

Wednesday, July 8, 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

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| I. Call to Order and Record of Attendance | Ms. Carol Paret | 2 min |
| II. Approval of the Minutes of Previous Meeting | Ms. Carol Paret | 2 min |
| <ul style="list-style-type: none">Board Meeting – June 10, 2026 | | |
| III. Announcements / Special Presentations | Ms. Carol Paret | 15 min |
| A. CEO Report Including Special Announcements – <i>Dr. Esmaeil Porsa</i> | | (10 min) |
| <ul style="list-style-type: none">Archbishop Vasquez and TMO Visit to Harris HealthRecognition by Newsweek as One of America's Greatest Workplaces in Health Care 2026Operational Excellence Recognition by America's Essential Hospitals of Harris Health's Hospital at Home, Home-based Primary Care and Outpatient Parenteral Antibiotic Therapy Program | | |
| B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements | | (5 min) |
| IV. Public Comment | Ms. Carol Paret | 3 min |
| V. Executive Session | Ms. Carol Paret | 30 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, the Harris Health Quality and Safety Performance Measures, Good Catch Recipients, Centers for Medicare and Medicaid Services Quality Reporting, and Possible Action Regarding this Matter Upon Return to Open Session <i>Dr. Thomas Cummins</i> | | (10 min) |

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| <p>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</p> | <p>(10 min)</p> |
| <p>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. Govt 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</p> | <p>(10 min)</p> |
| <p>VI. Reconvene to Open Meeting</p> | <p>Ms. Carol Paret 3 min</p> |
| <p>VII. General Action Item(s)</p> | <p>Ms. Carol Paret 4 min</p> |
| <p>A. General Action Item(s) Related to Quality: Medical Staff</p> | |
| <p>1. Consideration of Approval of Credentialing Changes for Members of Harris Health Medical Staff Dr. Kunal Sharma</p> | <p>(2 min)</p> |
| <p>B. General Action Item(s) Related to Quality: Correctional Health Medical Staff</p> | |
| <p>1. Consideration of Approval of Credentialing Changes for Members of Harris Health Correctional Health Medical Staff Dr. O. Reggie Egins</p> | <p>(2 min)</p> |
| <p>VIII. Strategic Discussion</p> | <p>Ms. Carol Paret 30 min</p> |
| <p>A. Harris Health Strategic Plan Initiatives</p> | |
| <p>1. Presentation Regarding Harris Healths Community Alignment Initiatives Dr. Jennifer Small [Strategic Pillar 6: Access]</p> | <p>(20 min)</p> |
| <p>B. Committee Reports</p> | <p>(10 min)</p> |
| <ul style="list-style-type: none"> • June 23, 2026 – Quality Committee – Ms. Libby Viera Bland • June 25, 2026 – Joint Conference Committee – Ms. Sima Ladjevardian | |
| <p>IX. Consent Agenda Items</p> | <p>Ms. Carol Paret 5 min</p> |
| <p>A. Consent Purchasing Recommendations</p> | |
| <p>1. Consideration of Approval of Purchasing Recommendations (Items A1 through A11 of the Purchasing Matrix) Ms. Kimberly Williams and Mr. Jack Adger, Harris County Purchasing Office [See Attached Purchasing Expenditure Summary: July 8, 2026]</p> | |
| <p>B. Consent Grant Recommendations</p> | |
| <p>1. Consideration of Approval of Grant Recommendations (Item B1 of the Grant Matrix) Dr. Jennifer Small [See Attached Grant Matrix: July 8, 2026]</p> | |

MINUTES OF THE HARRIS HEALTH BOARD OF TRUSTEES

Board Meeting

Wednesday, June 10, 2026

9:00 A.M.

| AGENDA ITEM | DISCUSSION | ACTION/RECOMMENDATION |
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| <p>I. Call to Order and Record of Attendance</p> | <p>The meeting was called to order at 9:00 AM by Dr. Andrea Caracostis, Chair. A quorum was present. 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 with 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. Attendance was recorded and is appended to the archived minutes.</p> | <p>A copy of the attendance is appended to the archived minutes.</p> |
| <p>II. Approval of the Minutes of Previous Meeting</p> <ul style="list-style-type: none"> • Board Meeting – May 13, 2026 | <p>Dr. Caracostis presented the minutes of the Board meeting held on May 13, 2026 for approval. A copy of the minutes is available in the permanent record.</p> | <p>Motion No. 26.06-72 Moved by Ms. Libby Viera – Bland, seconded by Ms. Ingrid Robinson, and unanimously passed that the Board approve the minutes of May 13, 2026, Board meeting. Motion carried.</p> |
| <p>III. Announcements/ Special Presentations</p> | <p>A. CEO Report Including Special Announcements</p> <ul style="list-style-type: none"> • Harris Health’s Trauma Survivors Event • June 13th Settegast Health Fair Values Campaign <p>Dr. Esmaeil Porsa, President and Chief Executive Officer, presented the CEO Report and provided special announcements. He recognized the Board members who attended the annual Harris Health Trauma Survivors Dinner and expressed appreciation to the Harris County Hospital District Foundation for its continued sponsorship of the event. He noted that the annual event highlights the inspiring recovery stories of Harris Health patients and reflects the organization’s mission and impact.</p> <p>Dr. Porsa announced the upcoming Settegast Community Health Fair scheduled for June 13, 2026, and encouraged Board members to attend. He reported that the health fairs continue to experience strong community participation and provide preventive screenings, health education, mammography services, and a distribution of fresh fruits and vegetables to community members.</p> | <p>As Presented.</p> |

| AGENDA ITEM | DISCUSSION | ACTION/RECOMMENDATION |
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| | <p>Dr. Porsa provided an update on Harris Health’s organizational values initiative. He reported that the Board-approved values adopted in November 2025 have been formally launched under the acronym IMPACT—Integrity First, Mutual Respect, Performance with Excellence, Accountability, Compassion, and Transformative Collaboration. He explained that the values initiative will be integrated into recruitment, onboarding, employee competencies, performance evaluations, recognition programs, leadership development, and employee advancement to further strengthen the organization’s culture.</p> <p>Dr. Porsa congratulated Dr. Andrea Caracostis on receiving the Texas Healthcare Trustees Founders’ Award and thanked Dr. Caracostis, Ms. Ladjevardian, Ms. Paret, and Ms. Robinson for representing Harris Health at the Texas Healthcare Trustees Conference in San Antonio. Dr. Caracostis expressed appreciation for the recognition, stating that the award reflected the collective work and dedication of Harris Health employees. She emphasized that the Board-adopted values represent the foundation of the organization’s culture and will continue to guide collaboration, transparency, and future organizational growth.</p> <p>Dr. Porsa also challenged all Board members to complete the Texas Healthcare Trustees certification program so that Harris Health may achieve 100 percent Board certification and receive statewide recognition at the next conference.</p> | |
| | <p>B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements</p> <p>Ms. Robinson shared highlights from the Texas Healthcare Trustees Conference, noting that many best practices presented by healthcare organizations are already being implemented at Harris Health. She stated that the conference reinforced the strength of Harris Health’s leadership and strategic direction and affirmed that the system continues to serve as a leader among healthcare organizations throughout Texas.</p> | <p>As Presented.</p> |

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| IV. Public Comment | There were no members of the public present to address the Board. | As Presented. |
| V. Executive Session | At 9:09 AM, Dr. Andrea Caracostis stated that the Board would enter Executive Session for Items V. ‘A through E’ 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. | |
| | <p>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, the Harris Health Quality and Safety Performance Measures, Good Catch Recipients, Centers for Medicare and Medicaid Services Quality Reporting, and Possible Action Regarding this Matter Upon Return to Open Session</p> <p><i>Dr. Hooli was recused from the discussion on this item related to Baylor College of Medicine.</i></p> | No action taken. |
| | <p>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</p> | No action taken. |
| | <p>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</p> | No action taken. |
| | <p>D. Consultation with Attorney Regarding Harris Health’s Medical School Affiliation and Support Agreements, Pursuant to Tex. Gov’t Code Ann. §551.071, and Possible Action Upon Return to Open Session</p> <p><i>Dr. Hooli was recused from the discussion on this item related to Baylor College of Medicine.</i></p> | No action taken. |
| | <p>E. Consultation with Attorney Regarding Prevailing Wages, Pursuant to Tex. Health & Safety Code Ann. §161.032 and Tex. Gov’t Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session</p> | No action taken. |
| VI. Reconvene to Open Meeting | At 10:14 AM, Dr. Andrea Caracostis reconvened the meeting in open session, noting that a quorum was present and no action was taken during Executive Session. | |

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| VII. General Action Item(s) | | |
| | A. General Action Item(s) Related to Quality: Medical Staff | |
| | <p>1. Approval of Credentialing Changes for Members of the Harris Health Medical Staff</p> <p>Dr. Kunal Sharma, Chair of the Medical Executive Board, presented the June 2026 Medical Staff Credentials Report. He reported that the credentialing recommendations included 24 initial appointments, 7 changes in clinical privileges, and 10 resignations. Copies of the credentialing report were available in the permanent record.</p> <p><i>Dr. Hooli was recused from the discussion on this item related to Baylor College of Medicine.</i></p> | <p><u>Motion No. 26.06-73</u> Moved by Ms. Libby Viera - Bland, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda item VII.A.1. Motion carried.</p> |
| | <p>2. Approval of Changes to the Nurse Practitioner (NP) / Physician Assistant (PA) General Clinical Privileges</p> <p>Dr. Sharma presented proposed revisions to the Nurse Practitioner and Physician Assistant General Clinical Privileges. He explained that the revisions primarily addressed privileges related to the insertion and removal of intrauterine and implantable contraceptive devices. A copy of the Nurse Practitioner (NP) / Physician Assistant (PA) General Clinical Privileges is available in the permanent record.</p> <p><i>Dr. Hooli was recused from the discussion on this item related to Baylor College of Medicine.</i></p> | <p><u>Motion No. 26.06-74</u> Moved by Ms. Libby Viera - Bland, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda item VII.A.2. Motion carried.</p> |
| | <p>3. Approval of Changes to the Obstetrics/Gynecology (OB/GYN) Clinical Privileges</p> <p>Dr. Sharma presented revisions to the Obstetrics/Gynecology Clinical Privileges applicable to physicians seeking OB/GYN privileges. He noted that the detailed revisions were included in the Board packet. A copy of the Obstetrics/Gynecology (OB/GYN) Clinical Privileges is available in the permanent record.</p> <p><i>Dr. Hooli was recused from the discussion on this item related to Baylor College of Medicine.</i></p> | <p><u>Motion No. 26.06-75</u> Moved by Ms. Libby Viera - Bland, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda item VII.A.3. Motion carried.</p> |

