BOARD OF TRUSTEES

Public Meeting Agenda

HARRISHEALTH

Wednesday, May 13, 2026
9:00 AM
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 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.

AGENDA

I.	**Call to Order and Record of Attendance**	**Dr. Andrea Caracostis**	**2 min**
II.	**Approval of the Minutes of Previous Meeting** • Board Meeting – April 8, 2026	**Dr. Andrea Caracostis**	**2 min**
III.	**Announcements / Special Presentations**	**Dr. Andrea Caracostis**	**15 min**
	A. CEO Report Including Special Announcements **– *Dr. Esmaeil Porsa***		*(10 min)*
	• Go-Live of Harris Health's Patient Flow Command Center • Spring 2026 Leapfrog Quality and Patient Safety Scores Update • New Harris Health Leadership		
	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**	**40 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, Including Possible Action Regarding this Matter Upon Return to Open Session ***– Dr. Andrea Caracostis and Dr. Thomas Cummins***		*(10 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 the Harris Health Medical Staff Upon Return to Open Session ***– Dr. Kunal Sharma and Dr. Asim Shah***		*(10 min)*

C. 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 ***– Dr. O. Reggie Egins*** *(10 min)*

D. Consultation with Attorney Regarding Prevailing Wages, 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. Sara Thomas*** *(10 min)*

VI. Reconvene to Open Meeting — **Dr. Andrea Caracostis** — **4 min**

VII. General Action Item(s) — **Dr. Andrea Caracostis** — **4 min**

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

1. Consideration of Approval of Credentialing Changes for Members of Harris Health Medical Staff ***– Dr. Kunal Sharma*** *(2 min)*

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

1. Consideration of Approval of Credentialing Changes for Members of Harris Health Correctional Health Medical Staff ***– Dr. O. Reggie Egins*** *(2 min)*

VIII. Strategic Discussion — **Dr. Andrea Caracostis** — **60 min**

A. Harris Health Strategic Plan Initiatives

1. Presentation Regarding Skilled Trade Protections for Bond-Funded Construction Contracts ***– Mr. Louis Smith, Mr. Patrick Casey and Mr. Brandon Cannaday*** **[Strategic Pillar 5:** System Optimization**]** *(10 min)*
2. Update Regarding Prevailing Wage Matters ***– Mr. Louis Smith and Mr. Patrick Casey*** **[Strategic Pillar 5:** System Optimization**]** *(5 min)*
3. Presentation Regarding Harris Health Second Quarter Capital Projects Update ***– Mr. Louis Smith, Ms. Victoria Nikitin and Mr. Patrick Casey*** **[Strategic Pillar 5:** System Optimization**]** *(15 min)*
4. Presentation Regarding an Overview of the Harris Collaborative, a Multi-Organizational Governance and Alignment Body Designed to Advance Prevention-Focused Health Improvements ***– Dr. Amy Smith and Dr. Himika Rahman*** **[Strategic Pillar 4:** Health Promotion and Disease Prevention**]** *(10 min)*
5. Presentation Regarding Harris Health Human Resources Updates ***– Mr. Omar Reid*** **[Strategic Pillar 2:** People**]** *(10 min)*

B. Committee Reports *(10 min)*

- April 21, 2026 – Governance Committee ***– Ms. Sima Ladjevardian***
- April 21, 2026 – Quality Committee ***– Dr. Andrea Caracostis***
- April 23, 2026 – Joint Conference Committee ***– Dr. Andrea Caracostis***

IX. New Items for Board Consideration — **Dr. Andrea Caracostis** — **10 min**

A. Consideration of Approval for Funding of $73,000,000 for the Harris County Hospital District Pension Plan for Calendar Year 2026 – ***Ms. Victoria Nikitin*** *(10 min)*

X. Consent Agenda Items — **Dr. Andrea Caracostis** — **5 min**

A. Consent Purchasing Recommendations

1. Consideration of Approval of Purchasing Recommendations (Items A1 through A20 of the Purchasing Matrix) – ***Ms. Kimberly Williams and Mr. Jack Adger, Harris County Purchasing Office***

   (See Attached Purchasing Expenditure Summary: May 13, 2026)

B. Consent Committee Recommendations

1. Consideration of Approval of the 2026 Harris Health Quality Manual – ***Dr. Joseph Kunisch*** **[Quality Committee]**

C. Consent Grant Recommendations

1. Consideration of Approval of a Grant Recommendation (Item C1 of the Grant Matrix) – ***Dr. Jennifer Small***

   (See Attached Grant Matrix: May 13, 2026)

D. Consent Contract Recommendations

1. Consideration of Approval of Contract Recommendations (Items D1 – D5 of the Contract Matrix) – ***Dr. Amy Smith (D1-D2), Mr. Ron Fuschillo (D3), Dr. Jennifer Small (D4) and Ms. Sara Thomas (D5)***

   (See Attached Contract Matrix: May 13, 2026)

E. New Consent Items for Board Approval

1. Consideration of Acceptance of the Harris Health March 2026 Quarterly Financial Report Subject to Audit – ***Ms. Victoria Nikitin***
2. Consideration of Approval to Acquire Real Property for the New Greenspoint Health Center – ***Mr. Patrick Casey***
3. Consideration of Approval of the Memorialization and Recognition of a Petition Provided by The Metropolitan Organization (TMO) Houston in Support of the Ben Taub Expansion – ***Ms. Olga Rodriguez***

   [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*** *(10 min)*

- HCHP May 2026 Operational Update

B.	Consideration of Approval of a HCHP Change in Scope to Remove the Dental Mobile Unit from the Health Resources and Services Administration (HRSA) Form B ***– Dr. Jennifer Small and Ms. Tracey Burdine***		*(1 min)*
C.	Consideration of Approval of the HCHP 2026 Quality Management Plan ***– Dr. Jennifer Small and Ms. Tracey Burdine***		*(1 min)*
D.	Consideration of Approval of the HCHP 2025 Service Area Analysis Report ***– Dr. Jennifer Small and Ms. Tracey Burdine***		*(1 min)*
E.	Consideration of Approval of the HCHP 2026 Needs Assessment Report ***– Dr. Jennifer Small and Ms. Tracey Burdine***		*(1 min)*
F.	Consideration of Approval of the HCHP First Quarter Calendar Year 2026 Budget Summary Report ***– Dr. Jennifer Small and Ms. Tracey Burdine***		*(1 min)*
XII.	**Executive Session**	**Dr. Andrea Caracostis**	**50 min**
E.	Consultation with Attorney, Pursuant to Tex. Gov't Code Ann. §551.071, Including Possible Action Regarding Ratification and/or Approval to Participate in the Remnant Defendants National Opioid Settlement Upon Return to Open Session ***– Ms. Ebon Swofford***		*(10 min)*
F.	Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Unaudited Financial Performance for the Three Months Ending March 31, 2026, Pursuant to Tex. Gov't Code Ann. §551.085 ***– Ms. Lisa Wright, CEO and Ms. Anna Mateja, CFO, Community Health Choice***		*(10 min)*
G.	Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Investment Report for the Three Months Ending March 31, 2026, Pursuant to Tex. Gov't Code Ann. §551.085 ***– Ms. Lisa Wright, CEO and Ms. Anna Mateja, CFO, Community Health Choice***		*(10 min)*
H.	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)*
I.	Consultation with Attorney Regarding Litigation and Claims, Pursuant to Tex. Gov't Code Ann. §551.071, and Possible Action Upon Return to Open Session ***– Ms. Sara Thomas and Ms. Ebon Swofford***		*(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
Wednesday, April 08, 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 9:04 AM by Dr. Andrea Caracostis, Chair. A quorum was present, and the attendance was recorded. Some Board members attended in person, while others joined via video conference in accordance with state law and Harris Health's videoconferencing policy. Only participants scheduled to speak were provided dial-in information. All others wishing to view the meeting were advised to access the meeting online through the Harris Health website: http://harrishealthtx.swagit.com/live. A copy of the attendance 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 – March 11, 2026	Dr. Caracostis presented the minutes of the Board meeting held on March 11, 2026 for approval. A copy of the minutes is available in the permanent record.	**Motion No. 26.04-45** **Moved by Ms. Sima Ladjevardian, seconded by Ms. Paul Puente, and unanimously passed that the Board approve the minutes of March 11, 2026, Board meeting. Motion carried.**
III. Announcements/ Special Presentations		
	A. CEO Report Including Special Announcements • Update Regarding the March 19th Commissioners Court Meeting • Second Annual Pathways to Health Summit • Announcement of Garnet Coleman Health Equity Award Recipient Dr. Esmaeil Porsa, President and Chief Executive Officer, delivered the CEO report and highlighted several major organizational updates. Dr. Porsa reported on the March 19, 2026 Harris County Commissioners Court meeting, noting the unanimous approval to proceed with the acquisition of approximately 8.9 acres of land adjacent to Ben Taub Hospital for expansion through eminent domain. He described this as a historic milestone for Harris Health and acknowledged the extensive advocacy and collaboration from community stakeholders, elected officials, and Board members.	**As Presented.**

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
	Dr. Porsa further presented an update on the Second Annual Pathways to Health Summit, convened through the Sheila Jackson Lee Center for Accelerated Health Outcomes. He reported participation from nearly 200 attendees representing approximately 100 community organizations. The Summit focused on collaborative strategies to improve population health outcomes, with presentations delivered by academic and community leaders, including Dr. Ruth Lopez – Turley, Rice University; Dr. Shreela Sharma, UT Health Houston School of Public Health; Ms. Lharissa Jacobs, FitHouston, and other subject matter experts. Dr. Porsa also announced the recipient of the Garnet Coleman Health Equity Award, recognizing The Metropolitan Organization (TMO) for decades of sustained advocacy in advancing health equity and improving community health outcomes. He emphasized the organization's longstanding partnership with Harris Health and its contributions to key system initiatives. Board members expressed appreciation for the CEO's report and acknowledged the significance of the milestones presented, particularly the hospital expansion and community partnership achievements.	
	B. Naming and Recognition Dr. Porsa presented a resolution for consideration to name the chapel at John M. O'Quinn Hospital in recognition of its community contributions and advocacy. Dr. Porsa detailed the historical and philanthropic significance of the proposed designation and its alignment with Harris Health's mission. Dr. Porsa also introduced a second recognition item regarding the memorialization and recognition agreement for the Ginni and Richard Mithoff Trauma Center. He acknowledged the longstanding contributions of Mr. and Mrs. Mithoff to trauma care and public health initiatives. Copies of the resolutions are available in the permanent record.	**As Presented.**
	1. Approval of a Resolution Naming the Chapel at John M. O'Quinn Hospital	**Motion No. 26.04-46** **Moved by Ms. Carol Paret, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda item III.B.1. Motion carried.**

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
	2. Approval of the Memorialization and Recognition Agreement for the Naming of the Ginni and Richard Mithoff Trauma Center	**Motion No. 26.04-47** **Moved by Ms. Sima Ladjevardian, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda item III.B.2. Motion carried.**
	C. Board Member Announcements Regarding Board Member Advocacy and Community Engagements Dr. Caracostis invited Board members to provide updates on advocacy and community engagement activities. She announced a congratulatory note recognizing the birth of a child to a fellow Board member and extended well wishes on behalf of the Board. No further announcements were made.	
IV. Public Comment	Mr. Stephen K, public commenter, addressed the Board, expressing concerns regarding access to services, prior communications with Harris Health staff, and allegations related to patient restrictions and discrimination. He also referenced ongoing legal matters and broader concerns regarding community services.	
V. Executive Session	At 9:21 AM, Dr. Andrea Caracostis stated that the Board would enter Executive Session for Items V. 'A through C' 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. 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, Including Possible Action Regarding this Matter Upon Return to Open Session *Dr. Hooli was recused from discussion on this item related to Baylor College of Medicine.*	**No action taken.**
	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 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.**

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
	C. 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 9:32 AM, Dr. Andrea 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 credentialing changes for members of the Harris Health Medical Staff for April 2026. He reported that there were 14 initial appointments, zero reappointments, 5 changes of privileges, 6 resignations, and 2 files were reviewed in Executive Session. Copies of the credentialing report were available in the permanent record. *Dr. Hooli was recused from this item related to Baylor College of Medicine.*	**Motion No. 26.04-48** **Moved by Ms. Carol Paret, seconded by Ms. Sima Ladjevardian, and unanimously passed that the Board approve agenda item VII.A.1. 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 the Correctional Health Medical Staff credentialing report detailing 5 initial appointments and 4 resignations. Copies of the credentialing report were available in the permanent record.	**Motion No. 26.04-49** **Moved by Mr. Paul Puente, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda item VII.B.1. Motion carried.**

VIII. Strategic Discussion		
	A. Committee Reports • March 24, 2026 – Quality Committee Dr. Caracostis presented the March 24, 2026, Quality Committee Meeting report. The report included updates on patient safety initiatives led by Dr. Thomas Cummins, who emphasized reinforcement of universal safety protocols, including pre-procedure verification, site marking, and surgical timeouts. Additionally, Dr. Amy Smith and Dr. Shazi presented on the Hospital at Home program, highlighting improved access, reduced admissions, zero unexpected mortality, and high patient satisfaction. They noted federal extension approval and ongoing challenges related to patient engagement with technology.	**As Presented.**
IX. New Items for Board Consideration	**A.** Approval of a Resolution Committing Support by Harris Health's Board of Trustees and Administration for Level III Trauma Services at Lyndon B. Johnson Hospital Ms. Carolynn Jones, Executive Vice President, Chief Compliance and Risk Officer, presented a resolution supporting Level III Trauma Services at Lyndon B. Johnson Hospital. She explained that Board approval is required to support accreditation submissions and demonstrate institutional commitment. A copy of the resolution is available in the permanent record.	**Motion No. 26.04-50** **Moved by Ms. Sima Ladjevardian, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda item IX.A. Motion carried.**
	B. Approval of a Resolution Committing Support by Harris Health's Board of Trustees for Maternal Level of Care Program at Ben Taub Hospital Ms. Jones presented a resolution supporting the Maternal Level of Care Program at Ben Taub Hospital. Dr. Caracostis and Dr. Porsa emphasized the importance of addressing maternal morbidity and mortality challenges in Harris County. A copy of the resolution is available in the permanent record.	**Motion No. 26.04-51** **Moved by Dr. Shubhada Hooli, seconded by Ms. Sima Ladjevardian, and unanimously passed that the Board approve agenda item IX.B. Motion carried.**

X. Consent Agenda Items		
	A. Consent Purchasing Recommendations	
	1. Approval of Purchasing Recommendations (Items A1 through A7 of the Purchasing Matrix) Mr. Jack Adger, Assistant Purchasing Agent, Harris County, presented the purchasing recommendations (Items A1–A7), noting that Item A2 was informational only. A copy of the purchasing agenda is available in the permanent record.	**Motion No. 26.04-52** **Moved by Ms. Carol Paret, seconded by Dr. Shubhada Hooli, and unanimously passed that the Board approve the purchasing recommendations (Items A1 through A7 of the Purchasing Matrix). Motion carried.**
	2. Harris Health First Quarter of Fiscal Year 2026 Premier Spend Report	**For Information Only**
	B. Consent Contract Recommendations	
	1. Approval of Contract Recommendations (Items B1 – B3 of the Contract Matrix)	**Motion No. 26.04-53** **Moved by Dr. Shubhada Hooli, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda items X.B. through C. Motion carried.**
	C. New Consent Items for Board Approval	
	1. Acceptance of the Harris Health February 2026 Financial Report Subject to Audit	**Motion No. 26.04-53** **Moved by Dr. Shubhada Hooli, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda items X.B. through C. Motion carried.**
	2. Approval to Transfer Ownership via Warranty Deed of a Sanitary Sewer at 2525 Holly Hall Street to the City of Houston	**Motion No. 26.04-53** **Moved by Dr. Shubhada Hooli, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda items X.B. through C. Motion carried.**

	D. Consent Reports and Updates to the Board	
	1. Bi-monthly Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health	**For Information Only**
XI. 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 April 2026 Operational Update Ms. Tracey Burdine, Director of Ambulatory Care Services (ACS), presented the HCHP April 2026 operational update, including service utilization, clinic activity, and outreach efforts. The presentation included a review of February 2026 productivity data, showing that the program served 1,712 unduplicated patients and completed 4,100 visits during the reporting period. Within February alone, approximately 1,100 unduplicated patients were served, with 609 patients receiving family practice services and about 2,100 visits completed in that service line. Overall, program performance was reported to be on target with established service delivery goals. Ms. Burdine also presented updates from the Consumer Advisory Council for the reporting period of November 2025 through January 2026, which focused on program operations, access to services, and community partnerships. Key updates included staffing and recruitment progress as well as operational changes related to the temporary suspension of the mobile medical and dental unit due to repairs, with services continuing at two satellite dental locations. She also noted that a future change of scope would be presented to the Board regarding mobile dental services. Strategic initiatives included potential service expansion at the City of Houston Navigation Hub in coordination with the Harris Center, along with ongoing outreach efforts tied to upcoming community events.	**Motion No. 26.04-54** **Moved by Dr. Shubhada Hooli, seconded by Ms. Paul Puente, and unanimously passed that the Board approve agenda items XI.A. Motion carried.**

	The report further outlined HRSA compliance requirements, emphasizing the Board's responsibility for oversight of service delivery sites and hours of operation. For 2026, HCHP will operate four open-access clinics serving both sheltered and unsheltered individuals, three closed sites serving designated populations, and mobile medical, dental, and primary care services, with mobile dental services currently suspended pending repair. Operating hours remain 7:30 a.m. to 4:30 p.m. In addition, Ms. Burdine reviewed patient satisfaction and quality improvement efforts, noting the implementation of standardized patient feedback tools across all HCHP and ACS sites to support real-time service evaluation. The current communication performance score was reported at 72.3, with most clinics meeting or exceeding access goals, although three clinics were identified as needing improvement. Action steps include increased point-of-care engagement with patients during visits to improve communication and satisfaction outcomes. During Board discussion, members raised questions regarding staffing, residency involvement, and service expansion in underserved areas. It was noted that residents are not currently rotated through the program, though the idea was discussed as a potential opportunity to enhance training and exposure to underserved populations, subject to credentialing and supervision requirements. Staffing updates indicated that two nurse practitioners have recently joined the program, and recruitment for a medical director is ongoing. Board members also discussed outreach efforts along the FM 1960 Corridor in Northeast Harris County, where mobile units were deployed in coordination with law enforcement and community partners to provide triage and connect individuals to appropriate levels of care, including shelters, clinics, and emergency services. The initiative was described as successful in building community engagement and expanding access, though continued refinement and long-term planning for sustained service delivery in the area were noted as necessary. Additional discussion focused on potential expansion into North Houston, including plans for a new brick-and-mortar clinic in the Greenspoint area to support long-term service stability beyond mobile unit operations. Copies of the presentations and updated policy documents were included in the permanent record. Note: Items A – D were presented together.	
	B. Approval of the HCHP Consumer Advisory Report	**Motion No. 26.04-55** **Moved by Ms. Carol Paret, seconded by Dr. Shubhada Hooli, and unanimously passed that the Board approve agenda items XI.B. Motion carried.**

	C. Approval of the HCHP 2025 Annual Risk Management Report	***Item taken out of order*** **Motion No. 26.04-57** **Moved by Dr. Shubhada Hooli, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda items XI.C. Motion carried.**
	D. Approval of the HCHP 2026 Shelter Based Clinics List	**Motion No. 26.04-56** **Moved by Ms. Sima Ladjevardian, seconded by Dr. Shubhada Hooli, and unanimously passed that the Board approve agenda items XI.D. Motion carried.**
XII. Executive Session	At 9:58 AM., Dr. Andrea Caracostis stated that the Board would enter Executive Session for Items XII. 'D through I' as permitted by law under Tex. Gov't Code Ann. §§551.071, 551.085, and Tex. Health & Safety Code Ann. §161.032.	
	D. Consultation with Attorney Regarding Harris Health's Proposed Acquisition by Eminent Domain of Approximately 8.9 Acres of Hermann Park Adjacent to Ben Taub Hospital for the Redevelopment and Expansion of Ben Taub Hospital and Related Legal Matters, Pursuant to Tex. Gov't Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session	**No action taken.**
	E. Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Unaudited Financial Performance for the Two Months Ending February 28, 2026, Pursuant to Tex. Gov't Code Ann. §551.085	**No action taken.**
	F. Consultation with Attorney Regarding Settlement of Claims, Pursuant to Tex. Gov't Code Ann. §551.071, Including Possible Action Upon Return to Open Session ***Motion:*** *Approval of the Settlement of claims with Yoland Creecy in an amount not to exceed $100,000. 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. 26.04-58** **Moved by Mr. Paul Puente, seconded by Dr. Shubhada Hooli, and unanimously passed that the Board approve agenda items XII.F. Motion carried.**
	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. 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.**

	H. Consultation with Attorney Regarding Texas Open Meetings Act, Pursuant to Tex. Gov't Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session	**No action taken.**
	I. Consultation with Attorney Regarding Conflict of Interest, Pursuant to Tex. Gov't Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session	**No action taken.**
XIII. Reconvene	At 11:22 A.M., Dr. Andrea 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 XII. "F" of the Executive Session Agenda. There were no action on Items XII. D, E, G, H, and I.	
XIV. Adjournment	There being no further business to come before the Board, without objection, the meeting was adjourned at 11:25 A.M.	

I certify that the foregoing are the Minutes of the Harris Health Board of Trustees Meeting held on April 8, 2026.

Respectfully Submitted,

Andrea Caracostis, MD, MPH, Chair

Libby Viera – Bland, AICP, Secretary

Minutes transcribed by Cherry A. Joseph, MBA

HARRISHEALTH

Board of Trustees
Board Meeting Attendance
Wednesday, April 8, 2026

BOARD MEMBERS PRESENT	BOARD MEMBERS ABSENT
Dr. Andrea Caracostis *(Chair)*	Ingrid Robinson
Carol Paret *(Vice Chair)*	Philip Sun
Libby Viera-Bland *(Secretary)*	
Dr. Marlen Trujillo	
Paul Puente	
Dr. Shubhada Hooli	
Sima Ladjevardian	

EXECUTIVE LEADERSHIP/STAFF/ SPECIAL INVITED GUESTS	
Alexander Barrie	Dr. Jackie Brock
Dr. Amy Smith	Jay Aiyer *(Harris County Attorney's Office)*
Anna Mateja *(CFO, Community Health Choice)*	Jennifer Small
Anthony Williams	Jennifer Zarate
Dr. Asim Shah	Jerald Summers
Bob Fleming *(The Metropolitan Organization)*	Jessey Thomas
Carolynn Jones	Joe Higgs *(The Metropolitan Organization)*
Cherry Joseph	John Matcek
Daniel Smith	Bishop John Ogletree *(The Metropolitan Organization)*
DeWight Dosplauf	Kiki Teal
Ebon Swofford *(Harris County Attorney's Office)*	Dr. Kunal Sharma
Elizabeth Hanshaw Winn *(Consultant)*	Lindsey "Katie" Rutherford *(Harris County Attorney's Office)*
Elizabeth Valdez *(Lead Organizer, The Metropolitan Organization)*	Lisa Wright *(CEO, Community Health Choice)*
Dr. Esmaeil Porsa *(President & CEO, Harris Health)*	Louis Smith
Ginni Mithoff	Maria Cowles
Dr. Glorimar Medina	Dr. Matasha Russell
Jack Adger *(Harris County Purchasing Office)*	Michael Fritz *(Harris County Attorney's Office)*

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	
Nathan Bac *(Harris County Attorney's Office)*	Sara Thomas *(Harris County Attorney's Office)*
Dr. O. Reggie Egins	Sarah Knight
Olga L. Rodriguez	Shawn DeCosta
Omar Reid	Steven K *(Public Comment Speaker)*
Paige Abernathy *(Harris County Attorney's Office)*	Dr. Thomas Cummins
Richard Mithoff	Dr. Tien Ko
Richard Whiteley *(Bracewell)*	Tracey Burdine
Sam Karim	Victoria Nikitin
Dr. Sandeep Markan	Warren Rich *(The Metropolitan Organization)*

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HARRISHEALTH

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 that the Board will discuss, review, take action upon, or regarding a subject related to healthcare or 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 virtual Public Speaker, 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. To register, members of the public may contact the Board of Trustees Office during core business hours, Monday through Friday between 8:00 a.m. to 4:00 p.m. 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
   2a. A hard copy may be emailed to BoardofTrustees@harrishealth.org
   2b. A hard copy may be mailed to 4800 Fournace Pl., Ste. E618, Bellaire, TX 77401
3. 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.

Time Limits
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 with 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 be provided with one (1) minute 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.

- Pages 18 – 22 Were Intentionally Left Blank -

Wednesday, May 13, 2026

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, Including Possible Action Regarding this Matter Upon Return to Open Session.

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

- Pages 24 – 25 Were Intentionally Left Blank -

Wednesday, May 13, 2026

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 the Harris Health Medical Staff Upon Return to Open Session.

Dr. Yashwant Chathampally
Associate Chief Medical Officer & SVP
Quality & Patient Safety

- Pages 27 – 38 Were Intentionally Left Blank -

Wednesday, May 13, 2026

Executive Session

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.

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

- Pages 40 – 41 Were Intentionally Left Blank -

Wednesday, May 13, 2026

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

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The Harris Health Medical Executive Board approved the attached credentialing changes for the members of the Harris Health Medical Staff on April 14, 2026.

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

Thank you.

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

Board of Trustees

May 2026 Medical Staff Credentials Report

Medical Staff Initial Appointments: 23
BCM Medical Staff Initial Appointments - 9
UT Medical Staff Initial Appointments - 14
HCHD Medical Staff Initial Appointments - 0
Medical Staff Reappointments: 0
BCM Medical Staff Reappointments
UT Medical Staff Reappointments
HCHD Medical Staff Reappointments
BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Changes in Clinical Privileges: 5
BCM/UT/HCHD Medical Staff Resignations: 9
Other Business
For Information
Leave of Absence - 0
Temporary Privileges Awaiting Board Approval - 4
Urgent Patient Care Need Privileges Awaiting Board Approval - 0
BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Files for Discussion: 2
Medical Staff Initial Appointment Files for Discussion - 2
Medical Staff Reappointment Files for Discussion - 0

Wednesday, May 13, 2026

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

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The Harris Health Correctional Health Medical Executive Committee approved the attached credentialing changes for the members of the Harris Health Medical Staff on April 13, 2026.

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

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

Board of Trustees

May 2026 Correctional Health Credentials Report

Medical Staff Initial Appointments: 4

Medical Staff Reappointments: 0

Medical Staff Resignations:

Medical Staff Files for Discussion: 0

Strategic Pillar Update

2026 Board Meeting Strategic Discussion Timeline*													
Strategic Pillar	**Executive Owner**	**JAN** 2026	**FEB** 2026	**MAR** 2026	**APR** 2026	**MAY** 2026	**JUN** 2026	**JUL** 2026	**AUG** 2026	**SEP** 2026	**OCT** 2026	**NOV** 2026	**DEC** 2026
Pillar 1: Quality & Patient Safety	Dr. Cummins, Dr. Yash, Jackie Brock						X						
Quality & Leapfrog Update							X						
Pillar 2: People	Omar Reid					X							
Retention, Workplace Safety, and/or Comm. Partnerships						X							
Pillar 3: Resiliency	Victoria Nikitin, Louis Smith										X		
Strategic Fiancial Plan	Victoria Nikitin									X			
Legislative Agenda											X		
Pillar 4: Health Promotion & Disease Prevention	Dr. Small, Dr. Medina, Amy Smith, Amineh Kostov								X				
Disease Prevention (TBD)									X				
Pillar 5: System Optimization	Louis Smith		X			X	X		X	X	X		X
Strategic Capital and Financial Plan	Louis Smith, Patrick Casey, Victoria Nikitin		X			X			X				X
Big Rocks							X						
Cybersecurity										X			
Enterprise Risk Management													X
Pillar 6: Access	Dr. Small, Dr. Medina, Amy Smith, Amineh Kostov	X	X			X	X	X		X	X		
Access	Amy Smith, Hope Galvan, Himika Rahman					X							
ACS Facilities Strategic Plan	Dr. Small	X					X						
Financial Assistance and Eligibility Programs Overview	Pollie Martinez		X										
Hospital at Home										X			
ACS Community Partnerships	Dr. Small							X					
ACS Initiatives (TBD)											X		

***Subject to Change**
Revised: 5.1.26

Full Board
Committee Meeting

Wednesday, May 13, 2026

Presentation Regarding Skilled Trade Protections for Bond-Funded Construction Contracts

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Patrick Casey
SVP, Facilities Construction & Systems Engineering

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

Skilled Trade Protections For Bond-Funded Construction Contracts

Harris Health Board of Trustees Update

May 13, 2026

HARRISHEALTH

Background

- Current policy is consistent with Harris County 2019 Workforce Protection Order which required a $15 minimum wage for all building construction contracts
- Board Resolution passed on April 27, 2023, mandated that Harris Health will develop a Skilled Trade Protection Policy
- Policy was approved by the Board of Trustees on September 28, 2023 (Board Motion No. 23.09-143)

Approved Board Resolution – April 27, 2023

Harris Health, by and through its Board of Trustees, hereby approves to request the Harris County Commissioner's Court to Order a Bond Election, Pursuant to Section §281.102 of the Texas Health and Safety Code During the Next General Election for the Purposes of Financing the Acquisition, Construction, Equipment, and/or Enlargement of Harris Health System Facilities in the Estimated Amount of 2.5 Billion Dollars with the Board's intentions to mandate that:

1. Each worker on a Bond Funded Harris Health Project will receive a minimum of either a $15/hour wage or a wage that meets the requirements of the Davis-Bacon and Related Act, whichever is higher;
2. A minimum of 10% of the total project hours shall be done by individuals enrolled in the Department of Labor registered apprenticeships or Bilingual Craft training programs; and
3. Employer Safety Records for workers will be considered when making awards utilizing Harris County's Contractor Safety Standards, including OSHA Safety Training and temporary disqualification of employers with poor employee safety records.

Benefits

- Apprenticeship requirements in the workforce will improve the quality of work
- OSHA training requirements will create a safer job site, reducing incidents and insurance claims
- Harris Health projects using prevailing wages will be attractive to and improve competition between potential contractors

Prevailing Wage Requirements and Monitoring

- Projects follow Harris County Prevailing Wage rates (the applicable prevailing wage rates at the time of solicitation) and each worker receives a minimum of either $15 per hour wage or a wage that meets the requirements of the Davis-Bacon Act, whichever is higher
- Harris County Department of Economic Equity and Opportunity (DEEO) conducts weekly certified payroll reviews and worker interviews to monitor prevailing wage compliance
- Harris Health has received one specific complaint to date. In investigating the complaint, Harris Health discovered two concerns regarding holiday pay and health care fringe benefits with one subcontractor. That subcontractor has responded by making payments to all workers that they have determined to be affected.
- Final review and completion of these investigations is being coordinated with DEEO and Harris Health's third-party auditor (HPM)

Apprenticeship Requirements and Monitoring

- A minimum of 10% of total project hours must be completed by individuals enrolled or graduated from an approved apprenticeship training program
- Apprenticeship hours are submitted into the Harris County payroll system (LCP Tracker). Reports are provided by the Contractors to Harris Health's Facilities Program Management Office (PMO) monthly for review.

Total Apprenticeship Hours by Project

Project	Construction Manager	Total Manhours through March 2026	Total Apprenticeship Hours through March 2026	Apprenticeship Percentage
John M. O'Quinn Hospital	McCarthy	2,041,074	352,251	17.3%
LBJ Central Utility Plant	Tellepsen	174,706	36,809	21.1%

John M. O'Quinn Hospital Apprenticeship by Trade

Trade	Subcontractor	Trade Manhours through March 2026	Apprenticeship Hours through March 2026	Apprenticeship Percentage
Concrete	McCarthy	291,227	8,868	3%
Elevator	Schindler Elevator	2,597	2,347	90%
Fire Protection	Northstar Fire Protection	27,231	23,459	86%
Electrical	Fisk Electric	238,754	157,590	66%
Plumbing	Humphrey Company	200,124	75,336	38%
Pneumatic Tube	Swisslog	2,787	1,477	53%
Mechanical	Way Engineering	294,482	83,173	28%

Central Utility Plant Apprenticeship by Trade

Trade	Subcontractor	Trade Manhours through March 2026	Apprenticeship Hours through March 2026	Apprenticeship Percentage
Mechanical	HCL Mechanical	13,718	12,716	93%
Electrical	CAPP Electric Company	28,954	17,883	62%
Plumbing	Humphrey Company	6,560	6,210	95%

OSHA Safety Requirements and Monitoring

- All workers onsite must have Occupational Safety and Health Administration (OSHA) certification. Employer safety records must be tracked by the Contractor.
- Bid documents must reflect OSHA compliance
- Workers are not allowed onsite unless they have a valid contractor badge administered by Field Control Analytics (FCA). OSHA compliance is a prerequisite prior to issuing a Badge to each worker.
- FCA report is provided monthly and identifies OSHA certification for each worker
- Trade workers with an FCA-issued badge are compliant with OSHA requirements as verified by Harris Health Facilities PMO review of the FCA database through April 2026

Wednesday, May 13, 2026

Presentation Regarding Harris Health Second Quarter Capital Projects Update

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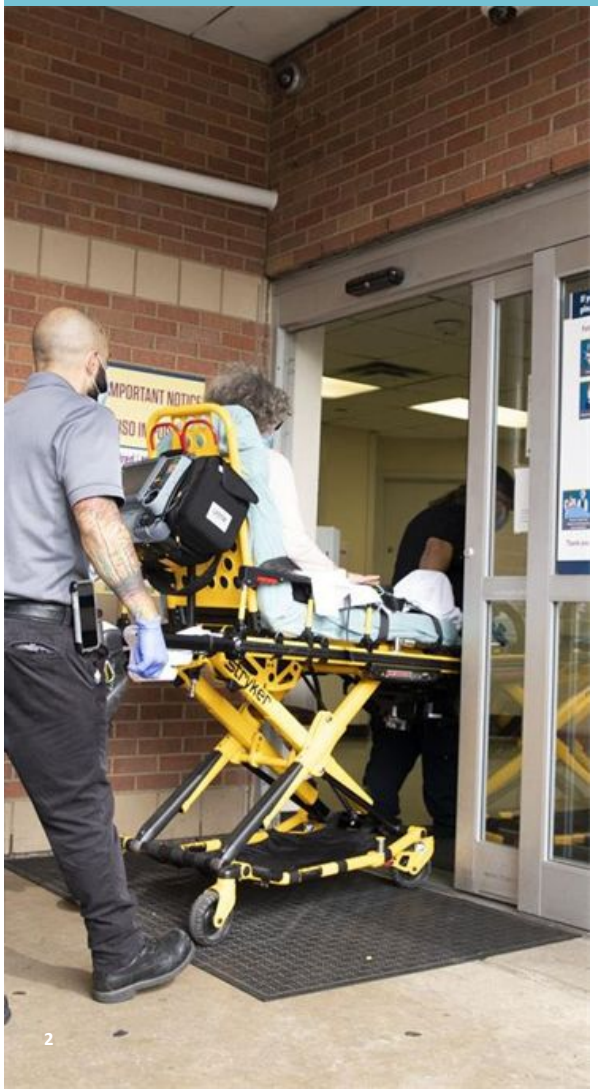
Patrick Casey
SVP, Facilities Construction & Systems Engineering

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

Capital Projects Update

Q2 2026

HARRISHEALTH



Index

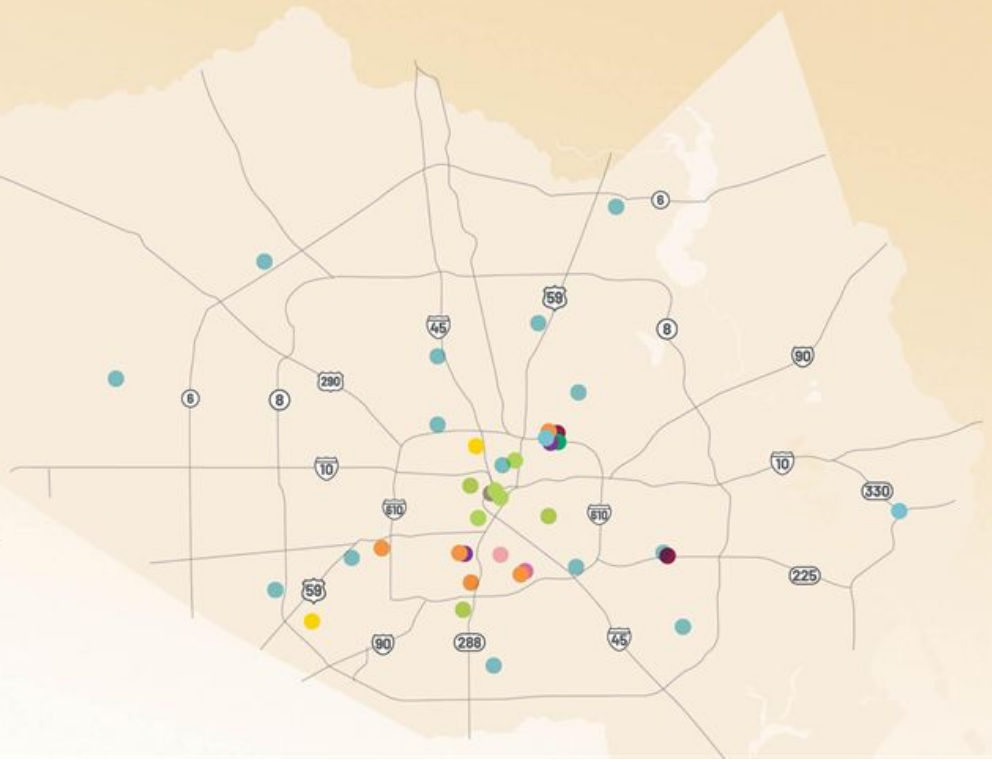
HARRISHEALTH

Summary of Harris Health Locations

Ben Taub Hospital

Lyndon B. Johnson Hospital

16 community health centers
7 homeless shelter clinics
5 large specialty clinics
2 same-day clinics
2 hospitals
2 urgent care clinics
1 ambulatory surgical center
1 dialysis center
1 free-standing dental center
1 correctional health center
and multiple mobile units



HARRISHEALTH

OVERVIEW OF COMMUNITY EVENTS

January - March 2026

50 Public Community Outreach Events & MWBE Outreach Events

702 Total Participants/Attendees

42 MWBE Attendees

334 NEW Project Stakeholder

135 Evaluations/Surveys/ Pre-Event Surveys

1 **Neighborhood bus tours** Participants from the community and community leaders rode alongside members from the project team and Harris Health leadership

76 **Neighborhoods and Area Zip Codes Reached**

(Acres Home, Fifth Ward Trinity/Kashmere Gardens, Settegast, Rosewood, Linwood, Magnolia, Pleasantville and Denver Harbor/East End and the surrounding areas)

588,364 Touches via Website, Mail, Social Media, Events & Project Contact/Call Center

Strategic Capital Program (SCP) Summary

Pavilion	SCP Program Estimate as of 1/2023	Total Projected Bond as of 4/2026*	Bond Proceeds Released Thru 3/2026	Bond Expenses to be Reimbursed **	Total Other Funding Sources as of 4/2026***	Total Program Estimate as of 4/2026****
Ambulatory Care Services (ACS)	$ 504,500,000	$ 322,551,467	$ 5,621,709	$ 540,071	$ 167,482,017	$ 490,033,484
Ben Taub (BT) Campus	$ 410,000,000	$ 146,145,449	$ 4,061,047	$ 4,640	$ 305,644,484	$ 451,789,934
Lyndon B. Johnson (LBJ) Campus	$ 2,033,000,000	$ 2,031,303,084	$ 809,326,501	$ 68,960,098	$ 10,941,029	$ 2,042,244,112
Grand Total	**$ 2,947,500,000**	**$ 2,500,000,000**	**$ 819,009,258**	**$ 69,504,808**	**$ 484,067,531**	**$ 2,984,067,531**

* Interest from Bond proceeds not included

** Remaining balance of Series 2025 Bond proceeds as of March 31, 2026 is $33,051,825 which also includes $12,061,183 in earned interest.

