**As Presented.**
V. Executive Session	At 9:13 AM, Dr. Caracostis stated that the Board would enter Executive Session for Items V. 'A through B' as permitted by law under Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code. Ann. §§ 151.002, 160.007, and Tex. Gov't Code Ann. §551.071.	
	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 the Harris Health Medical Staff Upon Return to Open Session *Dr. Hooli was recused from discussion on this item related to Baylor College of Medicine.*	**No Action Taken.**

	B. Report Regarding Harris Health Correctional Health Quality of Medical and Healthcare, with 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, Including Consideration of Approval of Credentialing Changes for Members of the Correctional Health Medical Staff Upon Return to Open Session	**No Action Taken.**
VI. Reconvene to Open Meeting	At 9:20 AM, Dr. Caracostis reconvened the meeting in open session, noting that a quorum was present and no action was taken during Executive Session.	
VII. General Action Item(s)		
	A. General Action Item(s) Related to Quality: Medical Staff	
	1. Approval of Credentialing Changes for Members of the Harris Health Medical Staff Dr. Kunal Sharma, Chair of the Medical Executive Board, presented the report of the Harris Health Medical Executive Committee meeting held in July 2026. He reported that the committee reviewed its standard policies and procedures and discussed several operational matters, including changes in medical leadership and efforts to streamline the medical staff policy approval process. He also reported on the development of a new clinic in the Greenspoint area and presented the medical staff credentialing report, which included 27 initial appointments, no reappointments, 41 changes in clinical privileges, seven resignations, and two files for discussion in executive session. Copies of the credentialing report were available in the permanent record. *Dr. Hooli was recused from discussion on this item related to Baylor College of Medicine.*	**Motion No. 26.08-105** **Moved by Ms. Libby Viera – Bland, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda item VII.A.1. Motion carried.**
	2. Approval of Changes to the Pediatric Clinical Privileges The following privileges were added to the Pediatric Clinical Privileges under Special Noncore Privileges. • Provide family planning counseling and services; • Insertion / removal of Intrauterine devices; and • Insertion / removal of implantable devices* (i.e., Nexplanon), with documentation of successful completion of an approved course.	**Motion No. 26.08-106** **Moved by Ms. Libby Viera – Bland, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda item VII.A.2. Motion carried.**

	B. General Action Item(s) Related to Quality: Correctional Health Medical Staff	
	1. Approval of Credentialing Changes for Members of the Harris Health Correctional Health Medical Staff Dr. Otis Egins, Chief Medical Officer of Harris Health Correctional Health, presented credentialing changes for Correctional Health Medical Staff and stated there were eight initial appointments and two resignations. Copies of the credentialing report were available in the permanent record.	**Motion No. 26.08-107** **Moved by Ms. Carol Paret, seconded by Ms. Sima Ladjevardian, and unanimously passed that the Board approve agenda item VII.B.1. Motion carried.**
VIII. Strategic Discussion		
	A. Harris Health Strategic Plan Initiatives	
	1. Presentation Regarding Health Promotion and Disease Prevention at Harris Health Dr. Amy Smith, Senior Vice President, Care Transitions and Integration and Chief Health Officer, presented an update on Health Promotion and Disease Prevention, identified as Pillar 4 of the Harris Health Strategic Plan. Dr. Smith explained that Pillar 4 represents a shift toward an upstream approach focused not only on treating disease but also on preventing disease, identifying conditions earlier, improving management of chronic conditions, and reducing avoidable complications and disparities. The strategy incorporates coordinated clinical and community-based interventions designed to improve health outcomes and quality of life for the populations served by Harris Health. Dr. Smith described the Harris Collaborative as a foundational component of the strategy, supporting coordination with community partners and initiatives addressing cardiovascular health, diabetes, healthy weight management, maternal outcomes, cancer screening, behavioral health screening, and comprehensive care management. Performance will be evaluated using established national benchmarks and electronic clinical quality measures. Dr. Smith explained that the organization is developing baseline measurements and benchmarks with the goal of having the identified measures fully implemented during the current year. Dr. Jennifer Small, Chief Executive Officer, ACS, explained that the electronic clinical quality measures will allow clinicians to access patient-level performance information in real time, identify patients who are not meeting established parameters, and use the information to develop targeted interventions. The system is intended to improve accountability and transparency while allowing clinical teams and managers to identify opportunities for improvement. Board members asked questions regarding the source of the data and whether the reports would be generated through Harris Health's electronic health record systems. Dr. Small explained that the initiative has been developed collaboratively by ambulatory care and the quality team and will provide clinicians with greater visibility into their performance.	**As Presented.**