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| | <p>4. Review and Discussion Regarding the Harris Health Staffing Advisory Committee’s Semi-Annual Evaluation of the Nurse Staffing Plan and Aggregate Staffing Variance</p> <p>Dr. Jackie Brock, Executive Vice President, Chief Nursing Executive, presented the semi-annual Nursing Staffing Plan evaluation as required under Texas Senate Bill 476. She reviewed statutory requirements governing the Nursing Staffing Advisory Committee and explained the committee’s responsibilities for evaluating staffing effectiveness, staffing variances, nurse-sensitive quality indicators, and patient outcomes. Dr. Brock reported that Harris Health has expanded the evaluation process beyond statutory requirements by voluntarily including Ambulatory Care Services in future reporting.</p> <p>Ms. Habeebat Are, Chair of the LBJ Hospital Staffing Advisory Committee, presented the LBJ Hospital results. She reported that 85 percent of participating nurses agreed or strongly agreed with the staffing plan. Correlation analysis demonstrated only a very weak relationship between staffing levels and patient falls.</p> <p>Ms. Lenora Watson, Chair of the Ben Taub Staffing Advisory Committee, presented Ben Taub Hospital’s evaluation. She reported that 92 percent of participating nurses agreed or strongly agreed with the staffing plan. Areas of concern centered on increasing patient acuity; however, correlation analysis found no significant relationship between staffing levels and patient falls.</p> <p>Dr. Brock further reported that Harris Health reduced patient falls by more than 28 percent compared to the previous year and attributed the improvement to continued nursing quality initiatives. Board members commended Dr. Brock and the nursing leadership team for their continued commitment to safe staffing practices and improvements in quality outcomes. A copy of the nursing staffing plan is available in the permanent record.</p> | <p>As Presented.</p> <p>This item was taken out of order after VII. B.1.</p> |
| | <p>B. General Action Item(s) Related to Quality: Correctional Health Medical Staff</p> | |
| | <p>1. Approval of Credentialing Changes for Members of the Harris Health Correctional Health Medical Staff</p> <p>Dr. Otis Eging, Chief Medical Officer of Harris Health Correctional Health, presented credentialing changes for Correctional Health Medical Staff and stated 5 initial appointments and 1 resignation. Copies of the credentialing report were available in the permanent record.</p> | <p><u>Motion No. 26.06-76</u> Moved by Ms. Libby Viera - Bland, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda item VII.B.1. Motion carried.</p> |

| VIII. New Items for Board Consideration | | |
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| | <p>A. Discussion Regarding Prevailing Wages</p> <p>Mr. Louis Smith, Senior Vice President, Chief Operating Officer, provided an update regarding Harris Health’s continued oversight of prevailing wage requirements associated with the Strategic Facilities Plan. He stated that Harris Health continues collaborating with contractors, Harris County agencies, vendors, and community stakeholders to strengthen oversight and ensure subcontractors comply with prevailing wage requirements. Mr. Smith outlined several initiatives underway, including enhanced subcontractor oversight, regular compliance reviews, strengthened accountability measures, timely communication regarding wage concerns, reinforcement of anti-retaliation expectations, and continued stewardship of public funds. The Board discussed its commitment to ensuring construction workers on Harris Health projects receive fair compensation consistent with prevailing wage requirements.</p> | <p>As Presented.</p> |
| | <p>B. Approval of Staffing Plans and Payment for the Contracted Services Specified in the Harris Health Operating and Support Agreement with Baylor College of Medicine (BCM) for the Contract Year Ended June 30, 2027</p> <p>Ms. Victoria Nikitin, Executive Vice President, Chief Financial Officer, presented the annual operating and support agreement with Baylor College of Medicine for the contract year ending June 30, 2027. She explained that the staffing plan and contractual payment had been jointly negotiated between Harris Health and Baylor College of Medicine and recommended approval of the agreement in an amount not to exceed approximately \$305.9 million.</p> <p><i>Dr. Hooli was recused from the discussion on this item related to Baylor College of Medicine.</i></p> | <p><u>Motion No. 26.06-77</u> Moved by Mr. Paul Puente, seconded by Ms. Libby Viera – Bland, and unanimously passed that the Board approve agenda item VIII.B. Motion carried.</p> |
| | <p>C. Approval of Staffing Plans and Payment for the Contracted Services Specified in the Harris Health Affiliation and Support Agreement with the University of Texas Health Science Center (UT Health) for the Contract Year Ended June 30, 2027</p> <p>Ms. Nikitin presented the annual affiliation and support agreement with UTHealth for the contract year ending June 30, 2027. She advised that the agreement provides funding not to exceed approximately \$219 million and noted that the combined agreements with Baylor College of Medicine and UTHealth represent nearly 20 percent of Harris Health’s annual operating budget.</p> | <p><u>Motion No. 26.06-78</u> Moved by Ms. Libby Viera – Bland, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda item VIII.C. Motion carried.</p> |

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| | <p>D. Approval of a Resolution Setting the Rate of Mandatory Payment for the Harris County Hospital District Local Provider Participation Fund</p> <p>Ms. Nikitin presented the annual resolution establishing the mandatory payment rate for the Local Provider Participation Fund. She explained that approximately 60 local providers participate in the Medicaid supplemental payment programs supported through the fund and recommended approval of a rate not to exceed six percent of net patient revenue. A copy of the resolution is available in the permanent record.</p> | <p><u>Motion No. 26.06-79</u> Moved by Ms. Carol Paret, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda item VIII.D. Motion carried.</p> |
| | <p>E. Presentation of the Harris County Hospital District 401(k) and Pension Plan Independent Auditor’s Reports and Overview for the Fiscal Year Ended December 31, 2025</p> <p>Mr. Ryan Singleton of Forvis Mazars presented the independent audit results for both the Harris County Hospital District 401(k) Plan and Pension Plan for the fiscal year ended December 31, 2025. Mr. Singleton reported that both audits resulted in unmodified opinions and that no material weaknesses, significant deficiencies, disagreements with management, or unusual accounting issues were identified. He also reviewed required communications regarding management override controls, related-party disclosures, fair value investments, and actuarial assumptions, noting no reportable findings.</p> <p>Following clarification of the agenda items, the Board separately accepted the Independent Auditor’s Reports and Financial Statements for both the 401(k) Plan and the Pension Plan for the years ended December 31, 2024 and 2025. Copies of the 401(k) and pension plan auditor’s reports are available in the permanent record.</p> | <p>As Presented.</p> |
| | <p>1. Acceptance of the Harris County Hospital District 401(k) Plan Independent Auditor’s Report and Financial Statements for the Years Ended December 31, 2024, and 2025</p> | <p><u>Motion No. 26.06-80</u> Moved by Ms. Libby Viera – Bland, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda item VIII.E.1. Motion carried.</p> |
| | <p>2. Acceptance of the Harris County Hospital District Pension Plan Independent Auditor’s Report and Financial Statements for the Years Ended December 31, 2024, and 2025</p> | <p><u>Motion No. 26.06-81</u> Moved by Ms. Libby Viera – Bland, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda item VIII.E.2. Motion carried.</p> |

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| IX. Strategic Discussion | | |
| | A. Harris Health Strategic Plan Initiatives | |
| | <p>1. Presentation Regarding the Harris Health Leapfrog Spring Update</p> <p>Dr. Thomas Cummins, Executive Vice President, Chief Medical Executive, presented Harris Health’s Spring 2026 Leapfrog Hospital Safety Grades. He reviewed the methodology utilized by Leapfrog and explained that the ratings evaluate patient safety, hospital-acquired infections, quality measures, patient satisfaction, and safety practices. Dr. Cummins reported that LBJ Hospital maintained its “A” Safety Grade while Ben Taub Hospital received a “B.” He explained that although Harris Health continued to perform well, national performance improvements by peer hospitals and several outcome measures affected the most recent ratings. He also noted that publicly reported quality data used by Leapfrog significantly lags actual performance.</p> <p>Board members recognized the quality of care provided by Harris Health, particularly considering the complexity of its patient population, and expressed appreciation for the continued focus on quality improvement. A copy of the presentation is included in the permanent record.</p> | As Presented. |
| | <p>2. Presentation Regarding Harris Health’s Technology Roadmap</p> <p>Mr. Ron Fuschillo, Senior Vice President, Chief Information Officer, presented an update on Harris Health’s multi-year Technology Roadmap. He reviewed the organization’s progress toward reducing technical debt through investments in Epic optimization, Microsoft cloud technologies, ServiceNow, artificial intelligence governance, enterprise resource planning modernization, cybersecurity, data modernization, and patient flow technology. Mr. Fuschillo highlighted several accomplishments, including deployment of more than 2,700 mobile devices, implementation of Epic Rover Voice over IP technology, expansion of Microsoft 365 capabilities, improved patient flow operations, and development of a formal Artificial Intelligence governance framework. Board members discussed Epic optimization efforts, anticipated improvements in user adoption, artificial intelligence governance, and opportunities for future Board education regarding AI technologies. A copy of the presentation is available in the permanent record.</p> | As Presented. |

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| | <p>3. Presentation Regarding the Harris Health Ambulatory Care Services (ACS) Facilities Strategic Plan</p> <p>Dr. Jennifer Small, Chief Executive Officer, ACS, presented the Ambulatory Care Services (ACS) Facilities Strategic Plan, highlighting initiatives to expand access to care through replacement health centers, new urgent care facilities, future health center construction, Pasadena Square development, infrastructure improvements, and resiliency planning. Dr. Small reviewed plans to relocate same-day clinics onto existing health center campuses to improve patient convenience and increase access to laboratories, pharmacies, imaging, and specialty services. She also discussed future facilities planned for Greenspoint, Greater Alief, Cypress, Valbona, Acres Home, Northwest, and Pasadena Square. Board members discussed transportation accessibility, partnerships with Federally Qualified Health Centers, emergency preparedness, resiliency planning, communication strategies during disasters, and compliance with prevailing wage requirements for future construction projects. Dr. Small advised that additional presentations regarding community partnerships and ambulatory care initiatives would be presented at future Board meetings. A copy of the presentation is available in the permanent record.</p> | <p>As Presented.</p> |
| | <p>B. Committee Reports</p> <ul style="list-style-type: none"> • May 26, 2026 – Quality Committee • May 28, 2026 – Budget & Finance Committee • May 28, 2026 – Compliance & Audit Committee <p>Dr. Caracostis reported that the Quality Committee met on May 26, 2026, and received updates on system-wide patient safety and quality performance. The Committee reviewed a safety education video on timely prophylactic antibiotic administration prior to surgery to reduce surgical site infections and improve outcomes. The Committee also reviewed the Spring 2026 Leapfrog Hospital Safety Grades, with LBJ Hospital earning an “A” and Ben Taub Hospital earning a “B,” reflecting continued organizational focus on patient safety and quality improvement.</p> <p>Ms. Robinson reported that the Budget and Finance Committee met on May 28, 2026, and reviewed the FY2026 Second Quarter Investment Report and the FY2026 First Quarter Pension Plan Report. The investment portfolio remains strong, supported by increased balances from ad valorem tax collections, with discussion on market conditions, performance, and liquidity strategies. The Pension Plan remains approximately 97% funded, reflecting organizational contributions and favorable investment performance. The Committee recommended acceptance of both reports and also received informational updates on the interest rate management agreement disclosure, the 2025 401(k) and 457(b) administrative report, and the Pension and Disability Committee activities report.</p> | <p>As Presented.</p> |

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| | Ms. Paret reported that the Compliance and Audit Committee met on May 28, 2026, and received the Quarterly Internal Audit Update from the Harris County Auditor’s Office. The report noted progress on the FY2026 audit plan, including completion of the Capital Asset Management Audit and related corrective action plans to strengthen asset tracking and inventory controls. The Committee also received planning and pre-audit communications from FORVIS Mazars regarding the 2025 audits of the 401(k) and Pension Plans, including scope, timing, and risk assessment. | |
| X. Consent Agenda Items | | |
| | A. Consent Purchasing Recommendations | |
| | 1. Approval of Purchasing Recommendations (Items A1 through A13 of the Purchasing Matrix) A copy of the purchasing agenda is available in the permanent record. | <u>Motion No. 26.06-82</u> Moved by Ms. Carol Paret, seconded by Ms. Ingrid Robinson, and unanimously passed that the Board approve the purchasing recommendations (Items A1 through A13 of the Purchasing Matrix). Motion carried. |
| | B. Consent Grant Recommendations | |
| | 1. Approval of Grant Recommendations (Items B1 through B2 of the Grant Matrix) | <u>Motion No. 26.06-83</u> Moved by Ms. Ingrid Robinson, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda items X.B. through E. Motion carried. |
| | C. Consent Contract Recommendations | |
| | 1. Approval of Contract Recommendations (Items C1 through C4 of the Contract Matrix) | <u>Motion No. 26.06-83</u> Moved by Ms. Ingrid Robinson, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda items X.B. through E. Motion carried. |