*** **Other Funding Sources:** Philanthropy, Cash on Hand, Interest from Bond proceeds. See appendix for summary of projects

**** Total Program Estimate as 4/2026: No change from last report dated January 27, 2026

Summary of Bond Issuance

Pavilion	SCP Program Estimate as of 1/2023	Total Projected Bond as of 4/2026*	Bond Proceeds Released Thru 3/2026	Bond Issuance 2025 Spend	Bond Expenses to be Reimbursed	Bond Issuance 2026 Spend Forecast**	Bond Issuance TBD Spend Forecast**
Ambulatory Care Services (ACS)	$ 504,500,000	$ 322,551,467	$ 5,621,709	$ 5,790,798	$ 540,071	$ 69,787,029	$ 246,973,640
Ben Taub (BT) Campus	$ 410,000,000	$ 146,145,449	$ 4,061,047	$ 4,056,585	$ 4,640	$ 32,768,810	$ 109,320,054
Lyndon B. Johnson (LBJ) Campus	$ 2,033,000,000	$ 2,031,303,084	$ 809,326,501	$ 830,152,616	$ 68,960,098	$ 727,444,161	$ 473,706,306
Grand Total	**$ 2,947,500,000**	**$ 2,500,000,000**	**$ 819,009,258**	**$ 840,000,000**	**$ 69,504,808**	**$ 830,000,000 *****	**$ 830,000,000**

* Interest from Bond proceeds not included

** Final issuance size pending determination by financial advisor. The Bond Order approved by Commissioners Court on 4/16/2026 is not to exceed $850M.

*** 2026 Bond issuance is expected to cover the unreimbursed cost of projects after Series 2025 proceeds are exhausted.

Summary of Skilled Trades Protections Policy

POLICY ELEMENT	REQUIREMENT	CURRENT PERFORMANCE (MARCH 31, 2026)
Prevailing Wage	Greater of County rate (Davis-Bacon) or $15/hr	Prevailing Wages are based on applicable Harris County rates*; Complaint Investigations: 1 Resolved, 1 Ongoing
Apprenticeship Hours	≥10% of project hours by apprentices	17-21% achieved
OSHA Safety	All onsite workers OSHA-certified	Full compliance confirmed
Oversight	Weekly payroll reviews, monthly reporting, complaint investigation, payroll corrections	Ongoing, verified, 3rd Party Auditor
Strategic Benefits	Quality, risk reduction, skilled work force trained on safety	Positive impact observed, low incident rates

*The statutes lock-in the prevailing wages at the time of solicitation

LBJ Campus

<table>
<tr><th>Project Name</th><th>Project Scope</th><th>Phase</th><th>Current Progress</th><th>Project Schedule</th></tr>
<tr>
<td>John M. O'Quinn Hospital</td>
<td>The project delivers a state-of-the-art hospital designed for long-term expansion and operational resilience, with capacity for 450 beds—330 activated at opening and 120 reserved for future build-out. As a Level 1 trauma-capable facility, it will include 12 operating rooms with shelled space for future growth, a hybrid OR, and three dedicated C-section rooms. Clinical capabilities will feature advanced interventional and diagnostic services, including cardiac catheterization and electrophysiology labs, CT imaging suites, and interventional radiology.</td>
<td>Construction</td>
<td>2,100,000 Man Hours recorded. Levels 1 - 10 Interior walls and MEP in progress. Tunnel - Mechanical, Electrical and Plumbing in progress, near completion
Perimeter and Elevator Steel placement progressing. Stairs underway. Legacy Bridge tie-in ongoing. Structure topped out. Precast panel and brick installation ongoing.
Window installation ongoing
Bathroom pods have been delivered through level 8
Temporary dry-in for podium on track for early April.
Window testing on-going. GE / Philips / Storz / Steris have been on site for initial measurements and verifications. Entrance canopy structure nearing completion</td>
<td>
<table>
<tr><th>Milestone</th><th>Target Date</th></tr>
<tr><td>Design Completion</td><td>June 2025</td></tr>
<tr><td>Construction Start</td><td>September 2024</td></tr>
<tr><td>Construction Completion</td><td>September 2028</td></tr>
</table>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</tr>
<tr>
<td>LBJ Campus - Cancer Initiative</td>
<td>New construction and renovation of the LBJ Annex space on the LBJ Campus. Planning to feature 2 new Linear Accelerators and expansion of a 3rd vault, Brachytherapy suite, CT Simulator, Infusion Center up to 50 stations including a dedicated lobby, covered entrance, physician offices, exam rooms and support spaces.</td>
<td>Design</td>
<td>Design firm, HKS, is developing blocking and concept design.</td>
<td>
<table>
<tr><th>Milestone</th><th>Target Date</th></tr>
<tr><td>Design Completion</td><td>November 2026</td></tr>
<tr><td>Construction Start</td><td>December 2026</td></tr>
<tr><td>Construction Completion</td><td>October 2028</td></tr>
</table>

</td>
</tr>
</table>

Ben Taub Campus

Project Name	Project Scope	Phase	Current Progress	Project Schedule	
Ben Taub Bed Tower	Construction of a new 100-bed expansion facility on the 8.9-acre tract adjacent to Ben Taub Hospital, including a direct skyway connection to the existing hospital. Site improvements will address detention requirements, incorporate flood-mitigation measures, and fulfill the commitments outlined in the memorandum of understanding between Harris Health and the Hermann Park Conservancy.	Land Acquisition	Commissioner's court approved of condemnation March 19, 2026.	<table><tr><th>Milestone</th><th>Target Date</th></tr><tr><td>Design Completion</td><td>TBD</td></tr><tr><td>Construction Start</td><td>TBD</td></tr><tr><td>Construction Completion</td><td>TBD</td></tr></table>	
Ben Taub CCU Renovation and Reconfiguration	Provide the CCU with 6 new private rooms and upgraded support services to bring the total patient room count in the department to 14. The primary area to be renovated is the existing Cath Lab space on level 6. Renovate existing restrooms to comply with current accessibility standards	Construction Procurement	Competitive Sealed Propsal (CSP) in-progress. Target to submit to June 2026 Board.	<table><tr><th>Milestone</th><th>Target Date</th></tr><tr><td>Design Completion</td><td>January 2026</td></tr><tr><td>Construction Start</td><td>September 2026</td></tr><tr><td>Construction Completion</td><td>December 2027</td></tr></table>	
Ben Taub Data Center and IT Room	Renovate existing IDF rooms for MDF room expansion	Design	100% Construction Documents are complete.	<table><tr><th>Milestone</th><th>Target Date</th></tr><tr><td>Design Completion</td><td>May 2026</td></tr><tr><td>Construction Start</td><td>December 2026</td></tr><tr><td>Construction Completion</td><td>November 2027</td></tr></table>	

Ambulatory Care Services (ACS)

Project Name	Project Scope	Phase	Current Progress	Project Schedule	
Pasadena Square Clinic	Renovation of ~60,000 SF to house Monroe Urgent Care, Strawberry Health Center, and Pasadena Pediatric and Adolescence Center	Design	Programming is being finalized by end-users. First funding tranche ($5M) received from Harris County. 14 CMaR proposals submitted; selection committee is evaluating to award construction services to submit to May 2026 Board	Milestone: Design Completion — Target Date: October 2026 Construction Start — December 2026 Construction Completion — October 2028	
Sunset Heights Urgent Care on Casa de Amigos Campus	The new urgent care clinic will be approximately 8,383 SF. Planning will incorporate essential public, administrative, clinical, support spaces to include a waiting area, administrative offices, exam and treatment rooms, storage and key site improvements to enhance parking and traffic flow.	Construction Procurement	Competitive Sealed Propsal (CSP) in-progress. Target to submit to June 2026 Board.	Milestone: Design Completion — Target Date: April 2026 Construction Start — August 2026 Construction Completion — October 2027	
Greater Alief Clinic	Leased interior renovation of approximately 10,000 SF for clinic with 5,000 SF of shelled space. The clinic space includes: primary care, behavioral health, pyschiatry, clinical pharmacy	Design	Lease is being submitted to Board for approval. Design Consultant procurement in-progress	Milestone: Design Completion — Target Date: October 2026 Construction Start — May 2027 Construction Completion — May 2028	


Appendix
HARRISHEALTH

Strategic Capital Program Projects by Completion Date

Precinct	Pavilion	Forecast Completion Date	Project Name	Total Projected Bond as of 4/2026*	Bond Expenses Thru 3/2026	Total Other Funding Sources as of 4/2026**	Total Project Estimate as of 4/2026
1, 2, 4	ACS	2025 Q3	SCP ACS INFRASTRUCTURE REPLACE WATER HEATERS - EFL, ACRES, SETTEGAST & BAYTOWN	$ 152,417	$ 152,417	$ 2,500	$ 154,916
1	ACS	2025 Q3	SCP ACS INFRASTRUCTURE SC REPLACEMENT OF EXHAUST FANS (FY24)	$ -	$ -	$ 123,637	$ 123,637
1	ACS	2025 Q3	SCP ACS SC BONE DENSITY MACHINE	$ 93,887	$ 93,887	$ -	$ 93,887
1	ACS	2025 Q3	SCP ACS SC MAMMOGRAPHY UNIT REPLACEMENT (MAMMO 1-6)	$ -	$ -	$ 2,552,424	$ 2,552,424
1	ACS	2026 Q1	SCP ACS INFRASTRUCTURE NW RTUS 3 AND 6	$ 84,137	$ 84,137	$ -	$ 84,137
1	ACS	2026 Q2	SCP ACS INFRASTRUCTURE ALDINE ROOFTOP UNITS	$ 1,160,673	$ 844,284	$ 1,004,832	$ 2,165,504
1	ACS	2026 Q2	SCP ACS INFRASTRUCTURE MLK RTU AND LIEBERT UNIT REPLACEMENT (FY24)	$ 653,931	$ 541,278	$ 204,333	$ 858,264
1	ACS	2026 Q2	SCP ACS INFRASTRUCTURE NW FIRE ALARM PANEL AND RELATED EQUIPMENT	$ 163,575	$ 69,683	$ -	$ 163,575
1	ACS	2026 Q3	SCP ACS INFRASTRUCTURE SMITH CLINIC FIRE PANEL UPGRADE	$ 128,706	$ 1,047	$ -	$ 128,706
1	ACS	2026 Q3	SCP ACS SC PET CT REPLACEMENT AND MOBILE UNIT IMPROVEMENTS	$ 1,990,133	$ 737,654	$ 3,832,408	$ 5,822,541
1, 2	ACS	2027 Q1	SCP ACS INFRASTRUCTURE UPGRADE AT BY, GG, AC (COMBINED)	$ 694,281	$ 5,863	$ -	$ 694,281
1, 2, 3, 4	ACS	2027 Q4	SCP ACS LAND ACQUISITIONS (4 SITES)	$ -	$ -	$ -	$ -
1	ACS	2027 Q4	SCP ACS SC CT SCANS (1-3) AND CT SIMULATOR REPLACEMENT	$ 7,229,269	$ 121,553	$ 461,111	$ 7,690,380
2	ACS	2027 Q4	SCP ACS SUNSET HEIGHTS URGENT CARE CONSTRUCTION AND BUILDOUT	$ 13,211,250	$ 465,772	$ 61,007	$ 13,272,257
4	ACS	2028 Q1	SCP ACS GREATER ALIEF	$ 8,000,000	$ 714,128	$ -	$ 8,000,000
1	ACS	2028 Q1	SCP ACS SC MRI SCAN1.5T REPLACEMENT (MRI 1&3)	$ 7,096,834	$ 540,714	$ 263,166	$ 7,360,000
4	ACS	2028 Q2	SCP ACS SAREEN SAME DAY CLINIC CONSTRUCTION AND BUILDOUT ON EL FRANCO LEE CAMPU	$ 6,553,359	$ 297,481	$ -	$ 6,553,359
1	ACS	2028 Q2	SCP ACS SC LINEAR ACCELERATORS REPLACEMENT (LINEAR 1-2)	$ 20,401,343	$ 71,151	$ 795,172	$ 21,196,515
1	ACS	2028 Q2	SCP ACS SC RADIOGRAPHIC REPLACEMENT (RAD ROOM 1)	$ 422,793	$ -	$ 29,477	$ 452,270
1	ACS	2029 Q1	SCP ACS SC RAD FLUOROSCOPY REPLACEMENT (RF ROOMS 1,2)	$ 2,163,980	$ 130,972	$ 77,227	$ 2,241,207
3	ACS	2029 Q2	SCP ACS CYPRESS CLINIC	$ 35,472,436	$ 145,091	$ 527,564	$ 36,000,000
1	ACS	2029 Q2	SCP ACS HARRIS HEALTH GARAGE (SERVING BT, QM, SMITH)	$ 59,891,729	$ -	$ 108,271	$ 60,000,000
1	ACS	2029 Q2	SCP ACS RADIATION ONCOLOGY AT LBJ	$ 69,779,298	$ 181,513	$ 220,702	$ 70,000,000
2	ACS	2029 Q3	SCP ACS GREENSPOINT HEALTH CLINIC	$ 53,109,486	$ 71,044	$ 9,416,506	$ 62,525,992
1	ACS	2030 Q2	SCP ACS ACRES HOME AGE FACILITY REPLACEMENT AND EXPANSION	$ 21,921,780	$ 528,822	$ 35,978,220	$ 57,900,000
4	ACS	2030 Q4	SCP ACS VALLBONA MAIN RENOVATION, CAMPUS, ANNEX AND ROBINDELL SAME DAY CLINIC	$ 9,572,666	$ 276,534	$ 46,427,334	$ 56,000,000
1, 2, 3, 4	ACS	2032 Q2	SCP ACS MOBILE MAMMO VAN (REFRESH IN 7-8 YEARS)	$ -	$ -	$ 1,999,632	$ 1,999,632
3	ACS	2033 Q1	SCP ACS NET NEW HEALTH CENTER PRECINCT 3	$ -	$ -	$ 22,500,000	$ 22,500,000
1	ACS	2033 Q4	SCP ACS NORTHWEST AGE FACILITY REPLACEMENT	$ 2,603,504	$ 86,755	$ 40,896,496	$ 43,500,000
			ACS Total	**$ 322,551,467**	**$ 6,161,780**	**$ 167,482,017**	**$ 490,033,484**

Strategic Capital Program Projects by Completion Date

Precinct	Pavilion	Forecast Completion Date	Project Name	Total Projected Bond as of 4/2026*	Bond Expenses Thru 3/2026	Total Other Funding Sources as of 4/2026**	Total Project Estimate as of 4/2026
1	BT	2027 Q2	SCP BT DATA CENTER EXPANSION AND IDR PHASE 1	$ 5,541,572	$ 288,146	$ 128,000	$ 5,669,572
1	BT	2027 Q3	SCP BT FAN COIL UNIT REPLACEMENTS	$ 489,600	$ 6,325	$ -	$ 489,600
1	BT	2027 Q3	SCP BT LOADING DOCK AND SUPPLY CHAIN CONSTRUCTION AND EXPANSION	$ 2,237,263	$ 110,339	$ -	$ 2,237,263
1	BT	2027 Q3	SCP BT NPC AIR HANDLING UNITS REPLACEMENT (MASTERPLAN)	$ 10,758,249	$ 153,131	$ 391,601	$ 11,149,849
1	BT	2028 Q1	SCP BT CCU RENOVATION AND RECONFIGURATION	$ 8,337,766	$ 344,514	$ 28,543	$ 8,366,308
1	BT	2028 Q3	SCP BT GI (ENDOSCOPY) DEPARTMENT RELOCATION AND CONSTRUCTION	$ 269,052	$ -	$ -	$ 269,052
1	BT	2029 Q2	SCP BT TRAUMA/SURGICAL ICU RENOVATION AND RECONFIGURATION	$ 708,967	$ -	$ 40,333	$ 749,300
1	BT	2029 Q3	SCP BT IP PUBLIC ADDRESS UPGRADE	$ 4,642,339	$ 9,882	$ 1,241,674	$ 5,884,013
1	BT	2029 Q3	SCP BT IP TELEVISION UPGRADE	$ 2,468,346	$ -	$ 1,059,608	$ 3,527,954
1	BT	2030 Q2	SCP BT ISOLATION VALVE REPLACEMENT	$ 16,271,779	$ 424,410	$ 7,175,243	$ 23,447,022
1	BT	2031 Q3	SCP BT BED TOWER ADDITION	$ 94,420,516	$ 2,728,940	$ 295,579,484	$ 390,000,000
			BT Total	**$ 146,145,449**	**$ 4,065,687**	**$ 305,644,484**	**$ 451,789,934**
1	LBJ	2025 Q1	SCP LBJ HOSPITAL EXPANSION SITE ENABLING	$ 3,536,462	$ 3,536,462	$ -	$ 3,536,462
1	LBJ	2025 Q3	SCP LBJ FARM RELOCATION	$ 56,089	$ 56,089	$ -	$ 56,089
1	LBJ	2025 Q4	SCP LBJ REAL PROPERTY ACQUISITION	$ 8,644,408	$ 8,644,408	$ 3,369,127	$ 12,013,535
1	LBJ	2026 Q3	SCP LBJ ENTRANCE CONSTRUCTION AND RELOCATION	$ 837,842	$ 837,842	$ -	$ 837,842
1	LBJ	2026 Q3	SCP LBJ PATIENT PARKING LOT B AWNING	$ 107,390	$ 1,652	$ 23,370	$ 130,759
1	LBJ	2026 Q4	SCP LBJ LEGACY HOSPITAL MASTER PLAN	$ 173,000	$ 85,388	$ -	$ 173,000
1	LBJ	2027 Q2	SCP LBJ HOSPITAL EXPANSION - NEW PARKING GARAGE	$ 50,684,495	$ 26,701,468	$ -	$ 50,684,495
1	LBJ	2028 Q4	SCP LBJ HOSPITAL EXPANSION CENTRAL UTILITY PLANT (CUP)	$ 153,651,233	$ 86,320,001	$ -	$ 153,651,233
1	LBJ	2029 Q1	SCP LBJ HOSPITAL EXPANSION	$ 1,813,612,165	$ 752,103,290	$ 7,548,532	$ 1,821,160,698
			LBJ Total	**$ 2,031,303,084**	**$ 878,286,599**	**$ 10,941,029**	**$ 2,042,244,112**
			Grand Total	**$ 2,500,000,000**	**$ 888,514,066**	**$ 484,067,531**	**$ 2,984,067,531**

* Interest from Bond proceeds not included

** **Other Funding Sources:** Philanthropy, Cash on Hand, Interest from Bond proceeds

Total Apprenticeship Hours by Project

Project	Construction Manager	Total Manhours through March 2026	Total Apprenticeship Hours through March 2026	Apprenticeship Percentage
John M. O'Quinn Hospital	McCarthy	2,041,074	352,251	17.3%
LBJ Central Utility Plant	Tellepsen	174,706	36,809	21.1%

John M. O'Quinn Hospital Apprenticeship by Trade

Trade	Subcontractor	Trade Manhours through March 2026	Apprenticeship Hours through March 2026	Apprenticeship Percentage
Concrete	McCarthy	291,227	8,868	3%
Elevator	Schindler Elevator	2,597	2,347	90%
Fire Protection	Northstar Fire Protection	27,231	23,459	86%
Electrical	Fisk Electric	238,754	157,590	66%
Plumbing	Humphrey Company	200,124	75,336	38%
Pneumatic Tube	Swisslog	2,787	1,477	53%
Mechanical	Way Engineering	294,482	83,173	28%

Central Utility Plant Apprenticeship by Trade

Trade	Subcontractor	Trade Manhours through March 2026	Apprenticeship Hours through March 2026	Apprenticeship Percentage
Mechanical	HCL Mechanical	13,718	12,716	93%
Electrical	CAPP Electric Company	28,954	17,883	62%
Plumbing	Humphrey Company	6,560	6,210	95%

HARRISHEALTH

36+ Month OVERVIEW OF COMMUNITY EVENTS

July 2022– Dec. 2025

157 Public Community Outreach Events

5,617 Total Participants/Attendees

5,636 Project Stakeholder Registry

2,342 Evaluations/Surveys

5 **Neighborhood bus tours** Participants from the community and community leaders rode alongside members from the project team and Harris Health leadership- Collaboration with METRO, Community Leaders, non-profit organizations and agencies.

81% Survey respondents agreed with building new Hospital

15 Town Hall Meetings

222 **Neighborhoods and Area Zip Codes Reached**

(Acres Home, Fifth Ward Trinity/Kashmere Gardens, Settegast, Rosewood, Linwood, Magnolia, Pleasantville and Denver Harbor/East End and the surrounding areas)

72% Bond Referendum Passed

141,129 Touches via Website, Events & Project Contact/Call Center

Source: PPG Global, LLC©2025- Harris Health LBJ Hospital Project Data

John M. O'Quinn Hospital on LBJ Campus

Q2 2026

HARRISHEALTH

Construction Completion Timeline for LBJ Campus Expansion

Groundbreaking
May 2024

Timeline

1st Qtr. 2027

Garage

OSC O'DONNELL CONSTRUCTION SNIDER

4th Qtr. 2027

CUP

TELLEPSEN

1st Qtr. 2029

John M. O'Quinn Hospital

McCARTHY

New Hospital Construction Progress Video

Video Link: https://mbc.box.com/s/zsxvp606ldaa817k5ykwa2llv4iiffqt

LBJ Campus

Project Name	Project Scope	Phase	Current Progress	Project Schedule	
LBJ Hospital Expansion - New Parking Garage	The proposed 7 story garage will be a new 456,349 square foot precast parking structure that contains offices, MEP rooms, I.T. rooms, will have 1284 parking spaces, and space designated for future community retail development on the first level.	Construction	MEP trades continuing site layout in concrete. Precast Grouting and caulking. Continue Preparation for Level 2 Sub Slab. Topping slab pours ongoing - Misc. areas to complete. Cold form metal framing and sheathing is ongoing. Vertical fin clips install has started. Canopy steel supports have started. Start underground detention end of the month.	Milestone / Target Date Design Completion: November 2023 Construction Start: September 2024 Construction Completion: December 2026	
LBJ Hospital Expansion - Central Utility Plant (CUP)	The project includes construction of a new 89,783 SF Central Utility Plant (CUP) on the south side of the LBJ Hospital Expansion, adjacent to the existing staff parking garage and the 610 North Loop East Freeway. Work will include utility relocations and upgrades from the existing CUP, along with flood-mitigation measures integrated into the site design. The new CUP will house key building-support functions, including domestic water, fire pump, chiller and heat-recovery systems, medical gas equipment, boilers, a CenterPoint vault, monitoring space, and tool/stock storage on Level 1. Level 2 will include the facility office suite, two generator rooms, an emergency switchgear room, an electrical room, and two MV rooms.	Construction	Exterior and Interior CMU walls ongoing - exterior will complete end of April. Waterproofing will complete right behind the CMU. Masonry working on the north side and west. Interior office walls are being prepped for paint. Water tank roof in progress - complete in April - filled in May. Stair / Elevator Tower fireproofing 90% complete. Major Equipment deliveries - complete MEP rough-in continuing. OPC investigations complete waiting on final direction of the piping. Painting - first coat on CMU in progress. IT to review on site. Road on the east side of the CUP will be completed but not useable next week	Milestone / Target Date Design Completion: February 2025 Construction Start: October 2024 Construction Completion: November 2027	 

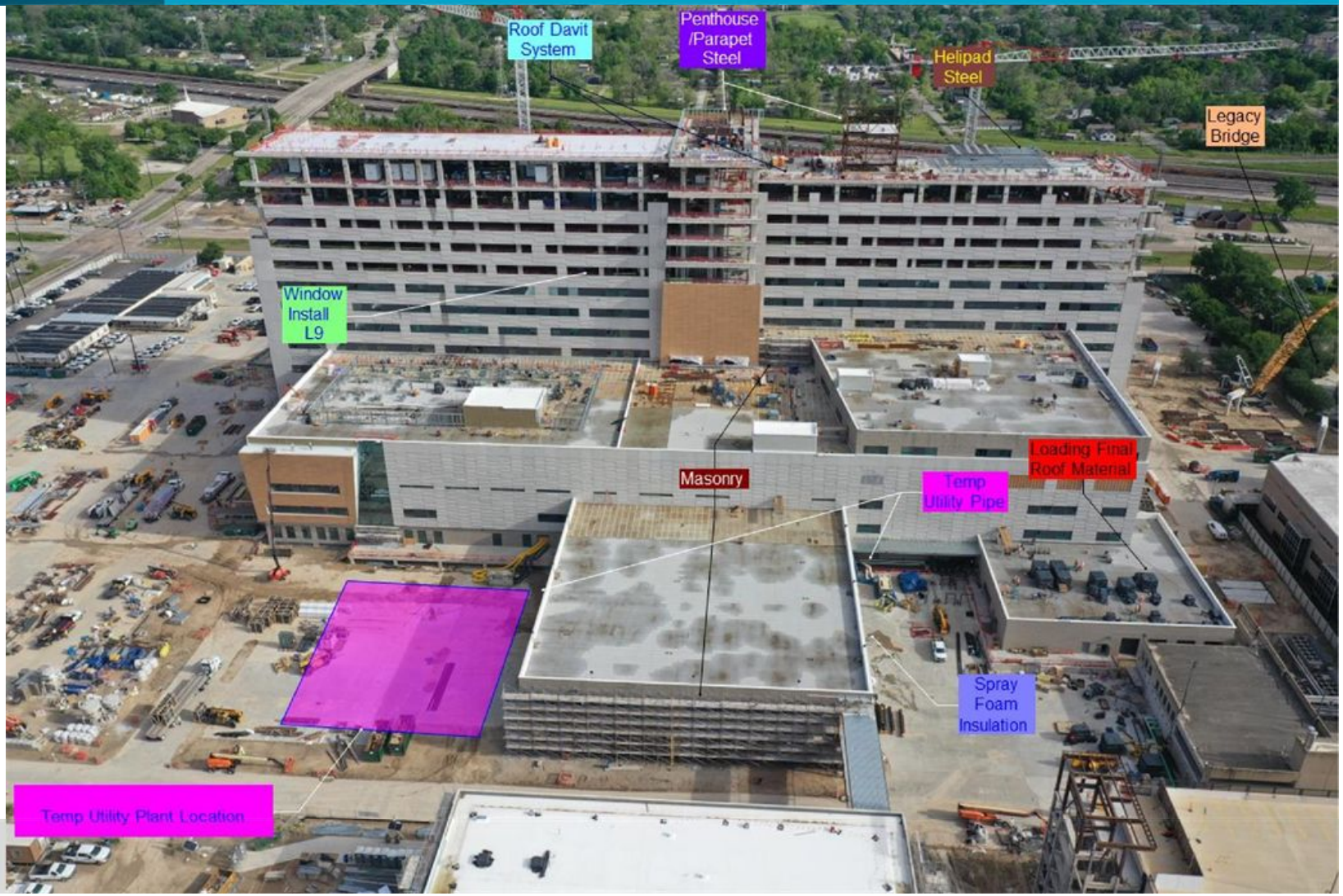
Construction Update

Progress Highlights:

- **2.1M man-hours** completed
- **Interior build-out (Levels 1–10):** walls and MEP progressing
- **Tunnel MEP systems:** nearing completion
- **Perimeter & elevator steel** installation advancing
- **Stair installation** underway
- **Legacy Bridge** tie-in ongoing
- **Structure topped out**
- **Exterior enclosure:** precast panels and brick installation ongoing
- **Window installation** in progress
- **Bathroom pods** delivered through Level 8
- **Podium dry-in** on track for early April
- **Window testing** ongoing
- **Vendor coordination:** GE, Philips, Storz, Steris onsite for measurements and verification
- **Entrance canopy structure** nearing completion

Progress Overview from NW

View from South



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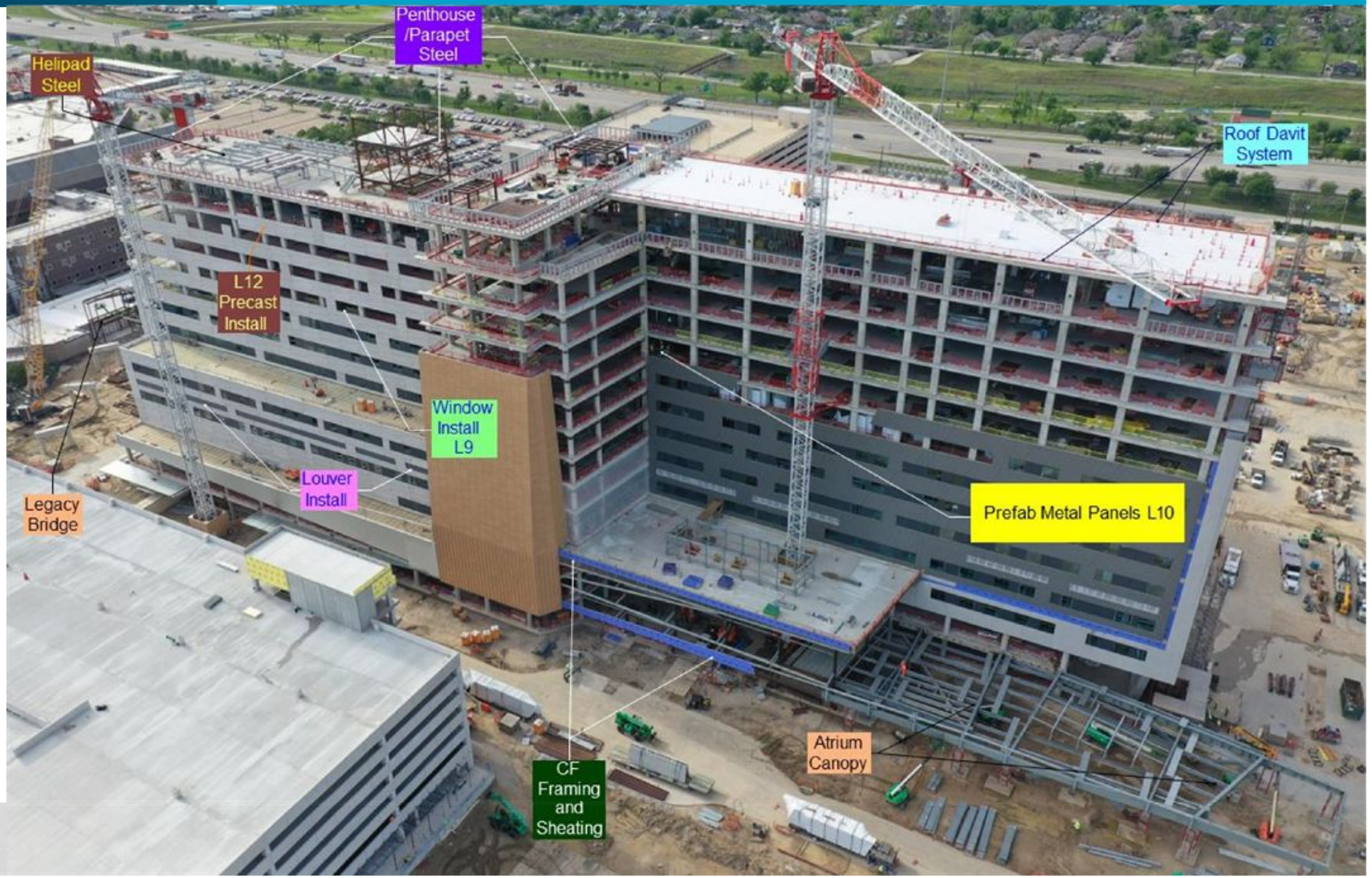
Q2 2026

View from Northwest



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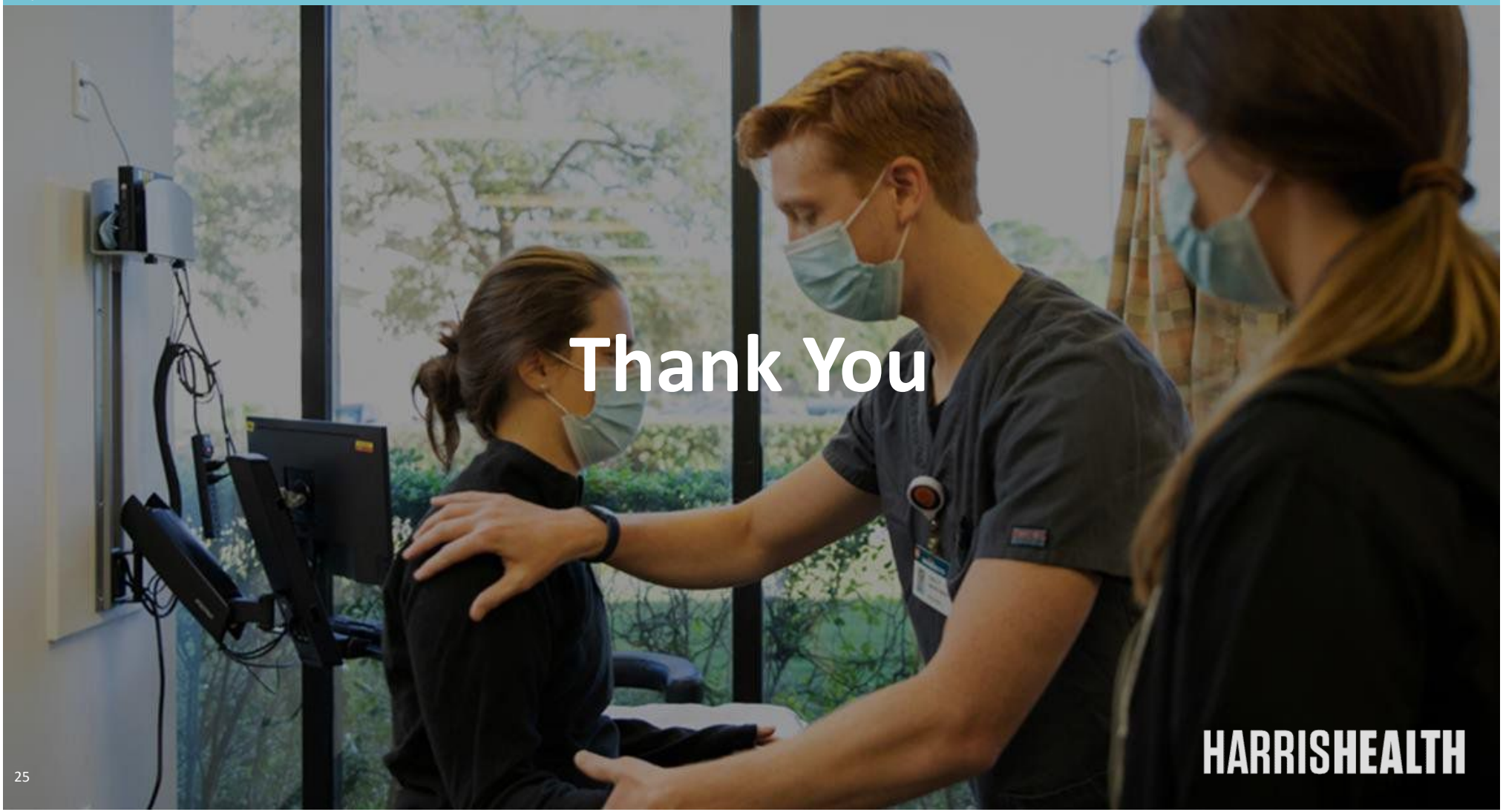
John M. O'Quinn Hospital on LBJ Campus Expansion Project

Updates on the Project - www.nextlevelharrishealth.org/lbj

Construction Webcam: https://app.oxblue.com/open/mccarthy/lbjhospital


Thank You
HARRISHEALTH

Wednesday, May 13, 2026

Presentation Regarding an Overview of the Harris Collaborative, a Multi-Organizational Governance and Alignment Body Designed to Advance Prevention-Focused Health Improvements

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Harris Health's strategic plan prioritizes health promotion, disease prevention, and addressing life expectancy disparities across Harris County. Cardiovascular disease remains the leading medical driver of these disparities, particularly in communities served by LBJ Hospital in Northeast Houston. Recognizing that no single organization can address these challenges alone, Harris Health has partnered with countywide clinical, public health, behavioral health, and managed care organizations to form the Harris Collaborative.