	Discussion also focused on ensuring that providers utilize the information. Dr. Matasha Russell, Chief Medical Officer, Ambulatory Care Services, reported that the quality and analytics teams have conducted outreach and education at Harris Health health centers to introduce the new electronic clinical quality measures and demonstrate how clinicians can access their individual data. Dr. Russell also noted that executive and manager-level dashboards are also being developed to support accountability and monitoring. Dr. Porsa emphasized that the initiative is ultimately focused on improving patient outcomes rather than simply providing physicians with additional data. He described the Harris Collaborative as an extension of the work that will involve external partners, including public health and community organizations, with the goal of identifying high-risk patients and conducting targeted outreach. He expressed his expectation that coordinated community health workers and partner organizations will assist in connecting high-risk patients with appropriate services and preventive care. Board members expressed appreciation for the collaborative approach, the emphasis on accountability, and the potential to strengthen Harris Health's mission of improving community health. A copy of the presentation is included in the permanent record.	
	2. Presentation Regarding the Harris Health John M. O'Quinn Hospital Construction Update Mr. Patrick Casey, Senior Vice President, Facilities, Construction and Systems Engineering, introduced representatives from McCarthy Building Companies to provide an update on construction of the new LBJ Hospital. Mr. Michael Carpenter, Project Director, McCarthy Building Companies, reviewed the project's history, beginning with the April 2024 project kickoff involving Harris Health, IT, HKS, design consultants, and construction partners. He emphasized the importance of collaboration, accountability, safety, and coordination among the project teams. Mr. Adam Sangl, Sr. Project Director, McCarthy Building Companies, reported strong safety performance, noting that the project's current safety rate is substantially below the industry standard and reflects a strong emphasis on worker protection. Safety measures include required OSHA training, site-specific training, CPR and first-aid awareness, daily and weekly safety meetings, mentoring, positive reinforcement, and proactive heat-safety measures. The project has maintained more than 1,300 craft workers on the hospital site during recent months, with more than 1,500 workers when the garage and central utility plant are included. Additional measures have been implemented to address extreme summer heat, including designated shaded areas, additional breaks, fans, hydration measures, electrolyte products, and conditioned air within portions of the building.	