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| | D. Consent Governing Body and Committee Recommendations | |
| | 1. Approval of the Amended Governing Body Bylaws for the Ambulatory Surgical Center | Motion No. 26.06-83 Moved by Ms. Ingrid Robinson, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda items X.B. through E. Motion carried. |
| | 2. Acceptance of the Harris Health Second Quarter Fiscal Year 2026 Investment Report | Motion No. 26.06-83 Moved by Ms. Ingrid Robinson, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda items X.B. through E. Motion carried. |
| | 3. Acceptance of the Harris Health First Quarter Calendar Year 2026 Pension Plan Report | Motion No. 26.06-83 Moved by Ms. Ingrid Robinson, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda items X.B. through E. Motion carried. |
| | E. New Consent Items for Board Approval | |
| | 1. Acceptance of the Harris Health April 2026 Financial Report Subject to Audit | Motion No. 26.06-83 Moved by Ms. Ingrid Robinson, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda items X.B. through E. Motion carried. |
| | 2. Approval to Utilize the Construction Manager at Risk (CMAR) Delivery Method for the Construction of the Ben Taub Hospital Expansion | Motion No. 26.06-83 Moved by Ms. Ingrid Robinson, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda items X.B. through E. Motion carried. |
| | 3. Approval of the Harris Health Policy 3.43 Board of Trustees Member Conflict of Interest and Nepotism | Motion No. 26.06-83 Moved by Ms. Ingrid Robinson, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda items X.B. through E. Motion carried. |

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| | <p>4. Approval of the Harris Health Policy 3.06 Delegation of Duties of the President and Chief Executive Officer</p> | <p><u>Motion No. 26.06-83</u> Moved by Ms. Ingrid Robinson, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda items X.B. through E. Motion carried.</p> |
| | <p>5. Approval of the Renewal of Dr. Tien Ko’s Term of Appointment as Chief of Staff for the LBJ Hospital</p> | <p><u>Motion No. 26.06-83</u> Moved by Ms. Ingrid Robinson, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda items X.B. through E. Motion carried.</p> |
| | <p>6. Approval of the Renewal of Dr. Sandeep Markan’s Term of Appointment as Chief of Staff for the BT Hospital</p> | <p><u>Motion No. 26.06-83</u> Moved by Ms. Ingrid Robinson, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda items X.B. through E. Motion carried.</p> |
| | <p>F. Consent Reports and Updates to the Board</p> | |
| | <p>1. Bi-monthly Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health</p> <p>[End of Consent Agenda]</p> | <p><u>For Information Only</u></p> |

| <p>XI. Item(s) Related to the Health Care for Homeless Program</p> | | |
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| | <p>A. Review and Acceptance of the Following Reports for the Health Care for the Homeless Program (HCHP) as Required by the United States Department of Health and Human Services, which Provides Funding to the Harris County Hospital District d/b/a Harris Health to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act</p> <ul style="list-style-type: none"> • HCHP June 2026 Operational Update • National Board Appointment of HCHP Director <p>Ms. Tracey Burdine, Director of Ambulatory Care Services (ACS), presented the HCHP report. She reported that the program served 2,831 unduplicated patients and completed 8,883 total visits year-to-date as of April 2026, exceeding the unduplicated patient goal by approximately 400 patients. However, total visits were below target by approximately 1,000 visits, attributed to staffing transitions and onboarding of new providers, with full recovery expected within three months. In April 2026 alone, the program served 1,180 unduplicated patients, with the Practice Division accounting for 726 patients and 23 completed visits.</p> <p>Ms. Burdine reviewed Board governance responsibilities required by HRSA, including oversight authority, compliance with federal, state, and local regulations, and authority to appoint or remove the program director. Ms. Burdine also reported her appointment to the National Health Care for the Homeless Council Board of Directors for a two-year term beginning July 2026, noting that this role will enhance Harris Health’s participation in national policy development and system-level best practices.</p> <p>Patient satisfaction results for Quarter 1 demonstrated stable to improving performance. The “Recommend Facility” score improved to 82.9, exceeding the goal of 80. Provider recommendation scored 88.2, exceeding the goal of 87. Provider communication (“listen carefully”) remained below target at 71.8 versus a goal of 77.4. Nursing communication exceeded goals at 82.6, and wait time performance averaged 73.8, slightly below the target of 77. Ms. Burdine outlined revised improvement strategies, including enhanced communication auditing, strengthened patient teach-back methods, real-time service recovery prior to patient discharge, and targeted leadership engagement for high-risk encounters. Copies of the presentations and supporting documentation were included in the permanent record.</p> <p>Note: Items XI. A through C were presented together and considered separately for Board action.</p> | <p><u>Motion No. 26.06-84</u> Moved by Ms. Libby Viera – Bland, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda items XI.A. Motion carried.</p> |

| | | |
|-------------------------------|--|--|
| | B. Approval of the HCHP Board Authority Report | Motion No. 26.06-85 Moved by Ms. Libby Viera – Bland, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda items XI.B. Motion carried. |
| | C. Approval of the HCHP Patient Satisfaction Report | Motion No. 26.06-86 Moved by Ms. Ingrid Robinson, seconded by Ms. Libby Viera – Bland, and unanimously passed that the Board approve agenda items XI.C. Motion carried. |
| XII. Executive Session | At 11:43 AM, Dr. Andrea Caracostis stated that the Board would enter Executive Session for Items XII. ‘F through H’ as permitted by law under Tex. Health & Safety Code Ann. §161.032 and Tex. Gov’t Code Ann. §§551.071 and 551.085. | |
| | F. Review of the Health Care for the Homeless Program (HCHP) Quality Management Report, Pursuant to Tex. Occ. Code Ann. §151.002 and Tex. Health & Safety Code §161.032, Including Consideration of Approval of the HCHP Quality Management Report Upon Return to Open Session <i>Motion:</i> Approval of the HCHP Quality Management Report. | Motion No. 26.06-87 Moved by Ms. Libby Viera – Bland, seconded by Ms. Ingrid Robinson, and unanimously passed that the Board approve agenda items XII.F. Motion carried. |
| | G. Discussion Regarding Committee Reviewed Reports, Pursuant to Tex. Gov’t Code Ann. §551.085: [Budget & Finance Committee] <ul style="list-style-type: none"> Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Financial Performance for the Four Months Ending April 30, 2026, Pursuant to Tex. Gov’t Code Ann. §551.085 [Compliance & Audit Committee] <ul style="list-style-type: none"> Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Audit Results and Audited Financial Statements for the Twelve Months Ending December 31, 2025, Pursuant to Tex. Gov’t Code Ann. §551.085 | No action taken. |
| | H. 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 | No action taken. |

| | | |
|-------------------------|---|--|
| XIII. Reconvene | At 11:59 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. No action was taken on Items XII. G and H. | |
| XIV. Adjournment | There being no further business to come before the Board; without objection, the meeting was adjourned at 12:00 P.M. | |

I certify that the foregoing are the Minutes of the Harris Health Board of Trustees Meeting held on June 10, 2026.

Respectfully Submitted,

Andrea Caracostis, MD, MPH, Chair

Libby Viera – Bland, AICP, Secretary

Minutes transcribed by Cherry A. Joseph, MBA

Board of Trustees
Board Meeting I Wednesday, June 10, 2026
ATTENDANCE RECORD

| PRESENT BOARD MEMBERS: IN PERSON | PRESENT BOARD MEMBERS: VIRTUAL | ABSENT BOARD MEMBERS |
|--|--------------------------------|-----------------------|
| Andrea Caracostis, MD, MPH <i>(Chair)</i> | Philip Sun, AIA, ACHA, NCARB | Sima Ladjevardian, JD |
| Carol Paret, BS <i>(Vice Chair)</i> | Shubhada Hooli, MD, MPH | |
| Ingrid Robinson, MBA | | |
| Libby Viera-Bland, AICP <i>(Secretary)</i> | | |
| Marlen Trujillo, PhD, MBA, CHW | | |
| Paul Puenta | | |

| PRESENT EXECUTIVE LEADERSHIP, STAFF & GUESTS | |
|--|---|
| Alexander Barrie | Kiki Teal |
| Dr. Amy Smith | Dr. Kunal Sharma |
| Anna Mateja <i>(Chief Financial Officer, Community Health Choice)</i> | Lara Lewis |
| Anthony Williams | Lenora Watson |
| Dr. Asim Shah | Lisa Wright <i>(Chief Executive Officer, Community Health Choice)</i> |
| Brandon Cannaday | Louis Smith |
| Carolynn Jones | Maria Cowles |
| Cherry Joseph | Dr. Matasha Russell |
| Daniel Smith | Matthew Reeder |
| DeWight Dopslauf | Nathan Bac <i>(Harris County Attorney's Office)</i> |
| Ebon Swofford <i>(Harris County Attorney's Office)</i> | Dr. O. Reggie Egins |
| Elizabeth Hanshaw Winn <i>(Consultant)</i> | Olga Rodriguez |
| Dr. Esmail Porsa <i>(President & Chief Executive Officer, Harris Health)</i> | Omar Reid |
| Dr. Glorimar Medina | Pamela Rhodes Russell |
| Jack Adger <i>(Harris County Purchasing Office)</i> | Patrick Casey |
| Dr. Jackie Brock | R. King Hillier |
| Jay Camp | Ron Fuschillo |
| Dr. Jennifer Small | Ryan Singleton <i>(Forvis Mazars)</i> |
| Jennifer Zarate | Sam Karim |
| Jerry Summers | Sara Thomas <i>(Harris County Attorney's Office)</i> |
| John Matcek | Shawn DeCosta |

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

| PRESENT EXECUTIVE LEADERSHIP, STAFF & GUESTS | |
|--|--|
| Tashiana Roberts-Jackson | Tim Walsh <i>(Norton Rose Fulbright)</i> |
| Taylor McMillan | Tracey Burdine |
| Tekhesia Phillips | Valerie Smith <i>(HPM)</i> |
| Dr. Thomas Cummins | Victoria Nikitin |
| Dr. Tien Ko | |

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

Public Comment Registration Process

Pursuant to Texas Government Code Ann. §551.007, members of the public are invited to attend the regular meetings of the Harris Health Board of Trustees and may address the Board during the public comment segment regarding an official agenda item 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.


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Meeting of the Board of Trustees

Wednesday, July 8, 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, the Harris Health Quality and Safety Performance Measures, Good Catch Recipients, Centers for Medicare and Medicaid Services Quality Reporting, and Possible Action Regarding this Matter Upon Return to Open Session.



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

- Page 24 Was Intentionally Left Blank -

Meeting of the Board of Trustees

Wednesday, July 8, 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 26 – 41 Were Intentionally Left Blank -

Meeting of the Board of Trustees

Wednesday, July 8, 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 Ekins, MD, CCHP-CP
Chief Medical Officer - Correctional Health

- Pages 43 – 44 Were Intentionally Left Blank -

Meeting of the Board of Trustees

Wednesday, July 8, 2026

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

The Harris Health Medical Executive Board approved the attached credentialing changes for the members of the Harris Health Medical Staff on June 9, 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



July 2026 Medical Staff Credentials Report

Medical Staff Initial Appointments: 32

BCM Medical Staff Initial Appointments - 16

UT Medical Staff Initial Appointments - 15

HCHD Medical Staff Initial Appointments - 1

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: 0

BCM/UT/HCHD Medical Staff Resignations: 4

Other Business

Leave of Absence - 1

For Information

Temporary Privileges Awaiting Board Approval - 7

Urgent Patient Care Need Privileges Awaiting Board Approval - 3

BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Files for Discussion: 5

Medical Staff Initial Appointment Files for Discussion - 5

Medical Staff Reappointment Files for Discussion - 0

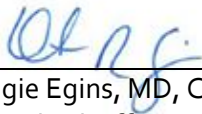
Meeting of the Board of Trustees

Wednesday, July 8, 2026

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

The Harris Health Correctional Health Medical Executive Committee approved the attached credentialing changes for the members of the Harris Health Medical Staff on June 8, 2026.