Key Highlights

- **Cross-Sector Governance and Alignment:** The Harris Collaborative establishes a durable structure to align priorities, share accountability, and coordinate community-focused strategies across Harris Health, Harris County Public Health, Community Health Choice, Harris Center and the Houston Health Department
- **Place-Based Focus:** Initial efforts concentrate on Northeast Houston communities experiencing the greatest heart-health disparities and life expectancy gaps
- **Integrated Care Cohorts (ICC):** The Collaborative's first initiative is a data-driven, team-based care coordination model focused on improving heart health outcomes, linking clinical care with community and non-medical resources
- **External Partnership:** The American Heart Association is supporting the first Integrated Care Cohort and will co-develop a holistic heart-health transformation playbook using the Life's Essential 8 framework
- **Future Platform for Impact:** The Collaborative creates an adaptable foundation for future shared investments, additional partner engagement, and expanded population health initiatives

This item is presented to provide the Board with visibility into the Harris Collaborative as a foundational platform for sustained, system-level collaboration to improve community health outcomes over time.

Amy Smith

Amy Smith, DNP, RN, CCM
SVP & Chief Health Officer,
Care Transitions & Integration

The Harris Collaborative: Advancing a Heart-Healthier Houston Through Deep Partnership

Dr. Amy Smith
Senior Vice President Care Transitions & Integration and Chief Health Officer

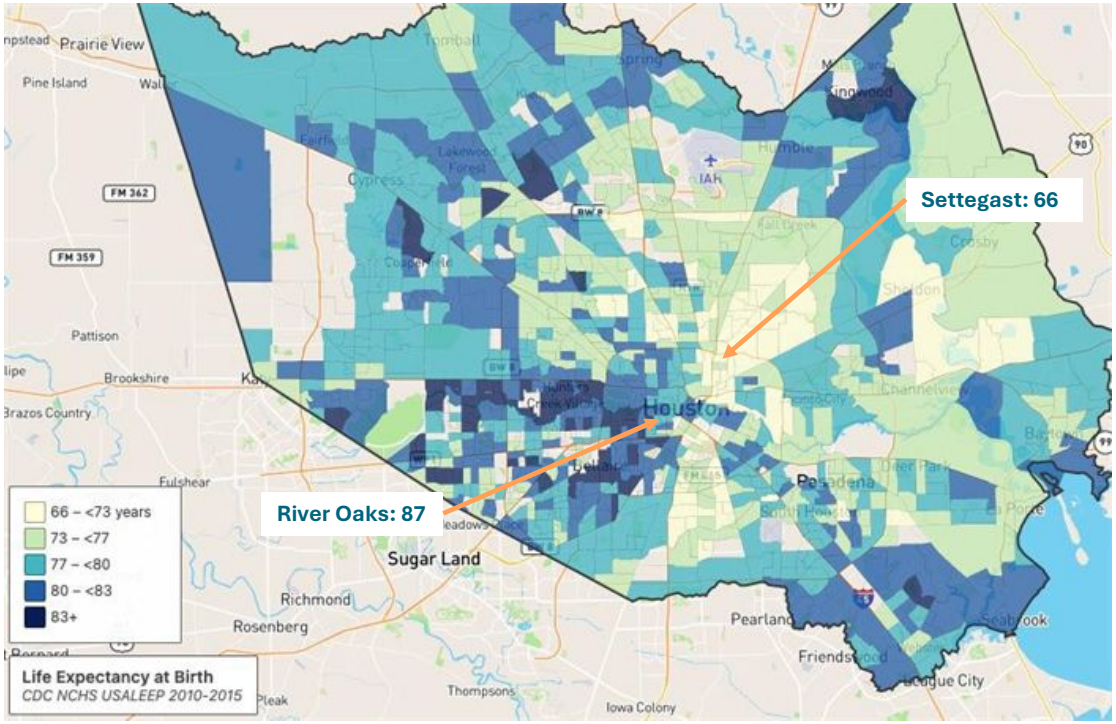
Dr. Himika Rahman
Director Health Disparities, Sheila Jackson Lee Center for Accelerating Health Outcomes

Providing an overview of the Harris Collaborative, a multi organizational governance and alignment body designed to advance prevention-focused health improvements.

HARRISHEALTH

OUR COMMITMENT TO PREVENTION

- Strategic commitment to **health promotion & disease prevention**
- Focused on **reducing preventable heart disease**
- Grounded in the neighborhoods facing the greatest life expectancy gaps: **LBJ Catchment Area in Northeast Houston**



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BETTER TOGETHER:
THE HARRIS COLLABORATIVE

Harris Health is proud to work alongside partners who share responsibility for community health across the county. That shared commitment is formalized through the **Harris Collaborative**.

Harris County Public Health
Building a Healthy Community

HOUSTON HEALTH DEPARTMENT

HARRIS HEALTH

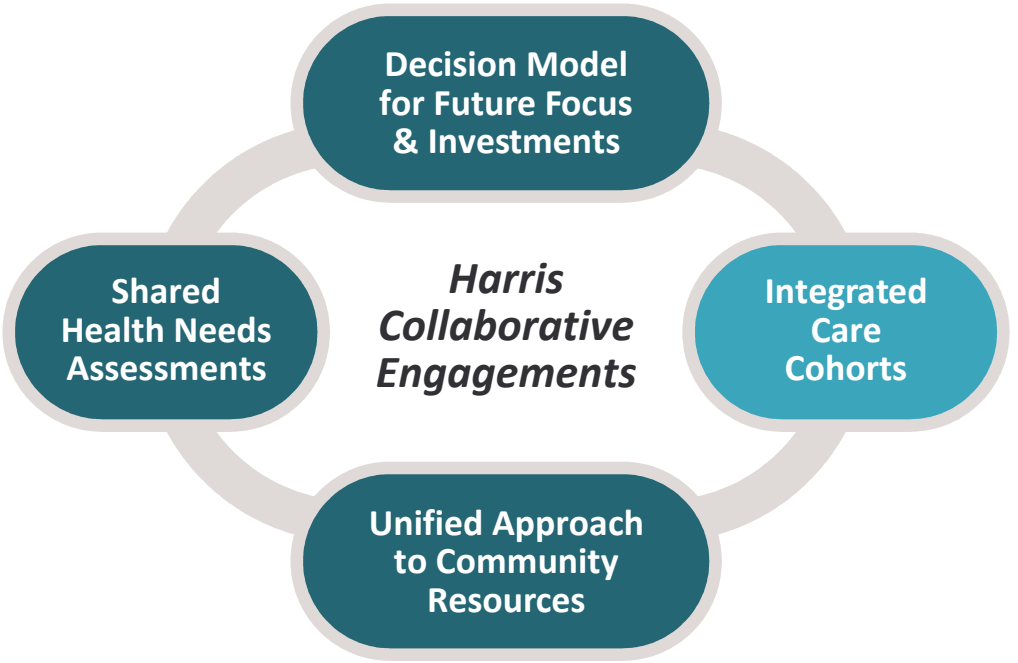
The HARRIS CENTER for Mental Health and IDD

COMMUNITY HEALTH CHOICE

The Harris Collaborative is taking the next step in **cross-sector partnerships with intention** to create new impact.

A CONDUIT FOR SUSTAINED COLLABORATION

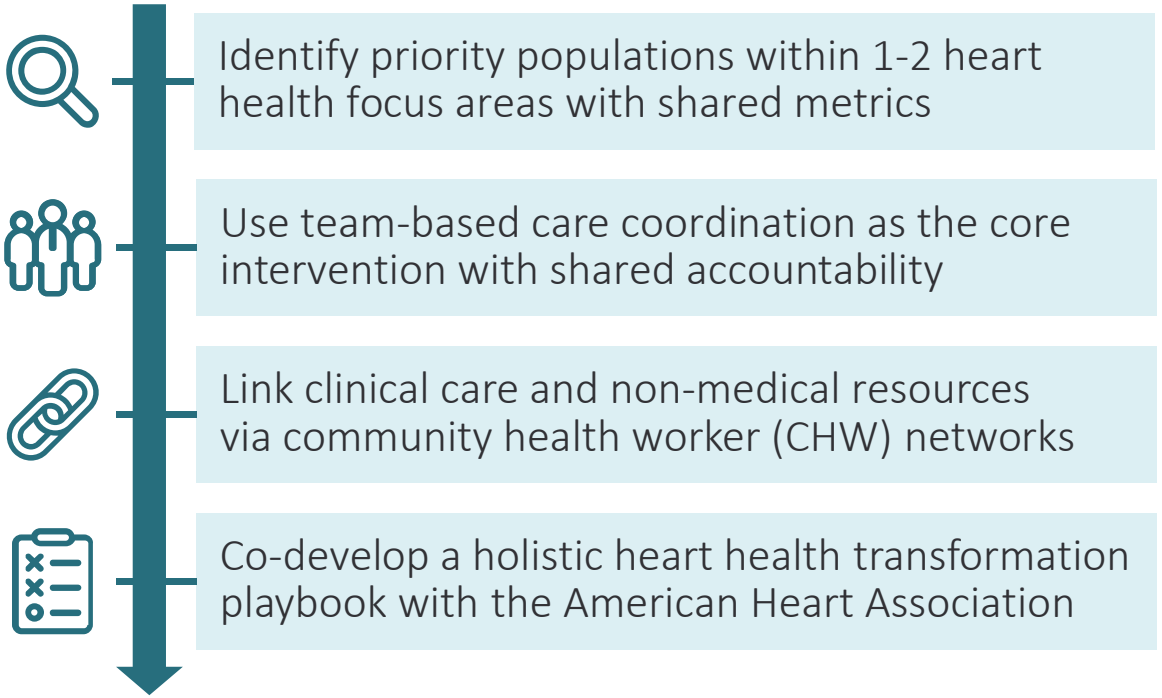
- Multi-organizational **governance and alignment** body
- Creating durable structures to **align priorities** across systems
- Identifying and **prioritizing** populations with complex needs
- **Coordinating** community-focused initiatives and shared strategies



INTEGRATED CARE COHORTS

COLLABORATING ACROSS THE CONTINUUM OF COMMUNITY HEALTH

- Data-driven **care coordination model integrating cross-agency data** to target high-risk populations and track outcomes
- First ICC will focus on improving **heart health outcomes in NE Houston** alongside the American Heart Association



ADVANCING A HEALTHIER HOUSTON THROUGH DEEPER COLLABORATION: A STRONG FUTURE FOUNDATION

The Harris Collaborative represents a meaningful shift toward **sustained, system-level collaboration** focused not just on programs, but on how we work together over time to tangibly improve outcomes.

Wednesday, May 13, 2026

Presentation Regarding Updates on Harris Health's Human Resources

This presentation provides the Board with a coordinated update from Human Resources leadership on three priority areas critical to workforce stability, affordability, and safety:

1. Employee Engagement Experience
2. Workplace Violence Prevention and Safety
3. Health Plan Performance and Employee Financial Stability

Together, these topics reflect a holistic view of how Harris Health is supporting its workforce while exercising disciplined financial and operational governance.

Omar C. Reid
EVP, Chief People Officer

HR Updates

May 13, 2026

Omar C. Reid
EVP & Chief People Officer - Human Resources

HARRISHEALTH

Overall Health Plan Performance and Key Indicators

Harris Health is **performing better than peers in several critical areas:**

- Cost control discipline
- Preventive care engagement
- Renewal execution

Looking ahead, emerging cost pressures — including cancer, GI, GLP-1s, pharmacy trend, and high-cost claim concentration — **will require continued, intentional action to sustain performance** as we move into PY 2026–2027.

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2

Operational Strengths and Governance Discipline

Stable funding	• PY 2025–2026 funding **effectively flat (-0.3%)** due to disciplined renewals
Strong preventive care engagement	• 89% adult well visits (ages 40–64), 53% above benchmark • Cancer screening rates exceed commercial benchmarks
Effective renewal strategy	• Multi-year guarantees secured through the 2024 procurement process
Communications	• Strong employee engagement during Annual Enrollment
Cost trend management discipline	• Long-term average medical trend (~4.5%) well below national levels

Outcome: Medical PMPM remains **~16% below Alliant benchmark**, despite national trend acceleration.

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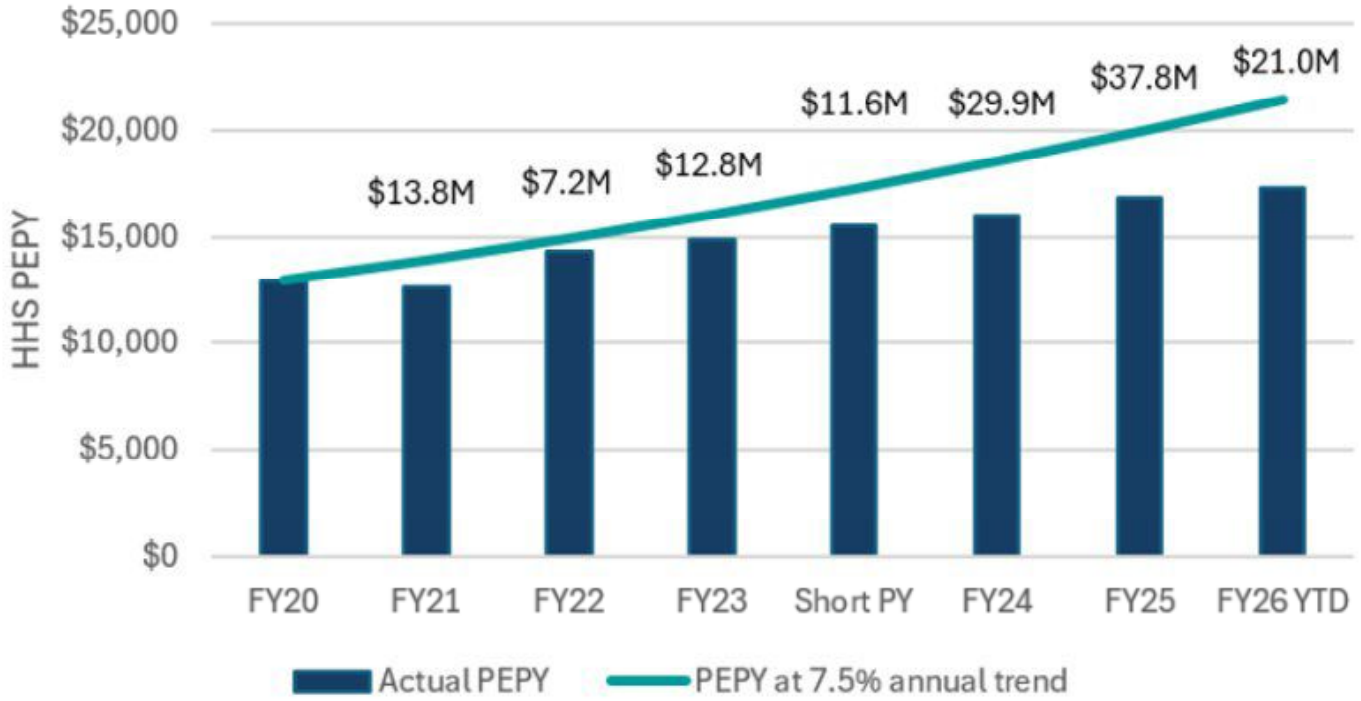
Harris Health Trend Cost Avoidance - **$134M**



Cumulative cost avoidance achieved through disciplined trend management relative to market trend over time.

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Kashable

Supporting Employee Financial Stability

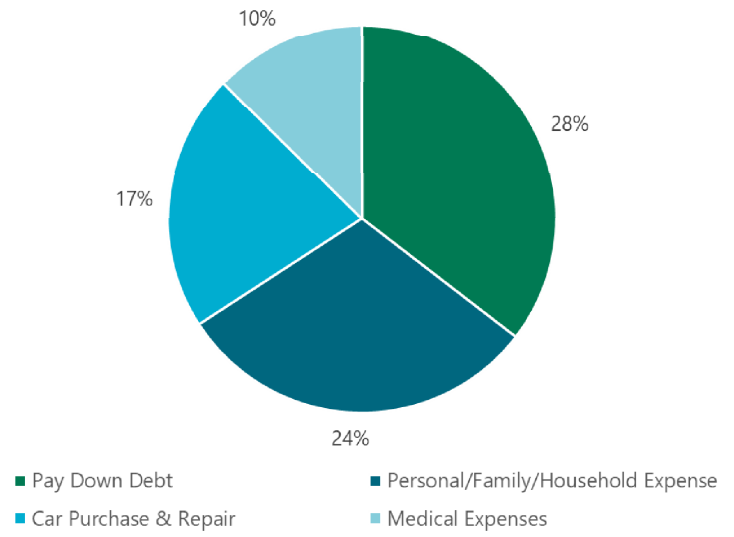
Why This Matters

- Supports employees facing short-term financial stress
- Helps protect employees from high-risk lending alternatives
- Reinforces our commitment to employee wellbeing and retention

Program Focus

- Provide An Alternative To
  - 401k Loans or Withdrawals
  - Predatory Lending Such As Pay Day Loans
- Reduces financial stress that can affect attendance and productivity.
- Provides a structured financial safety option during short-term hardships.

Primary Uses of Kashable Loans



Loan usage aligns with intended short-term financial stabilization needs.

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Needs–Driven Utilization

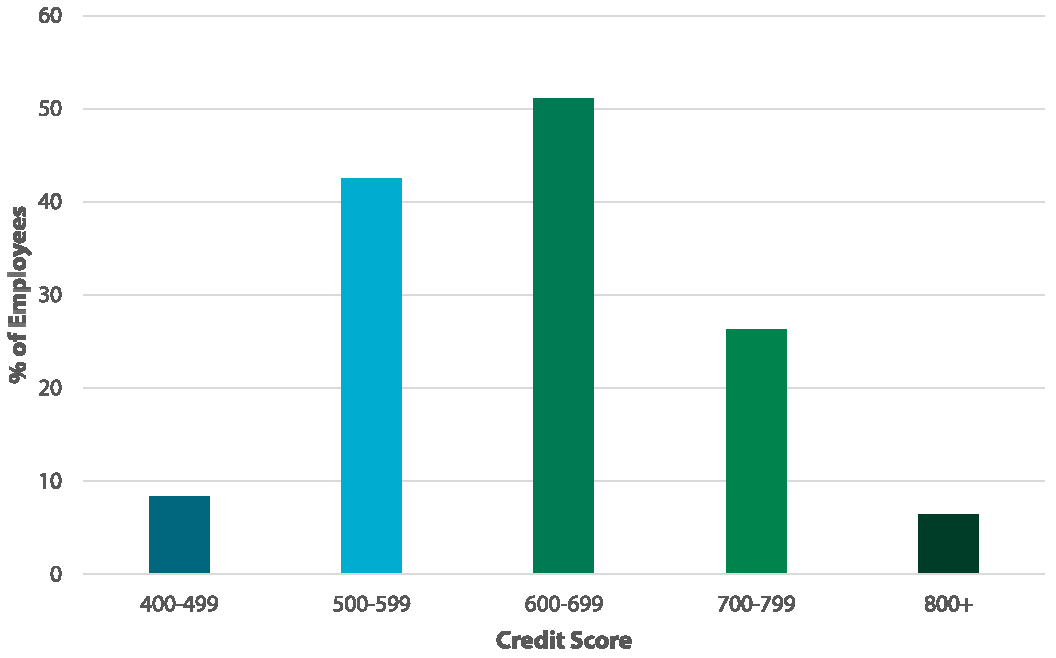
Program impact to date

- Cumulative loan count since launch: 5,408
- Cumulative dollars originated: $20,613,250
- Current outstanding balance: $4,378,831 across 1,393 active loans
- Average loan amount: approximately $4,331

Workforce reach

- Utilization is not limited to a single segment of the workforce
- Active borrower salaries range from $50,000 to over $150,000
- Participation spans all generations, with Gen X leading engagement

Credit profile: utilization is concentrated in mid-credit ranges (approx. 500–699), consistent with intended stabilization use.



Repayment behavior helps participants strengthen credit over time.

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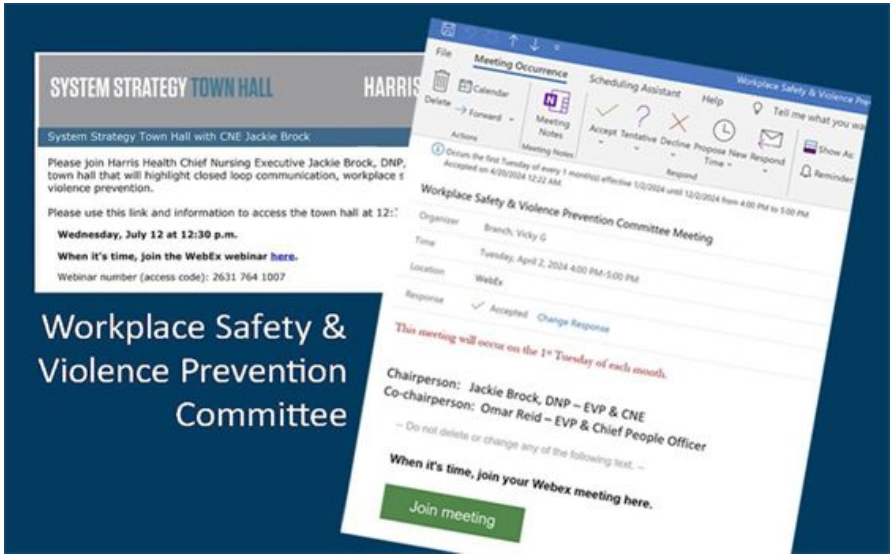
Harris Health
Workplace Safety & Violence Prevention Program

Jamie Lard, VP – HR Operations & Service Delivery

HARRISHEALTH

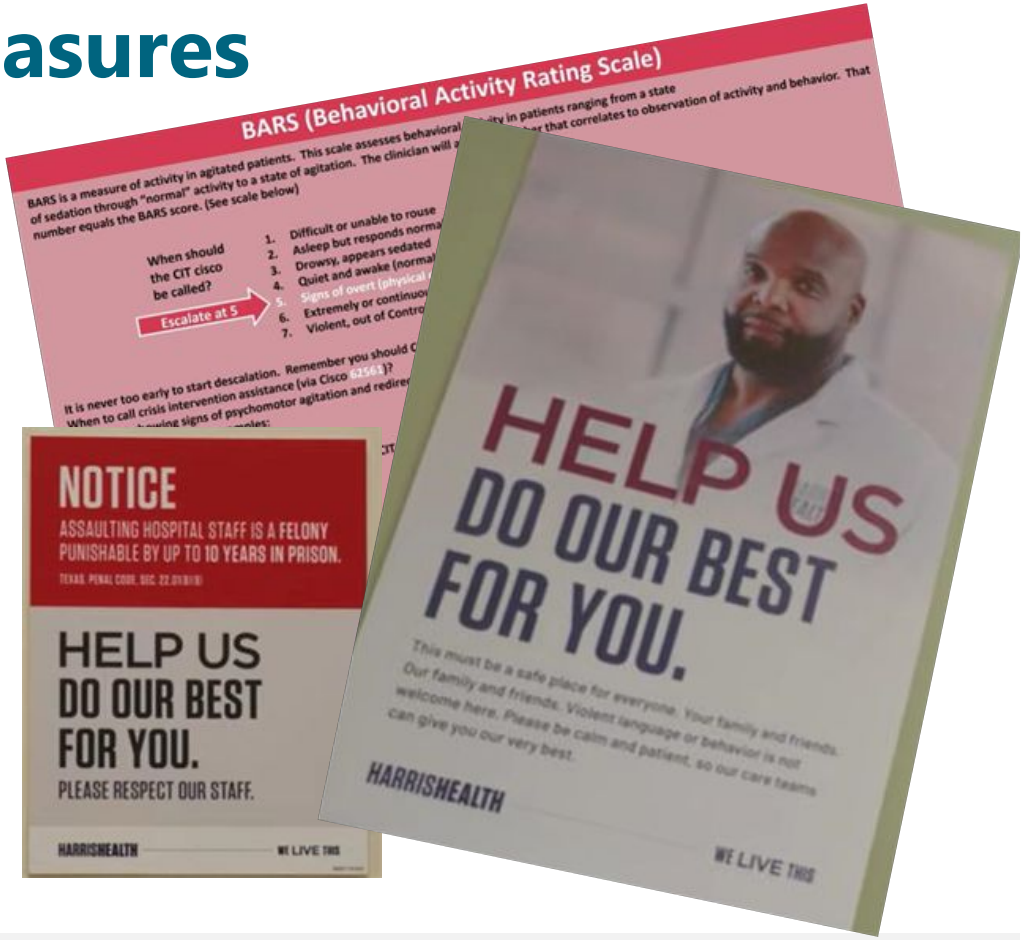
WSVP Committee Governance & Oversight

The Workplace Safety and Violence Prevention Committee works under the direction of the Harris Health Patient Safety Committee and with the advisement of the Harris County Attorney's Office.



Violence Prevention Measures

- B.E.S.T. – Crisis Intervention Team to respond to behavioral health patients.
- B.A.R.S. - Patient Agitation Rating Scale
- Enhanced eIRS Reporting System –
  - Identifies Everyone Impacted, including the impacted employee
  - Support provided to the WPV Victim
  - Post Incident Huddle
- Sound Intelligence System
- Weapons Detection System at entrances



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Employee Support & Recovery
Post-Incident Care and Resilience

- Code Lavender Response
- Spiritual Care Services
- RISE Peer Support Group
- Employee Assistance Program
- HR-administered Time –Off available to the workforce following WPV incidents (HRG)
- Workplace Safety Briefs

Key Takeaways

- Harris Health has an established, policy-driven workplace safety & violence prevention framework.
- Governance ensures executive oversight, legal guidance, and a human centered approach.
- Focus includes prevention, response, recovery, and resilience.
- Ongoing monitoring and improvement align with patient and workforce safety priorities.

2025 Voices of Harris Health

Employee Engagement Survey & Playbook

Jai McBride, JD, MDR
Administrative Director, Employee Experience & Culture

HARRISHEALTH SYSTEM

VOICES OF HARRIS HEALTH

A Record-Breaking Year of Listening

78%
Response Rate
Exceeds 75% Healthcare Benchmark

8,424
Voices Shared
of 10,796 total employees

81
Engagement Score
+2 points· 29 items increased

13

1 / 3

WHERE WE STAND

Top Strengths & Top Opportunities · External Benchmark View

✦ TOP STRENGTHS

Purpose Work is deeply meaningful; strong community mission	90
Intent to Stay All pavilions improved; long-term retention & career commitment	84
Belonging Family-like culture; pride in patient centered care	82
Well-Being +10 vs. external healthcare benchmark	75

▲ TOP OPPORTUNITIES

Decision Making Frontline staff want more involvement in decision-making	70
Action Taking Employees want to see actions taken from survey results	70
Total Compensation Fairness concerns; newer hires vs. long-tenure staff	71
Psychological Safety Below 78 healthcare benchmark; +3 pt increase from 2024	74

OUR COMMITMENT TO ACTION

2026 Strategic Action Planning · Cultural Transformation · Looking Ahead

01 ACTION TAKING

Translate Survey Insights to Action

- 80% of leaders develop 2026 Engagement Action Plans.
- ACT Model: Acknowledge · Collaborate · Take Action.

02 DECISION MAKING

Embed Psychological Safety

- Integrate into decision-making, feedback, and change management.
- Non-retaliation training for low-scoring teams.

03 LEADERSHIP

Strengthen Leadership Development

- 44 certified internal coaches.
- Tailored micro learning courses
- 3,342 leaders reached via Leading with Love Cultural Transformation.

04 TOTAL COMP.

Transparent Compensation Practices

- Annual market salary reviews.
- Listening Campaigns focused on compensation philosophy.

Wednesday, May 13, 2026

Committee Reports

Committee Meetings:

- Governance Committee – April 21, 2026 (Open Session)
  - Discussion Regarding the Harris Health Board Videoconferencing Policy
  - Overview of the Harris Health Board Fiduciary Duties
  - Discussion Regarding the Texas Healthcare Trustees (THT) Healthcare Governance Conference and Certified Healthcare Trustee and Leader (CHTL) Certification
- Quality Committee – April 21, 2026 (Open Session)
  - HRO Safety Message: A Minute for Medicine video was displayed regarding "Hand Hygiene"

    Hospital-acquired infections can prolong hospital stays, increase costs, and complicate recovery—but hand hygiene is one of the simplest ways to prevent them. Germs spread easily during routine care, even through brief contact, making consistent hand hygiene essential. Washing hands for at least 20 seconds or using alcohol-based sanitizer at the right moments stops infections before they spread. Take a moment for patient safety, practice hand hygiene and help keep our patients free from infection.
  - Presentation Regarding the 2026 Quality Manual

    The Quality Leadership team, in collaboration with Dr. Cummins and partners in Compliance and Legal, completed the annual review of the Quality Manual. Updates include alignment with the 2026–2030 Strategic Plan, revised mission, vision, and values language to reflect system-adopted terminology, clarification of governance and reporting relationships across quality committees, inclusion of MORS in the quality reporting structure to support executive oversight, and updates to the scope of quality services to improve clarity and support continuous survey readiness. The revised manual was approved by members as part of the meeting packet.
- Joint Conference Committee – April 23, 2026 (Open Session)
  - Physician Leadership Reports

Wednesday, May 13, 2026

Consideration of Approval for Funding of $73,000,000 for the Harris County Hospital District Pension Plan for Calendar Year 2026

It is the policy of Harris Health to fully fund the Annual Required Contribution for each plan year, based on the actuarial methods and assumptions defined in the annual Actuarial Valuation Funding Report for the Pension Plan. The required contribution includes the normal cost for new benefits being earned during the year, plus an amortization to cover any unfunded accrued liability over a period of 20 years or less. The targeted funded ratio of the Pension Plan is one hundred percent (100%) by the end of the amortization period. In order to accelerate the full funding of the Pension Plan, the Board of Trustees may authorize additional funding in excess of the Annual Required Contribution from current funds for any plan year (Policy 6.28 Retirement Plans for Eligible Employees).

The Annual Required Contribution to the Pension Plan for Calendar Year 2026 is estimated to be $29.2 million utilizing data from prior year Actuarial Valuation Funding Reports. The final funding report for the current year was received in April. Total Plan benefits for Calendar Year 2026 are estimated to be $73.4 million.

In accordance with the policy provision allowing additional funding, Management recommends that Harris Health increase the Pension Plan funding for Calendar Year 2026 from the estimated Annual Required Contribution of $29.2 million to the projected total benefit amount of $73.0 million. The purpose of the increased funding is to cover in full the estimated benefit expense of $73.4 million in 2026.

Management recommends that the Board of Trustees approve the funding of $73.0 million for the Harris County Hospital District Pension Plan for Calendar Year 2026.