	Mr. Sangl reported that the project remains on schedule and within its approximately $1.3 billion budget. The construction team noted that its projected schedule was reduced from approximately 60 months under a prior proposal to approximately 46 months, representing a reduction of more than one year. The project is currently targeting substantial completion in the fall of 2028, supporting the planned first-patient timeline. The presenters reviewed construction progress from the April 2024 kickoff through the current period, noting that the hospital, parking garage, and central utility plant structures are now substantially visible, with more than 75 percent of the hospital's exterior skin is in place, and interior finishes are progressing. Board members expressed appreciation to McCarthy, Harris Health leadership, and the project team for maintaining the schedule and budget while emphasizing worker safety. Board members also recognized the significance of the new LBJ Hospital to the Houston community and discussed the importance of transforming the Board's long-term vision for the LBJ campus into a completed facility. Questions were raised about heat-related incidents, and the construction team reported that, to its knowledge, no heat-related incidents had occurred. The Board also discussed sustainability and environmental considerations, including energy efficiency, renewable energy, building insulation, resiliency, and potential solar applications. Harris Health leadership noted that a broader system resiliency plan is being developed and offered to return to the Board with a comprehensive presentation addressing sustainability, energy use, resiliency, and related initiatives. A copy of the presentation is available in the permanent record.	
	3. Presentation Regarding the Harris Health Holly Hall Operations Center Update Mr. Louis Smith, Senior Executive Vice President, provided an update on the Harris Health Holly Hall Operations Center located on the Smith Clinic campus. He explained that the project was initially developed to address the aging central-fill pharmacy operation, including limitations related to its robotic and mechanical systems and the fact that the existing operation is in a leased facility. The new facility is designed to provide a centralized pharmacy operation while also creating infrastructure to support future virtual care, remote monitoring, nursing operations, clinical care technology, and other systemwide capabilities. Mr. Smith reviewed the site plan and explained that the facility will include centralized Emergency Medical Services (EMS) operations, large-vehicle parking, and secure maintenance and support areas for Harris Health's mobile clinics and other large vehicles. The facility will also provide future expansion capacity. The first and second floors will include spaces supporting virtual care, remote monitoring, nursing operations, and EMS. The third floor will house the central-fill pharmacy and provide capacity for future centralized pharmaceutical distribution. The fourth floor will include pharmacy support services, education and pharmacy technology training space, and a centralized compounding	

	pharmacy. The centralized compounding operation will consolidate services currently distributed among multiple Harris Health facilities. The facility is also being designed with resiliency features, including full generator capability and infrastructure intended to support continued operations during severe weather and other disaster events. The central-fill pharmacy robotics are expected to be commissioned during the fall, with a targeted go-live date of Spring 2027. The Holly Hall Operations Center is expected to become operational in May 2027, coordinated with the planned Epic implementation activities. Board members asked whether the project was funded through the Harris Health bond program. Mr. Smith explained that the Holly Hall Operations Center is being financed through other capital and funding resources rather than the bond program. Board members also asked about construction safety and requested continued updates regarding project progress. Discussion also focused on sustainability and energy efficiency. Mr. Casey explained that Harris Health is pursuing energy reduction and renewable energy strategies and is participating in broader efforts involving renewable energy procurement. Leadership noted that Harris Health focuses not only on solar installations but also on reducing overall utility consumption and incorporating resiliency and energy-efficiency measures into its facilities. Board members requested a future comprehensive presentation on the system's sustainability and resiliency efforts, including building practices, energy efficiency, renewable energy, recycling, and other environmental initiatives. A copy of the presentation is available in the permanent record.	
IX. Consent Agenda Items		
	A. Consent Purchasing Recommendations	
	1. Approval of Purchasing Recommendations (Items A1 through A12 of the Purchasing Matrix) A copy of the purchasing agenda is available in the permanent record.	**<u>Motion No. 26.08-108</u>** **Moved by Ms. Libby Viera – Bland, seconded by Mr. Paul Puente, and unanimously passed that the Board approve the purchasing recommendations (Items A1 through A12 of the Purchasing Matrix). Motion carried.**

	B. Consent Contract Recommendations	
	1. Approval of Contract Recommendations (Item C1 of the Contract Matrix) Dr. Caracostis noted a minor correction indicating that the contract matrix reference should be identified as Item B.1 rather than C.1.	**Motion No. 26.08-109** **Moved by Mr. Paul Puente, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda items IX.B through D. Motion carried.**
	C. New Consent Items for Board Approval	
	1. Acceptance of the Harris Health June 2026 Quarterly Financial Report Subject to Audit	**Motion No. 26.08-109** **Moved by Mr. Paul Puente, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda items IX.B through D. Motion carried.**
	2. Approval of Revisions to the Harris Health Policy 5.52, Investment Policy	**Motion No. 26.08-109** **Moved by Mr. Paul Puente, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda items IX.B through D. Motion carried.**
	D. Consent Reports and Updates to the Board	
	1. Bi-monthly Updates Pending State and Federal Legislative and Policy Issues Impacting Harris Health	**For Information Only**
X. Item(s) Related to the Health Care for Homeless Program		
	A. Review and Acceptance of the Following Reports for the Health Care for the Homeless Program (HCHP) as Required by the United States Department of Health and Human Services, which Provides Funding to the Harris County Hospital District d/b/a Harris Health to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act • HCHP August 2026 Operational Update	**Motion No. 26.08-110** **Moved by Libby Viera – Bland, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda items X.A. Motion carried.**