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



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

July 2026 Correctional Health Credentials Report

Medical Staff Initial Appointments: 0

Medical Staff Reappointments: 9

Medical Staff Resignations: 0

Medical Staff Files for Discussion: 0

Meeting of the Board of Trustees

Wednesday, July 8, 2026

Strategic Discussion

The current 2026 Strategic Discussion calendar is attached for your review.





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

Strategic Discussion

| 2026 Board Meeting Strategic Discussion Timeline* | | | | | | | | | | | | |
|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| STRATEGIC PILLAR | 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 | | | | | | X | | | | | | |
| <i>Quality & Leapfrog Update</i> | | | | | | X | | | | | | |
| Pillar 2: People | | | | | X | | | | | | | |
| <i>Retention, Workplace Safety, and/or Comm. Partnerships</i> | | | | | X | | | | | | | |
| Pillar 3: Resiliency | | | | | | | | | X | X | | |
| <i>Strategic Financial Plan</i> | | | | | | | | | X | | | |
| <i>Legislative Agenda</i> | | | | | | | | | | X | | |
| <i>Compliance Education</i> | | | | | | | | | | X | | |
| Pillar 4: Health Promotion & Disease Prevention | | | | | | | | X | | | | |
| <i>Disease Prevention (TBD)</i> | | | | | | | | X | | | | |
| Pillar 5: System Optimization | | X | | | X | X | | X | X | X | | X |
| <i>Strategic Capital and Financial Plan</i> | | X | | | X | | | X | | | | X |
| <i>Big Rocks</i> | | | | | | X | | | | | | |
| <i>Cybersecurity</i> | | | | | | | | | | | | X |
| <i>Enterprise Risk Management</i> | | | | | | | | | X | | | |
| <i>AI Update</i> | | | | | | | | | | X | | |
| Pillar 6: Access | X | X | | | X | X | X | | X | X | | |
| <i>Harris Collaborative</i> | | | | | X | | | | | | | |
| <i>ACS Facilities Strategic Plan</i> | X | | | | | X | | | | | | |
| <i>Financial Assistance and Eligibility Programs Overview</i> | | X | | | | | | | | | | |
| <i>Hospital at Home</i> | | | | | | | | | X | | | |
| <i>ACS Community Partnerships</i> | | | | | | | X | | | | | |
| <i>ACS Initiatives (TBD)</i> | | | | | | | | | | X | | |

*Subject to Change
Revised: 5.28.26

Full Board 
Committee Meeting 

Wednesday, July 8, 2026

Presentation Regarding Harris Health's Community Alignment Initiatives



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

Strategic Pillar 6: Harris Health Community Alignment Initiatives

Building collaborative networks for community health impact

July 2026

Dr. Jennifer Small
Chief Executive Officer, Ambulatory Care Services

Krystal Carter
Director, Ambulatory Operations

HARRISHEALTH

Federally Qualified Health Center (FQHC), Look-Alike & Charity Clinic

Key distinction: HRSA Health Center Program funding/designation vs. a nonprofit charitable care model.

HRSA / HEALTH CENTER PROGRAM

Federally Qualified Health Center (FQHC)

Community-based provider that **receives** HRSA Health Center Program funding to deliver primary care in underserved areas. Must serve all patients, use a sliding fee scale, and operate with patient-majority governance.

See source notes below

HRSA DESIGNATION

Health Center Program Look-Alike

Meets Health Center Program requirements but **does not receive** Health Center Program award funding. HRSA-designated Look-Alikes may access FQHC-related benefits such as Medicare/Medicaid FQHC reimbursement.

See source notes below

FEDERAL FREE-CLINIC STANDARD

Charity Clinic (Free Clinic)

Nonprofit health facility that generally **does not accept third-party reimbursement** and provides services at no charge or according to ability to pay. Terminology varies by state and program.

See source notes below

Sources: HRSA, "Federally Qualified Health Centers," Office of Pharmacy Affairs, hrsa.gov/opa/eligibility-and-registration/health-centers/fqhc; HRSA/BPHC, "Health Center Program Look-Alikes," bphc.hrsa.gov/funding/funding-opportunities/health-center-program-look-alikes; 42 U.S.C. §233(o)(4) and HRSA FTCA Free Clinics Program for federal "free clinic" criteria.

Federally Qualified Health Center (FQHC) | Look Alike | Charity Clinic Alignment



Strategic Foundation

The FQHC Alignment Strategy underpins a **community-based approach to improve access and clinical care** through targeted community partnerships.

Geographic Market Targeting

Uses proximity mapping to identify service overlaps and capacity within a 5-10 mile radius for **effective alignment**.

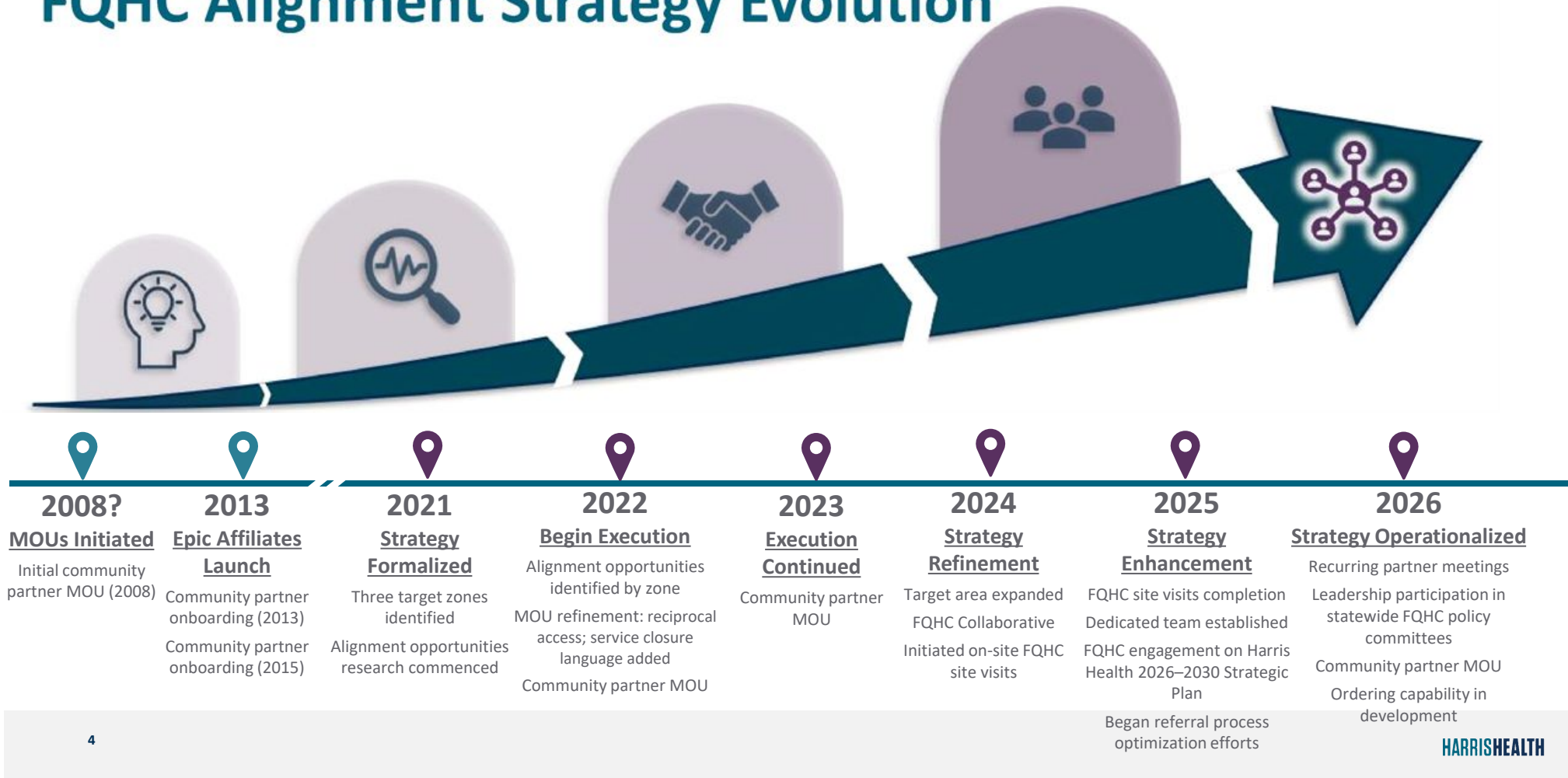
Operational Coordination

Focuses on creating **bi-directional access pathways** to reduce patient transportation barriers and optimize referral pathways.

Outcome and Leadership Value

Improves access by navigating patients to the appropriate level of care and care team members by **shifting from a reactive to proactive approach**.

FQHC Alignment Strategy Evolution



Alignment Activities



Formalized Partnerships

MOUs create clear expectations and a **foundation for predictable collaboration**.

Relationship Infrastructure

Established **structured meeting cadences** to support updates, metrics review, and pressure point resolution.

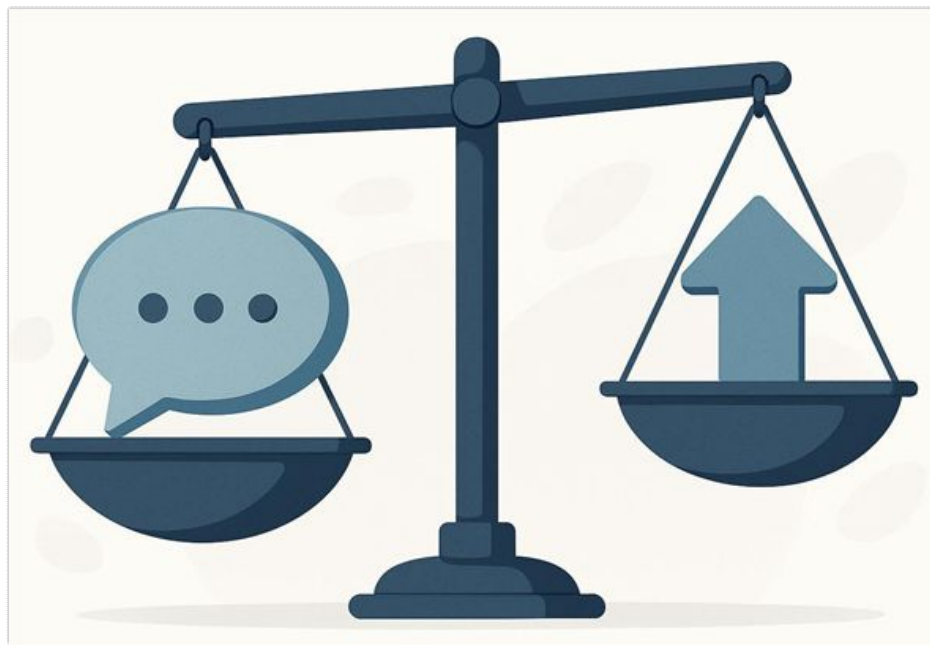
Referral Optimization

Bi-directional referral process workflow development, optimization, education, and implementation of technology solutions to **improve efficiencies**.

Eligibility Education

Harris Health eligibility team partners with ACS to provide individualized education to clarify eligibility and financial assistance processes to support **smoother referrals and patient navigation**.