Victoria Nikitin
EVP – Chief Financial Officer

Kimberly J. Williams, JD
Harris County Purchasing Agent

April 23, 2026

Board of Trustees Office
Harris Health

RE: Board of Trustees Meeting – May 13, 2026
Budget and Finance Agenda Items

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

Approvals

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

Sincerely,

Kimberly J. Williams

Kimberly J. Williams,
JD Purchasing Agent

JA/ea
Attachments

1111 Fannin Street, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

Expenditure Summary: May 13, 2026 (Approvals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A1	**Alliant Insurance Services, Inc. (HCHD-1131)** MWBE Goal: 20%	**Owner Controlled Insurance Programs (OCIP) Assistance for Harris Health** - Additional funding is required to align OCIP premium payments with current construction cost estimates for the LBJ Hospital Expansion Projects. ***Job No. 230331, Board Motion 25.03-29***	Additional Funds November 21, 2023 through November 20, 2028	Brandon Cannaday	$ 41,932,039	**$ 8,932,056**
A2	**Varian Medical Systems, Inc.** MWBE Goal: Exempt Sole Source	**Linear Accelerators for Harris Health** - To purchase two (02) linear accelerators (LINAC) for the new Oncology department at Lyndon B. Johnson Hospital and RGSC software for the existing LINAC unit at Smith Clinic. ***Sole Source Exemption***	Purchase Sole Source Exemption	Teong Chai		**$ 8,165,000**
A3	**Physician Resources Inc. (HCHD-755)** MWBE Goal: 100%	**Temporary Medical Personnel for Harris Health** - Additional funds were required to continue providing temporary medical personnel for Correctional Health. The extension includes one (1) additional one-year renewal option. ***Professional Services Exemption, Board Motion 25.03-29***	Ratify Additional Funds Extension Professional Services Exemption March 01, 2026 through February 28, 2027	Trinette Larks	$ 3,954,630	**$ 3,081,493**
A4	**JE Dunn Construction** MWBE Goal: 43.17%	**MRI Scan Equipment Replacement and MRI Suite Renovation at Smith Clinic for Harris Health** - To provide all labor, materials, equipment and incidental for the MRI Scan Equipment Replacement and MRI Suite Renovation at Smith Clinic. The owner contingency provides for coverage on unanticipated costs throughout the construction project. ***Job No. 260002***	Award Best proposal meeting requirements	Babak Zare		**$ 2,367,886**
A5	**Supplemental Healthcare Service (HCHD-650)** MWBE Goal: 0% Non-Divisible	**Temporary Nursing and Allied Healthcare Professionals for Harris Health** - Additional funds are required to continue providing temporary medical personnel for Correctional Health. The extension included one (1) additional one-year renewal option. ***Professional Services Exemption***	Ratify Additional Funds Extension Professional Services Exemption March 01, 2026 through February 28, 2027	Trinette Larks	$ 2,733,123	**$ 2,315,092**
A6	**Protouch Staffing Inc (HCHD-655)** MWBE Goal: Not Applicable to Request	**Temporary Nursing Personnel for Harris Health** - Additional funds are required to continue providing the temporary nurses, physicians and clinical staffing required for Harris County Correctional Health facilities. The extension will include an additional one-year renewal option. ***Professional Services Exemption, Board Motion 22.10-141***	Ratify Additional Funds Extension Professional Services Exemption March 01, 2026 through February 28, 2027	Trinette Larks	$ 2,283,606	**$ 1,962,625**
A7	**SpawGlass Construction Corp.** MWBE Goal: 25%	**Construction Manager at Risk for the Construction of the Pasadena Square Clinic for Harris Health** - To provide a Construction Manager at Risk for construction of the Pasadena Square Clinic for Harris Health. ***Job No. 250355***	Award Most qualified vendor(s) meeting requirements	Babak Zare		*

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A8	**ProTouch Staffing (HCHD-655)** MWBE Goal: Not Applicable to Request	**Temporary Nursing Personnel for Harris Health** - Additional funds were required to continue providing temporary medical personnel for Correctional Health. ***Professional Services Exemption***	Ratify Additional Funds Professional Services Exemption March 01, 2025 through February 28, 2026	Trinette Larks	$ 500,000	**$ 1,783,606**
A9	**UltraStaff (HCHD-577)** MWBE Goal: 100%	**Temporary Medical Personnel for Harris Health** - Additional funds are required to continue providing temporary medical personnel for Correctional Health. The extension included one (1) additional one-year renewal option. ***Professional Services Exemption, Board Motion 25.03-29***	Ratify Additional Funds Extension Professional Services Exemption March 01, 2026 through February 28, 2027	Trinette Larks	$ 2,065,763	**$ 1,755,363**
A10	**Southland Industries** MWBE Goal: 23%	**Boiler Replacement at Quentin Mease Health Center for Harris Health** - To provide all labor, materials, equipment and incidental for the boiler replacement at Quentin Mease Health Center. The owner contingency provides for coverage of unanticipated costs throughout the construction project. ***Job No. 260021***	Award Best proposal meeting requirements	Babak Zare		**$ 1,696,284**
A11	**Strata Decision Technology, LLC** MWBE Goal: Exempt Sole Source	**StrataJazz® Solutions for Harris Health** - To provide a cloud-based financial management and analytics platform serving as the direct upgrade to the organization's existing Axiom Financial Planning and EPSi systems. ***Sole Source Exemption***	Purchase Sole Source Exemption One (1) year initial term with four (4) one-year renewal options	Alison Perez		**$ 1,561,404**
A12	**Advanced Health Education Center dba MEDRelief Staffing (HCHD-580)** MWBE Goal: 0% Non-Divisible	**Temporary Nursing and Allied Healthcare Professionals for Harris Health** - Additional funds are required to continue providing temporary medical personnel for Correctional Health. The extension included one (1) additional one-year renewal option. ***Professional Services Exemption***	Ratify Additional Funds Extension Professional Services Exemption March 01, 2026 through February 28, 2027	Trinette Larks	$ 1,287,319	**$ 1,354,738**
A13	**The Brandt Companies** MWBE Goal: 6%	**Job Order Contracting for Small and Large Plumbing and/or Plumbing Related Projects for Harris Health** - To provide job order contracting services for small and large plumbing projects and other plumbing related projects. ***Job No. 250248***	Award Best proposal meeting requirements One (1) year initial term with three (3) one-year renewal options	Terry Elliot		*
A14	**Becton, Dickinson and Company** MWBE Goal: Exempt Sole Source	**Integrated Platform for Microbiology, Automation, Blood Culture, Identification and Susceptibility for Harris Health** - To provide microbiology automation, blood culture, identification & susceptibility consumables, as well as service, to existing equipment in Harris Health Laboratories. ***Sole Source Exemption***	Ratify Purchase Sole Source Exemption Three-year initial term with two (2) one-year renewal options	Michael Nnadi		**$ 959,000**
A15	**Frontline Nurse Staffing (HCHD-1009)** MWBE Goal: 100%	**Temporary Nursing and Allied Healthcare Professionals for Harris Health** - Additional funds are required to continue providing temporary medical personnel for Correctional Health. ***Professional Services Exemption, Board Motion 24.02-28***	Ratify Additional Funds Professional Services Exemption March 01, 2025 through February 28, 2026	Trinette Larks	$ 500,000	**$ 759,521**

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A16	**Cross Country Locums (HCHD-588)** MWBE Goal: 0% Non-Divisible	**Temporary Nursing Personnel for Harris Health** - Additional funds are required to continue providing temporary nurses, physicians, and clinical staffing required for the Harris County Correctional Health facilities. ***Professional Services Exemption***	Additional Funds Professional Services Exemption March 01, 2026 through February 28, 2027	Trinette Larks	$ 325,000	**$ 751,028**
A17	**Arthrex, Inc. (HCHD-1717)** MWBE Goal: Exempt Public Health or Safety	**Arthroscopic Implants for Harris Health** - To provide physician clinically preferred arthroscopic implants used by the Operating Rooms at Harris Health. ***Public Health or Safety Exemption***	Award Public Health or Safety Exemption One (1) year initial term with two (2) one-year renewal options	Charles Motley		**$ 725,256**
A18	**Five Starr Healthcare Staffing (HCHD-1010)** MWBE Goal: 100%	**Temporary Nursing and Allied Healthcare Professionals for Harris Health** - Additional funds are required to continue providing temporary medical personnel for Correctional Health. ***Professional Services Exemption, Board Motion 24.02-28***	Ratify Additional Funds Professional Services Exemption March 01, 2025 through February 28, 2026	Trinette Larks	$ 500,000	**$ 588,216**
A19	**Cepheid (HCHD-1206)** MWBE Goal: Exempt Sole Source	**Laboratory Equipment Consumables & Supplies** - Additional funds are required to cover an increase in volume on the reagents, test cartridges and consumables for GeneXpert equipment. ***Sole Source Exemption***	Ratify Additional Funds Sole Source Exemption April 18, 2025 through April 17, 2026	Norin Pung	$ 900,456	**$ 523,390**
A20	**Innovation Associates (HCHD-204)** MWBE Goal: Exempt Sole Source	**Maintenance and Support for the Legacy Central Fill Pharmacy System for Harris Health** - To continue to provide maintenance, support services, parts, and software for the PharmASSIST Central Fill Pharmacy System needed to support patients until the new Central Fill Pharmacy System is installed and implemented. ***Sole Source Exemption, Board Motion 25.04-37***	Additional Funds Extension Sole Source Exemption July 01, 2026 through June 30, 2027	Jabeen Pattassery John	$ 361,296	**$ 390,199**
					Total Expenditures	$ 42,557,157
					Total Revenue	$ (0)

Wednesday, May 13, 2026

Consideration of Approval of a Grant Recommendation
(Item C1 of the Grant Matrix)

Grant Recommendation:

C1. Second Amendment of an Interlocal Subrecipient Agreement

- Grantor: Harris County
- Term: December 19, 2023 – December 31, 2026
- Award Amount: $8,998,327.00
- Project Owner: Jennifer Small

Grant Agenda Items for the Harris County Hospital District dba Harris Health, Board of Trustees Report
Grant Matrix: May 13, 2026

No.	Grantor	Description/Justification	Action, Basis of Recommendation	Term	Project Owner	Award Amount
C1	Harris County	Consideration of Approval of a Second Amendment to an Interlocal Subrecipient Agreement between Harris County and Harris County Hospital District D/B/A Harris Health to operate a Gastroenterology Lab at Quentin Mease Health Center for screenings on Harris Health patients. The second amendment was initiated to modify the budget in the Statement of Work, to reflect an adjustment in budget categories and to specify the timeframe for reimbursement of the Indirect Cost Rate in the Federal Award Identification Table at no additional cost to Harris County. • Harris County will reimburse indirect costs at a rate of 35% from the effective date of the Agreement. • Budget reclassification of categories for Supply, Freight, and Other Related Expenditures from Medical Equipment to newly created Supply Cost category. *Note: The first amendment approved at the March 27, 2025, Board meeting was erroneously referenced as the second amendment.*	Second Amendment of an Interlocal Subrecipient Agreement	December 19, 2023 through December 31, 2026	Jennifer Small	$ 8,998,327.00
					TOTAL AMOUNT:	**$ 8,998,327.00**

Wednesday, May 13, 2026

Consideration of Approval of Contract Recommendations
(Items D1 through D5 of the Contract Matrix)

Contract Recommendations:

D1. Request for Additional Funds
- Contractor: Texas Children's Hospital
- Project Owner: Amy Smith
- Term: June 30, 2026 – June 29, 2027
- Amount: $800,000.00

D2. Request for Additional Funds
- Contractor: The University of Texas Health Science Center at Houston (UTHSC)
- Project Owner: Amy Smith
- Term: March 22, 2026 – March 21, 2027
- Amount: $7,000,000.00

D3. Interlocal Agreement
- Contractor: Harris County, Texas, *on behalf of Harris County Public Health*
- Project Owner: Ron Fuschillo
- Term: One year from contract execution date
- Amount: $4,546,522.00

D4. Dental Services Agreement
- Contractor: The University of Texas Health Science Center at Houston (UTHSC)
- Project Owner: Jennifer Small
- Term: July 1, 2026 – June 30, 2027
- Amount: $5,632,437.00

D5. Request for Additional Funds
- Contractor: Jackson Walker, LLP
- Project Owner: Sara Thomas
- Term: January 1, 2026 – December 31, 2026
- Amount: $500,000.00

Contract Agenda Item(s) for the Harris County Hospital District dba Harris Health, Board of Trustees Report
Contract Matrix: May 13, 2026

No.	Contractor	Description/Justification	Action, Basis of Recommendation	Term	Project Owner	Amount
D1	Texas Children's Hospital	Consideration of Approval to Allocate an Additional $800,000 in Funding for Services provided by Texas Children's Hospital to Harris Health. Harris Health administration requests Board approval for an additional $800,000 to cover expenses through June 30, 2026, including the payment of outstanding invoices.	Request for Additional Funding	June 30, 2026 through June 29, 2027	Amy Smith	$ 800,000.00
D2	The University of Texas Health Science Center at Houston (UTHSC)	Consideration of Approval to Allocate an Additional $7 Million in Funding for the next contract year for services provided by The University of Texas Health Science Center at Houston to Harris Health. In 2025, In 2025, the renewal contract states monthly cost of $532, 291.67 for 25 psychiatric beds, with an additional charge of $700 per bed per day. To support the continued orderly transport and coordinated care of stabilized psychiatric patients at Ben Taub Hospital and Lyndon B. Johnson Hospital to UTHSC, Harris Health administration is requesting additional allocated funds for the next contract year.	Request for Additional Funding	March 22, 2026 through March 21, 2027	Amy Smith	$ 7,000,000.00
D3	Harris County, Texas *on behalf of Harris County Public Health*	Consideration of Approval of an Interlocal Agreement between Harris County Public Health and Harris County Hospital District D/B/A Harris Health to provide Electronic Medical Record Software Subscription, Maintenance and Related Support Services. The interlocal agreement includes $4,546,522 to reimburse Harris Health for annual EMR maintenance and support, one-time implementation configuration fees and third-party initial fees. The initial term will start on the date of HCPH's execution and continue for one year, with four one-year renewal terms available thereafter.	Interlocal Agreement	One Year from Execution Date	Ron Fuschillo	$ 4,546,522.00
D4	The University of Texas Health Science Center at Houston (UTHSC)	Consideration of Approval of Payment for the Seventh Contract Year Between The University of Texas Health Science Center at Houston and Harris County Hospital District D/B/A Harris Health for Covered Dental Services Specified in the Agreement. The total compensation amount for the next contract year reflects an increase of approximately $253,927 from the prior contract year and shall not exceed $5,632,437.	Dental Services Agreement	July 1, 2026 through June 30, 2027	Jennifer Small	$ 5,632,437.00
D5	Jackson Walker, LLP	Consideration of approval for additional funding under existing terms for Jackson Walker, LLP. Special Counsel was engaged to advise on matters pertaining to labor and employment litigation.	Request for Additional Funding	January 1, 2026 through December 31, 2026	Sara Thomas	$ 500,000.00
					TOTAL AMOUNT:	**$ 18,478,959.00**

Wednesday, May 13, 2026

Consideration of Acceptance of the Harris Health March 2026 Quarterly Financial Report Subject to Audit

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Attached for your review and consideration is the March 2026 Quarterly Financial Report.

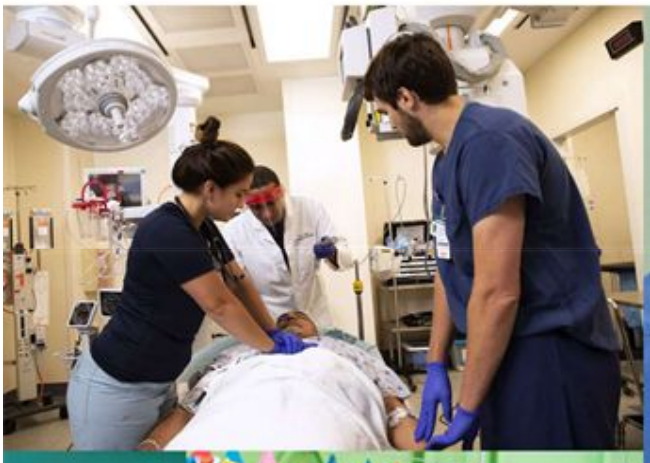
Administration recommends that the Board accept the quarterly financial report for the period ended March 31, 2026, subject to final audit.

Victoria Nikitin
EVP – Chief Financial Officer

HARRISHEALTH

Financial Statements

As of Quarter Ended March 31, 2026
Subject to Audit



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HARRISHEALTH

Operating income for the quarter ended March 31, 2026 was $82.9 million compared to budgeted income of $25.4 million.

Total quarterly net revenue for March 31, 2026 of $719.6 million was $8.9 million or 1.2% more than budget. Net patient revenue was $0.9 million more than budget and tax revenue was $7.1 million higher than budget. Medicaid Supplemental programs were $5.2 million more than expected.

Total quarterly expenses of $636.7 million were $48.7 million or 7.1% less than budget. Total labor costs were $27.3 million lower than anticipated while supplies and purchased services were $26.0 million lower than anticipated. Lower than expected patient volumes resulted in decreased utilization of planned labor and supply resources. These utilization reductions are currently estimated to continue through the balance of FY2026. Additional reductions in supply and pharmaceutical spend were driven by ongoing cost containment initiatives, including expanded enrollment in the Patient Medical Assistance Program (PMAP), formulary changes resulting in the use of lower-cost drug alternatives, and the standardization of supplies and implants. Further favorable variances resulted from timing differences associated with strategic projects, including delays in the onboarding of incremental FTEs and the procurement of supplies and outside services required to meet project demands. Lastly, enrollment in the ACA marketplace is only half the budgeted volume and compared to last year, driven primarily by recent rule changes at the federal level.

For the quarter ended March 31, 2026, total patient days and average daily census were 0.2% below budget. Inpatient case mix index, a measure of patient acuity, was 0.5% lower than budget while length of stay was 3.5% higher than budget. Emergency room visits were 4.9% lower than planned for the quarter. Total clinic visits, including telehealth, were 7.7% lower compared to budget. Births were down 23.4%.

Total cash receipts for the quarter were $1,754.0 million. The System has $2,143.5 million in unrestricted cash, cash equivalents and investments, representing 317.7 days cash on hand. Increase in days cash on hand is due to reimbursement from the Series 2025 bond totaling $819.0 million as of March 31, 2026, for capital expenditures tied to the Strategic Capital Plan. The remainder of the $840 million issuance is recorded as 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 $16.2 million in net accounts receivable, representing 70.8 days of outstanding patient accounts receivable at March 31, 2026. The March balance sheet reflects a combined net receivable position of $156.3 million under the various Medicaid Supplemental programs. The current portion of ad valorem taxes receivable is $40.2 million, which is offset by ad valorem tax collections as received. Accrued liabilities include $618.1 million in deferred ad valorem tax revenues that are released as ad valorem tax revenue is recognized. As of March 31, 2026, $1,191.6 million in ad valorem tax collections were received and $615.3 million in current ad valorem tax revenue was recognized.

Income Statement

HARRISHEALTH

As of the Quarter Ended March 31, 2026 and 2025 (in $ Millions)

	QUARTER-TO-DATE			YEAR-TO-DATE			
	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	PRIOR YEAR	PERCENT VARIANCE
REVENUE								
Net Patient Revenue	$ 211.1	$ 210.2	0.4%	$ 427.5	$ 416.5	2.7%	$ 397.3	7.6%
Medicaid Supplemental Programs	169.1	163.9	3.2%	333.6	327.7	1.8%	334.8	-0.4%
Other Operating Revenue	8.1	12.7	-36.2%	17.8	25.6	-30.2%	74.8	-76.1%
Total Operating Revenue	**$ 388.3**	**$ 386.8**	**0.4%**	**$ 778.9**	**$ 769.7**	**1.2%**	**$ 807.0**	**-3.5%**
Net Ad Valorem Taxes	311.0	303.9	2.3%	615.3	607.8	1.2%	512.5	20.1%
Net Tobacco Settlement Revenue	-	-	0.0%	-	-	0.0%	-	0.0%
Capital Gifts & Grants	-	2.5	0.0%	-	5.0	-100.0%	2.0	-100.0%
Interest Income & Other	20.4	17.6	15.7%	38.0	35.2	8.0%	29.9	27.0%
Total Nonoperating Revenue	**$ 331.3**	**$ 324.0**	**2.3%**	**$ 653.3**	**$ 648.0**	**0.8%**	**$ 544.4**	**20.0%**
Total Net Revenue	**$ 719.6**	**$ 710.8**	**1.2%**	**$ 1,432.2**	**$ 1,417.8**	**1.0%**	**$ 1,351.3**	**6.0%**
EXPENSE								
Salaries and Wages	$ 251.0	$ 270.7	7.3%	$ 500.2	$ 542.2	7.7%	$ 488.9	-2.3%
Employee Benefits	78.7	86.3	8.9%	157.2	172.8	9.0%	157.5	0.2%
Total Labor Cost	**$ 329.7**	**$ 357.0**	**7.6%**	**$ 657.4**	**$ 715.0**	**8.1%**	**$ 646.4**	**-1.7%**
Supply Expenses	74.7	87.4	14.5%	153.4	175.0	12.4%	159.0	3.6%
Physician Services	120.7	118.1	-2.2%	237.8	236.3	-0.6%	230.1	-3.3%
Purchased Services	73.1	86.4	15.4%	148.5	172.9	14.1%	150.8	1.5%
Depreciation & Interest	38.4	36.4	-5.7%	75.8	72.9	-4.1%	52.7	-44.0%
Total Operating Expense	**$ 636.7**	**$ 685.4**	**7.1%**	**$ 1,272.9**	**$ 1,372.0**	**7.2%**	**$ 1,239.0**	**-2.7%**
Operating Income (Loss)	**$ 82.9**	**$ 25.4**		**$ 159.3**	**$ 45.8**		**$ 112.3**	
Total Margin %	**11.5%**	**3.6%**		**11.1%**	**3.2%**		**8.3%**	

Balance Sheet

HARRISHEALTH

March 2026 and 2025 (in $ Millions)

	CURRENT YEAR	PRIOR YEAR
CURRENT ASSETS		
Cash, Cash Equivalents and Short Term Investments	$ 2,143.5	$ 1,763.9
Net Patient Accounts Receivable	166.2	136.8
Net Ad Valorem Taxes, Current Portion	40.2	31.5
Other Current Assets	221.7	206.0
Total Current Assets	**$ 2,571.6**	**$ 2,138.3**
CAPITAL ASSETS		
Plant, Property, & Equipment, Net of Accumulated Depreciation	$ 589.2	$ 577.3
Construction in Progress	1,102.1	344.7
Right of Use Assets	34.2	34.5
Total Capital Assets	**$ 1,725.5**	**$ 956.5**
ASSETS LIMITED AS TO USE & RESTRICTED ASSETS		
Debt Service & Capital Asset Funds	$ 95.6	$ 37.6
LPPF Restricted Cash	154.8	0.0
Capital Gift Proceeds	56.8	54.9
Other - Restricted	6.1	1.1
Total Assets Limited As to Use & Restricted Assets	**$ 313.3**	**$ 93.6**
Other Assets	50.3	50.4
Deferred Outflows of Resources	138.4	182.3
Total Assets & Deferred Outflows of Resources	**$ 4,799.0**	**$ 3,421.2**
CURRENT LIABILITIES		
Accounts Payable and Accrued Liabilities	$ 400.6	$ 154.7
Employee Compensation & Related Liabilities	158.5	143.6
Deferred Revenue - Ad Valorem	618.1	527.9
Estimated Third-Party Payor Settlements	52.2	30.7
Current Portion Long-Term Debt and Capital Leases	23.7	36.7
Total Current Liabilities	**$ 1,253.0**	**$ 893.6**
Long-Term Debt	1,103.3	263.4
Net Pension & Post Employment Benefits Liability	618.8	680.6
Other Long-Term Liabilities	5.5	8.0
Deferred Inflows of Resources	93.5	110.4
Total Liabilities	**$ 3,074.2**	**$ 1,955.9**
Total Net Assets	**$ 1,724.8**	**$ 1,465.3**
Total Liabilities & Net Assets	**$ 4,799.0**	**$ 3,421.2**

Cash Flow Summary

HARRISHEALTH

As of the Quarter Ended March 31, 2026 and 2025 (in $ Millions)

	QUARTER-TO-QUARTER		YEAR-TO-DATE	
	CURRENT YEAR	PRIOR YEAR	CURRENT YEAR	PRIOR YEAR
CASH RECEIPTS				
Collections on Patient Accounts	$ 232.0	$ 218.4	$ 453.0	$ 424.0
Medicaid Supplemental Programs	177.7	241.8	201.1	251.1
Net Ad Valorem Taxes	1,087.3	912.1	1,191.6	1,008.0
Tobacco Settlement	-	-	-	-
Other Revenue	256.9	20.6	466.8	50.4
Total Cash Receipts	**$ 1,753.9**	**$ 1,393.0**	**$ 2,312.6**	**$ 1,733.6**
CASH DISBURSEMENTS				
Salaries, Wages and Benefits	$ 379.6	$ 359.4	$ 730.2	$ 660.1
Supplies	90.0	82.9	182.1	179.2
Physician Services	115.7	110.5	228.2	216.2
Purchased Services	89.1	81.6	157.9	155.5
Capital Expenditures	242.6	116.5	493.1	205.7
Debt and Interest Payments	39.4	18.6	40.2	19.4
Other Uses	3.8	(2.6)	(14.7)	(2.9)
Total Cash Disbursements	**$ 960.2**	**$ 766.8**	**$ 1,816.9**	**$ 1,433.1**
Net Change	**$ 793.7**	**$ 626.2**	**$ 495.6**	**$ 300.5**

Unrestricted cash, cash equivalents and investments - Beginning of year	$ 1,647.8
Net Change	$ 495.6
Untrestricted cash, cash equivalents and investments - End of period	**$ 2,143.5**

Performance Ratios

HARRISHEALTH

As of the Quarter Ended March 31, 2026 and 2025 (in $ Millions)

	QUARTER-TO-DATE		YEAR-TO-DATE		
	CURRENT YEAR	CURRENT BUDGET	CURRENT YEAR	CURRENT BUDGET	PRIOR YEAR
OPERATING HEALTH INDICATORS					
Operating Margin %	11.5%	3.6%	11.1%	3.2%	8.3%
Run Rate per Day (In$ Millions)	$ 6.8	$ 7.3	$ 6.7	$ 7.3	$ 6.5
Salary, Wages & Benefit per APD	$ 2,518	$ 2,661	$ 2,493	$ 2,660	$ 2,417
Supply Cost per APD	$ 571	$ 652	$ 582	$ 651	$ 595
Physician Services per APD	$ 922	$ 881	$ 902	$ 879	$ 860
Total Expense per APD	**$ 4,863**	**$ 5,109**	**$ 4,827**	**$ 5,104**	**$ 4,633**
Overtime as a % of Total Salaries	3.2%	2.6%	3.0%	2.6%	3.5%
Contract as a % of Total Salaries	2.8%	2.8%	3.0%	2.8%	3.3%
Full-time Equivalent Employees	10,369	10,723	10,370	10,731	10,463
FINANCIAL HEALTH INDICATORS					
Quick Ratio			2.0		2.3
Unrestricted Cash (In $ Millions)			$ 2,143.5	$ 2,208.4	$ 1,763.9
Days Cash on Hand			317.7	303.6	268.3
Days Revenue in Accounts Receivable			70.8	63.9	62.7
Days in Accounts Payable			49.7		49.2
Capital Expenditures/Depreciation & Amortization			967.0%		430.3%
Average Age of Plant(years)			9.8		9.8

Harris Health Key Indicators

Statistical Highlights

HARRISHEALTH

As of the Quarter Ended March 31, 2026 and 2025

	QUARTER-TO-DATE			YEAR-TO-DATE				
	CURRENT QUARTER	CURRENT BUDGET	PERCENT CHANGE	CURRENT YEAR	CURRENT BUDGET	PERCENT CHANGE	PRIOR YEAR	PERCENT CHANGE
Adjusted Patient Days	130,931	134,151	-2.4%	263,683	268,832	-1.9%	267,427	-1.4%
Outpatient % of Adjusted Volume	60.9%	62.9%	-3.2%	61.6%	62.9%	-2.1%	63.0%	-2.3%
Primary Care Clinic Visits	131,194	146,326	-10.3%	262,964	274,678	-4.3%	270,719	-2.9%
Specialty Clinic Visits	61,548	64,742	-4.9%	123,494	126,388	-2.3%	123,573	-0.1%
Telehealth Clinic Visits	30,673	31,104	-1.4%	61,340	58,207	5.4%	60,661	1.1%
Total Clinic Visits	**223,415**	**242,172**	**-7.7%**	**447,798**	**459,273**	**-2.5%**	**454,953**	**-1.6%**
Emergency Room Visits - Outpatient	33,711	35,886	-6.1%	67,060	71,662	-6.4%	70,132	-4.4%
Emergency Room Visits - Admitted	5,608	5,473	2.5%	11,127	10,778	3.2%	10,417	6.8%
Total Emergency Room Visits	**39,319**	**41,359**	**-4.9%**	**78,187**	**82,440**	**-5.2%**	**80,549**	**-2.9%**
Surgery Cases - Outpatient	3,009	2,801	7.4%	6,043	5,635	7.2%	5,941	1.7%
Surgery Cases - Inpatient	2,414	2,606	-7.4%	5,027	5,372	-6.4%	5,304	-5.2%
Total Surgery Cases	**5,423**	**5,407**	**0.3%**	**11,070**	**11,007**	**0.6%**	**11,245**	**-1.6%**
Total Outpatient Visits	**382,517**	**454,983**	**-15.9%**	**761,826**	**876,845**	**-13.1%**	**765,673**	**-0.5%**
Inpatient Cases (Discharges)	7,562	7,606	-0.6%	15,256	15,751	-3.1%	15,023	1.6%
Outpatient Observation Cases	2,640	2,931	-9.9%	5,288	5,792	-8.7%	6,108	-13.4%
Total Cases Occupying Patient Beds	**10,202**	**10,537**	**-3.2%**	**20,544**	**21,543**	**-4.6%**	**21,131**	**-2.8%**
Births	1,009	1,317	-23.4%	2,134	2,826	-24.5%	2,771	-23.0%
Inpatient Days	51,157	49,727	2.9%	101,374	99,830	1.5%	99,024	2.4%
Outpatient Observation Days	8,890	10,423	-14.7%	17,290	20,884	-17.2%	21,858	-20.9%
Total Patient Days	**60,047**	**60,150**	**-0.2%**	**118,664**	**120,714**	**-1.7%**	**120,882**	**-1.8%**
Average Daily Census	667.2	668.3	-0.2%	652.0	663.3	-1.7%	664.2	-1.8%
Average Operating Beds	704	704	-0.1%	702	704	-0.3%	700	0.3%
Bed Occupancy %	94.8%	94.9%	-0.1%	92.9%	94.2%	-1.4%	94.9%	-2.1%
Inpatient Average Length of Stay	6.77	6.54	3.5%	6.64	6.34	4.8%	6.59	0.8%
Inpatient Case Mix Index (CMI)	1.704	1.712	-0.5%	1.683	1.712	-1.7%	1.716	-1.9%
Payor Mix (% of Charges)								
Charity & Self Pay	47.8%	45.5%	5.0%	46.4%	45.5%	2.0%	41.5%	11.8%
Medicaid & Medicaid Managed	19.2%	18.8%	2.0%	19.7%	18.8%	5.0%	19.6%	0.5%
Medicare & Medicare Managed	11.0%	10.6%	3.6%	11.1%	10.6%	4.3%	11.3%	-1.7%
Commercial & Other	22.0%	25.1%	-12.1%	22.7%	25.1%	-9.2%	27.6%	-17.5%
Total Unduplicated Patients - Rolling 12				**236,899**			**245,602**	**-3.5%**
Total New Patient - Rolling 12				**81,537**			**88,862**	**-8.2%**

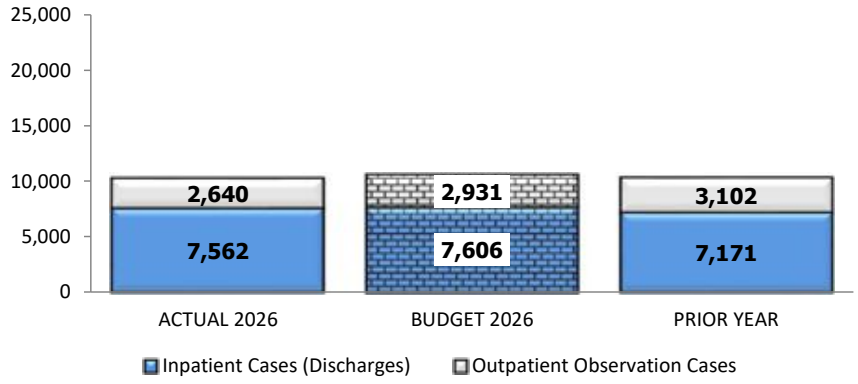
Harris Health

Statistical Highlights

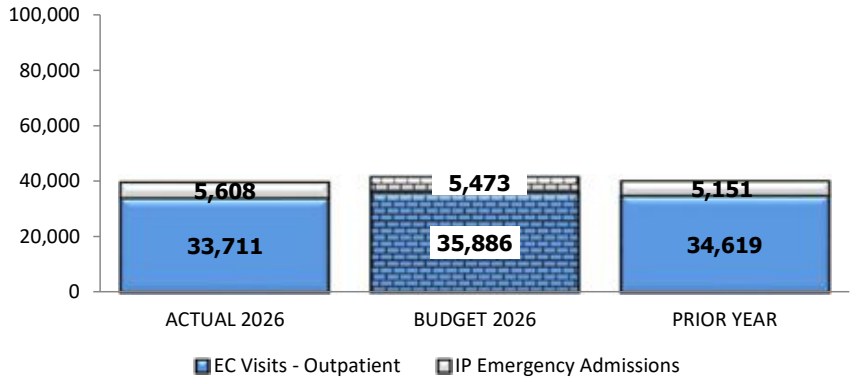
As of the Quarter Ended March 31, 2026

Cases Occupying Beds - Q2			Cases Occupying Beds - YTD			Emergency Visits - Q2			Emergency Visits - YTD		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
10,202	10,537	10,273	20,544	21,543	21,131	39,319	41,359	39,770	78,187	82,440	80,549

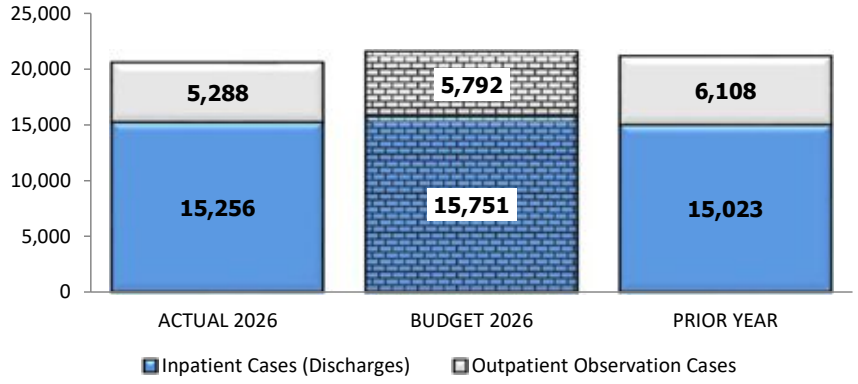
Cases Occupying Beds - Quarter End



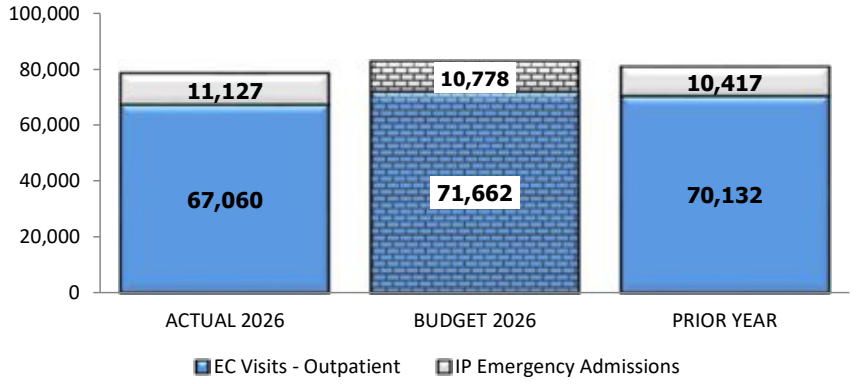
Emergency Visits - Quarter End



Cases Occupying Beds - YTD



Emergency Visits - YTD



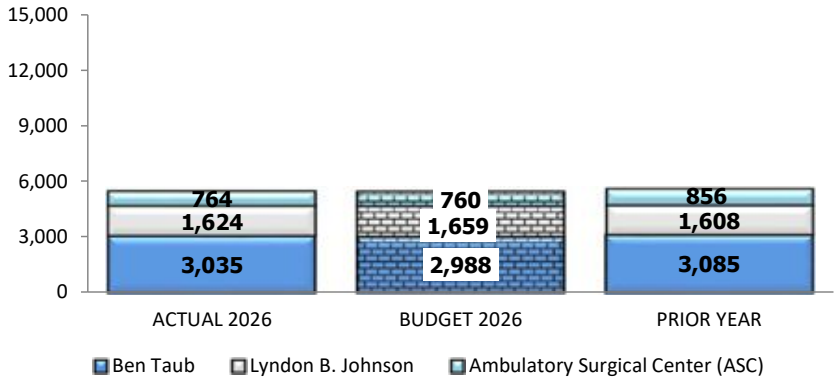
Harris Health

Statistical Highlights

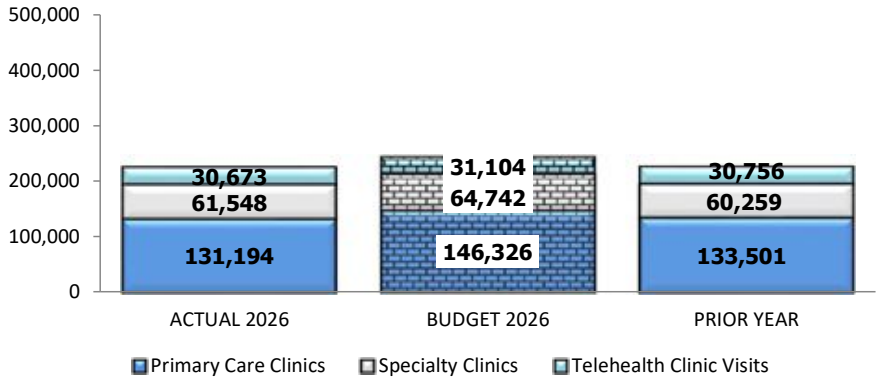
As of the Quarter Ended March 31, 2026

Surgery Cases - Q2			Surgery Cases - YTD			Clinic Visits - Q2			Clinic Visits - YTD		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
5,423	5,407	5,549	11,070	11,007	11,245	223,415	242,172	224,516	447,798	459,273	454,953