	Ms. Tracey Burdine, Director of Ambulatory Care Services (ACS), presented the Healthcare for the Homeless Program operational and budget updates required by the U.S. Department of Health and Human Services. She reported that the program had served 3,684 unduplicated patients, representing approximately 51 percent of the target at the reporting period. The program reported 12,917 completed visits in June and continued to demonstrate increasing patient volume following the filling of previously-vacant positions, including the medical director position. Ms. Burdine reviewed the program's $7.5 million budget and reported expenditure of approximately $2.6 million, representing approximately 35 percent of the total budget at the end of the reporting period. Personnel and fringe benefits represented the largest category of expenditures. Higher utilization in supplies and other expenses was attributed in part to projects associated with the 419 Emancipation clinic and other renovation activities. Ms. Burdine noted that travel, equipment, and contractual expenditures were expected to increase as staff participate in conferences and other program-related activities. Ms. Burdine also provided an update on the 419 Emancipation location, reporting that services began on May 27 through the use of a mobile medical unit. Renovation of the permanent clinic space has been delayed due to foundation repairs by the City of Houston, with renovations expected to begin shortly. At the time of the report, the program served 182 patients and completed 281 visits at the location, which houses approximately 220 individuals experiencing homelessness. Approximately $89,000 has been utilized to support the project. Ms. Burdine also discussed a potential service expansion opportunity in North Harris County involving the Hope Center near the FM 1960 area. Harris Health is evaluating the community's needs and service demand and is conducting internal due diligence involving IT, infection prevention, and other stakeholders. If the analysis supports expansion, the program will initially consider a limited schedule of approximately three days per week, followed by a potential change in scope and additional Board consideration. Ms. Burdine expressed appreciation to the Board for its support of the Healthcare for the Homeless Program and specifically recognized Board members who participated in the program's site visit and special called HRSA meeting. She reported that external reviewers were highly complementary of the Board's knowledge of the program, commitment to the mission, and support of the program's work. Board members also commended Dr. Small, Ms. Burdine, and the Healthcare for the Homeless team for their commitment to serving individuals experiencing homelessness and for the program's successful review. Copies of the presentations and supporting documentation were included in the permanent record. **Note:** Items X. A through C were presented together and considered separately for Board action.	