Feedback Themes & Operational Next Steps



Current State:

Referrals

Direct referrals accepted from FQHCs to Harris Health specialties, including MFM in addition to complex primary care.

FQHC Feedback Themes

FQHC partners highlight eligibility questions, referral workflow improvements, lack of affordable access to diagnostic testing, and need for a central contact for escalations.

Future State:

Operational Next Steps

Next steps include expanding service offerings, developing KPIs, and continuing to collaborate on eligibility and referral processes, etc.

Partnership Coordination at Scale

Harris Health is strengthening community-based coordination across FQHCs, Look-Alikes and charity clinics in Harris County.

Core message

Coordination has moved beyond one-off partner requests into a structured operating model for access, referrals, digital connectivity and governance.

The work reduces operational barriers and supports shared patient populations through clearer pathways and more consistent communication.

Access & navigation

Shared location, service, insurance, financial assistance and managed-care updates; clarified eligibility, emergency Medicaid and self-pay pathways.

Referral & specialty access

Reinforced bi-directional referral criteria, forms, routing and education; advanced dental, maternal health, adult specialty and waitlist communications.

Epic & interoperability

Supported EpicCare Link training, access reviews, user-list cleanup and issue resolution; progressed development of external-order workflows for imaging and maternal-fetal medicine services.

Governance & engagement

Advanced MOUs, contract routing, legal review, recurring meeting cadences, trackers, leadership follow-ups and centralized communication.

Strategic Priorities Ahead

Enabling a more connected safety-net system

A repeatable model aligns partner teams around patient navigation, referral transparency and specialty access.

■ Improved patient navigation

Clearer eligibility, financial assistance and service-routing information.

■ Clearer referral workflows

Better criteria, forms, specialty routing and education for partner teams.

■ Partnership discipline

MOUs, trackers and recurring cadences create accountability and follow-through.

Near-term focus

- 1 Finalize digital workflows**
Complete EpicCare Link access clean-up and external-order workflow design for agreed services.
- 2 Standardize partner updates**
Use centralized communications for service changes, referral guidance, waitlists and education.
- 3 Close governance actions**
Advance MOU/legal routing, maintain recurring meeting cadences and keep trackers current.
- 4 Monitor escalation themes**
Track access, eligibility and specialty-referral barriers that require operational or leadership action.

[Wednesday, July 8, 2026](#)

[Committee Reports](#)

Committee Meetings:

- [Quality Committee – June 23, 2026 \(Open Session\)](#)
 - HRO Safety Message Video Regarding Clostridium difficile (C. diff)
C. diff remains a significant risk in patients exposed to antibiotics, requiring prompt recognition and early testing. Strict adherence to enteric precautions, including hand hygiene and environmental disinfection, is essential. Prevention efforts should also focus on antibiotic stewardship and patient/family education to reduce infection risk.
 - Population Health Strategic Vision for Heart Health & FoodRx (Food is Medicine)
Population Leadership outlined a comprehensive heart health strategy aligned with the AHA Life's Essential 8 framework and the system's 5-year strategic plan, targeting improvements in hypertension, diabetes (A1C), and tobacco use, with future focus on cholesterol and obesity management. Efforts are coordinated across clinical and operational teams and extended through community partnerships, with key initiatives including remote patient monitoring, lifestyle programs, and enhanced diabetes management.

The FoodRx (Food is Medicine) program is a key intervention addressing food insecurity and chronic disease through integrated clinical and community-based approaches. Since implementation, the program has expanded across high-need communities and demonstrated measurable impact, including an approximate 1.29 percentage point reduction in A1C overall, with greater improvement among high-risk patients. These results support improved diabetes control and reduce cardiovascular risk. Collectively, this coordinated approach is designed to drive measurable improvements in population health outcomes and long-term cardiovascular risk reduction.
- [Joint Conference Committee – June 25, 2026](#)
 - Physician Leadership Reports



Kimberly J. Williams, JD
Harris County Purchasing Agent

June 23, 2026

Board of Trustees Office
Harris Health

RE: Board of Trustees Meeting July 08, 2026
Budget and Finance Agenda Items

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

- A. Approvals

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

Sincerely,

Kimberly J. Williams

Kimberly J. Williams, JD
Purchasing Agent

JA/ea
Attachments

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

Expenditure Summary: July 08, 2026 (Approvals)

| No. | Vendor | Description Justification Contract | Action Basis of Recommendation Term | Project Owner | Previous Amount | Current Estimated Cost |
|-----|---|---|---|-----------------|--------------------|------------------------------|
| A1 | The Trevino Group, Inc. MWBE Goal: 100% | Cardiac Care Unit (CCU) & Acute Care Unit Renovation at Ben Taub Hospital for Harris Health - To provide all labor, materials, equipment and incidental for the Cardiac Care Unit (CCU) & Acute Care Unit Renovation at Ben Taub Hospital. The owner contingency provides for coverage on unanticipated costs throughout the construction project. <i>Job No. 260074</i> | Award Best proposal meeting requirements | Arthur Williams | | \$ 6,183,400 |
| A2 | Strata Decision Technology, LLC (HCHD-1849) MWBE Goal: Exempt Sole Source | StrataJazz® Solutions for Harris Health - In May 2026, the Board of Trustees approved Strata Decision Technology, LLC 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. The term and amount have been corrected to reflect the five-year term required for these services. <i>HCHD-1849</i> | Ratify the corrected term and amount Corrected Term is five (5) years | Alison Perez | \$ 1,565,404 | \$ 4,265,495 |
| A3 | S Ferguson Truck Center LTD (Primary) MWBE Goal: 0% Non-Divisible Kacal's Auto & Truck Service (Secondary) MWBE Goal: 0% Non-Divisible | Repair and Maintenance of Oversized Fleet Vehicles for Harris Health - To provide to provide comprehensive repair, maintenance, inspection, and auto body services for medium- and heavy-duty specialty fleet for Harris Health. vehicles. <i>Job No. 250364</i> | Award Best proposal meeting requirements One (1) year initial term with six (6) one-year renewal options | Peka Owens | | * |
| A4 | Johnson Controls Building Solutions LLC MWBE Goal: Exempt Sole Source | Software License and Maintenance and Service of the Building Automation System (BAS) for Harris Health - To provide the software license for and maintenance and service of Johnson Control's Metasys Building Automation System for Harris Health. The three-year amount includes additional budgeted money for repairs and services that may be needed outside of normal business hours, weekend, or emergency situations. <i>Sole Source Exemption</i> | Award Sole Source Exemption Three-year initial term with two (2) one-year renewal options | Terry Elliott | | \$ 2,835,753 |
| A5 | The Trevino Group, Inc. MWBE Goal: 100% | Grease Waste Infrastructure Replacement at Ben Taub for Harris Health - To provide all labor, materials, equipment and incidental for the Grease Waste Infrastructure Replacement at Ben Taub. The owner contingency provides for coverage on unanticipated costs throughout the construction project. <i>Job No. 260107</i> | Award Best proposal meeting requirements | Arthur Williams | | \$ 2,675,100 |
| A6 | BrainLab Inc. MWBE Goal: Exempt Sole Source | Radiation Therapy Targeting and Tracking System for Harris Health - To add two (2) BrainLab Exactrac 2.0 Systems at Lyndon B. Johnson Hospital and Smith Clinic. <i>Sole Source Exemption</i> | Purchase Sole Source Exemption | Arun Mathew | | \$ 1,984,000 |

| No. | Vendor | Description Justification Contract | Action Basis of Recommendation Term | Project Owner | Previous Amount | Current Estimated Cost |
|-----|--|---|--|-----------------|--------------------|------------------------------|
| A7 | Medtronic Inc. (HCHD-1243) MWBE Goal: Exempt Public Health or Safety | Neurovascular & Stroke Therapy Products for Harris Health - Additional funds and an extension are needed to continue providing Harris Health with neurovascular and stroke therapy products. <i>Public Health or Safety Exemption</i> | Additional Funds Extension Public Health or Safety Exemption December 17, 2026 through December 16, 2028 | Charles Motley | \$ 635,851 | \$ 1,271,702 |
| A8 | Elevator Repair Service, Inc (HCHD-244) MWBE Goal: 100% | Maintenance and Repair of Vertical Transportation Equipment and Related Items for Harris Health - To continue providing maintenance and repair of vertical transportation equipment throughout Harris Health facilities. <i>Public Health or Safety Exemption, Board Motion 25.12-150</i> | Renewal Public Health or Safety Exemption July 24, 2026 through July 23, 2027 | Terry Elliott | \$ 1,536,000 | \$ 850,000 |
| A9 | Lone Star Communication, Inc (HCHD-1900) MWBE Goal: Exempt Sole Source | Rauland Enterprise (Nurse Call) Upgrade for Harris Health - Upgrade and support for the Rauland Enterprise nurse call and clinical communication system at Ben Taub and Lyndon B. Johnson Hospitals. <i>Sole Source Exemption</i> | Award Sole Source Exemption One (1) year initial term with four (4) one-year renewal options | David P. Layman | | \$ 480,361 |
| A10 | Germfree Laboratories, LLC MWBE Goal: Exempt Sole Source | Maintenance and support services for Harris Health. - Germfree Laboratories will provide a SmartHood Total Customer Care Extended Warranty Services Plan for their manufactured hoods located at the Holly Hall Operations Center. <i>Sole Source Exemption</i> | Award Sole Source Exemption Seven-year initial term | Jabeen John | | \$ 283,000 |
| A11 | Panther Construction LLC (HCHD-1670) MWBE Goal: 15% | Renovation of the Open-Door Mission Clinic for Harris Health - Additional funds are needed to cover costs associated with the final change order, which includes the installation of new data drop outlets and additional electrical outlets to comply with city inspection requirements. <i>Job No. 250158</i> | Ratify Additional Funds Award | Tarek Rahhal | \$ 210,127 | \$ 50,950 |
| | | | | | Total Expenditures | \$ 25,079,761 |
| | | | | | Total Revenue | \$ (0) |

Wednesday, July 8, 2026

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

Grant Recommendations:

B1. First Amendment for Year Three of a Subaward Agreement

- Grantor: The University of Texas Southwestern Medical School (UTSMS)
Funded by the National Institutes of Health (NIH)
- Term: March 1, 2026 – February 28, 2027
- Award Amount: \$ 250,615.00
- Project Owner: Dr. Jennifer Small

Grant Agenda Items for the Harris County Hospital District dba Harris Health, Board of Trustees Report

Grant Matrix: July 8, 2026

| No. | Grantor | Description/Justification | Action, Basis of Recommendation | Term | Project Owner | Award Amount |
|----------------------|---|--|--|---|----------------|----------------------|
| B1 | The University of Texas Southwestern Medical School (UTSMS) <i>Funded by the National Institutes of Health (NIH)</i> | Consideration of Approval of a First Amendment to a Subaward from The University of Texas Southwestern Medical School (UTSMS) in connection with a Study of the Efficacy of Collaborative Care for Polysubstance use in Primary Care Settings (Co-Care). | First Amendment for Year Three of a Subaward Agreement | March 1, 2026 through February 28, 2027 | Jennifer Small | \$ 250,615.00 |
| TOTAL AMOUNT: | | | | | | \$ 250,615.00 |


Meeting of the Board of Trustees

Wednesday, July 8, 2026

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

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

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



Victoria Nikitin
EVP – Chief Financial Officer



Financial Statements

As of the Month Ended May 31, 2026
Subject to Audit



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Financial Highlights Review HARRISHEALTH

As of May 31, 2026

Operating income for the month ended May 31, 2026 was \$15.4 million compared to budgeted loss of \$4.5 million.

Total net revenue for the month ended May 31, 2026 of \$244.4 million was \$11.0 million or 4.7% more than budget. Net patient revenue was \$7.7 million more than budget while Medicaid Supplement Programs was \$4.6 million more than budget.