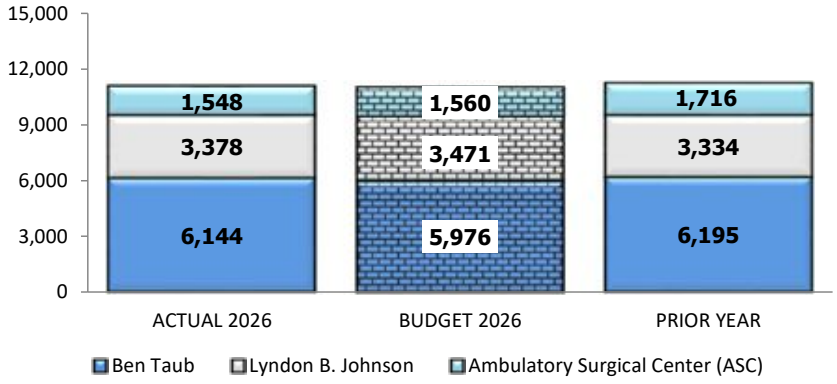
Surgery Cases - Quarter End



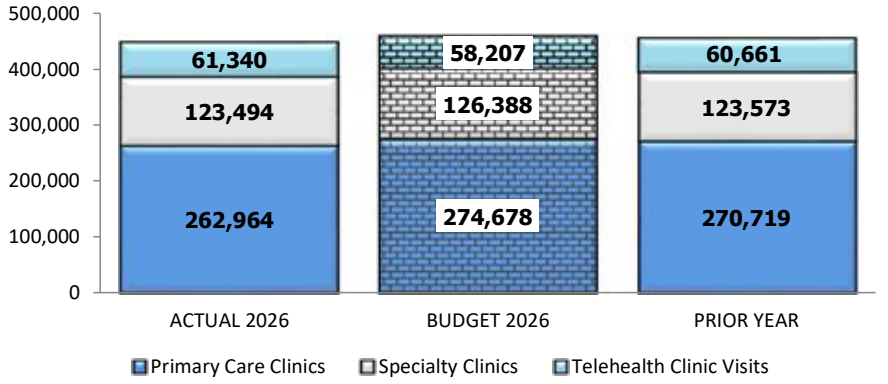
Clinic Visits - Quarter End



Surgery Cases - YTD



Clinic Visits - YTD



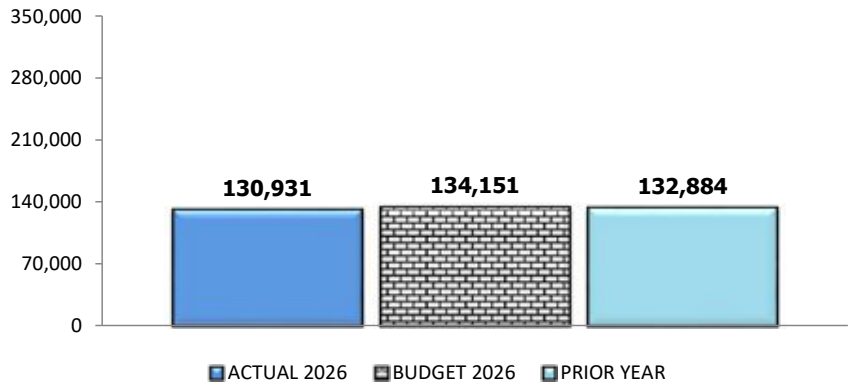
Harris Health

Statistical Highlights

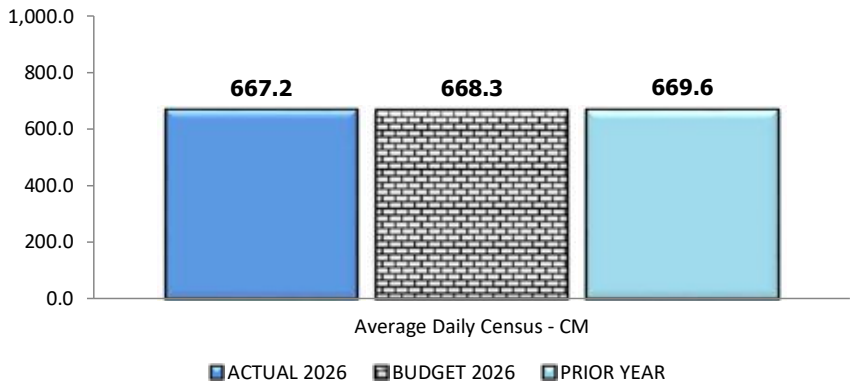
As of the Quarter Ended March 31, 2026

Adjusted Patient Days - Q2	Adjusted Patient Days - YTD	Average Daily Census - Q2	Average Daily Census - YTD
130,931	263,683	667.2	652.0

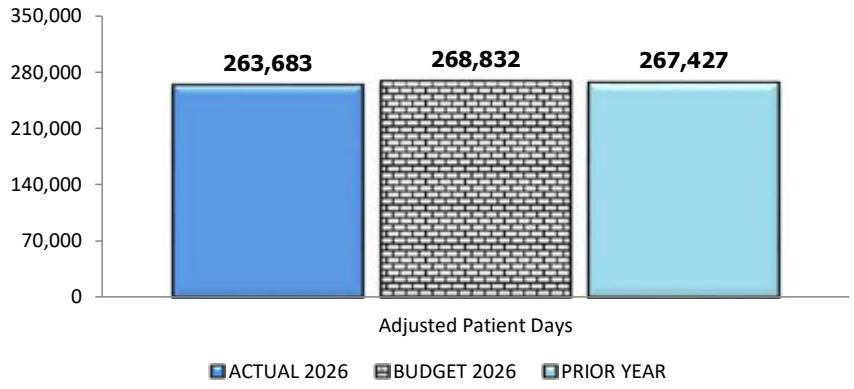
Adjusted Patient Days - Quarter End



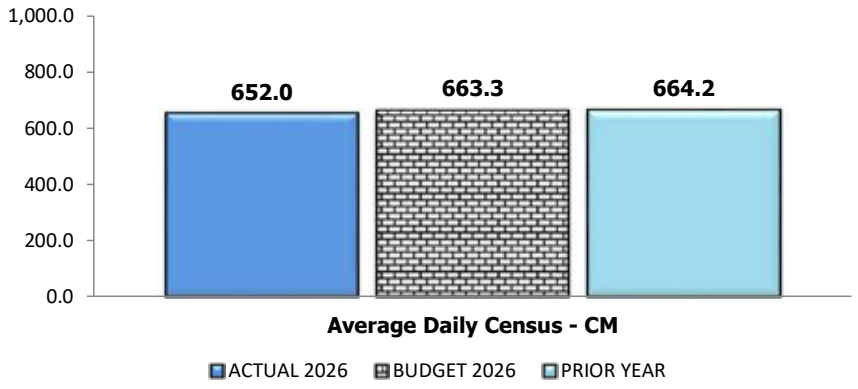
Average Daily Census - Quarter End



Adjusted Patient Days - YTD



Average Daily Census - YTD



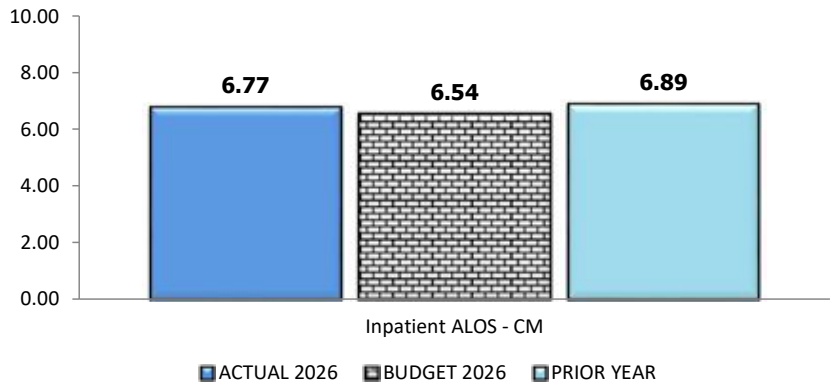
Harris Health

Statistical Highlights

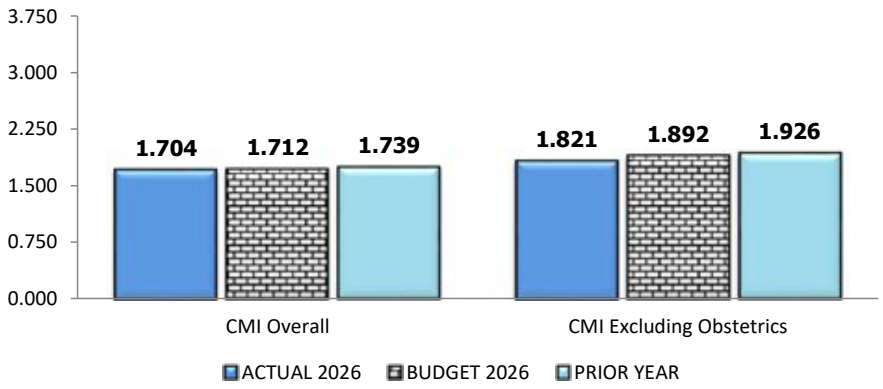
As of the Quarter Ended March 31, 2026

Inpatient ALOS - Q2	Inpatient ALOS - YTD	Case Mix Index - Q2		Case Mix Index (CMI) - YTD	
		Overall	Excl. Obstetrics	Overall	Excl. Obstetrics
6.77	6.64	1.704	1.821	1.683	1.824

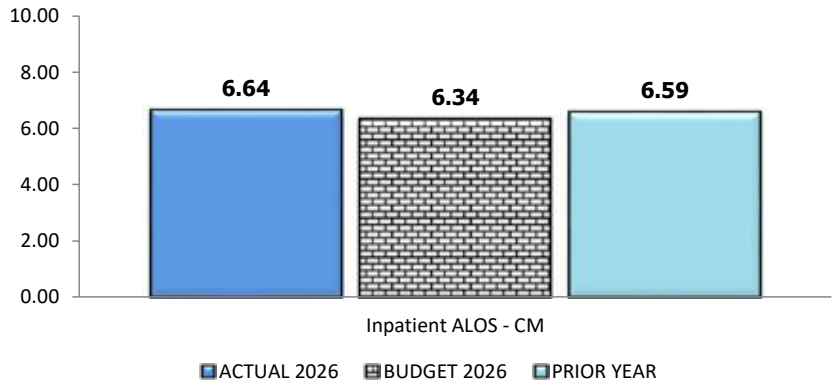
Inpatient ALOS - Quarter End



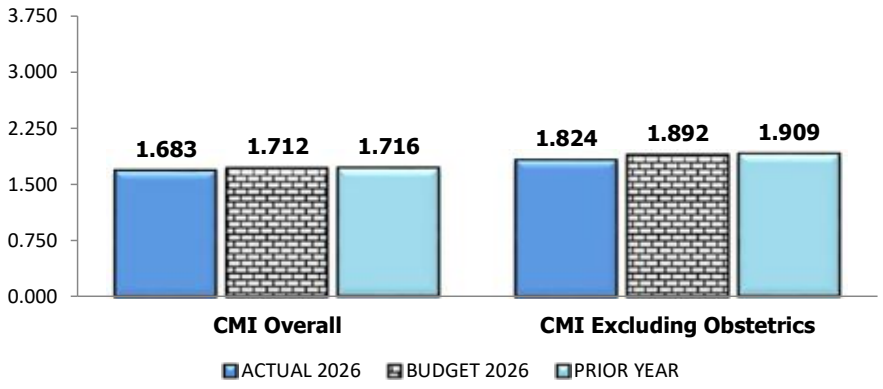
Case Mix Index - Quarter End



Inpatient ALOS - YTD



Case Mix Index - YTD



Harris Health

Statistical Highlights - Cases Occupying Beds

As of the Quarter Ended March 31, 2026

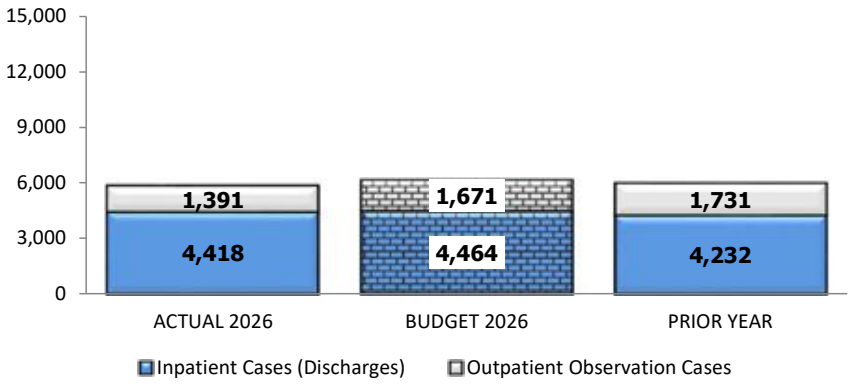
BT Cases Occupying Beds - Q2		
Actual	Budget	Prior Year
5,809	6,135	5,963

BT Cases Occupying Beds - YTD		
Actual	Budget	Prior Year
11,750	12,713	12,296

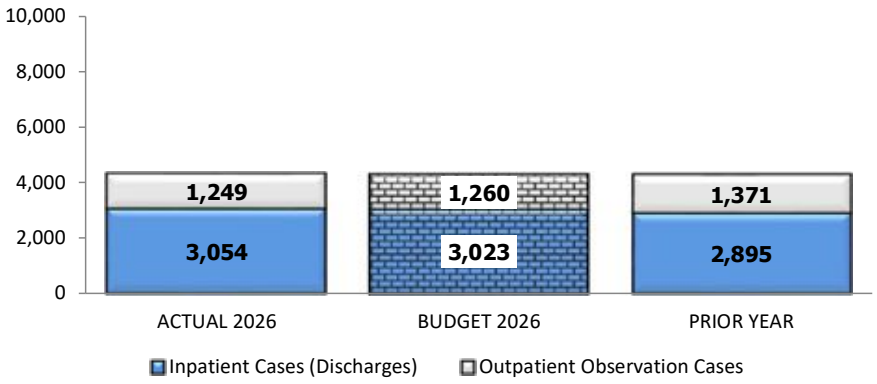
LBJ Cases Occupying Beds - Q2		
Actual	Budget	Prior Year
4,303	4,283	4,266

LBJ Cases Occupying Beds - YTD		
Actual	Budget	Prior Year
8,673	8,590	8,746

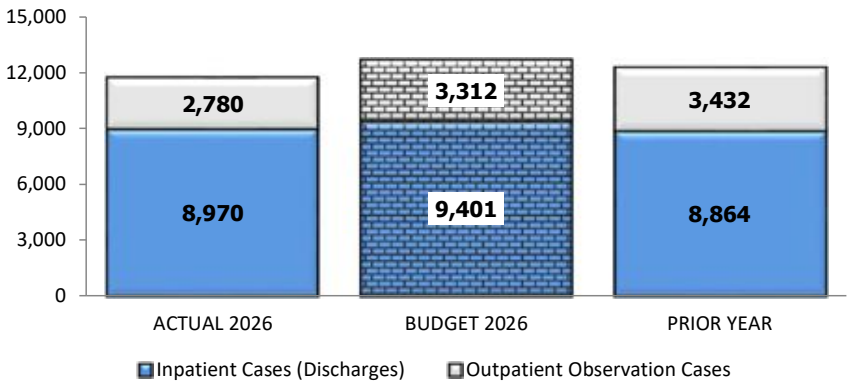
Ben Taub Cases - Quarter End



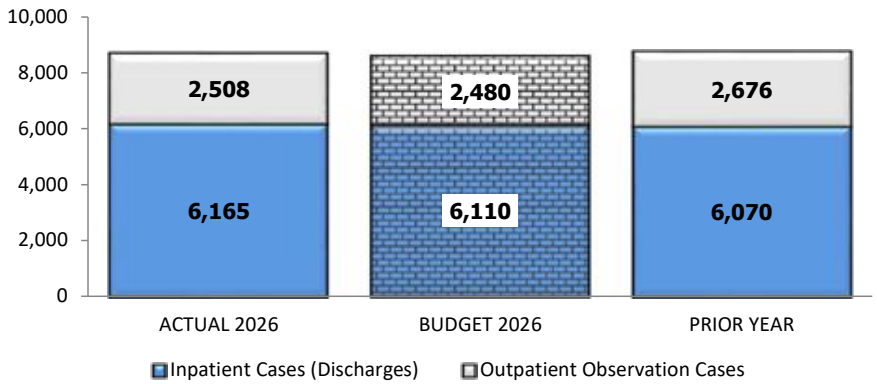
Lyndon B. Johnson Cases - Quarter End



Ben Taub Cases - YTD



Lyndon B. Johnson Cases - YTD



Harris Health

Statistical Highlights - Surgery Cases

As of the Quarter Ended March 31, 2026

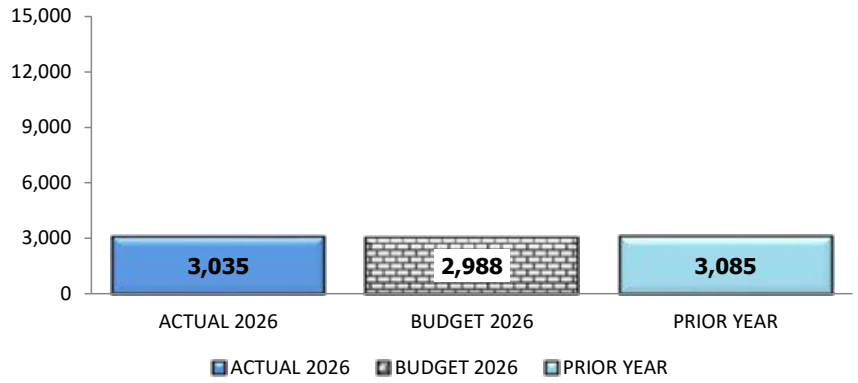
BT Surgery Cases - Q2		
Actual	Budget	Prior Year
3,035	2,988	3,085

BT Surgery Cases - YTD		
Actual	Budget	Prior Year
6,144	5,976	6,195

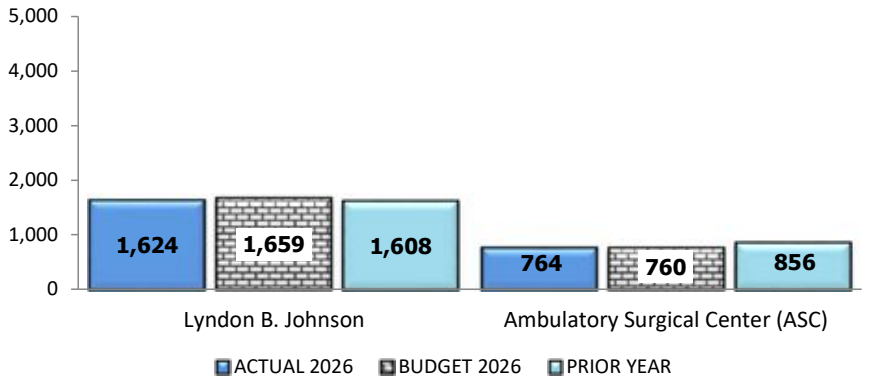
LBJ Surgery Cases - Q2		
Actual	Budget	Prior Year
2,388	2,419	2,464

LBJ Surgery Cases - YTD		
Actual	Budget	Prior Year
4,926	5,031	5,050

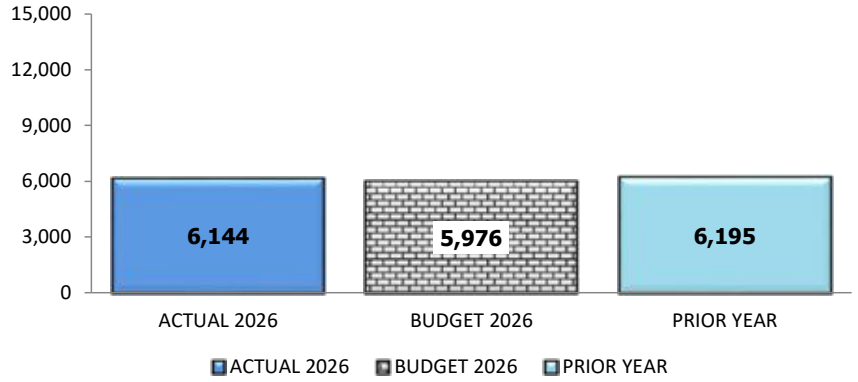
Ben Taub OR Cases - Quarter End



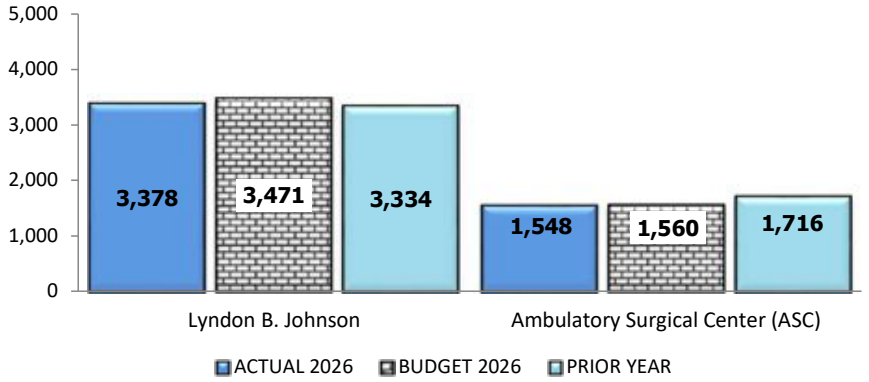
Lyndon B. Johnson OR Cases - Quarter End



Ben Taub OR Cases - YTD



Lyndon B. Johnson OR Cases - YTD



Harris Health

Statistical Highlights - Emergency Room Visits

As of the Quarter Ended March 31, 2026

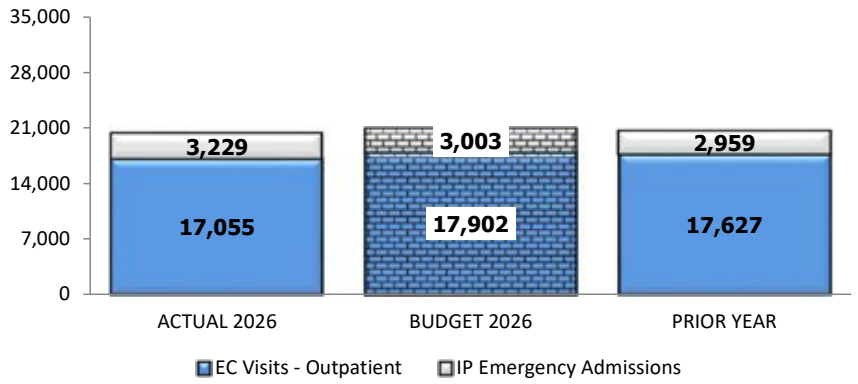
BT Emergency Visits - Q2		
Actual	Budget	Prior Year
20,284	20,905	20,586

BT Emergency Visits - YTD		
Actual	Budget	Prior Year
39,803	41,859	41,225

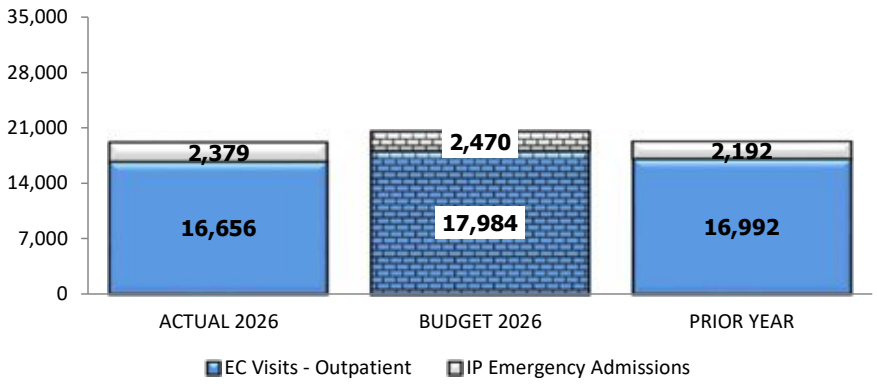
LBJ Emergency Visits - Q2		
Actual	Budget	Prior Year
19,035	20,454	19,184

LBJ Emergency Visits - YTD		
Actual	Budget	Prior Year
38,384	40,581	39,324

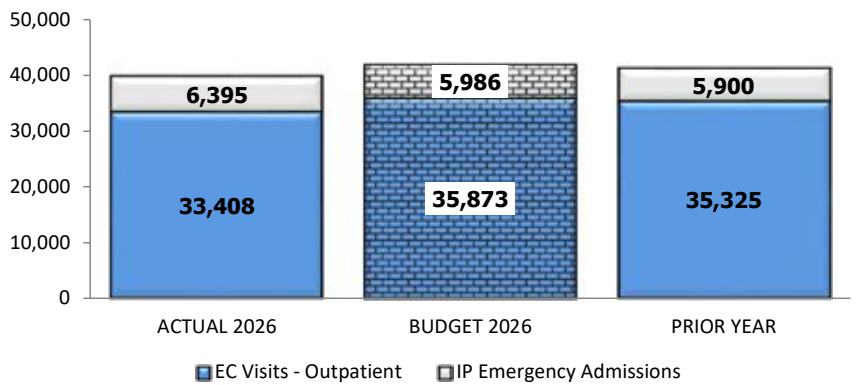
Ben Taub EC Visits - Quarter End



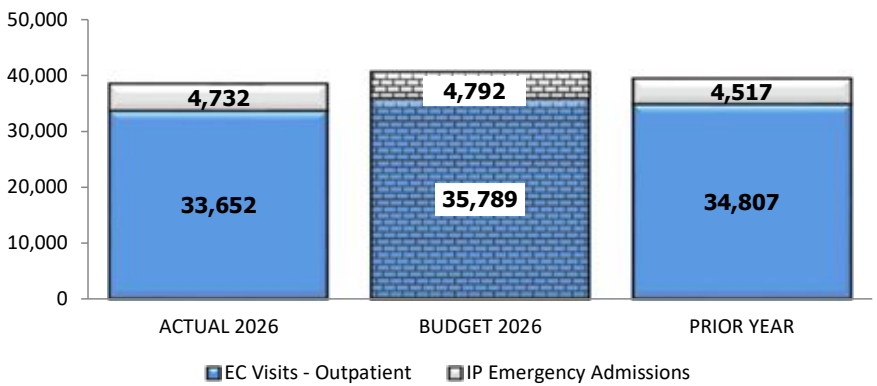
Lyndon B. Johnson EC Visits - Quarter End



Ben Taub EC Visits - YTD



Lyndon B. Johnson EC Visits - YTD

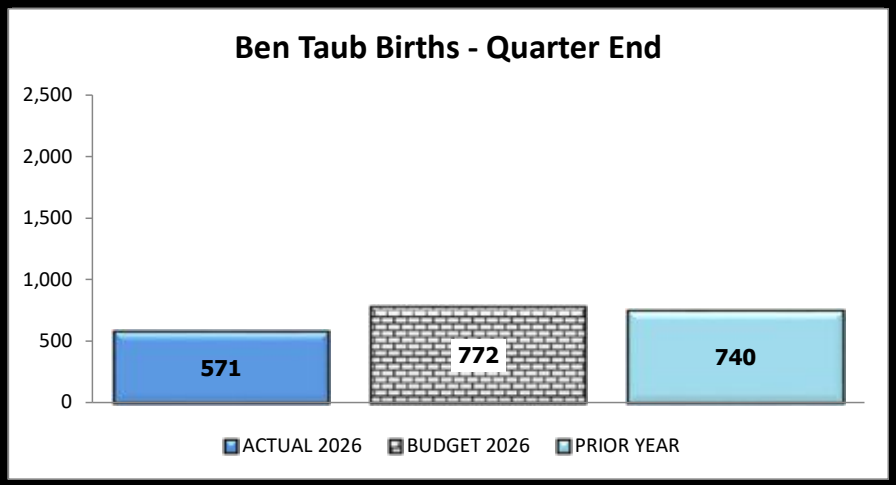


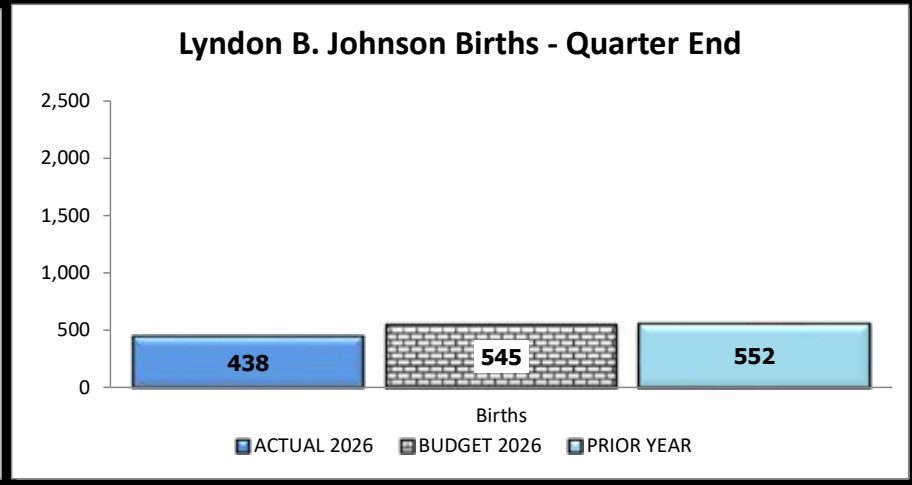
Harris Health

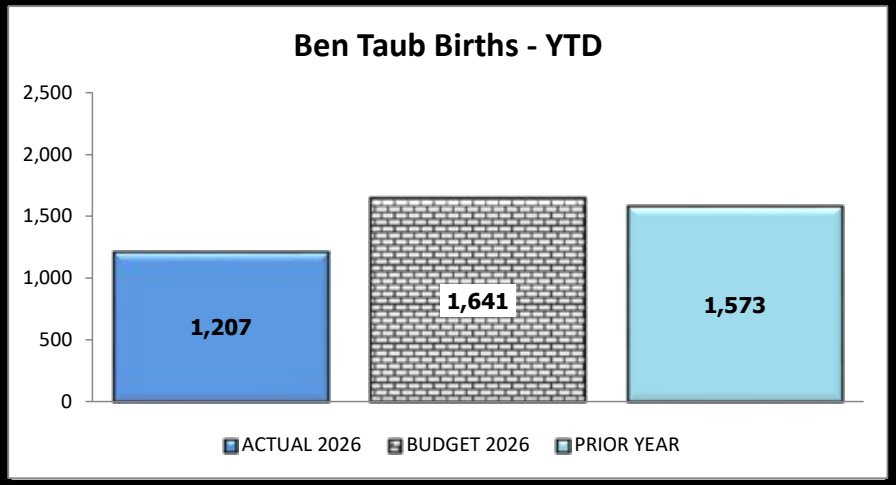
Statistical Highlights - Births

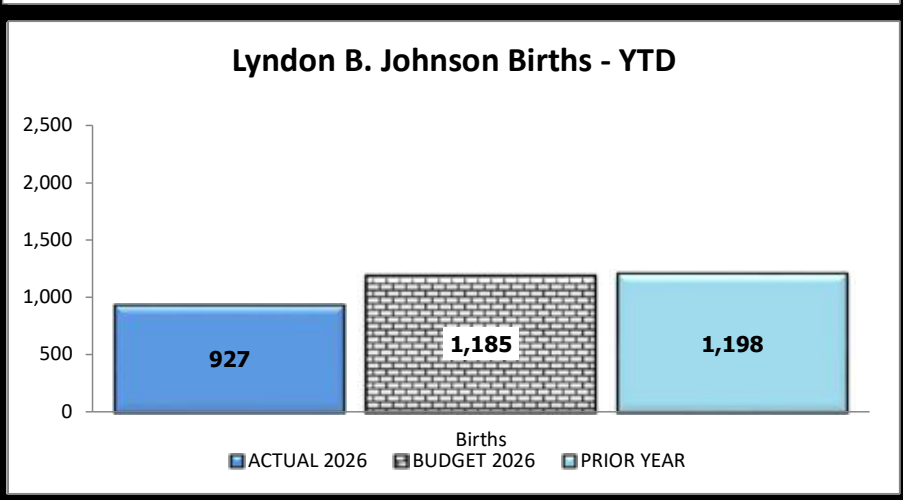
As of the Quarter Ended March 31, 2026

BT Births - Q2			BT Births - YTD			LBJ Births - Q2			LBJ Births - YTD		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
571	772	740	1,207	1,641	1,573	438	545	552	927	1,185	1,198









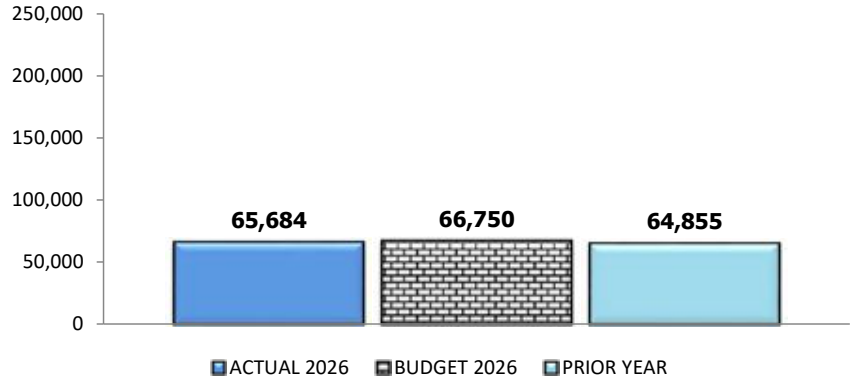
Harris Health

Statistical Highlights - Adjusted Patient Days

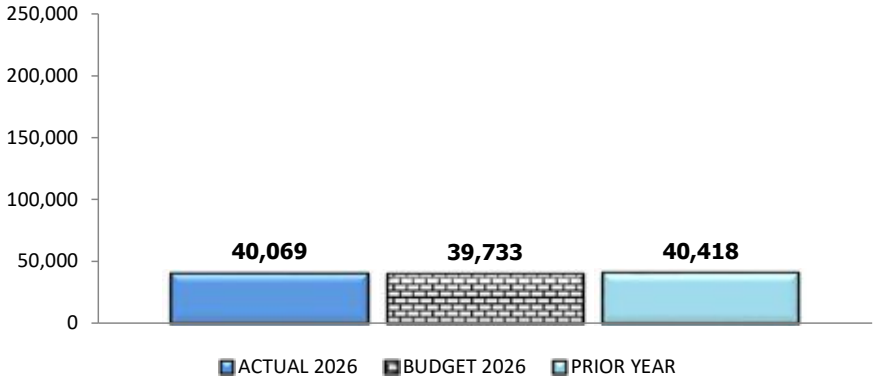
As of the Quarter Ended March 31, 2026

BT Adjusted Patient Days - Q2	BT Adjusted Patient Days - YTD	LBJ Adjusted Patient Days - Q2	LBJ Adjusted Patient Days - YTD
65,684	130,482	40,069	80,260

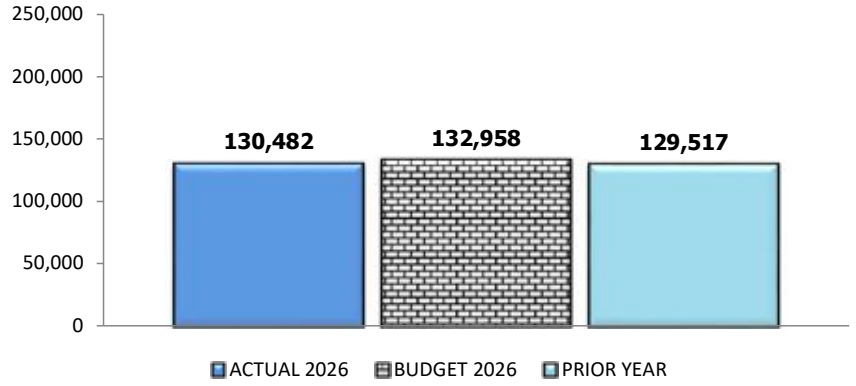
Ben Taub APD - Quarter End



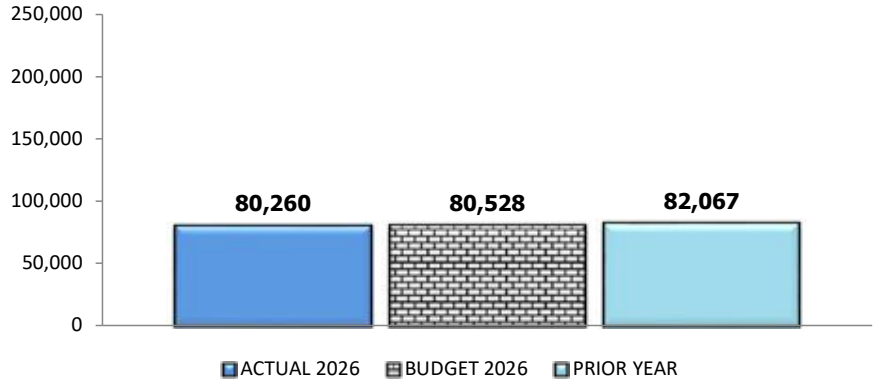
Lyndon B. Johnson APD - Quarter End



Ben Taub APD - YTD



Lyndon B. Johnson APD - YTD



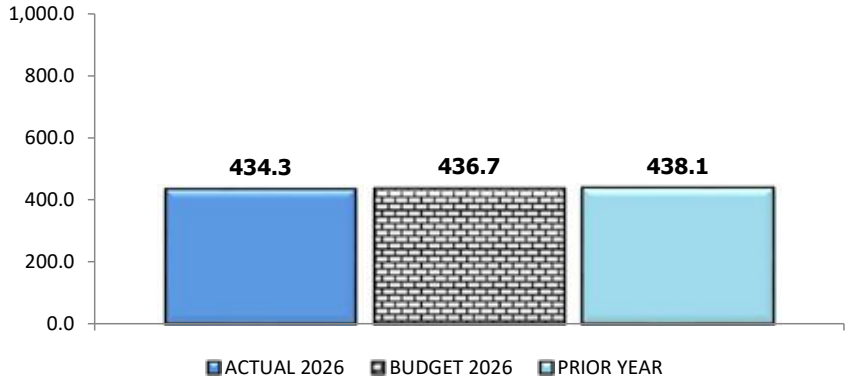
Harris Health

Statistical Highlights - Average Daily Census (ADC)