	B. Approval of the HCHP Second Quarter Budget Summary Report	**Motion No. 26.08-111** **Moved by Ms. Carol Paret, seconded by Ms. Libby Viera – Bland, and unanimously passed that the Board approve agenda items X.B. Motion carried.**
	C. HCHP Reports and Updates to the Board Requiring No Action	
	1. Update Regarding Clinic Renovations at 419 Emancipation	**As Presented.**
	2. Update Regarding Service Area Expansion into North Harris County	**As Presented.**
XI. Executive Session	At 10:17 AM, Dr. Caracostis stated that the Board would enter Executive Session for Items XI. 'C through G' as permitted by law under Tex. Health & Safety Code Ann. §161.032 and Tex. Gov't Code Ann. §§551.071, 551.072 and 551.085.	
	C. Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Unaudited Financial Performance for the Six Months Ending June 30, 2026, Pursuant to Tex. Gov't Code Ann. §551.085	**No action taken.**
	D. Consultation with Attorney, Pursuant to Tex. Gov't Code Ann. §551.071 Regarding Litigation and Possible Action Upon Return to Open Session, Including Approval of a Settlement in Case No. 2024-81283 in the 234th District Court, Harris County, Texas **Motion:** *Approval of the Settlement of Case No. 2024-81283 in the 234th District Court, Harris County, Texas in the amount of $825,000. President/CEO of Harris Health or his designee is authorized to execute any agreement, release, or any other necessary documents to effectuate this settlement.*	**Motion No. 26.08-112** **Moved by Ms. Libby Viera – Bland, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda items XI.D. Motion carried.**
	E. Deliberation Regarding the Purchase, Exchange, Lease or Value of Real Property, Pursuant to Tex. Gov't Code §§551.071, 551.072, and Possible Action Regarding this Matter Upon Return to Open Session	**No action taken.**
	F. Consultation with Attorney Regarding a Prevailing Wage Update, Pursuant to Tex. Health & Safety Code Ann. §161.032 and Tex. Gov't Code Ann. §551.071	**No action taken.**
	G. Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Health Care Program Requirements, Including Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032 and Tex. Gov't Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session	**No action taken.**

XII. Reconvene	At 11:32 A.M., Dr. Caracostis reconvened the meeting in open session and confirmed that a quorum remained present. She noted that no action was taken in Executive Session. The Board took action on item XI. D. of the Executive Session Agenda.	
XII. Board Education		
	A. Discussion Regarding the Texas Healthcare Trustees (THT) Certified Healthcare Trustee and Leader Certification Process Ms. Lindsay Thompson, President and CEO, Texas Healthcare Trustees, presented information regarding the Texas Healthcare Trustees Certified Healthcare Trustee and Leader program. Ms. Thompson explained that THT is a nonprofit membership organization representing approximately 80 percent of hospitals in Texas and focused on cultivating informed leaders in healthcare governance through education, training, and certification. Ms. Thompson discussed the importance of Board education in fulfilling fiduciary duties, including the duties of loyalty, care, and obedience. She noted that healthcare is a highly regulated and complex industry and that informed Board members are better positioned to provide effective oversight of quality, patient safety, financial health, regulatory compliance, and organizational performance. She also discussed the importance of Board education in maintaining public trust because trustees serve as representatives of their communities. Ms. Thompson explained that the Certified Healthcare Trustee and Leader credential is a voluntary program designed to demonstrate an individual's commitment to governance education and healthcare knowledge. The certification requires completion of an application, payment of the applicable fee, and successful completion of a short examination. Certification remains valid for three years, after which continuing education requirements must be satisfied for recertification. The program requires 12 hours of continuing education over the three-year certification period. Ms. Thompson also reviewed the Board-level certification program, which recognizes organizations based on the percentage of Board members who have earned the certification. The program provides one, two, and three-star recognition levels, with three stars representing certification of 100 percent of the Board. She noted that Harris Health currently has several certified individuals and encouraged the Board to establish a goal for increased participation. Board members discussed whether the certification examination and educational requirements could be incorporated into an existing Board meeting. Ms. Thompson indicated that THT can provide study materials, practice examinations, and resources to facilitate administration of the examination during or in conjunction with a Board meeting. Board members also asked about the amount of preparation required and the cost associated with the program. Ms. Thompson provided an overview of the study materials and certification process and offered to provide additional information to Harris Health leadership. A copy of the presentation is available in the permanent record.	

XIV. Adjournment	There being no further business to come before the Board; without objection, the meeting was adjourned at 11:48 A.M.	

I certify that the foregoing are the Minutes of the Harris Health Board of Trustees Meeting held on August 12, 2026.

Respectfully Submitted,

Andrea Caracostis, MD, MPH, Chair

Libby Viera – Bland, AICP, Secretary

Minutes transcribed by Cherry A. Joseph, MBA