As of May 31, 2026, total expenses of \$228.9 million were \$8.9 million or 3.8% less than budget. Total supply and purchased services expenses were \$3.8 million and \$3.4 million, respectively, less than budget while total labor costs were \$1.0 million more than budget. Benefits expense was lower due to a favorable pension expense adjustment required per the recently received actuarial report. Lower than expected patient volumes in certain service lines 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, lower enrollment in the ACA marketplace is driven primarily by recent rule changes at the federal level.

For the month ended May 31, 2026, total patient days and average daily census both decreased by 1.1% compared to budget. Inpatient case mix index, a measure of patient acuity, was 1.1% higher than budget while length of stay was 2.4% lower than budget. Emergency room visits were 4.2% less than budget. Total clinic visits, including telehealth, were 0.8% lower compared to budget. Births were down 31.7%.

Total cash receipts for the month were \$231.5 million. The System has \$1,988.4 million in unrestricted cash, cash equivalents and investments, representing 291.5 days cash on hand. Days cash on hand continues to be impacted by reimbursement from the Series 2025 bond totaling \$852.3 million as of May 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 \$167.8 million in net accounts receivable, representing 70.4 days of outstanding patient accounts receivable at May 31, 2026. The May balance sheet reflects a combined net receivable position of \$153.6 million under the various Medicaid Supplemental programs. The current portion of ad valorem taxes receivable is \$23.7 million, which is offset by ad valorem tax collections as received. Accounts payable and accrued liabilities include \$412.0.1 million in deferred ad valorem tax revenues that are released as ad valorem tax revenue is recognized. As of May 31, 2026, \$1,206.3 million in ad valorem tax collections were received and \$101.3 million in current ad valorem tax revenue was recognized.

Income Statement

HARRISHEALTH

As of May 31, 2026 and 2025 (in \$ Millions)

| | MONTH-TO-MONTH | | | YEAR-TO-DATE | | | | |
|-----------------------------------|-----------------|-----------------|------------------|-------------------|-------------------|------------------|-------------------|------------------|
| | CURRENT YEAR | CURRENT BUDGET | PERCENT VARIANCE | CURRENT YEAR | CURRENT BUDGET | PERCENT VARIANCE | PRIOR YEAR | PERCENT VARIANCE |
| REVENUE | | | | | | | | |
| Net Patient Revenue | \$ 74.3 | \$ 66.6 | 11.6% | \$ 579.0 | \$ 553.7 | 4.6% | \$ 509.3 | 13.7% |
| Medicaid Supplemental Programs | 59.2 | 54.6 | 8.5% | 454.2 | 437.0 | 3.9% | 462.7 | -1.8% |
| Other Operating Revenue | 2.8 | 4.2 | -33.4% | 28.3 | 34.2 | -17.3% | 98.6 | -71.3% |
| Total Operating Revenue | \$ 136.3 | \$ 125.4 | 8.7% | \$ 1,061.5 | \$ 1,024.8 | 3.6% | \$ 1,070.6 | -0.8% |
| Net Ad Valorem Taxes | 101.3 | 101.3 | 0.0% | 817.8 | 810.4 | 0.9% | 684.7 | 19.4% |
| Net Tobacco Settlement Revenue | - | - | 0.0% | 23.0 | 15.2 | 51.6% | 19.0 | 21.2% |
| Capital Gifts & Grants | - | 0.8 | 0.0% | - | 6.7 | -100.0% | 2.0 | -100.0% |
| Interest Income & Other | 6.7 | 5.9 | 15.0% | 51.8 | 47.0 | 10.3% | 43.2 | 19.8% |
| Total Nonoperating Revenue | \$ 108.0 | \$ 108.0 | 0.0% | \$ 892.6 | \$ 879.2 | 1.5% | \$ 748.9 | 19.2% |
| Total Net Revenue | \$ 244.4 | \$ 233.4 | 4.7% | \$ 1,954.2 | \$ 1,904.0 | 2.6% | \$ 1,819.5 | 7.4% |
| EXPENSE | | | | | | | | |
| Salaries and Wages | \$ 95.2 | \$ 93.6 | -1.8% | \$ 680.4 | \$ 724.7 | 6.1% | \$ 652.0 | -4.4% |
| Employee Benefits | 28.2 | 28.8 | 2.2% | 215.4 | 230.4 | 6.5% | 213.0 | -1.1% |
| Total Labor Cost | \$ 123.4 | \$ 122.4 | -0.8% | \$ 895.8 | \$ 955.1 | 6.2% | \$ 865.0 | -3.6% |
| Supply Expenses | 25.5 | 29.3 | 13.1% | 205.1 | 233.2 | 12.1% | 214.6 | 4.5% |
| Physician Services | 40.4 | 39.4 | -2.6% | 318.6 | 315.0 | -1.1% | 307.0 | -3.8% |
| Purchased Services | 25.5 | 28.9 | 11.7% | 196.8 | 230.6 | 14.7% | 203.2 | 3.2% |
| Depreciation & Interest | 14.1 | 17.8 | 21.0% | 103.6 | 102.9 | -0.6% | 75.7 | -36.8% |
| Total Operating Expense | \$ 228.9 | \$ 237.9 | 3.7% | \$ 1,719.8 | \$ 1,836.8 | 6.4% | \$ 1,665.5 | -3.3% |
| Operating Income (Loss) | \$ 15.4 | \$ (4.5) | | \$ 234.4 | \$ 67.2 | | \$ 154.0 | |
| Total Margin % | 6.3% | -1.9% | | 12.0% | 3.5% | | 8.5% | |

Balance Sheet

HARRISHEALTH

May 2026 and 2025 (in \$ Millions)

| | <u>CURRENT</u> <u>YEAR</u> | <u>PRIOR</u> <u>YEAR</u> |
|--|-------------------------------|-----------------------------|
| <u>CURRENT ASSETS</u> | | |
| Cash, Cash Equivalents and Short Term Investments | \$ 1,988.4 | \$ 1,889.6 |
| Net Patient Accounts Receivable | 167.8 | 130.0 |
| Net Ad Valorem Taxes, Current Portion | 23.7 | 14.4 |
| Other Current Assets | 247.0 | 256.8 |
| Total Current Assets | \$ 2,426.8 | \$ 2,290.8 |
| <u>CAPITAL ASSETS</u> | | |
| Plant, Property, & Equipment, Net of Accumulated Depreciation | \$ 583.2 | \$ 575.4 |
| Construction in Progress | 1,171.0 | 404.9 |
| Right of Use Assets | 33.1 | 35.3 |
| Total Capital Assets | \$ 1,787.3 | \$ 1,015.6 |
| <u>ASSETS LIMITED AS TO USE & RESTRICTED ASSETS</u> | | |
| Debt Service & Capital Asset Funds | \$ 34.6 | \$ 597.1 |
| LPPF Restricted Cash | 455.0 | 431.6 |
| Capital Gift Proceeds | 56.3 | 57.4 |
| Other - Restricted | 35.1 | 1.1 |
| Total Assets Limited As to Use & Restricted Assets | \$ 581.0 | \$ 1,087.1 |
| Other Assets | 53.6 | 40.8 |
| Deferred Outflows of Resources | 137.5 | 176.5 |
| Total Assets & Deferred Outflows of Resources | \$ 4,986.2 | \$ 4,610.8 |
| <u>CURRENT LIABILITIES</u> | | |
| Accounts Payable and Accrued Liabilities | \$ 684.1 | \$ 631.5 |
| Employee Compensation & Related Liabilities | 185.8 | 157.0 |
| Deferred Revenue - Ad Valorem | 412.0 | 351.9 |
| Estimated Third-Party Payor Settlements | 71.2 | 31.0 |
| Current Portion Long-Term Debt and Capital Leases | 23.7 | 36.8 |
| Total Current Liabilities | \$ 1,376.9 | \$ 1,208.2 |
| Long-Term Debt | 1,102.0 | 1,108.7 |
| Net Pension & Post Employment Benefits Liability | 585.7 | 668.8 |
| Other Long-Term Liabilities | 5.4 | 7.8 |
| Deferred Inflows of Resources | 116.3 | 110.4 |
| Total Liabilities | \$ 3,186.3 | \$ 3,103.9 |
| Total Net Assets | \$ 1,799.9 | \$ 1,506.9 |
| Total Liabilities & Net Assets | \$ 4,986.2 | \$ 4,610.8 |

Cash Flow Summary



As of May 31, 2026 and 2025 (in \$ Millions)

| | MONTH-TO-MONTH | | YEAR-TO-DATE | |
|--|------------------|-----------------|-------------------|-------------------|
| | CURRENT YEAR | PRIOR YEAR | CURRENT YEAR | PRIOR YEAR |
| CASH RECEIPTS | | | | |
| Collections on Patient Accounts | \$ 85.1 | \$ 72.5 | \$ 629.7 | \$ 563.1 |
| Medicaid Supplemental Programs | 108.7 | 70.2 | 338.0 | 331.8 |
| Net Ad Valorem Taxes | 3.6 | 6.4 | 1,206.3 | 1,024.3 |
| Tobacco Settlement | 23.0 | 19.0 | 23.0 | 19.0 |
| Other Revenue | 10.9 | 289.0 | 518.6 | 396.9 |
| Total Cash Receipts | \$ 231.5 | \$ 457.1 | \$ 2,715.6 | \$ 2,335.0 |
| CASH DISBURSEMENTS | | | | |
| Salaries, Wages and Benefits | \$ 121.0 | \$ 107.9 | \$ 975.4 | \$ 884.4 |
| Supplies | 37.5 | 35.4 | 248.0 | 242.0 |
| Physician Services | 39.4 | 38.8 | 307.4 | 292.9 |
| Purchased Services | 28.1 | 28.2 | 207.0 | 200.9 |
| Capital Expenditures | 68.4 | 55.8 | 624.8 | 273.4 |
| Debt and Interest Payments | 0.2 | 0.2 | 40.7 | 19.9 |
| Other Uses | 11.1 | 18.3 | (28.2) | (4.5) |
| Total Cash Disbursements | \$ 305.7 | \$ 284.6 | \$ 2,375.1 | \$ 1,908.9 |
| Net Change | \$ (74.2) | \$ 172.5 | \$ 340.6 | \$ 426.2 |
| Unrestricted cash, cash equivalents and investments - Beginning of year | | | \$ 1,647.8 | |
| Net Change | | | \$ 340.6 | |
| Unrestricted cash, cash equivalents and investments - End of period | | | \$ 1,988.4 | |

Performance Ratios



As of May 31, 2026 and 2025 (in \$ Millions)

| | MONTH-TO-MONTH | | YEAR-TO-DATE | | |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|
| | CURRENT YEAR | CURRENT BUDGET | CURRENT YEAR | CURRENT BUDGET | PRIOR YEAR |
| <u>OPERATING HEALTH INDICATORS</u> | | | | | |
| Operating Margin % | 6.3% | -1.9% | 12.0% | 3.5% | 8.5% |
| Run Rate per Day (In\$ Millions) | \$ 7.1 | \$ 7.4 | \$ 6.8 | \$ 7.3 | \$ 6.6 |
| Salary, Wages & Benefit per APD | \$ 2,856 | \$ 2,676 | \$ 2,555 | \$ 2,669 | \$ 2,417 |
| Supply Cost per APD | \$ 590 | \$ 641 | \$ 585 | \$ 652 | \$ 600 |
| Physician Services per APD | \$ 935 | \$ 861 | \$ 909 | \$ 880 | \$ 858 |
| Total Expense per APD | \$ 5,297 | \$ 5,200 | \$ 4,904 | \$ 5,134 | \$ 4,655 |
| Overtime as a % of Total Salaries | 2.7% | 2.6% | 2.9% | 2.6% | 3.4% |
| Contract as a % of Total Salaries | 3.2% | 2.8% | 3.0% | 2.8% | 3.2% |
| Full-time Equivalent Employees | 10,430 | 10,747 | 10,379 | 10,720 | 10,441 |
| <u>FINANCIAL HEALTH INDICATORS</u> | | | | | |
| Quick Ratio | | | 1.7 | | 1.9 |
| Unrestricted Cash (In \$ Millions) | | | \$ 1,988.4 | \$ 1,955.1 | \$ 1,889.6 |
| Days Cash on Hand | | | 291.5 | 268.1 | 286.3 |
| Days Revenue in Accounts Receivable | | | 70.4 | 64.6 | 62.0 |
| Days in Accounts Payable | | | 38.1 | | 40.1 |
| Capital Expenditures/Depreciation & Amortization | | | 886.0% | | 429.7% |
| Average Age of Plant(years) | | | 9.6 | | 10.0 |