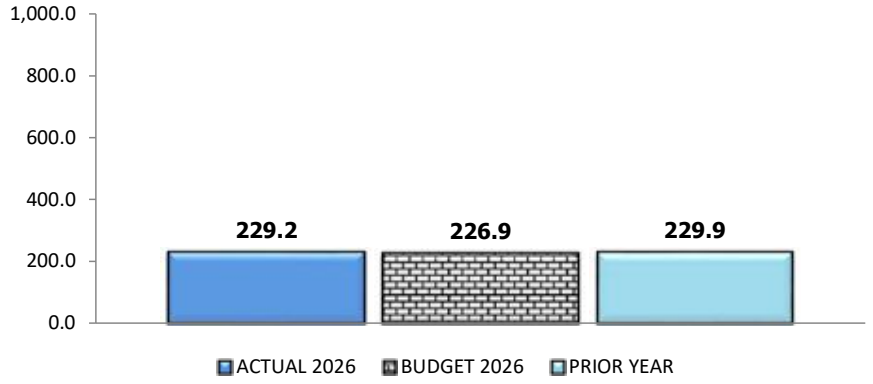
As of the Quarter Ended March 31, 2026

BT Average Daily Census - Q2	BT Average Daily Census - YTD	LBJ Average Daily Census - YTD	LBJ Average Daily Census - YTD
434.3	422.9	229.2	226.6

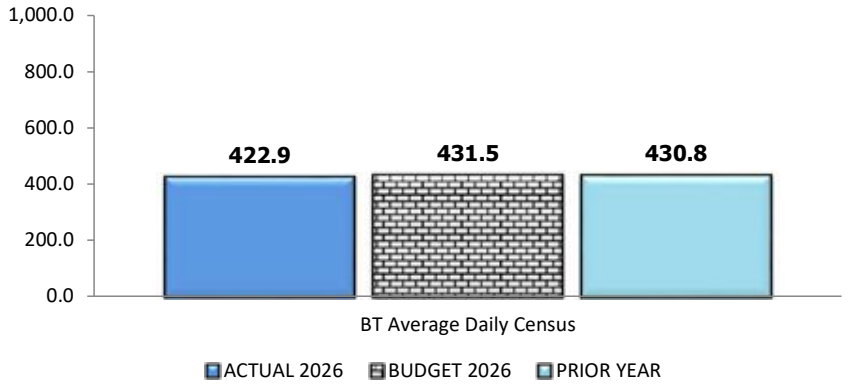
Ben Taub ADC - Quarter End



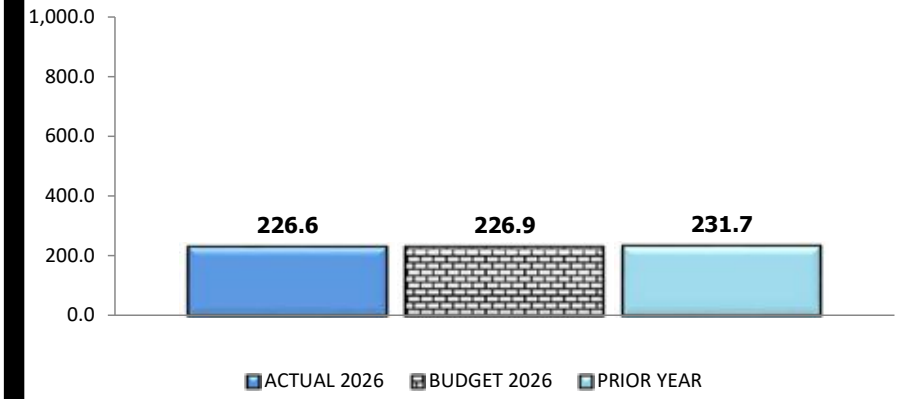
Lyndon B. Johnson ADC - Quarter End



Ben Taub ADC - YTD



Lyndon B. Johnson ADC - YTD



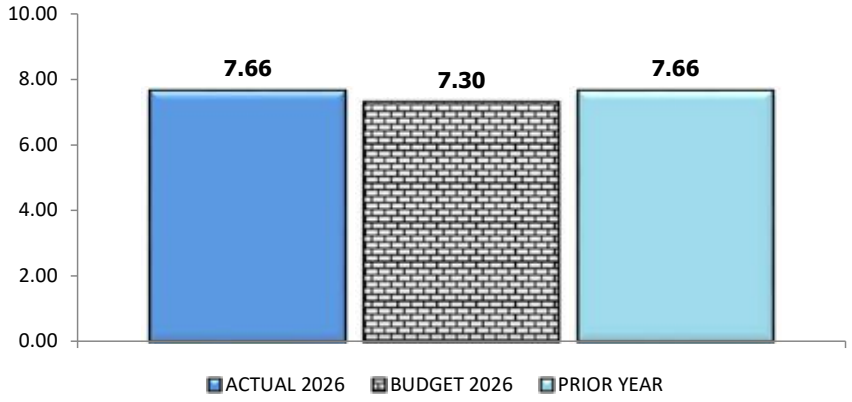
Harris Health

Statistical Highlights - Inpatient Average Length of Stay (ALOS)

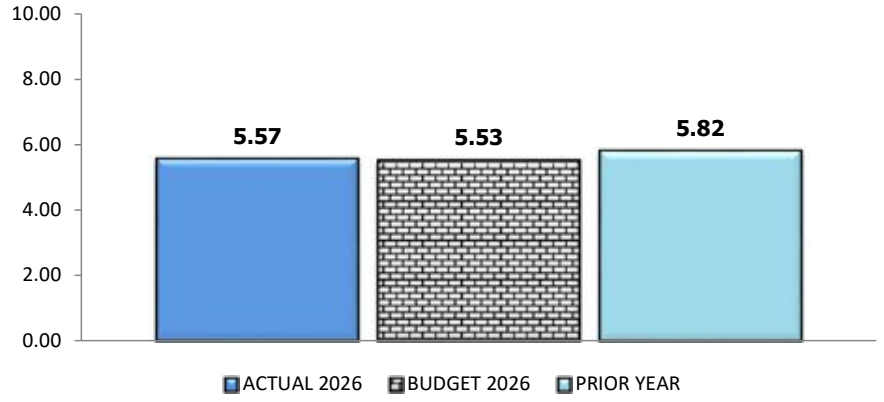
As of the Quarter Ended March 31, 2026

BT Inpatient ALOS - Q2	BT Inpatient ALOS - YTD	LBJ Inpatient ALOS - Q2	LBJ Inpatient ALOS - YTD
7.66	7.46	5.57	5.51

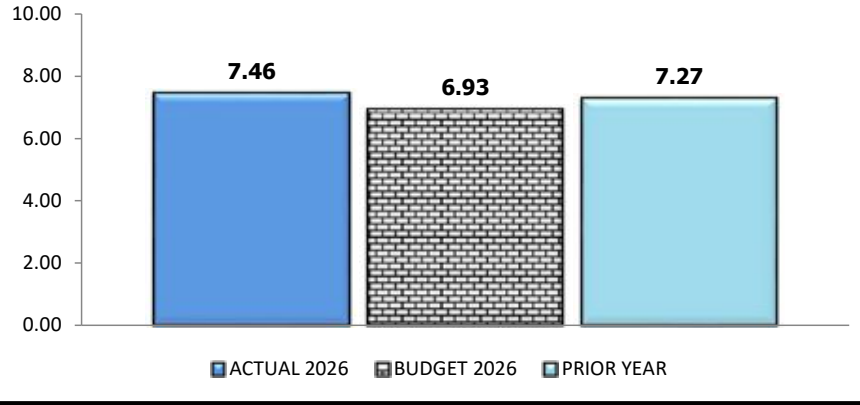
Ben Taub ALOS - Quarter End



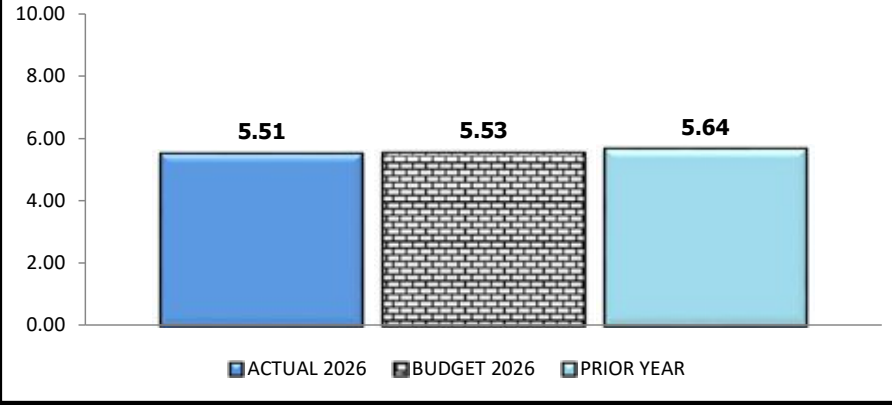
Lyndon B. Johnson ALOS - Quarter End



Ben Taub ALOS - YTD



Lyndon B. Johnson ALOS - YTD



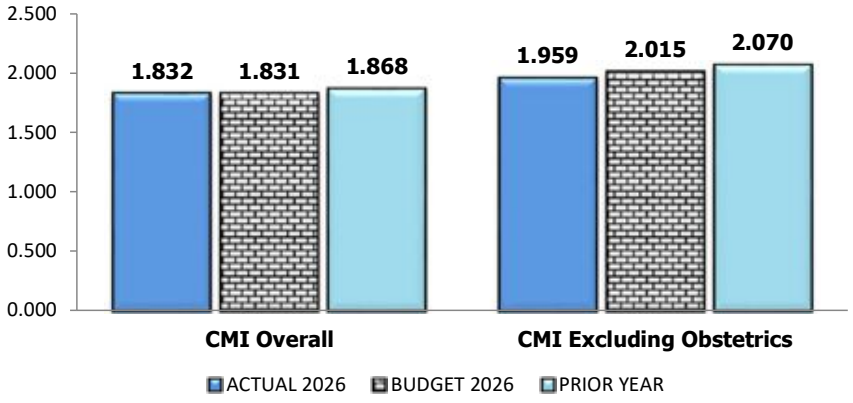
Harris Health

Statistical Highlights - Case Mix Index (CMI)

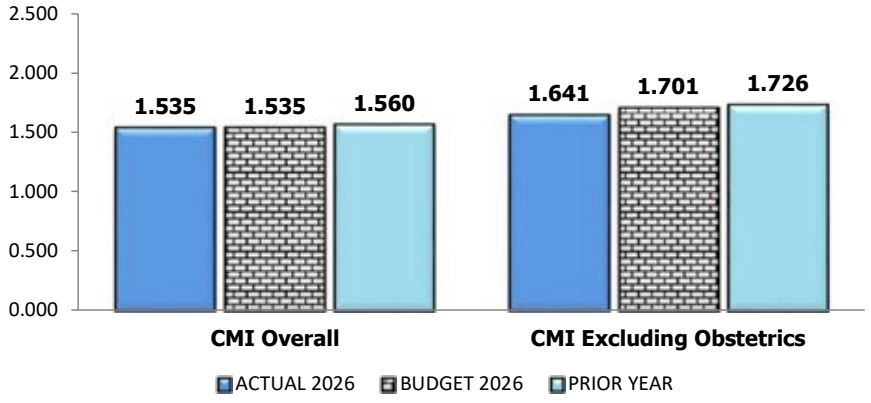
As of the Quarter Ended March 31, 2026

BT Case Mix Index (CMI) - Q2		BT Case Mix Index (CMI) - YTD		LBJ Case Mix Index (CMI) - Q2		LBJ Case Mix Index (CMI) - YTD	
Overall	Excl. Obstetrics	Overall	Excl. Obstetrics	Overall	Excl. Obstetrics	Overall	Excl. Obstetrics
1.832	1.959	1.799	1.944	1.535	1.641	1.525	1.661

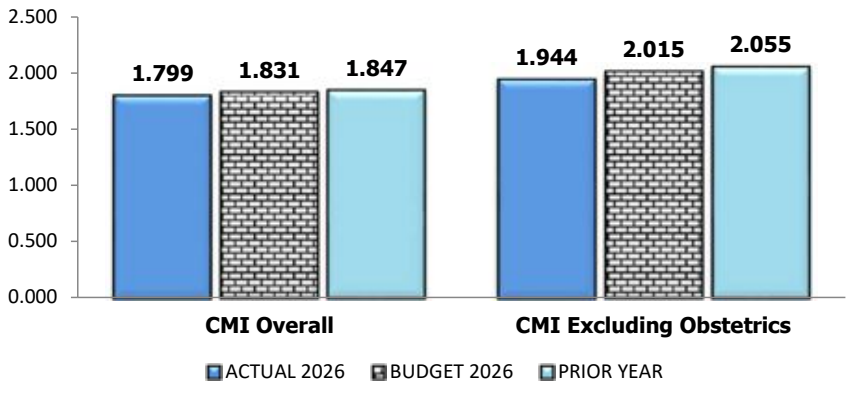
Ben Taub CMI - Quarter End



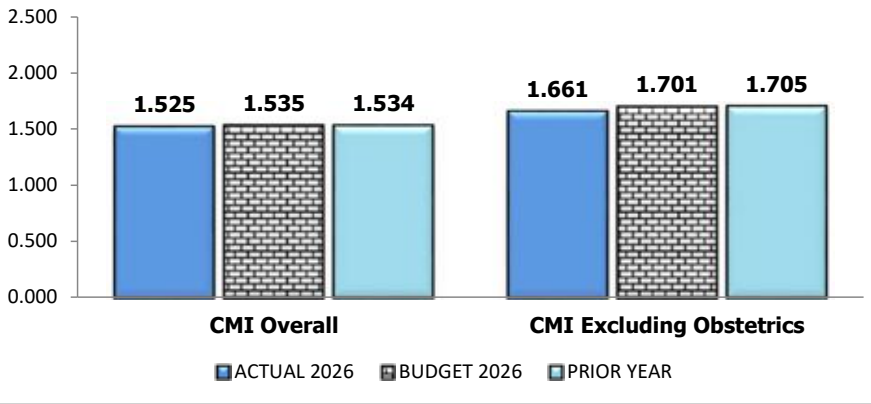
Lyndon B. Johnson CMI - Quarter End



Ben Taub CMI - YTD



Lyndon B. Johnson CMI - YTD



Wednesday, May 13, 2026

Consideration of Approval to Acquire Real Property for the New Greenspoint Health Center

---

Administration recommends that the Board of Trustees approve the acquisition of real property, as detailed on the attached Fact Sheet, for a new Greenspoint Health Center at 12440 Greenspoint Drive, Houston, Texas 77060.

Thank you.

Patrick Casey
SVP, Facilities Construction & Systems Engineering

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

Fact Sheet

Acquisition Cost:	$1,860,573 ($6.50/SF)
Seller:	Greenspoint Plaza Limited Partnership
Buyer:	Harris Health
Address & Legal Description:	12440 Greenspoint Drive, Houston, Texas 77060 RES D4 BLK 3 GREENSPOINT SEC 1 RES D8 BLK 3 GREENSPOINT SEC 1
Property Description:	Approximately 6.57 acres (286,242 SF) as further described in the attached exhibits.

Introduction

Client and Intended Users of the Appraisal

The client in this assignment is Harris Health System and the intended users of this report are Harris Health and their representatives.

Intended Use of the Appraisal

The intended use of this report is for internal decision making.

Real Estate Identification

The subject property wraps the southeast corner of Greens Road and Greenspoint Drive and the southwest corner of Greens Road and Northchase Drive. The tract has a physical address of 12440 Greenspoint Drive, Houston, Harris County, Texas 77060. The subject property is further identified by the tax parcel numbers 1121140000024 and 1121140000031.

Legal Description

Reserves D4 and D8, Block 3 of the Greenspoint Subdivision, Section One

Use of Real Estate as of the Effective Date of Value

As of the effective date of value, the subject was vacant land.

Use of Real Estate as Reflected in this Appraisal

The as is opinion of value for the subject property reflects use as vacant land.

Ownership of the Property

According to public records, title to the subject property is vested in Greenspoint Plaza Limited Partnership.

History of the Property

Ownership of the subject property has not changed within the past three years.

Type and Definition of Value

The appraisal problem is to develop an opinion of the market value of the subject property. Market value is defined as the most probable price which a property should bring in a competitive and open market under all conditions requisite to a fair sale with the buyer and seller each acting prudently, knowledgeably and assuming the price is not affected by undue stimulus. Implicit in this definition is the consummation of a sale as of a specified date and the passing of title from seller to buyer under conditions whereby:

- *buyer and seller are typically motivated;*
- *both parties are well informed or well advised, and acting in what they consider their own best interest;*
- *a reasonable time is allowed for exposure in the open market;*

Site Description

The subject site wraps the southeast corner of Greens Road and Greenspoint Drive and the southwest corner of Greens Road and Northchase Drive. The characteristics of the site are summarized as follows:

Site Characteristics

Gross Land Area:	6.571 Acres or 286,242 SF
Usable Land Area:	6.571 Acres or 286,242 SF
Usable Land %:	100.0%
Shape:	Irregular
Topography:	Level
Drainage:	Assumed adequate
Grade:	At street grade
Utilities:	Public utilities available
Interior or Corner:	Through Lot
Signalized Intersection:	Yes: - Traffic signal nearby that enhances access to the site

Street Frontage / Access

Frontage Road	Primary	Secondary	Secondary
Street Name:	Greens Road	Northchase Drive	Greenspoint Drive
Street Type:	4-lane, divided, concrete paved, curb and gutter drainage	4-lane, divided, concrete paved, curb and gutter drainage	4-lane, divided, concrete paved, curb and gutter drainage
Frontage (Linear Ft.):	245	191	236
Number of Curb Cuts:	0	1	0
Traffic Count (Cars/Day):	26,098 (TxDOT 2022)	3,649	5,874

Flood Zone Data

Flood Map Panel/Number:	48201C0460M
Flood Map Date:	10-16-2013
Flood Zone:	Zone AE and X (unshaded and shaded) Zone AE is the designation for areas subject to a one percent or greater annual chance of flooding in any given year. Base flood elevations are shown as derived from detailed hydraulic analyses. Zone X (shaded) is the designation for areas of moderate flood hazard, usually the area between the limits of the 100-year and 500-year floods. B Zones are also used to designate base floodplains of lesser hazards, such as areas protected by levees from 100-year flood, or shallow flooding areas with average depths of less than one foot or drainage areas less than 1 square mile.
Portion in Flood Hazard Area:	12.50% within Zone AE

Other Site Conditions

Soil Type:	Assumed adequate for development
Environmental Issues:	No detrimental environmental conditions that would adversely affect value are known to exist. Please see the general assumptions and limiting conditions.
Easements/Encroachments:	Typical utility easements

Adjacent Land Uses

North:	Retail
South:	Office
East:	Retail / Multifamily
West:	Retail

Site Ratings

Access:	Good
Visibility:	Good

Zoning Designation

Zoning Jurisdiction:	City of Houston
Zoning Classification:	Not Zoned
Zoning Comments:	The subject is within the City of Houston and Harris County, jurisdictions that do not enforce a zoning ordinance.

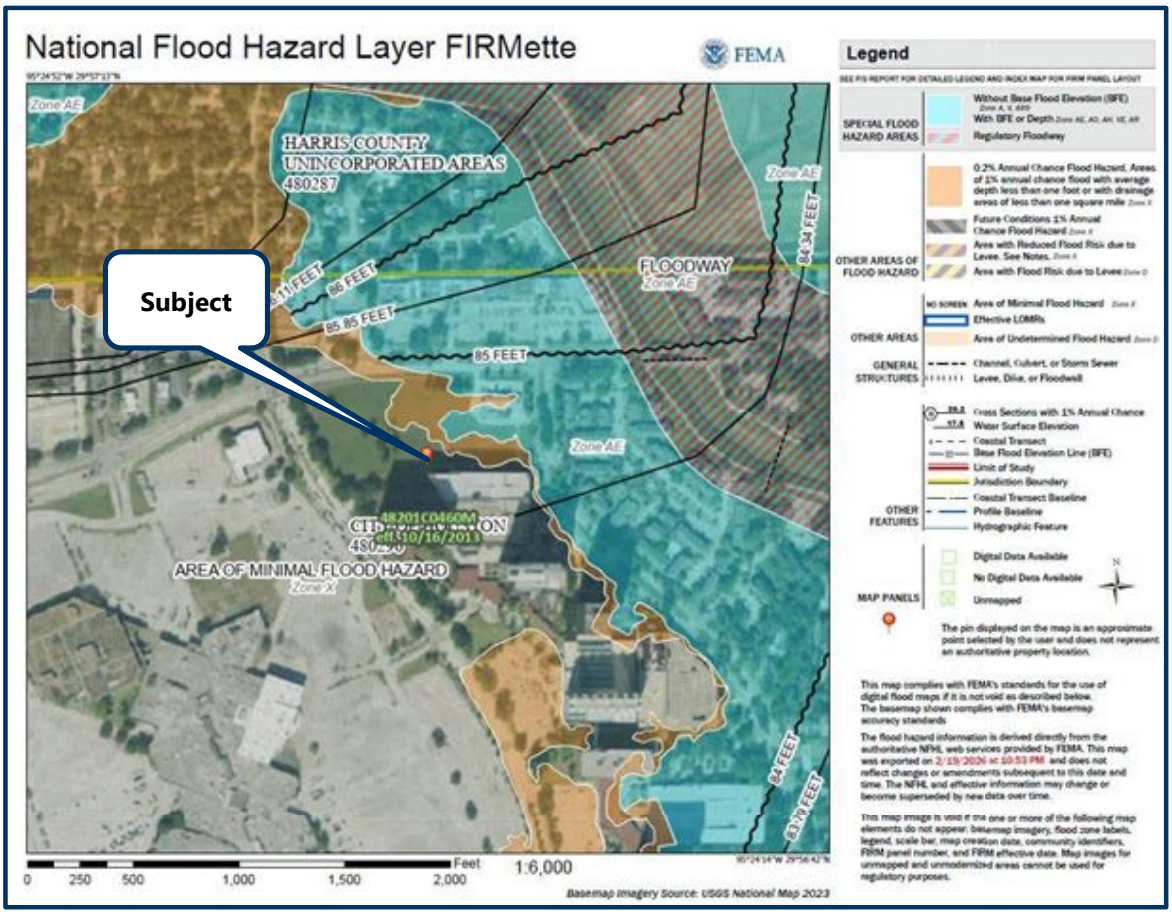
Analysis/Comments on Site

The subject site wraps the southeast corner of Greens Road and Greenspoint Drive and the southwest corner of Greens Road and Northchase Drive. Both intersections are lighted intersections. Greens Road is primary thoroughfare in the area. Greenspoint Drive and Northchase Drive are secondary thoroughfares in the area. The tract is adjacent to the Greenspoint Mall. Surrounding development primarily consist of commercial retail and office; however, a multifamily development is located just east of the tract. A convenience store was recently constructed at the southeast corner of Greens Road and Greenspoint Drive, which the subject tract wraps. Additionally, a bank site is located at the southwest corner of Greens Road and Northchase Drive, which the subject tract also wraps. It appears a cross access easement is located on the site, as a driveway from Northchase Drive into the bank site is located on the east portion of the site. The subject site's physical characteristics support a variety of uses.

TAX PLAT


BLK 8
RES L
GREENS RD
GREENS RD
GREENS RD
GREENS RD
BLK1
RES A
RES D4/A
RES B
RES D4
RES D8
NORTHCHASE DR
RES
RES D 8A
RES D7
RES D6
112-114-000-0032
RES D5
GREENSPOINT DR
GREENSPOINT DR
RES D3
RES D9-B3
RES D5-A
RES D9-A
RES D9-B
RES D9-G
RES D9-C
RES D9-D1
RES D9-A1
RES D9-D2
RES D9-D
RES D9

FLOOD MAP


National Flood Hazard Layer FIRMette
FEMA
Subject
HARRIS COUNTY UNINCORPORATED AREAS
480287
FLOODWAY
Zone AE
AREA OF MINIMAL FLOOD HAZARD
Zone X
85 FEET
86 FEET
84 FEET
Legend
SPECIAL FLOOD HAZARD AREAS
OTHER AREAS OF FLOOD HAZARD
OTHER AREAS
GENERAL STRUCTURES
OTHER FEATURES
MAP PANELS
Feet
0 250 500 1,000 1,500 2,000
1:6,000
Basemap Imagery Source: USGS National Map 2023

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH

Wednesday, May 13, 2026

Consideration of Approval of the Memorialization and Recognition of a Petition Provided by The Metropolitan Organization (TMO) Houston in Support of the Ben Taub Expansion

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Olga L. Rodriguez
VP - Community Engagement & Board Services

- Pages 147 – 189 Were Intentionally Left Blank -

Wednesday, May 13, 2026

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

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Attached for review and acceptance:

- **HCHP May 2026 Operational Update**

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 – May 2026

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

Tracey Burdine, Director, Health Care for the Homeless Program

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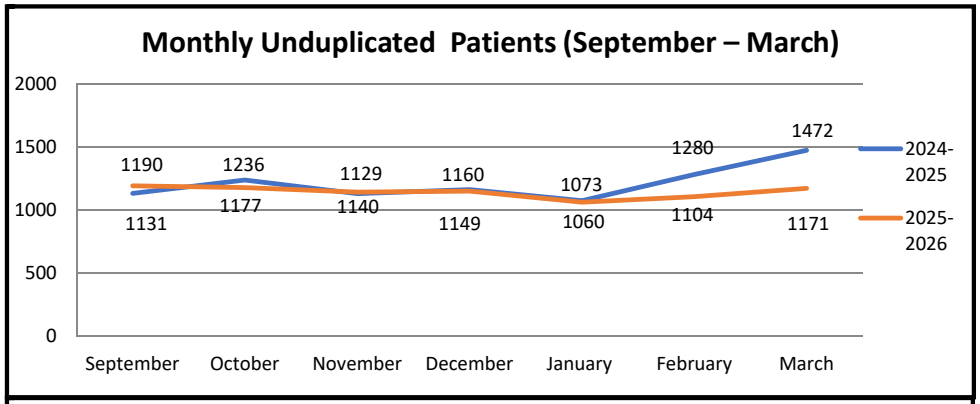
Agenda

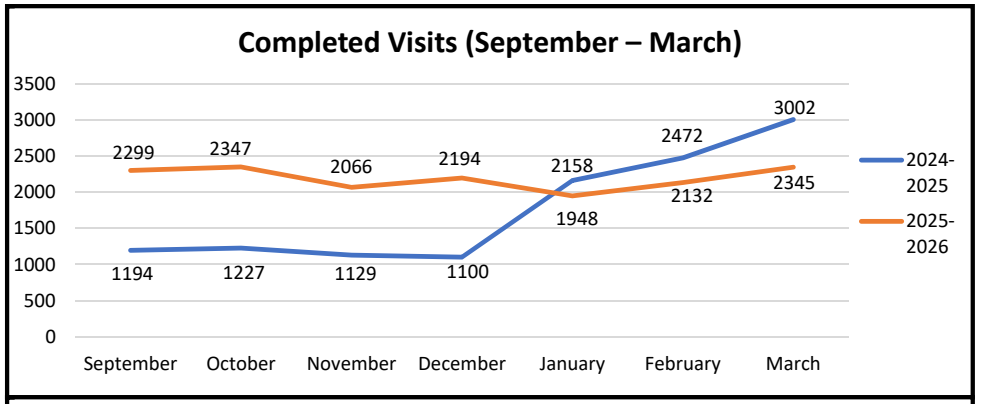
- Operational Update
  - Productivity Report
  - Change In Scope - Dental Mobile Unit
  - Quality Management Plan
  - Service Area Analysis Report
  - 2026 Needs Assessment Report
  - Budget Summary Report

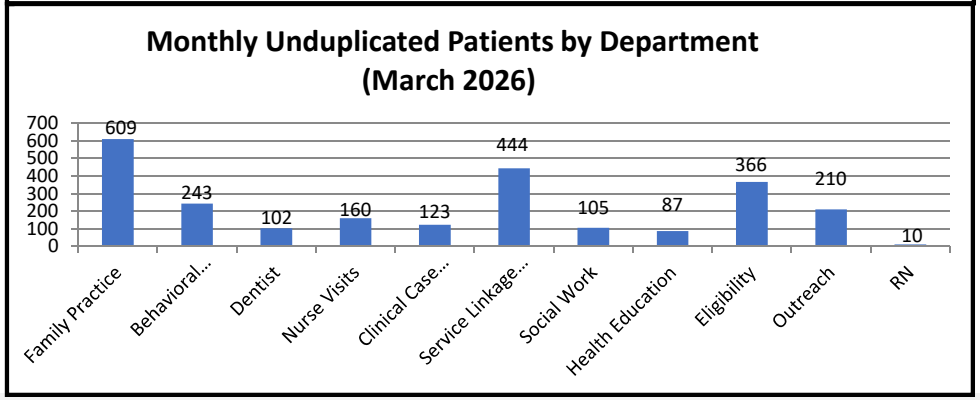
HARRISHEALTH

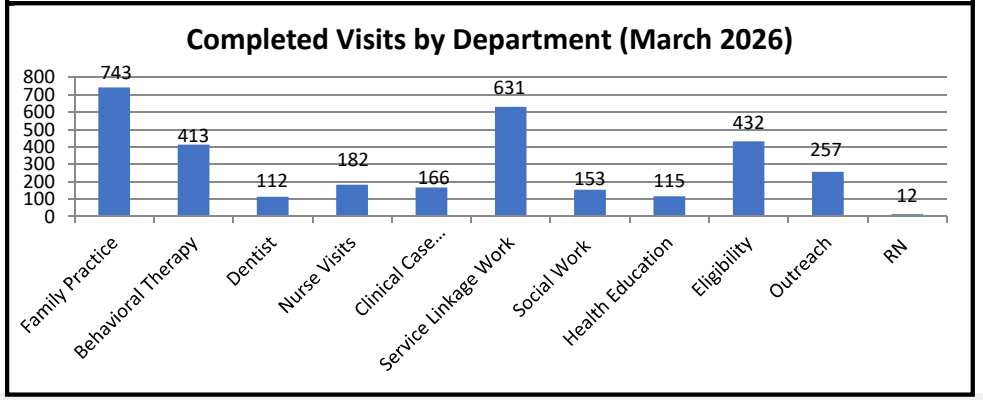
Patients Served – Operational Productivity Update (March 2026)

HRSA Unduplicated Patients Target: 7,250	HRSA Completed Visit Patients: 30,496
YTD Unduplicated Patients: 2,295	YTD Completed Visits: 6,456









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Change In Scope – Dental Mobile Unit

What Is Changing	The Dental Mobile Unit will be removed from HRSA scope The unit will be decommissioned Dental services will transition to fixed site location
Reason for Change	The current unit is non-operational; pursuing a replacement dental mobile unit Repairs are costly The unit has limited remaining useful life The operational value is low
Impact Assessment	Dental services will transition to fixed location Patient access to dental care will continue
Board Action Requested	**Approve** submission of the **Scope** of Change request in the **decommissioning of the unit and** removal of Dental Mobile Unit from HRSA Form B.

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Health Care for the Homeless
2026 Quality Management Plan

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Operational Update

HCHP 2026 Quality Management Plan

Goals and Objectives

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

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

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

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Summary of Key Changes

ADDITIONS

- **Clearer governance structure**
  - Defined 3-tier model
- **Enhanced data & reporting expectations**
  - Monthly data collection clearly defined
  - Quarterly reporting to leadership/Board emphasized
- **Reinforced high-reliability organization focus**
  - Emphasis on patient safety and zero harm expectation
- **Clarified stakeholder engagement**
  - Internal & external more explicitly defined

REMOVALS / CLEAN-UP

- **Redundant or repetitive language**
  - Streamlined wording across sections
- **Excess wording in performance and data sections**
  - Shifted to clear, action-oriented statements
- **Formatting inconsistencies and outdated phrasing**
  - Standardized terminology

REFINEMENTS

- **Guiding Principles (STEEEP)**
  - Cleaner alignment to IOM domains without redundancy
- **Quality Infrastructure**
  - Roles, responsibilities, and reporting pathways clarified
- **Data Collection**
  - Clarified frequency and reporting pathways
- **Appendix A Measures**
  - Updated to 2026 performance measures
  - Minor wording standardization

Overall Impact: Improved clarity, accountability, and alignment with regulatory and performance expectations.

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Health Care for the Homeless 2025 Service Area Analysis Report

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

Tracey Burdine, Director, Health Care for the Homeless Program

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HCHP Service Area Analysis

The Harris Health - Health Care for the Homeless Program (HCHP) provides primary medical, behavioral health, dental, and supportive services to individuals experiencing homelessness throughout the City of Houston.

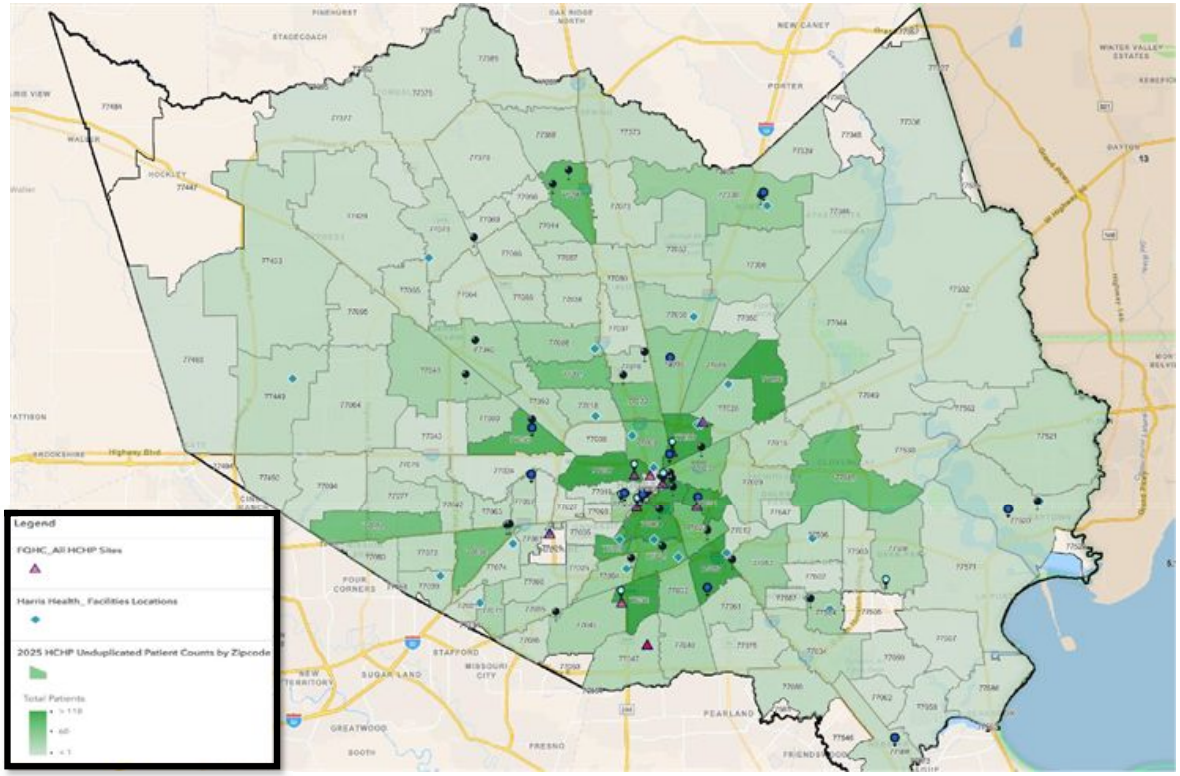
Services are delivered through:

- Shelter-based clinic partnerships
- Mobile medical and dental outreach units
- Community-based service locations

HCHP service delivery is concentrated in areas with the highest density of individuals experiencing homelessness in Houston and surrounding areas.

Reporting Period:

- January 1, 2025 – December 31, 2025



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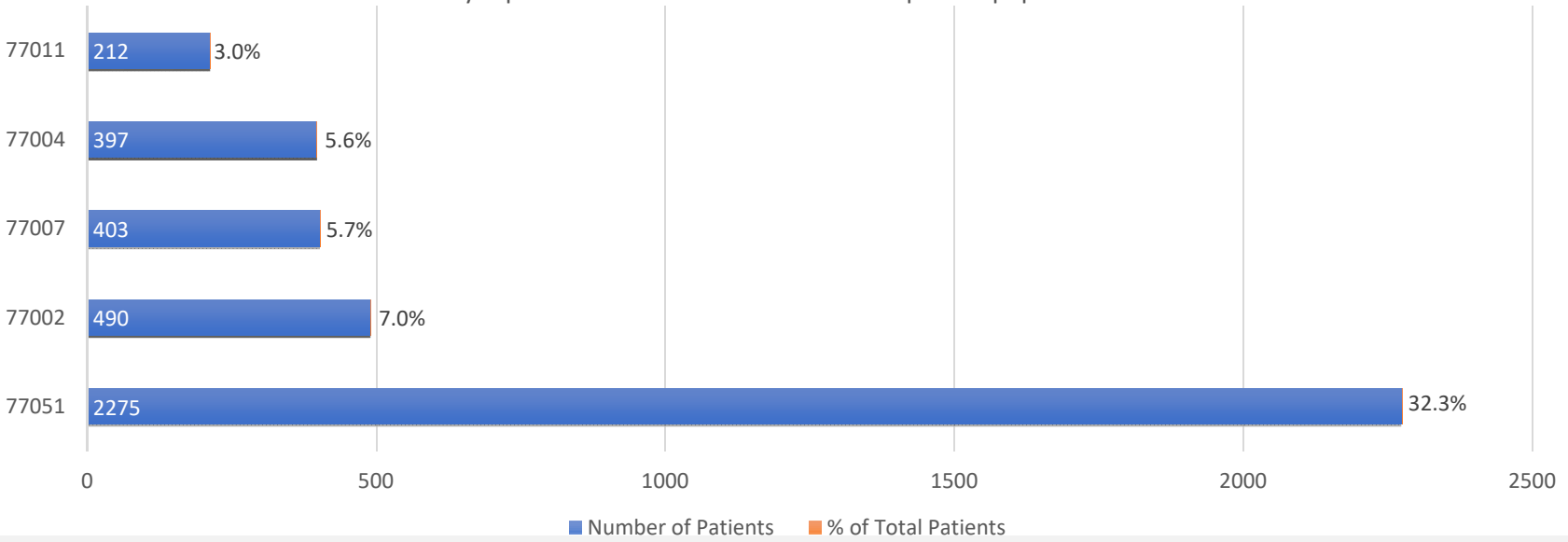
Top Service Area ZIP Codes

Key Observations

- 77051 (Sunnyside area) represents the largest patient concentration, accounting for nearly one-third of the program population.
- Downtown (77002) remains a major service hub due to multiple shelters and service providers.
- West Downtown, Third Ward, and East Houston continue to demonstrate high utilization due to shelter partnerships and outreach locations.
- These five ZIP codes collectively represent over 53% of the total HCHP patient population.



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Population Characteristics & Health Indicators

Indicator	Service Area	Texas	United States
Population	High density urban population with large homeless service network	-	-
Poverty Rate	20–38% in primary ZIP codes	14%	11%
Uninsured Rate	17–39%	18%	8%

Top Primary Care Indicators – HCHP Patients (2025)

Most Common Medical Diagnoses

- Overweight and obesity
- Tobacco use disorder
- Hypertension
- Diabetes
- Depression and other mood disorders

Behavioral Health Diagnoses

- Depression and mood disorders
- Anxiety disorders and PTSD
- Other mental health disorders (excluding substance dependence)

Health Care for the Homeless 2026 Needs Assessment Report

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

Tracey Burdine, Director, Health Care for the Homeless Program

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2026 Needs Assessment – Key Takeaways

The 2026 Needs Assessment identified persistent access barriers driven by high uninsured rates, social instability, and limited-service capacity. Dental, behavioral health, and chronic disease management remain the highest priority needs impacting patient outcomes.

Population Snapshot

- 99.9% at or below federal poverty level
- 71% uninsured

High rates of:

- Unemployment
- Housing instability
- Limited transportation access

The majority of patients are uninsured and below poverty level

Transportation and financial barriers limit access

High chronic disease and behavioral health burden

Dental and mental health access gaps remain critical

2026 Needs Assessment Report - Barriers

Patient Access **Barriers**

- Lack of insurance
- Transportation challenges
- Limited clinic accessibility

Health System Gaps

- Limited provider availability
- Limited dental service capacity
- Limited behavioral health access
- Wait times for specialty care

Social Determinants

- Housing instability
- Financial insecurity

Demand for services exceeds available capacity, resulting in access gaps and delayed care.

2026 Needs Assessment Report – Priority Gaps

Immediate Priority	Secondary Priority	Future Focus Areas
• Primary Care Access • Dental Care Access • Mental Health Services • Chronic disease management	• Transportation support • Access to medications • Preventive care services	• Nutrition support • Housing coordination • Care coordination improvements

HARRISHEALTH

2026 Needs Assessment Report - Strategic Response

Expand Clinical Access
- Increase service availability
- Increase primary care capacity
- Strengthen outreach efforts

Improve Care Coordination
- Enhance referral pathways
- Strengthen community partnerships

Address High Priority Needs
- Dental services
- Behavioral health integration
- Chronic disease management

Expected Impact

- Improved access to primary and preventative care
- Reduced emergency room utilization
- Better chronic disease management
- Improved patient outcomes

These focus areas align with findings from the 2026 Needs Assessment.

Health Care for the Homeless
1st Quarter Calendar Year 2026
Budget Summary Report

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

Tracey Burdine, Director, Health Care for the Homeless Program

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Budget Summary Report

Homeless -Primary Grants and Harris Health Funding					
	Period: January 1, 2026 – March 31, 2026				
	Reporting Period: January 1, 2026 – December 31, 2026				
	Line Item	Multiple Award Year Budget	YTD Total Expense	Remaining Balance (budget-YTD total expense)	%Used YTD
Operating	Personnel/Fringe	$6,553,009	$1,015,273	$5,537,736	15.49%
	Travel	$19,824	$0	$19,824	0%
	Supplies	$238,529	$61,233	$177,296	25.67%
	Equipment	$60,000	$6,496	$53,504	10.83%
	Contractual	$491,195	$15,634	$475,561	3.18%
	Other	$69,148	$13,635	$55,513	19.71%
	Total	**$7,431,705**	**$1,112,271**	**$6,319,434**	**15%**

HARRISHEALTH

Wednesday, May 13, 2026

Consideration of Approval of the HCHP 2026 Quality Management Plan

---

Attached for review and approval:

- **HCHP 2026 Quality Management Plan**

Administration recommends that the Board accept the Healthcare for the Homeless Program request 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

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Health Care for the Homeless Program

DOC# - Quality Management Plan - 2026~~5~~

March 1~~7~~8, 2026~~5~~

Table of Contents

I. INTRODUCTION:

The Harris Health mission is to be "a ~~community-focused academic~~public, integrated health~~care~~ system dedicated to improving the health of our communities~~of those most in need in Harris County through~~ by delivering high-~~-~~quality, person-centered care ~~delivery, coordination of care, and education~~ in collaboration with community and academic partners." Health care for homeless persons in Harris County are provided through the Health Care for the Homeless Program (HCHP). The HCHP Quality Management Plan reflects the program's aim of establishing a comprehensive, coordinated process for continual evaluation and improvement of outpatient services. The goal of services is to improve the health status of HCHP clients through focused improvement activities. The Quality Management Plan provides direction for assessing quality and adherence to recommended standards of care for services provided.

II. PURPOSE:

The requirements of the Quality Management Plan and the Harris Health Quality, Safety, and Performance Improvement Plans will work in tandem for activities related to monitoring, assessment, evaluation, and implementation of improvement strategies. The information gathered from the ~~abovementioned~~above-mentioned activities will help to enhance the care and treatment provided to HCHP clients.

III. GUIDING PRINCIPLES:

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

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

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

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

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

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

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

IV. JUST AND ACCOUNTABLE CULTURE

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

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

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

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

V. STRATEGIC GOALS AND QUALITY OBJECTIVES

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

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

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

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

VI. QUALITY INFRASTRUCTURE

Leadership

The overall responsibility and leadership for the HCHP Quality Management Program resides with the Center Director and Medical Director of HCHP. The Quality Assurance Coordinator will provide oversight for monitoring and evaluating the assessment-related activities. The Quality Assurance Coordinator will serve as the liaison for all tiers of membership. The infrastructure is comprised of three (3) tiers

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

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

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

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

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

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

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

- Quality Assurance Coordinator
- Medical Provider
- Nursing Representative
- Case Management Representative
- ~~Nurse Practitioner~~
- Eligibility Staff
- Health Educator
- Management

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

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

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

A Task-Specific Workgroup is formed as deemed necessary. The administrative team and/or the CPIC can convene a task-specific workgroup. The roles and

responsibilities of this group are attached to specific tasks. Information from the workgroup will be reported to the CPIC, who will report the findings/recommendations to the administrative committee.

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

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

VII. PARTICIPATION OF STAKEHOLDERS

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

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

VIII. PERFORMANCE MEASUREMENT

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

- US Department of Health and Human Services guidelines
- Centers for Medicare and Medicaid Services
- DNV standards
- NCQA PCMH standards
- Needs assessment
- National goals and benchmarks

- Internally identified areas with opportunities for improvement

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

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

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

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

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

Harris Health Quality Governance Council (QGC)

Harris Health Board of Trustees

- Disease-specific treatment guidelines established by the United States Public Health Service (USPHS), the United States Preventive Services Task Force (USPSTF), the Infectious Disease Society of America (IDSA), the Centers for Disease Control and Prevention (CDC), the American College of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), and similar sources.

IX. DATA COLLECTION

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

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

Data collection will also include any other mandated performance measures.

X. CAPACITY BUILDING

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

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

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

XI. EVALUATION

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

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

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

XII. QM PLAN UPDATE

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

XIII. COMMUNICATION

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

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

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

XIV. PERFORMANCE IMPROVEMENT WORK PLAN

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

XV. APPROVAL PAGE

This document has been revised by:

Nelson Gonzalez, DHA, MPH
Grants Project Manager
Harris Health
Health Care for the Homeless Program

This document has been reviewed and approved by:

Tracey Burdine, MA, BSN
Health Center Director
Harris Health
Health Care for the Homeless Program

This document has been reviewed and approved by:

~~***LaResa Ridge, MD***~~
Natasha Russell, MD
~~Health Center Medical Director~~Chief Medical Officer
Harris Health
~~Health Care for the Homeless Program~~

XV. REFERENCES/BIBLIOGRAPHY:

1. Harris Health Quality Manual M2025-HHQ~~Type in policy numbers referenced within the manual including all statutory, regulatory, and any additional source reference information citings.~~
2. ~~Prepare one for each citing invidually , i.e., HCHD Policy 7.04 Pain Management, or Joint Commission Comprehensive Accreditation Manual PC.8.10.~~

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XVI. REVISION HISTORY:

Effective Date	Version # (If Applicable)	Review or Revision Date (Indicate Reviewed or Revised)	Reviewed or Approved by: (Directors, Committees, Managers, and Stakeholders etc.)
07-24-2025	14		Board of Directors
	15		

XVII. APPENDIX A

PERFORMANCE MEASURES GOALS ~~2025~~2026

UDS, HEDIS, & MIPS Quality Measures
Child Weight Assessment Percentage of patients 3–17 years of age who had an outpatient *medical* visit and who had evidence of height, weight, and body mass index (BMI) percentile documentation *and* who had documentation of counseling for nutrition *and* who had documentation of counseling for physical activity during the measurement period.
Childhood Immunization Status Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (Hib); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday
Ischemic Vascular Disease (IVD) and Aspirin Therapy Percentage of patients aged 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), or who had a coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement period, *or* who had an *active* diagnosis of IVD during the measurement period, and who had documentation of use of aspirin or another antiplatelet during the measurement period.
Blood Pressure Control Numerator: Patients whose most recent blood pressure reading was <140/90 during the measurement year. Denominator: Patients 18-75 had two OP visits with diabetes diagnosis in the past 24 months. Exclusions: Polycystic ovaries; steroid-induced diabetes; gestational diabetes. Documentation: Most recent BP –can be from another encounter. Representative BP – if there are multiple readings on the same date of service, lowest systolic and lowest diastolic reading will be used.
Controlling High Blood Pressure Percentage of patients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the measurement period: *All patients who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), including an ASCVD procedure;

*Patients aged 20 to 75 years who have ever had a low-density lipoprotein cholesterol (LDL-C) level >= 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia; *Patients aged 40 to 75 at the beginning of the measurement period with a 10-year ASCVD risk score of >= 20% during the measurement period'; OR *Patients aged 40-75 years with a diagnosis of diabetes
Colorectal Cancer Screening Percentage of patients 45-75 years of age who had appropriate screening for colorectal cancer: Appropriate screenings are defined by any *one* of the following criteria: - Fecal occult blood test (FOBT) during the measurement period - Fecal immunochemical test (FIT)-deoxyribonucleic acid (DNA) during the measurement period or the 2 years prior to the measurement period - Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period - Computerized tomography (CT) colonography during the measurement period or the 4 years prior to the measurement period - Colonoscopy during the measurement period or the 9 years prior to the measurement period.
Tobacco Use Screening and Cessation Counseling Percentage of patients aged 12 years and older who were screened for tobacco use one or more times during the measurement period AND who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period if identified as a tobacco user.
Adult BMI Assessment and Follow-up Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the measurement period AND who had a follow-up plan documented if BMI was outside of normal parameters
Cervical Cancer Screening Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: * Women age 21-64 who had cervical cytology performed within the last 3 years * Women age 30-64 who had cervical human papillomavirus (HPV) testing performed within the last 5 years

HbA1c Testing Numerator: Patients whose most recent HbA1c was performed during the measurement year. Denominator: Patients 18-75 who had two OP visits Diabetes Diagnosis in the past 24 months. Exclusions: Polycystic Ovaries; Steroid Induced Diabetes; Gestational Diabetes. Documentation requirements/source: Diabetes Diagnosis & POC or Lab test.
Diabetes: HbA1c Poor Control (>9.0%) Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period
HIV Screening Percentage of patients aged 15-65 at the start of the measurement period who were between 15-65 years old when tested for Human immunodeficiency virus (HIV) Because of the high-risk nature of persons experiencing homelessness~~ and because of the Primary Care HIV Prevention grant~~, all patients should be tested once a year.
Screening for Depression and Follow-Up Plan Percentage of patients aged 12 years and older screened for depression on the date of the visit or 14 days prior to the visit using an age-appropriate standardized depression-screening tool *and,* if positive, had a follow-up plan documented on the date of the visit.
Depression Remission at Twelve Months The percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event.
Breast Cancer Screening Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the Measurement Period
~~**Dental Sealants for Children**~~**Sealant Receipt on Permanent First Molars** ~~Percentage of children aged 6 - 9 years, at moderate to high risk of caries, who received a sealant on a first permanent molar during the measurement period.~~Percentage of children with a tenth birthday (a) who have ever received at least one sealant on a permanent first molar tooth, and (b) **those w**ho have received sealants on all four molar teeth.
Initiation and Engagement of Substance Use Disorder Treatment Percentage of patients 13 years and older with a new SUD episode who received treatment, including (a) those who initiated treatment within 14 days, and (b) those who engaged in ongoing treatment within 34 days.

Early Entry to Prenatal Care f Percentage of pregnant women beginning prenatal care in first trimester, who received or were referred for prenatal care services at any time during the reporting period.
Low Birth Weight **Percentage of births less than 2,500 grams to health center patients:** Report on *all* prenatal care patients who are either provided direct care or referred for care. Report all health center patients who delivered during the reporting period and all babies born to them.
Diabetes: Eye Exam Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period.
Diabetes: Foot Exam The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a foot exam (visual inspection and sensory exam with mono filament and a pulse exam) during the measurement year.
Diabetes: Medical Attention for Nephropathy The percentage of patients 18-75 years of age with diabetes who had a nephropathy-screening test or evidence of nephropathy during the measurement period.
Documentation of Current Medications in the Medical Record Percentage of visits for patients aged 18 years and older for which the eligible professional or eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.
Pneumococcal Vaccination Status for Older Adults Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine**.**
Preventive Care and Screening: Influenza Immunization

Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.
Adolescents Immunization (Meningococcal and Tdap) Percentage of patients aged 13 years of age who received meningococcal and Tdap by their 13th birthday. Documentation requirements: must be completed by their 13th birthday. Exclusions: contraindication to vaccine; anaphylactic reaction.

Wednesday, May 13, 2026

Consideration of Approval of the HCHP 2025 Service Area Analysis Report

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Attached for review and approval:

- **HCHP 2025 Service Area Analysis Report**

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 Program

2025 – Service Area Analysis

The Health Care for the Homeless Program (HCHP) serves the City of Houston area through its shelter-based clinics and mobile outreach (medical and dental) units. The clinics are located in the majority of areas where people experiencing homelessness congregate, primarily in Downtown and the surrounding area. The service area analysis covers the reporting period from January 1, 2025 to December 31, 2025. The top five zip codes are areas where HCHP has clinics as well as areas served through the mobile units.

The analysis of patients by the top five zip codes:

1. **77051**: 2,275 patients (Sunnyside area/Star of Hope Cornerstone Community)
2. **77002**: 490 patients (Downtown area/multiple clinics)
3. **77007**: 403 patients (West of Downtown/Salvation Army Adult Rehabilitation Center & Harmony House)
4. **77004**: 397 patients (Third Ward area/Lord of the Streets)
5. **77011**: 212 patients (East Houston/Open Door Mission).

Table Patients by ZIP Code

ZIP Codes

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
77012	5	2	0	0	= 7
77001	1	0	0	0	= 1
77002	342	42	32	74	= 490
77003	107	14	9	18	= 148
77004	284	45	21	47	= 397
77005	1	0	1	0	= 2
77006	32	3	4	6	= 45
77007	303	33	15	52	= 403
77008	6	0	0	4	= 10
77009	50	11	6	13	= 80
77011	156	15	15	26	= 212
77013	10	1	1	3	= 15
77014	11	3	1	2	= 17
77015	57	7	1	16	= 81
77016	46	4	1	5	= 56
77017	33	0	4	6	= 43
77018	19	3	1	1	= 24
77019	6	0	0	0	= 6
77020	41	7	6	12	= 66
77021	71	8	3	14	= 96
77022	62	3	5	6	= 76
77023	66	4	1	9	= 80
77024	2	0	0	0	= 2
77025	9	0	3	1	= 13
77026	121	14	1	31	= 167
77027	2	0	0	0	= 2
77028	23	4	0	3	= 30
77029	15	3	2	1	= 21
77030	79	9	5	14	= 107
77031	4	0	0	1	= 5
77032	11	0	2	1	= 14
77033	37	2	0	11	= 50
77034	13	1	0	1	= 15
77035	13	2	2	1	= 18
77036	58	6	2	11	= 77
77037	4	1	0	0	= 5
77038	10	0	0	1	= 11
77039	18	4	2	3	= 27
77040	25	1	1	5	= 32
77041	23	4	2	4	= 33
77042	11	2	2	1	= 16
77043	2	0	0	0	= 2
77044	11	2	0	3	= 16

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
77045	25	2	2	3	= 32
77047	15	1	2	4	= 22
77048	14	4	2	3	= 23
77049	6	0	0	0	= 6
77050	1	0	1	0	= 2
77051	1,597	268	129	281	= 2,275
77052	0	0	0	1	= 1
77054	25	0	3	8	= 36
77055	74	11	4	11	= 100
77056	1	1	0	0	= 2
77057	14	1	0	2	= 17
77058	1	0	0	0	= 1
77059	1	0	0	0	= 1
77060	8	1	1	2	= 12
77061	14	3	3	0	= 20
77062	2	0	0	0	= 2
77063	14	0	1	2	= 17
77064	5	0	0	0	= 5
77065	5	0	0	4	= 9
77066	6	1	0	0	= 7
77067	7	0	1	4	= 12
77068	1	0	1	0	= 2
77069	4	1	0	0	= 5
77070	8	1	0	1	= 10
77071	25	3	0	3	= 31
77072	11	2	1	2	= 16
77073	9	1	0	0	= 10
77074	8	1	1	0	= 10
77075	6	1	0	0	= 7
77076	17	2	0	1	= 20
77077	12	0	0	1	= 13
77078	153	13	5	33	= 204
77079	6	0	1	0	= 7
77080	13	2	2	4	= 21
77081	12	0	1	1	= 14
77082	50	9	5	9	= 73
77083	9	1	0	0	= 10
77084	6	2	0	2	= 10
77085	5	0	0	1	= 6
77086	9	0	0	2	= 11
77087	105	18	3	18	= 144
77088	27	2	3	6	= 38
77089	10	0	0	1	= 11
77090	65	7	7	11	= 90
77091	53	7	3	11	= 74
77092	16	3	1	0	= 20
77093	31	8	3	8	= 50
77094	2	0	0	1	= 3
77095	6	1	0	0	= 7
77096	10	2	1	1	= 14
77098	0	1	1	0	= 2
77099	8	2	1	3	= 14
77205	1	0	0	0	= 1
77210	2	0	0	0	= 2
77217	1	0	0	0	= 1
77226	0	0	1	0	= 1

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
77229	1	0	0	0	= 1
77230	1	0	0	0	= 1
77231	2	0	1	0	= 3
77233	0	0	0	1	= 1
77241	1	0	0	0	= 1
77254	1	0	0	0	= 1
77263	1	0	0	0	= 1
77269	1	0	0	0	= 1
77271	1	1	0	0	= 2
77288	1	0	0	0	= 1
77289	6	1	0	1	= 8
77336	1	0	1	0	= 2
77338	27	5	4	8	= 44
77339	5	0	0	0	= 5
77346	9	0	0	1	= 10
77347	1	0	0	0	= 1
77373	6	2	0	5	= 13
77375	3	0	0	0	= 3
77377	0	0	1	0	= 1
77379	2	1	0	0	= 3
77388	7	0	0	4	= 11
77389	4	0	0	1	= 5
77396	15	2	1	2	= 20
77413	1	0	0	0	= 1
77429	5	0	0	1	= 6
77433	8	0	0	3	= 11
77449	9	1	1	3	= 14
77450	4	0	0	0	= 4
77493	0	1	0	0	= 1
77501	1	0	0	0	= 1
77502	6	1	0	0	= 7
77503	4	0	0	0	= 4
77504	25	2	4	3	= 34
77506	7	1	0	6	= 14
77507	1	0	0	0	= 1
77520	9	1	1	2	= 13
77521	12	1	0	2	= 15
77530	4	1	0	1	= 6
77532	3	1	0	2	= 6
77536	19	1	1	2	= 23
77547	3	0	0	1	= 4
77562	3	0	0	0	= 3
77571	2	0	1	1	= 4
77586	1	0	0	0	= 1
77587	4	1	0	1	= 6
77598	7	2	0	1	= 10

Other ZIP Codes

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
Other ZIP Codes	90	7	6	12	= 115
Unknown Residence	12	4	1	1	= 18
Total	= 5,072	= 680	= 364	= 917	= 7,033

Comments

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Wednesday, May 13, 2026

Consideration of Approval of the HCHP 2026 Needs Assessment Report

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Attached for review and approval:

- **HCHP 2026 Needs Assessment Report**

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

HARRISHEALTH

Health Care for the Homeless Program
Needs Assessment Report - 2026

Report produced by: Nelson Gonzalez, DHA, MPH

Executive Summary

As a health center funded by the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC) the Harris Health - Health Care for the Homeless Program (HCHP) conducts a needs assessment at least every three years to demonstrate and document the needs of persons experiencing homelessness (PEH). HCHP uses this information to tailor the program to the patients' evidence-based needs.

Information for the 2026 needs assessment was gathered from the HCHP Consumer Advisory Council (CAC), homeless consumers, homeless services providers, and literature reviews.

Areas of focus for the needs assessment include geographical and transportation barriers, unemployment, income level, educational attainment, health disparities, housing, and additional needs of PEH. In addition, the unique health care needs of PEH, primary health care services and gaps, and health care environment and operations.

Highlights of Findings:

Housing, health care, and personal transportation are unaffordable for HCHP consumers who experience both homelessness and lack financial resources. The transitional and permanent-supportive housing resources that are available are insufficient to meet the demand.

According to the *HCHP 2025 Uniform Data System Report (2025 UDS Report)*, during the 2025 year, 99.9% of HCHP consumers had income levels at or below 100% of the poverty level and 0.1% had income levels 101% to 200% of the poverty level. Seventy-one percent (71%) had no health insurance.

Service area residents and PEH cope with high levels of chronic and life-threatening diseases including hypertension, diabetes, substance use, and depression. They also experience core barriers such as high rates of poverty and uninsurance, and many are linguistically isolated, which create a lack of access to care. The population also has low rates of cancer screenings, high rates of late entry into prenatal care, and low rates of acquiring recommended immunizations.

Because of the instability that accompanies a lack of housing, PEH are more likely to require recurring acute medical care through hospitalization than is the general population with the same diagnoses.

HCHP management continues to work actively with Harris Health hospital administrators and emergency room department management to develop strategies, coordinate care, and link PEH who seek primary care in the hospital emergency departments to primary care in the HCHP program.

Without the expansion of Medicaid in Texas, most PEH will remain uninsured and will continue to lack adequate access to health care including access to mental health care, substance abuse treatment, surgeries, and respite care.

Introduction & Methodology

From Fall 2025 through Winter 2026, the Harris Health HCHP team conducted a comprehensive needs assessment, systematically collecting data and insights from a broad range of sources to identify the needs of people experiencing homelessness (PEH) in Harris County and to guide future program planning. The primary sources of data included:

- Meetings with key members of the community including the HCHP CAC and the management of shelter sites throughout the service area to determine the needs of sheltered and unsheltered homeless populations.
- Data gathered from the 2026 needs assessment surveys and one-on-one interviews with consumers and PEH at shelters and homeless encampments and other areas where the unsheltered homeless populations congregate.
- Meetings with Harris Health management staff and the HCHP to discuss operations, needs of the program, and consumer needs.
- Data analyzed from patient satisfaction surveys from clients accessing shelter-based clinics and mobile outreach units.
- A literature review was conducted including a review of research data pertaining to PEH, peer-reviewed literature, state and federal data banks, and a review of state and federal policies.
- A review of reports and needs assessments from organizations focused on the needs of PEH such as the Coalition for the Homeless of Houston/Harris County (Coalition) and the National Health Care for the Homeless Council (NHCHC).

Homelessness

A point-in-time (PIT) count is a United States Department of Housing and Urban Development (HUD) requirement to enumerate sheltered and unsheltered homeless persons to determine the number of homeless persons. Persons staying in emergency shelter, transitional housing, or safe haven with beds dedicated for homeless persons or those persons who are unsheltered, staying in a place not meant for human habitation are counted. According to the HUD *The 2024 Annual Homeless Assessment Report (AHAR) to Congress* and HUD definition of "homeless," on a single night in January 2024, 771,480 people were experiencing homelessness in the United States. In Texas, the number of homeless people on a single night increased by 2.2% between 2023 and 2024.

Locally, according to the Coalition's *2025 Point-in-Time Count Report*, 3,325 individuals experiencing homelessness were observed in 2025, an increase compared to 3,047 in the 2021 count. The area has seen an increase each year from 2022-2025. Of the 3,325 PEH, 1,282 (39%) were unsheltered, and 2,043 (61%) were sheltered. Almost half (44.2%) met the HUD definition

of a chronically homeless individual. Eight percent (8%) were US Veterans. The PIT data does not include PEH spending the night in jail, which would increase the total number of PEH.

A substantial percentage of PEH are youth aging out of foster care. An estimated 20% of young adults who are in foster care become homeless when they become emancipated at the age of 18 (National Foster Youth Institute, 2025). Nationwide, 50% of the homeless population spent time in foster care. Children in foster care and after exiting the foster care system often struggle with medical, behavioral health, and nonmedical needs.

The sheltered population is younger than the unsheltered population (Coalition, 2025). About half (49.7%) of the sheltered population is under the age of 34, reflecting a higher presence of families with children and younger adults in shelter settings. A majority (74.6%) of the unsheltered population is middle-aged and older, with 35–44 (28%) and 45–54 (26.7%) as the largest segments. Only 2.4% of those counted were aged 18–24. Non-elderly PEH have 3.5 times the mortality risk of those who are housed (Meyer, Wyse, & Logani, 2023).

The Homeless Education Assistance Act (HEAA) also requires a homeless count by school districts. The HEAA definition of homeless is not as restrictive as HUD's definition and includes persons who are doubling up or living in motels/hotels. There are 116,014 students experiencing homelessness in Texas public schools, of which thirteen percent (12.5%) are without a parent or guardian (Texas Education Agency, 2025). In Houston Independent School District, there are more than 7,200 homeless students (Rice University – Kinder Institute for Urban Research, 2025). In Texas, while all students graduate at a 90.7% rate, those experiencing homelessness have a 77.5% rate of graduation (Texas Education Agency, 2025).

The combination of the 2025 PIT count, the school district homeless count, and PEH in jail, show that there is a large population of PEH in Harris County. According to the Homeless Management Information System (HMIS) data from the Coalition, more than 23,000 people in Harris, Fort Bend, and Montgomery counties accessed some type of homeless service, and with the inclusion of prevention and other services, such as clothing and food assistance, the number is more than 52,000 people.

In 2025, 39% of those experiencing homelessness were found on the streets or in places not meant for human habitation, compared to 34% in 2024 (Coalition, 2025). Reasons that people live in encampments rather than stay in shelters include lack of shelter beds, lack of family shelters, restrictive rules, requirements to participate in certain programs that do not meet their needs, unsanitary and unsafe conditions, sobriety rules, bans for sex offenders, gender identification rules, curfews, theft, harassment, overcrowding, can trigger anxiety and paranoia, feeling dehumanized, no parking availability for people with cars, and the rigid hours hinder employment (NHCHC, 2023). The encampments can create areas with accumulation of trash and human waste products, creating unsanitary, unsafe, and unhealthy environments. For personal security some of the persons staying in these sites may carry weapons, and weapons coupled with substance misuse and mental illness can lead to violence not only for the PEH, but housed individuals living in proximity to the encampments. When officials shutdown the encampments without finding housing resources for PEH, the persons transfer to another location.

Homelessness remains a significant socioeconomic challenge within the Houston/Harris County area, impacting numerous individuals and families. Currently, there is approximately one person experiencing homelessness (PEH) for every 2,012 residents. HCHP serves a greater number of PEH over the course of a calendar year than those reflected in the annual PIT count. In 2025, HCHP provided services to 7,132 individuals experiencing homelessness.

In February 2023, the City of Houston, in partnership with the Coalition for the Homeless, opened a Navigation Center to provide low-barrier temporary housing and supportive services for individuals experiencing homelessness. Operations of the facility are managed by Harmony House, which is responsible for the day-to-day functioning of the Center and serves as the lead operational partner on site. HCHP also operates an on-site clinic within the facility.

In 2026, the City of Houston will be opening a Super Hub for PEH. This facility is being created for PEH with mental illness and substance use disorders while they wait to enter housing.

Demographics & Geographical/Transportation Barriers

Harris County encompasses 1,778 square miles, which includes 649 census tracks and 19 different municipalities or incorporated cities. Houston is the fourth largest city in the United States and the largest city in Texas. With an estimated population of over 5,009,302 people, Harris County is the most populous county in Texas and the third most populous county in the United States (U.S. Census Bureau, 2026).

The City of Houston has an estimated population of over 2,390,125 people. While most of the City of Houston lies within Harris County, parts of the city extend slightly into Fort Bend County to the southwest and Montgomery County to the north. The number of PEH in the three counties has increased, from 3,047 in 2021, to 3,124 in 2022, to 3,270 in 2023, to 3,280 in 2024, and then, 3,325 in 2025 (Coalition, 2025). Most were in Houston/Harris County (90.2%) with 2.3% counted in Fort Bend County and 7.4% located in Montgomery County. One out of 2,012 of those living in the three-county area were experiencing homelessness on the night of the 2025 count.

Harris County is diverse, with large populations of international persons, and large segments of the population being Hispanic (45%), African American (20.9%), and Asian (8%) (U.S. Census Bureau, 2026). The nationwide rate of homeless has greatly increased for Hispanics/Latinos (National Alliance to End Homelessness, 2025). According to the *2025 UDS Report*, 49% of consumers were Black and 34% White. Twenty-two percent (22%) of consumers self-identified as Hispanic or Latino.

While the City and County populations are evenly 50% female and 50% male, in 2025, sixty-four (64%) of HCHP consumers were male and 36% female. Four percent (4.2%) of consumers were children ages 17 and under; and 15.2% were ages 60 and over. Eight percent (7.9%) of consumers had language barriers and were served in a language other than English, primarily Spanish, French, and Vietnamese. HCHP overcomes linguistic and cultural barriers by using Harris Health's Language Access Services when staff and consumers do not speak the same language.

Personal transportation is unaffordable for HCHP consumers who experience homelessness and lack financial resources. HCHP consumers rely on Houston's METRO bus system. PEH face transportation barriers, as Houston/Harris County is a car-oriented metro area. To get to a health care center, an individual experiencing homelessness may have to use multiple bus routes and spend many hours navigating the METRO system and experience various weather extremes while sick, often suffering with a mental illness or substance abuse, and sometimes caring for children. Public transportation is a crucial resource for low-income and vulnerable communities for the function of their daily lives and to access services, such as health care. There is a link between having to travel long distances to access nutritious foods and food insecurity (Centers for Disease Control and Prevention, 2025). This puts communities at higher risk for chronic conditions, such as heart disease, cancer, and diabetes. Transportation is important for emergency evacuations, such as floods or hurricanes, which are common in high-hazard areas, including areas close to the Texas Gulf Coast, such as Harris County (US Department of Housing & Urban Development, 2025).

According to the *HCHP 2026 Homeless Needs Assessment Survey*, participants reported needing but not having access to: transportation (36%), bus passes (41%), and gas cards (27%). For those who needed medical care but did not seek it, among other reasons, 24% said that they had no transportation. To overcome transportation barriers to accessing care, HCHP provides bus tokens and taxi vouchers to patients to access HCHP clinics and referral appointments.

Unemployment, Income Level, & Educational Attainment

Texas has lower educational achievements than the average of the United Sates (Census Bureau, 2026). In the United States, 90% of persons are high school graduates compared to 86% in Texas, 83% in Harris County, and 80% in Houston. In the United States, 36% of the population have Bachelor's degree or more compared to 34% in Texas and Harris County. According to the *HCHP 2026 Homeless Needs Assessment Survey,* for highest level of education, 40% of respondents had a high school or GED degree, 20% had some college experience, 14% only had some high school or an eight grade or less of education, 9% had a college degree, 6.2% trade school, and 4% had a graduate degree. The CAC mentioned the need for GED classes for PEH.

Texas had a 4.3% unemployment rate, and the Houston metro area had a 4.2% unemployment rate during December 2025 (Bureau of Labor Statistics, 2026). In the United States, 10.6% of persons live below poverty level (Census Bureau, 2026). In Texas, 13.4% of persons live below poverty level, in Harris County 16.7%, and in Houston 19.9%. Lengthy periods of unemployment, underemployment, low income, and income loss may affect relationships and social support, physical and mental health, and self-esteem which may become an impediment to job-seeking; these factors can lead to homelessness (Duke et al., 2025).

According to the *HCHP 2026 Needs Assessment Survey*, 88% of respondents were not employed. Seventy-three percent (73%) reported no source of income. The primary sources of income reported were Social Security (9%), employment income (8%), Social Security Disability Income (6%), and Supplemental Security Income (6%).