Harris Health Key Indicators



Statistical Highlights



As of May 31, 2026 and 2025

| | MONTH-TO-MONTH | | | YEAR-TO-DATE | | | | |
|---|----------------|----------------|----------------|------------------|------------------|----------------|------------------|----------------|
| | CURRENT MONTH | CURRENT BUDGET | PERCENT CHANGE | CURRENT YEAR | CURRENT BUDGET | PERCENT CHANGE | PRIOR YEAR | PERCENT CHANGE |
| Adjusted Patient Days | 43,219 | 45,745 | -5.5% | 350,658 | 357,801 | -2.0% | 357,812 | -2.0% |
| Outpatient % of Adjusted Volume | 59.6% | 63.0% | -5.5% | 61.2% | 62.9% | -2.6% | 63.5% | -3.5% |
| Primary Care Clinic Visits | 41,259 | 43,528 | -5.2% | 352,452 | 362,103 | -2.7% | 365,589 | -3.6% |
| Specialty Clinic Visits | 20,312 | 19,015 | 6.8% | 166,698 | 165,234 | 0.9% | 167,778 | -0.6% |
| Telehealth Clinic Visits | 10,129 | 9,732 | 4.1% | 82,842 | 77,702 | 6.6% | 82,438 | 0.5% |
| Total Clinic Visits | 71,700 | 72,275 | -0.8% | 601,992 | 605,039 | -0.5% | 615,805 | -2.2% |
| Emergency Room Visits - Outpatient | 11,681 | 12,695 | -8.0% | 89,503 | 96,853 | -7.6% | 94,359 | -5.1% |
| Emergency Room Visits - Admitted | 2,045 | 1,635 | 25.1% | 14,945 | 14,132 | 5.8% | 13,698 | 9.1% |
| Total Emergency Room Visits | 13,726 | 14,330 | -4.2% | 104,448 | 110,985 | -5.9% | 108,057 | -3.3% |
| Surgery Cases - Outpatient | 1,013 | 992 | 2.1% | 8,165 | 7,619 | 7.2% | 8,292 | -1.5% |
| Surgery Cases - Inpatient | 849 | 877 | -3.2% | 6,757 | 7,161 | -5.6% | 7,080 | -4.6% |
| Total Surgery Cases | 1,862 | 1,869 | -0.4% | 14,922 | 14,780 | 1.0% | 15,372 | -2.9% |
| Total Outpatient Visits | 127,843 | 144,644 | -11.6% | 1,030,054 | 1,165,260 | -11.6% | 1,047,329 | -1.6% |
| Inpatient Cases (Discharges) | 2,706 | 2,556 | 5.9% | 20,551 | 20,761 | -1.0% | 19,763 | 4.0% |
| Outpatient Observation Cases | 888 | 1,088 | -18.4% | 7,080 | 7,899 | -10.4% | 8,492 | -16.6% |
| Total Cases Occupying Patient Beds | 3,594 | 3,644 | -1.4% | 27,631 | 28,660 | -3.6% | 28,255 | -2.2% |
| Births | 319 | 467 | -31.7% | 2,789 | 3,683 | -24.3% | 3,544 | -21.3% |
| Inpatient Days | 17,482 | 16,920 | 3.3% | 135,964 | 132,834 | 2.4% | 130,693 | 4.0% |
| Outpatient Observation Days | 2,815 | 3,612 | -22.1% | 23,043 | 27,844 | -17.2% | 29,773 | -22.6% |
| Total Patient Days | 20,297 | 20,532 | -1.1% | 159,007 | 160,678 | -1.0% | 160,466 | -0.9% |
| Average Daily Census | 654.7 | 662.3 | -1.1% | 654.3 | 661.2 | -1.0% | 660.4 | -0.9% |
| Average Operating Beds | 704 | 704 | -0.1% | 702 | 704 | -0.2% | 702 | 0.1% |
| Bed Occupancy % | 93.1% | 94.1% | -1.1% | 93.1% | 93.9% | -0.8% | 94.1% | -1.0% |
| Inpatient Average Length of Stay | 6.46 | 6.62 | -2.4% | 6.62 | 6.40 | 3.4% | 6.61 | 0.0% |
| Inpatient Case Mix Index (CMI) | 1.732 | 1.712 | 1.1% | 1.691 | 1.712 | -1.2% | 1.731 | -2.3% |
| Payor Mix (% of Charges) | | | | | | | | |
| Charity & Self Pay | 48.0% | 45.5% | 5.4% | 46.8% | 45.5% | 2.8% | 44.9% | 4.1% |
| Medicaid & Medicaid Managed | 19.1% | 18.8% | 1.5% | 19.7% | 18.8% | 4.8% | 18.6% | 6.0% |
| Medicare & Medicare Managed | 11.7% | 10.6% | 9.7% | 11.2% | 10.6% | 5.4% | 10.9% | 3.2% |
| Commercial & Other | 21.3% | 25.1% | -15.0% | 22.3% | 25.1% | -10.9% | 25.6% | -12.9% |
| Total Unduplicated Patients - Rolling 12 | | | | 236,090 | | | 244,489 | -3.4% |
| Total New Patient - Rolling 12 | | | | 80,798 | | | 87,850 | -8.0% |

Harris Health

Statistical Highlights

May FY 2026

Cases Occupying Beds - CM

| Actual | Budget | Prior Year |
|--------|--------|------------|
| 3,594 | 3,644 | 3,627 |

Cases Occupying Beds - YTD

| Actual | Budget | Prior Year |
|--------|--------|------------|
| 27,631 | 28,660 | 28,255 |

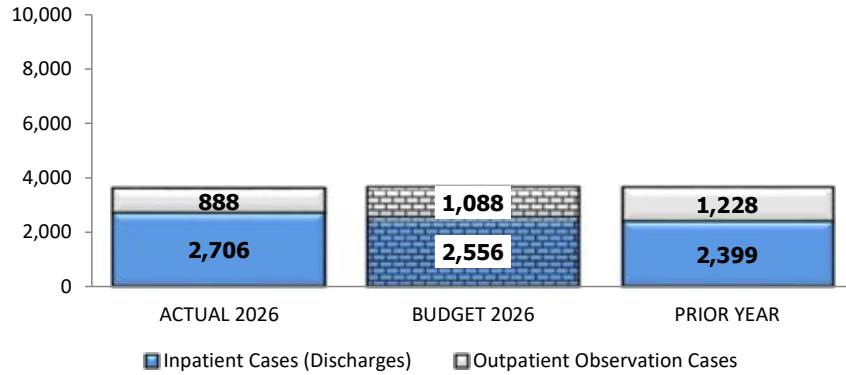
Emergency Visits - CM

| Actual | Budget | Prior Year |
|--------|--------|------------|
| 13,726 | 14,330 | 13,763 |

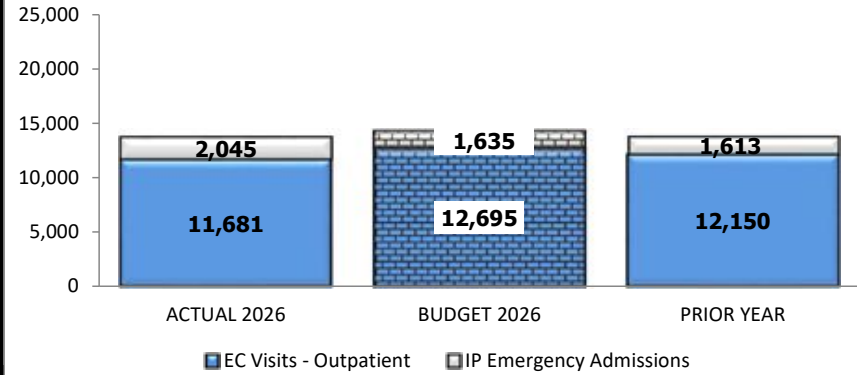
Emergency Visits - YTD

| Actual | Budget | Prior Year |
|---------|---------|------------|
| 104,448 | 110,985 | 108,057 |

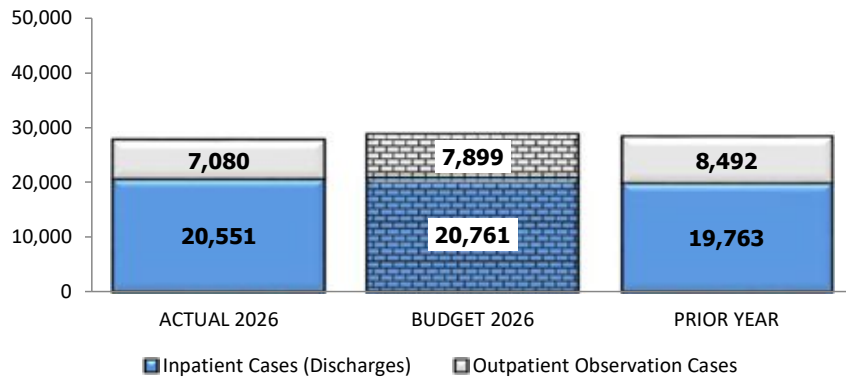
Cases Occupying Beds - Current Month



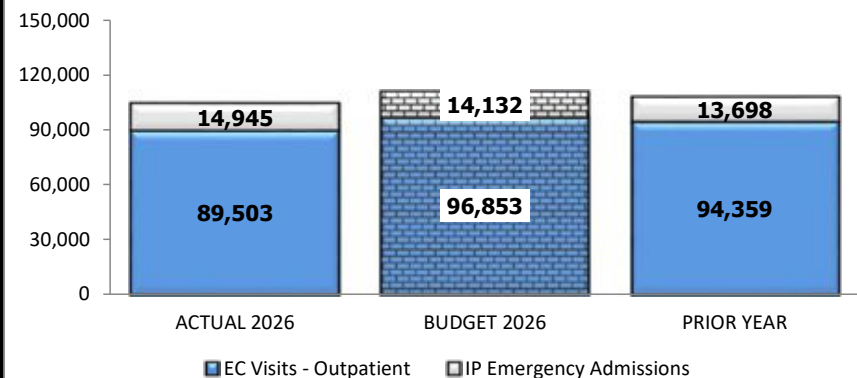
Emergency Visits - Current Month



Cases Occupying Beds - YTD



Emergency Visits - YTD



Harris Health

Statistical Highlights

May FY 2026

Surgery Cases - CM

| Actual | Budget | Prior Year |
|--------|--------|------------|
| 1,862 | 1,869 | 2,023 |

Surgery Cases - YTD

| Actual | Budget | Prior Year |
|--------|--------|------------|
| 14,922 | 14,780 | 15,372 |