According to the *2025 UDS Report*, during 2025, 99.9% of HCHP consumers had income levels at or below 100% of the poverty level; 0.1% had income levels at 101 to 200% of the poverty level. Seventy-one percent (71%) of the HCHP consumers had no health insurance, 9.7% had Medicaid, 5.2% had Medicare, and 13% had private insurance. According to the *HCHP 2026 Homeless Needs Assessment Survey*, 26% need and do not have access to food stamps and 26% to food pantries.

Health Disparities

Service area residents and PEH cope with high levels of chronic and life-threatening diseases including hypertension, diabetes, and depression; and have core barriers such as high rates of poverty and uninsurance, and many are linguistically isolated, which creates a lack of access to care, thus the population has low rates of cancer screenings, high rates of late entry into prenatal care, and high rates lacking recommended immunizations. The age-adjusted death rate in Texas from 2019-2023 was 839.5, 775.5 in Harris County, and 805.6 nationwide (National Institutes of Health, 2024).

Pregnant women in Harris County lack access to early prenatal care. Nationally 78.3% of mothers received prenatal care in the first trimester, in Texas 61.5%, and in Harris County 51% (Conduent Health Community Institute, 2025). In 2025, 40% of pregnant women in the HCHP received prenatal care in the first trimester. Historically, the health center has had a high rate of late entry into prenatal care because the target population is PEH and the women encounter various challenges and barriers.

The following rates are higher in Harris County compared to the rates observed in Texas and the United States between 2019 and 2023: low birth weight 9.14%, preterm birth 11.96%, birth defects 12.47% (Harris County Public Health, 2024). The Texas maternal mortality rate is 22.9 per 100,000, higher than the 20.4 rate in the U.S. The infant mortality rate in Harris County rose from 5.07 per 1,000 live births in 2021 to 6.12 in 2023. In 2025, 6% of live births for HCHP pregnant patients had low birth weight. In Harris County, 25% of women 18 and older have had no pap test in the past three years compared to 20% nationwide (Conduent Healthy Communities Institute, 2026). Nineteen percent (19%) of children have not received recommended immunizations compared to 15% nationwide.

In Harris County, the top five chronic disease conditions were diabetes, cardiovascular disease, chronic pulmonary disease, kidney disease, and cancer in the county (Harris County Public Health, 2024). In 2023, the top five leading causes of death in the United States were heart disease, cancer, accidents, strokes, and chronic lower respiratory diseases (Centers for Disease Control and Prevention {CDC}, 2025). In Texas, the top five leading causes of death were heart disease, cancer, accidents, stroke, and Alzheimer's disease.

In Texas, the most common cancers are breast, prostate, lung, and colorectal, and the four make up about 48% of all cancer diagnoses (Texas Department of State Health Services, 2025). Cancer is the second leading cause of death in Texas. In Harris County, the rate of cancer has increased from 393.6 cases/100,000 population to 404 cases (Conduent Healthy Communities Institute, 2025).

The most common medical diagnoses for HCHP consumers seen in 2025 were overweight and obesity, tobacco use disorder, depression and other mood disorders, hypertension, and diabetes. Life expectancy at birth for Harris County residents decreased from 77.9 years to 77.3 in 2022, and lower than the US average of 77.6. Black residents live an average of five years less than White residents (Greater Houston Community Foundation, 2025). According to the NHCHC, unhoused individuals live on average 20 years less than the general housed population. The disproportionate rates of lack of access to preventive screenings and care and higher death rates show that PEH need greater access to health care.

Over 38 million adult Americans have diagnosed diabetes, with 8.7 million of those that have diabetes being undiagnosed (American Diabetes Association, 2025). Close to ninety-eight (97.6) million Americans age 18 and older had prediabetes. Approximately 3,127,800 adults in Texas, or 13.20% of the adult population, have diagnosed diabetes. In Harris County, diabetes is the seventh eight leading cause of death—a rate of 21.9 deaths per 100,000 population. Data indicate that 14.5% of Houstonians have diabetes, higher than the national rate of 10% (Cities for Better Health, 2024; NYU Langone Health, 2025). After adjusting for population, age, and sex differences, diabetic patients' estimated health care costs were 2.6 times higher than patients without diabetes.

In the United States 110 million (42%) of the population are affected by obesity (Cities for Better Health, 2024). In 2025, 54% of HCHP medical patients had a diagnosis of overweight and obesity. The high rate of overweight and obesity contributes to the rate of diabetes, as well as to high rates of hypertension and cardiovascular disease and mortality.

Diabetes is the fourth leading cause of death in Harris County among Hispanics and Blacks. Complications from diabetes include heart disease, stroke, hypertension, blindness, kidney failure, nervous system complications, and complications to lower extremities, which can lead to amputations, and dental disease. Studies indicate that rates of diabetes among PEH are two to three times higher than in the general population (NHCH, 2023).

Thirty-three percent (32.7%) of Houstonians have hypertension (NYU Langone Health, 2025). The prevalence of hypertension among PEH is two to four times higher than in housed individuals (Yale, 2025). Hypertension among homeless individuals often goes undiagnosed or untreated, contributing to poorer blood pressure control than seen in the general population. Complications from hypertension include increased risk of heart attack and stroke, aneurysm, organ malfunction, vision loss, trouble with memory and understanding concepts, and metabolic syndrome.

People experiencing homelessness (PEH) often have limited access to nutritious food and must rely on what they can afford on extremely restricted budgets, food provided by shelters and food pantries, or, at times, discarded food. HCHP patients frequently report that meals served in shelters tend to be high in carbohydrates, salt, and sugar. Because PEH have little control over their dietary choices, they face an elevated risk of becoming overweight or obese and may struggle to effectively manage chronic conditions such as diabetes. In response, HCHP has provided education to kitchen staff at several shelters to promote healthier food preparation practices.
PEH are a sexually vulnerable population. PEH often confront sexual abuse in the streets and in the shelter system. Some turn to survival sex, including prostitution, for money, food, and shelter.

Sexual abuse and survival sex increase risk for infection with the human immunodeficiency virus (HIV) and other sexually transmitted infections. Fifteen percent (15%) of people with diagnosed HIV experienced homelessness or other forms of unstable housing (Pillai, Saunders, & Rudowitz, 2025).

The HIV incidence rate for the general population in Harris County was 20.8 per 100,000 people, which is higher than the 11.3 for the US (America's HIV Epidemic Analysis Dashboard, 2025). According to the *2025 Point-in-Time Count Report*, close to 4% (3.6%) of the homeless had an HIV diagnosis although the true percentage may be higher since many may not have been tested and therefore do not know their status or because of stigma did not reveal their positive status. Two percent (1.5%) of the clients participating in the HCHP homeless needs assessment survey were willing to identify as being HIV positive. The high rates of HIV among PEH in Harris County indicate that they are disproportionately affected when compared to the 0.36% HIV prevalence rate in the general population.

PEH also tend to have higher rates, up to ten times higher than the general population, and more advanced forms of tuberculosis (TB) because of their environments, including living in congregate settings such as shelters and jails (Johns Hopkins Bloomberg School of Public Health, 2025). TB is often associated with such conditions as poor nutrition, poor sleep patterns, substance abuse, mental illness, and infections that affect the cost and complexity of providing care. HCHP collaborates with shelters to provide TB testing to new entrants.

With acute and chronic conditions, prescribed medications are needed. According to the *HCHP 2026 Homeless Needs Assessment Survey*, 41% reported ever stopping taking prescribed medications because they could not afford to pay for them. Twenty-two percent (22%) reported needing and not having access to medications.

Other medication concerns for PEH include skipping doses to make the medications last longer, lacking space to store medications, lacking electricity and refrigerators for medications that require refrigeration, not maintaining medications at recommended temperatures because of extreme temperatures when staying on the streets, and privacy issues regarding taking medications for stigmatized diseases such as HIV or behavioral diseases. Medications may be lost or stolen on the streets and in shelters. Because of issues such as trauma and lack of access to prescription medications, PEH may self-medicate with more available and affordable illegal drugs.

Mental Health & Substance Use Disparities

Because of the complex set of factors experienced by homeless adults such as chronic alcohol and substance abuse, various forms of physical and emotional trauma, persistent poverty, lack of affordable housing, lack of access to and lack of continuity of medical and mental health services, and the formidable task of survival on the streets or in the emergency shelter system, the homeless experience high rates of depression. A systematic review and meta-analysis estimated the prevalence among PEH of several specific mental disorders, including any substance use disorder (44%), antisocial personality disorder (26%), major depression (19%), schizophrenia (7%), and bipolar disorder (8%) (Barry et al., 2024). According to the *2025 UDS Report*, patients suffering mental illness primarily had a diagnosis of depression and other mood disorders, other mental

disorders - excluding drug or alcohol dependence, and anxiety disorders including post-traumatic stress disorder.

According to the *HCHP 2026 Homeless Needs Assessment Survey*, 39% reported that a professional had diagnosed them with a mental illness. Twenty-four percent (24%) responded that a mental illness impairs their ability to obtain or keep employment. Eighteen percent (18%) reported needing and not having access to mental health care.

According to the *HCHP 2026 Homeless Needs Assessment Survey*, 22% reported drug abuse and 12% alcohol abuse. Thirty-eight percent (38%) reported having been in treatment for drug or alcohol abuse. Twenty percent (20%) responded that drug or alcohol abuse was a cause of their homelessness. Twelve percent (12%) responded that drug or alcohol abuse impairs their ability to obtain or keep employment. Eight percent (8%) reported needing and not having access to substance abuse care.

PEH may not only engage in the use or abuse of drugs but also may sell drugs for income. Concerns with drug use include the association with legal problems, violence, accidents, injuries, employment issues, family disruptions, academic impairment, increased suicidality, unprotected sex, effect on health, functional limitations, and death. Compared to the general population, PEH attended in the emergency room are more likely to have psychiatric or substance abuse problems. Preventing drug use and abuse in the homeless population is important in decreasing use of emergency rooms and the cost of health care.

Dental Health Disparities

In Houston, fifty percent (49.8%) of the population had no dental care within the last year (NYU Langone Health, 2025). Good oral hygiene and nutrition are important to maintaining optimum oral health. PEH often do not have access to toothbrushes, toothpaste, floss, and water and little control over what they eat. PEH have a higher prevalence of dental pathological conditions and report larger numbers of grossly decayed and missing teeth. According to the *HCHP 2026 Homeless Needs Assessment Survey,* 40% of respondents need and lack access to dental care.

Poor physical health, malnutrition, the use of cigarettes and alcohol, substance abuse, poor personal hygiene, mental illness, accidents, and being victims of trauma and physical abuse predispose PEH to oral health problems. PEH with missing teeth have poor nutritional consumption, which results in fatigue and other physical health problems. Poor oral hygiene practices and missing teeth negatively affect emotional health and self-esteem. Individuals with missing and decayed teeth find difficulty in presenting themselves to others for employment and often shield their mouths when communicating to avoid negative reactions from others.

Barriers, such as the lack of dental insurance, restrictive public assistance benefits and eligibility criteria, long dental clinic waits for appointments and treatment, inflexible appointment scheduling, inadequate or no transportation, and negative attitudes of providers limit access to available services. Dental pain is a contributing factor for PEH utilizing emergency rooms for dental care. The CAC and clients have noted the lack of dental services, including dentures, for uninsured adults in general and especially for PEH.

Additional Needs of Persons Experiencing Homelessness

According to the *HCHP 2026 Homeless Needs Assessment Survey,* the main cause of homelessness was economic – loss of job or loss of income (50%). The second most cited reason was drug/alcohol abuse (20%). Other frequent answers were, release from prison/jail (17%), eviction (15%), release from jail/prison (14%), asked to leave a shared residence (13%), illness (12%), domestic violence (105%).

According to the *2025 PIT Count Report*, approximately one in ten (11%) of those experiencing homelessness had experienced domestic violence (Coalition, 2025). This percentage was higher in the sheltered population (22.76% vs 7.6% among unsheltered), not surprising since there are shelter beds specifically dedicated to survivors of domestic violence. The history of domestic violence, coupled with adverse childhood events, the experience of homelessness, and other adversities and trauma, requires staff to be knowledgeable about trauma and trauma informed care. HCHP staff have been trained on trauma informed care.

On the 2026 needs assessment survey, respondents had the following needs that they did not have access to: permanent housing (52%), bus passes (41%), transportation (36%), job training (32%), health insurance (30%), phone (30%), food pantry (26%), food stamps (26%), clothing (25%), services/resources information (22%), public computers (22%), identification assistance (20%), mail box service (19%), storage (18%), hygiene program/shower facilities (18%), emergency shelter (17%), legal assistance (17%), childcare (7%), and immigration help (5%). Participants identified the following medical services as needs without access to: dental care (40%), vision care (39%), health care (30%), case management (23%), prescription drugs (22%), mental health care (18%), and substance abuse care (8%). The HCHP nurse case manager, service linkage workers, and social workers assist patients with these needs.

Access to Care & Gaps

According to the U.S. Census (2026), 9.6% of people, or 32.6 million in the United States, did not have health insurance at any point during the year. Harris County and City of Houston fare worse with 22.2% of county residents not having insurance and with 26.4% of persons in the city without health insurance. The homeless are the worst off with 72% of HCHP consumers in 2025 not having health insurance.

In Harris County, there are 360 census tracts that are designated Medically Underserved Areas/Populations (MUA/Ps) (HRSA, 2026). The area has 471 census tracts that are designated Health Professional Service Areas (HPSAs) for primary care (160), dental (160), and mental health (162), with some areas having multiple designations. Harris County has 60 providers per 100,000 population, a decrease from 84 per 100,000 in 2018 (Conduent Healthy Communities Institute, 2026).

Harris County has an FTE primary care physician ratio of 1,640:1, which is worse than the 1,310:1 ratio nationwide (University of Wisconsin Population Health Institute, 2025). The ratio of dental health providers in Texas 1580:1 is lower than the US average of 1340:1. The ratio of mental health providers in Texas 550:1 is lower than the US average of 290:1.

Although Harris County has multiple health care organizations, access to health care is a barrier because of the high rates of uninsurance. Many providers may not accept new Medicaid patients, and many do not provide indigent care. Because of lack of hygiene, PEH can be shunned away from clinics, even from federally funded health centers. Some health care organizations do not want to turn off insured and pay customers. Without insurance, without housing, and with substance abuse and mental health issues, many PEH access medical care in emergency rooms, including the Harris Health Ben Taub and Lyndon B. Johnson hospitals.

The *HCHP 2026 Homeless Needs Assessment Survey* showed that the major reasons for not seeking needed medical care were that the participants could not afford such care (44%), did not have insurance (33%), did not have transportation (25%), and did not know where to go (16%).

The CAC has reported that many PEH do not seek medical care at traditional clinic sites. For some PEH, alienation, anger, mental illness, anxiety, depression, substance abuse, disability, or confusion creates barriers to access or are unable to recall or keep appointments. For others, the management of health conditions is of a lower priority than obtaining a meal, looking for shelter and housing, and seeking employment to meet basic human needs. Clinics and hospitals must also deal with financial considerations and eligibility requirements, which often PEH cannot provide, such as identification, proof of income, residence, etcetera. Clients that are late for an appointment may not be seen and need to reschedule and wait long to address an important health issue.

PEH are primarily served by two federally funded health centers, Harris Health's HCHP and Healthcare for the Homeless-Houston (HHH), two programs that exclusively have PEH as their patient target population. Despite Harris County having City of Houston public health facilities, the Harris Health hospital and community clinics, several federally funded health centers, and an extensive medical center, community resources are insufficient to provide health care to the large number of persons who are uninsured and underinsured, including providing services to PEH. The access to primary care providers is limited even in the metropolitan areas because of physician location, accessibility to transportation, income level, and physical barriers.

The strain on the public health care system is more evident when considering factors such as the continued use of emergency departments for conditions more appropriately treated at primary care facilities. Considerable cost-savings in hospital emergency department use could be achieved by linking PEH with a medical home as a diversion strategy. Among Medicaid enrollees, homeless people have been estimated to incur $18,764 a year in spending, compared with $7,561 for other enrollees (Hart, 2025). HCHP management is actively working with various Harris Health departments to develop strategies, coordinate care, and link PEH who seek primary care in the hospital emergency rooms to primary care in the HCHP program.

An identified gap in the service area includes lack of accessible mental health services. According to the University of Texas-Health Houston, 400,000 people in the county live with a mental illness (2026). The high rate of uninsured residents in Harris County has resulted in many untreated mental health illnesses. Many of those waiting for services deteriorate into crisis and require intervention at psychiatric emergency centers, inpatient hospitals, or in jail. The public mental health system in Harris County consists primarily of The Harris Center and Harris County Psychiatric Center of Harris Health. Eighty percent (80%) of inmates in the Harris County jail

report a symptom of a mental health disorder, and a third are on psychotropic medications (Harris County – District Attorney's Office, 2025).

About twenty-eight (27%) of the US population is without dental insurance (CareQuest Institute for Oral Health, 2026). The availability of oral health care services for low-income uninsured persons in Harris County is minimal. There is a wait list of several months to access dental care at City of Houston and Harris Health public health dental facilities.

Health Care Environment & Operations

The Texas Legislature met in January 2025 and meets again in January 2027. The legislature did not expand Medicaid eligibility. The 89th Texas legislative session brought steps toward improving health outcomes across the state by passing a series of bills and budget measures aimed at diabetes prevention, maternal health, nutrition, and chronic disease. Currently, legal residents of Texas can qualify for Medicaid if they are pregnant, responsible for a minor, have a disability or a household member with a disability, or are older than 65 with low incomes. Most PEH continue to lack health insurance, as well as dental and vision insurance.

Harris Health is a public entity providing comprehensive and integrated inpatient and ambulatory care services to the entire population of Harris County, primarily serving the lower income, uninsured, and indigent population. Because of its public service commitment, the State of Texas subsidizes part of Harris Health's budget with revenues generated from property taxes. The County percentage of taxes designated to Harris Health is not sufficient to meet Harris Health budget needs, and much less the additional unmet need for health care in the county.

Harris County has many health care facilities and health care providers, but most are inaccessible to the homeless target population of this project. HCHP will not duplicate available services because existing safety-net providers already have heavy financial burdens of indigent care or shun from providing care to PEH. Other health providers do not offer the homeless patient-centered culturally sensitive care that HCHP can provide.

People experiencing homelessness (PEH) tend to congregate in areas where comprehensive services are available, and the majority of HCHP clinics are strategically located to ensure accessibility for the target population. Several HCHP clinics are situated outside the central service areas to extend access to care for additional homeless populations. Mobile units further expand service reach by delivering care to locations throughout Harris County where people experiencing homelessness gather.

Shelter & Housing

According to the Coalition, the CAC, and patients, there are various barriers to the local shelter system. PEH have been refused services because of lack of capacity at shelters. Service agencies have refused services because the person lacked identification or did not meet eligibility criteria.

Shelters require sobriety, which can be a significant barrier for people who are chronic substance abusers. For couples to stay in shelters together, they may be required to be legally married, which

can be a deterrent for unmarried adult couples and families to access shelter. Same-sex couples and sexual minorities can face discrimination. Little emergency shelter for unaccompanied homeless youth under the age of 18 exists, and there are strict limitations placed on acceptance and length of stay.

Some individuals may lack the skills or capacity to adjust to shelter expectations and therefore may choose to remain unsheltered rather than comply with organizational rules. Rules that may create barriers include participation in classes, pets not being allowed, required religious participation, the amount of people staying in the same room, limited hours of entry, and the requirements of some shelters to leave very early in the morning and return in the late afternoon to wait in line to be re-admitted, if space is available. Some facilities do not allow drop-ins and require scheduled intake appointments.

Some shelters require full-time work. Some are limited only to abused women and children or only to men. Sites may be outside of public transportation areas, which require people to have a valid driver's license and a car or money for taxis.

Limits in length of stay range from three days to three months, and the inability to find long-term housing placements for people with significant barriers or no income results in people exiting back to street homelessness after expending their time in shelter. For security reasons shelters are not welcoming of people with behavioral health care needs or people with current substance use disorder. Shelters may not provide for secure storage of all belongings.

The City of Houston Housing and Community Development Department administers the Homeless Prevention and Rapid Re-Housing Program. The Harris County Community Services Department administers community development block grants and emergency solution grants. The Houston Housing Authority, the Housing Corporation of Greater Houston, and the Harris County Housing Authority provide affordable housing to low-income persons through housing voucher programs, and public housing and tax credit developments.

Houston and Harris County face one of the nation's most severe affordable housing shortages, which directly affects the wait time for housing placement. The current public housing waitlist was created in 2016 with 30,000 applicants, and the Houston Housing Authority has not issued new vouchers since December 2023. The Houston Housing Authority projects that the 2,300th person in line would have to wait about 10 years for a voucher.

Even with the combined resources of the local housing authorities, there are thousands of people on waitlists with many more waiting to get on the next list for affordable housing and housing vouchers. A mix of permanent-supportive housing for people who are victims of domestic violence, people with substance addiction issues, people who are HIV positive, veterans, and the general homeless population exists but with limited capacity to meet demand of need. Because of a lack of permanent supportive housing and a limited coordinated intake system, people sometimes access transitional housing as the only readily available source of housing they qualify for, but exit to homelessness upon completing the program because they cannot be self-sufficient at the end.

Those who first experience homelessness at age 50 and older typically have experienced a financial or health crisis, lost a loved one, or otherwise experienced a relationship breakdown with the income-earner, and/or experienced barriers to continued ability to work. People aged 50 or older account for 20% of the homeless population, and this group is expected to triple within the next five years. Older adults experiencing homelessness are at increased risk for death because of cognitive decline, limitations in mobility, and chronic illness (Care for the Homeless NY, 2025).

In Texas, the fair market rent (FMR) for a two-bedroom is $1,542, and $1,529 for the Greater Houston metro area (National Low Income Housing Coalition, 2026). To afford this level of rent and utilities – without paying more than 30% of income on housing – a household must earn $5,097 monthly or $61,161 annually. The hourly wage necessary to afford a two-bedroom FMR is $29.64. In Houston, the estimated mean wage for a renter is $27.99. The full-time jobs at mean renter wage needed to afford a two-bedroom at FMR are 1.1 jobs. In Texas, a minimum wage worker earns $7.25 an hour.

In Texas, there are 26 affordable and available rental homes per 100 renter households (National Low Income Housing, Coalition 2026). The Houston area fares worse with only 17 affordable and available rental homes per 100 renter households. With 99.9% of HCHP consumers having income levels at or below 100% of the poverty level, housing is unaffordable and out of reach for them. On the *HCHP 2026 Homeless Need Assessment Survey,* 89% reported that they could not afford rent.

Because of the instability that accompanies a lack of housing, PEH are far more likely to require recurring acute medical care through hospitalization than is the general population with the same diagnoses. PEH in Harris County seek health care in emergency rooms and the jail system and compared to domicile individuals have higher rates of hospital readmission and higher yearly lengths of stay in the hospital system, which result in high costs to public systems. The lack of respite care resources for homeless persons places them at risk for noncompliance, not fully recuperating, and susceptible to infections, which result in readmission to hospitals. Currently, there is no organization providing respite services locally to PEH.

The pool of people at risk of homelessness, those in poverty, those living with friends and family, and those paying over half of their income for housing, has remained high despite previous improvements in unemployment and the economy. People who become homeless often have strained financial resources and are challenged by the cost of housing (e.g., rent and utilities). The homeless assistance system has decreased homelessness by increasing the flow of PEH into supportive and permanent housing, but without a decrease in the number of people who become homeless, the homeless assistance system will continue to manage large numbers of households who are simply unable to afford housing in their communities. The lack of affordable housing cannot be overcome by the homeless assistance system. A medical emergency can further push someone into homelessness.

Patient Satisfaction with HCHP Services

According to the 324 PEH that participated in the needs assessment survey, the scores related to satisfaction with program services are shown on Table 1.

Table 1. Patient Satisfaction with HCHP Services

Question	Excellent	Good	Satisfactory	Needs Improvement	Poor
Staff listen to problems & concerns	56.5%	19.86%	19.17%	2.73%	1.71%
Ease to be a drop-in patient	49.8%	22.06%	20.64%	4.98%	2.49%
Convenience of location	56.65%	17.06%	22.86%	2.38%	1.02%
Wait time	50.34%	21.18%	21.18%	6.25%	1.04%
Convenience of hours	55.67%	22.68%	17.86%	2.74%	1.03%
Staff explain treatment & medication	58.74%	20.97%	18.18%	1.04%	1.04%
Courteous & respectful treatment	74.2%	20.23%	1.58%	3.57%	0.39%
Staff provide self-care management & education	57.91%	20.14%	17.62%	3.59%	0.71%
Staff follow-up with referrals & specialty appointments	60.28%	18.41%	16.96%	2.88%	1.44%

Source: *HCHP 2026 Homeless Needs Assessment Survey*

Summary

Many poor people are at risk of homelessness; this is because it is hard for them to afford housing. As of the writing of this needs assessment report, the Texas government has no plans for increasing Medicaid access and many residents will remain uninsured, particularly those experiencing homelessness. Based on interviews with the CAC, patients, the Jensen Navigation Center Community Advisory Committee, HCHP providers, and shelter site administration and results from the *HCHP 2026 Homeless Needs Assessment Survey*, in addition to housing, food, and primary health care, other service needs for PEH are dental care, vision care, health insurance, and access to specialty care. According to the survey, the top needs of respondents were housing (52%) and transportation (36%), and the top health care needs were dental care (40%), vision care (39%), and health insurance (30%).

PEH in Harris County are underserved and are economically isolated from the full array of medical services available in the County as many providers do not accept public health insurance, do not provide care for indigent consumers, or because of the stigmatization of PEH. PEH are disengaged and distrustful of public systems, have language and literacy barriers, lack of transportation, face stigma, and have complex and significant physical and mental health conditions. PEH need a medical home that offers primary care services within the context of a comprehensive program that includes behavioral health services, health education, substance abuse services, dental

services, and advanced clinical tools which are available in Houston/Harris County, but not for many of the uninsured.

HCHP offers comprehensive, coordinated, culturally sensitive care to allow PEH to access care. HCHP will continue to be a provider of patient-centered health care for PEH to decrease the barriers they face while accessing health care. Providing primary medical, dental, and behavioral health care to PEH is more cost effective than providing care in hospital emergency rooms and in emergency mental health facilities.

Wednesday, May 13, 2026

Consideration of Approval of the HCHP First Quarter Calendar Year 2026 Budget Summary Report

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Attached for review and approval:

- **HCHP 1st Quarter 2026 Budget Summary Report**

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

ACS Grants - Homeless

Through March 2026

Type	Grant	Project ID	Grantor	Grant Start Date	Grant End Date	Expense Category	Award Budget	Expense through Dec 31, 2025	Budget/Balance Remaining as of Jan 1, 2026
Homeless	Homeless-Primary GYE 12/26	3542	HRSA Grant	**1/1/2026**	**12/31/2026**	Salary	3,154,507.00	-	$ 3,154,507.00
Homeless	Homeless-Primary GYE 12/26	3542	HRSA Grant			Benefits	757,082.00	-	$ 757,082.00
Homeless	Homeless-Primary GYE 12/26	3542	HRSA Grant			Travel	6,702.00	-	$ 6,702.00
Homeless	Homeless-Primary GYE 12/26	3542	HRSA Grant			Supplies	24,000.00	-	$ 24,000.00
Homeless	Homeless-Primary GYE 12/26	3542	HRSA Grant			Equipment	-	-	$ -
Homeless	Homeless-Primary GYE 12/26	3542	HRSA Grant			Contractual	186,000.00	-	$ 186,000.00
Homeless	Homeless-Primary GYE 12/26	3542	HRSA Grant			Other	-	-	$ -
Homeless	Homeless-Dental GYE 12/26	3543	HRSA Grant	**1/1/2026**	**12/31/2026**	Salary	111,131.00	-	$ 111,131.00
Homeless	Homeless-Dental GYE 12/26	3543	HRSA Grant			Benefits	26,671.00	-	$ 26,671.00
Homeless	Homeless-Dental GYE 12/26	3543	HRSA Grant			Travel	-	-	$ -
Homeless	Homeless-Dental GYE 12/26	3543	HRSA Grant			Supplies	26,736.00	-	$ 26,736.00
Homeless	Homeless-Dental GYE 12/26	3543	HRSA Grant			Equipment	-	-	$ -
Homeless	Homeless-Dental GYE 12/26	3543	HRSA Grant			Contractual	176,845.00	-	$ 176,845.00
Homeless	Homeless-Dental GYE 12/26	3543	HRSA Grant			Other	-	-	$ -
Homeless Support	Mobile Unit Purch/Spt	793	HCHD Foundation	**8/1/2017**	**7/31/2026**	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	3565	Harris Health	**1/1/2026**	**12/31/2026**	Salary	11,000.00	-	$ 11,000.00
Homeless Support	Shelter Support Dental	3565	Harris Health			Benefits	2,640.00	-	$ 2,640.00
Homeless Support	Shelter Support Dental	3565	Harris Health			Travel	-	-	$ -
Homeless Support	Shelter Support Dental	3565	Harris Health			Supplies	60,000.00	-	$ 60,000.00
Homeless Support	Shelter Support Dental	3565	Harris Health			Equipment	-	-	$ -
Homeless Support	Shelter Support Dental	3565	Harris Health			Contractual	18,350.00	-	$ 18,350.00
Homeless Support	Shelter Support Dental	3565	Harris Health			Other	0.00	-	$ -
Homeless Support	Shelter Support Medical	3564	Harris Health	**1/1/2026**	**12/31/2026**	Salary	2,021,044.00	-	$ 2,021,044.00
Homeless Support	Shelter Support Medical	3564	Harris Health			Benefits	468,934.00	-	$ 468,934.00
Homeless Support	Shelter Support Medical	3564	Harris Health			Travel	13,122.00	-	$ 13,122.00
Homeless Support	Shelter Support Medical	3564	Harris Health			Supplies	123,064.00	-	$ 123,064.00
Homeless Support	Shelter Support Medical	3564	Harris Health			Equipment	60,000.00	-	$ 60,000.00
Homeless Support	Shelter Support Medical	3564	Harris Health			Contractual	110,000.00	-	$ 110,000.00
Homeless Support	Shelter Support Medical	3564	Harris Health			Other	45,503.00	-	$ 45,503.00

Homeless Primary Grant & Non-Federal Funding Period: January 1, 2026 - March 31, 2026 Reporting Period: January 1, 2026 - December 31, 2026							
	Line Item	**Annual Budget**	**YTD Total Expense**	**Annualized Expenses**	**Remaining Balance (Budget-YTD Expenses)**	**% Used YTD**	**% Used Annualized**
Federal	Salary	$ 3,265,638.00	$ 634,149.35	$ 2,536,597.40	$ 2,631,488.65	19.4%	77.7%
	Benefits	$ 783,753.00	$ 175,951.66	$ 703,806.64	$ 607,801.34	22.4%	89.8%
	Travel	$ 6,702.00	$ -	$ -	$ 6,702.00	0.0%	0.0%
	Supplies	$ 50,736.00	$ 20,885.38	$ 83,541.52	$ 29,850.62	41.2%	164.7%
	Equipment	$ -	$ -	$ -	$ -		0.0%
	Contractual	$ 362,845.00	$ 15,633.60	$ 62,534.40	$ 347,211.40	4.3%	17.2%
	Other	$ -	$ -	$ -	$ -		0.0%
	Total	**$ 4,469,674.00**	**$ 846,619.99**	**$ 3,386,479.96**	**$ 3,623,054.01**	**18.9%**	**75.8%**
Non-Federal	Salary	$ 2,032,044.00	$ 165,820.74	$ 663,282.96	$ 1,866,223.26	8.2%	32.6%
	Benefits	$ 471,574.00	$ 39,351.13	$ 157,404.52	$ 432,222.87	8.3%	33.4%
	Travel	$ 13,122.00	$ -	$ -	$ 13,122.00	0.0%	0.0%
	Supplies	$ 187,793.48	$ 40,347.48	$ 161,389.92	$ 147,446.00	21.5%	85.9%
	Equipment	$ 60,000.00	$ 6,496.24	$ 25,984.96	$ 53,503.76	10.8%	43.3%
	Contractual	$ 128,350.00	$ -	$ -	$ 128,350.00	0.0%	0.0%
	Other	$ 69,148.02	$ 13,635.40	$ 54,541.60	$ 55,512.62	19.7%	78.9%
	Total	**$ 2,962,031.50**	**$ 265,650.99**	**$ 1,062,603.96**	**$ 2,696,380.51**	**9.0%**	**35.9%**
Grand Total	Salary	$ 5,297,682.00	$ 799,970.09	$ 3,199,880.36	$ 4,497,711.91	15.1%	60.4%
	Benefits	$ 1,255,327.00	$ 215,302.79	$ 861,211.16	$ 1,040,024.21	17.2%	68.6%
	Travel	$ 19,824.00	$ -	$ -	$ 19,824.00	0.0%	0.0%
	Supplies	$ 238,529.48	$ 61,232.86	$ 244,931.44	$ 177,296.62	25.7%	102.7%
	Equipment	$ 60,000.00	$ 6,496.24	$ 25,984.96	$ 53,503.76	10.8%	43.3%
	Contractual	$ 491,195.00	$ 15,633.60	$ 62,534.40	$ 475,561.40	3.2%	12.7%
	Other	$ 69,148.02	$ 13,635.40	$ 54,541.60	$ 55,512.62	19.7%	78.9%
	Total	**$ 7,431,705.50**	**$ 1,112,270.98**	**$ 4,449,083.92**	**$ 6,319,434.52**	**15.0%**	**59.9%**

Project 3542 - Homeless Medical

	Expenses through current year March 2026	Expenses through 12/31/2025	Expenses 01/2026 - 03/2026
Salary	$ 611,749.50	$ -	$ 611,749.50
Benefits	$ 169,615.06		$ 169,615.06
Travel	$ -	$ -	$ -
Supplies	$ 20,079.38	$ -	$ 20,079.38
Equipment	$ -	$ -	$ -
Contractual	$ 2,880.00		$ 2,880.00
Other	$ -	$ -	$ -
Total	$ 804,323.94	$ -	$ 804,323.94

Project 3543 - Homeless Dental

	Expenses through current year March 2026	Expenses through 12/31/2025	Expenses 01/2026 - 03/2026
Salary	$ 22,399.85		$ 22,399.85
Benefits	$ 6,336.60	$ -	$ 6,336.60
Travel	$ -		$ -
Supplies	$ 806.00		$ 806.00
Equipment	$ -		$ -
Contractual	$ 12,753.60	$ -	$ 12,753.60
Other			$ -
Total	**$ 42,296.05**	**$ -**	**$ 42,296.05**

Shelter Support Dental - 3565

	Expenses through current year March 2026	Expenses through 12/31/2025	Expenses 01/2026 - 03/2026
Salary	$ 4,637.18		$ 4,637.18
Benefits	$ 842.37		$ 842.37
Travel	$ -		$ -
Supplies	$ 18,316.03	$ -	$ 18,316.03
Equipment	$ -		$ -
Contractual	$ -	$ -	$ -
Other	$ 1,772.07	$ -	$ 1,772.07
Total	**$ 25,567.65**	**$ -**	**$ 25,567.65**

Shelter Support Medical - 3564

	Expenses through current year March 2026	Expenses through 12/31/2025	Expenses 01/2026 - 03/2026
Salary	$ 161,183.56	$ -	$ 161,183.56
Benefits	$ 38,508.76		$ 38,508.76
Travel	$ -		$ -
Supplies	$ 22,031.45	$ -	$ 22,031.45
Equipment	$ 6,496.24	$ -	$ 6,496.24
Contractual	$ -		$ -
Other	$ 11,863.33	$ -	$ 11,863.33
Total	**$ 240,083.34**	**$ -**	**$ 240,083.34**

Project 793 - Mobile Unit Purchase

	Expenses through current year March 2026	Expenses through 12/31/2025	Expenses 01/2026 - 03/2026
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

Meeting of the Board of Trustees

HARRISHEALTH

Wednesday, May 13, 2026

Executive Session

Consultation with Attorney, Pursuant to Tex. Gov't Code Ann. §551.071, Including Possible Action Regarding Ratification and/or Approval to Participate in the Remnant Defendants National Opioid Settlement Upon Return to Open Session.

Sara Thomas
Chief Legal Officer/Division Director
Harris County Attorney's Office
Harris Health

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BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH

Wednesday, May 13, 2026

Executive Session

Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. unaudited financial performance for the three months ending March 31, 2026, pursuant to Tex. Gov't Code Ann. §551.085.

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

Victoria Nikitin
EVP & Chief Financial Officer
Harris Health

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BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH

Wednesday, May 13, 2026

Executive Session

Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. investment report for the three months ending March 31, 2026, pursuant to Tex. Gov't Code Ann. §551.085.

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

Victoria Nikitin
EVP & Chief Financial Officer
Harris Health

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