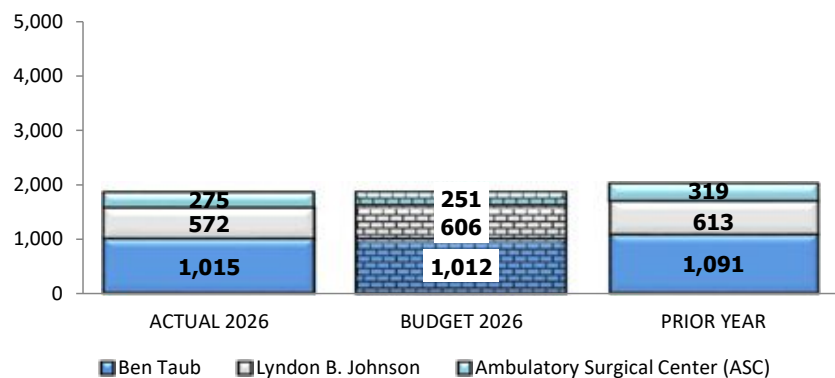
Clinic Visits - CM

| Actual | Budget | Prior Year |
|--------|--------|------------|
| 71,700 | 72,275 | 78,305 |

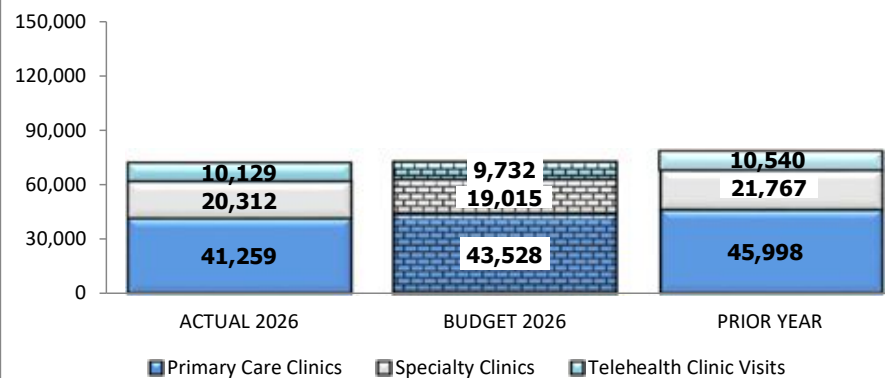
Clinic Visits - YTD

| Actual | Budget | Prior Year |
|---------|---------|------------|
| 601,992 | 605,039 | 615,805 |

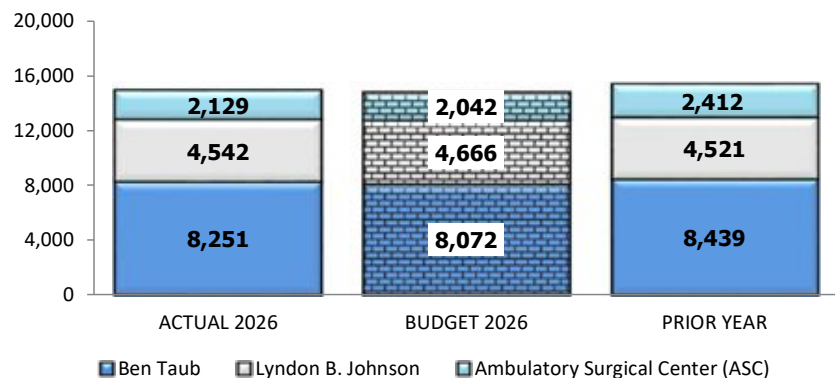
Surgery Cases - Current Month



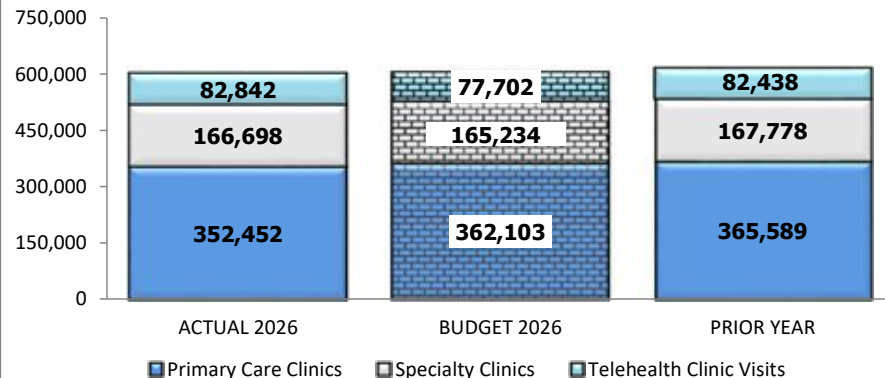
Clinic Visits - Current Month



Surgery Cases - YTD



Clinic Visits - YTD



Harris Health

Statistical Highlights

May FY 2026

Adjusted Patient Days - CM

43,219

Adjusted Patient Days - YTD

350,658

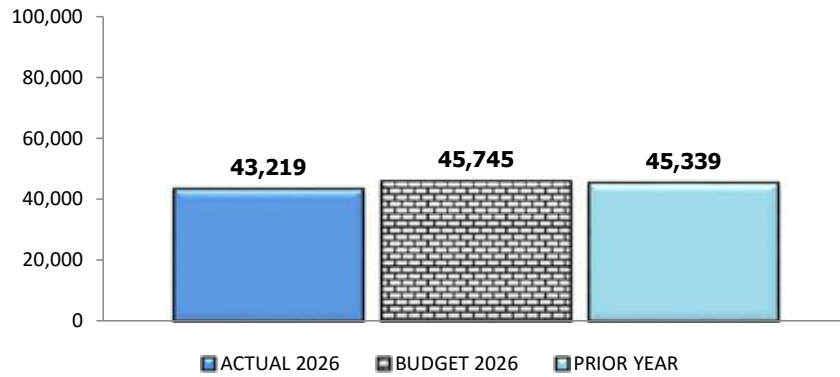
Average Daily Census - CM

654.7

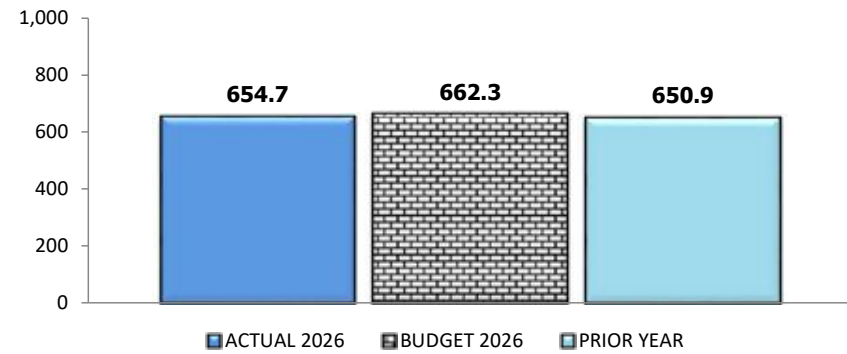
Average Daily Census - YTD

654.3

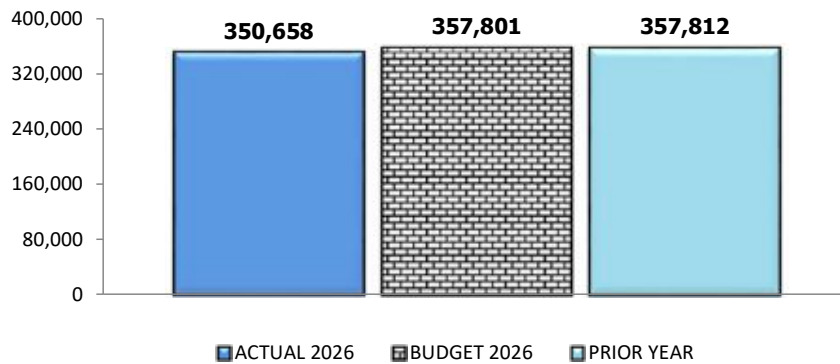
Adjusted Patient Days - Current Month



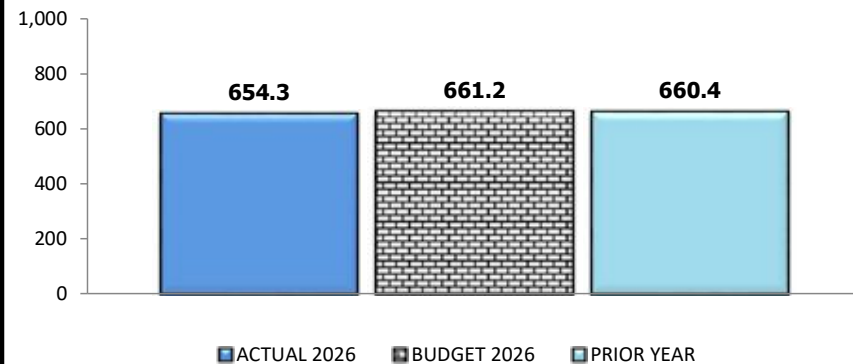
Average Daily Census - Current Month



Adjusted Patient Days - YTD



Average Daily Census - YTD



Harris Health

Statistical Highlights

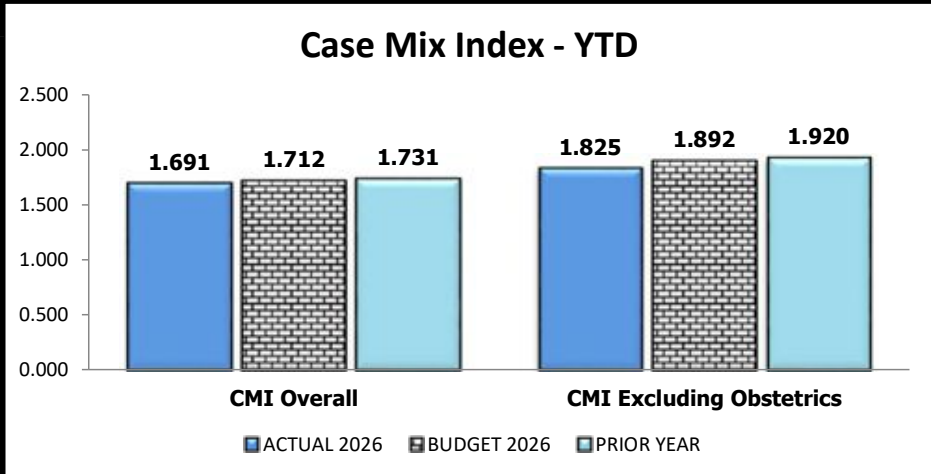
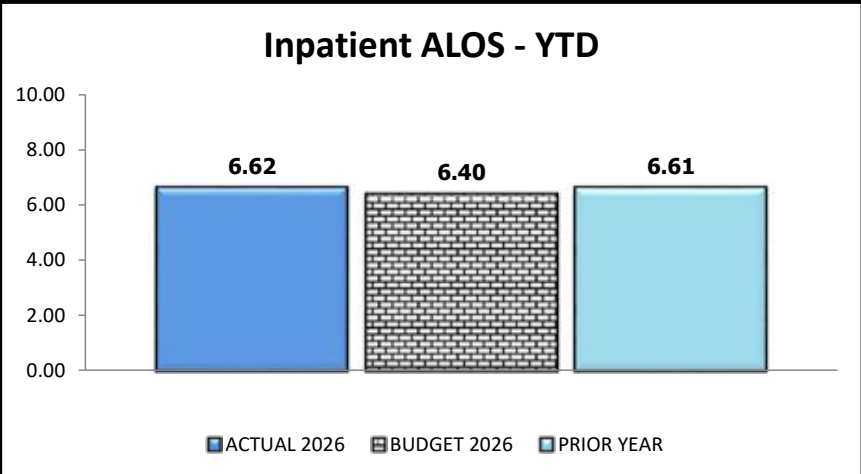
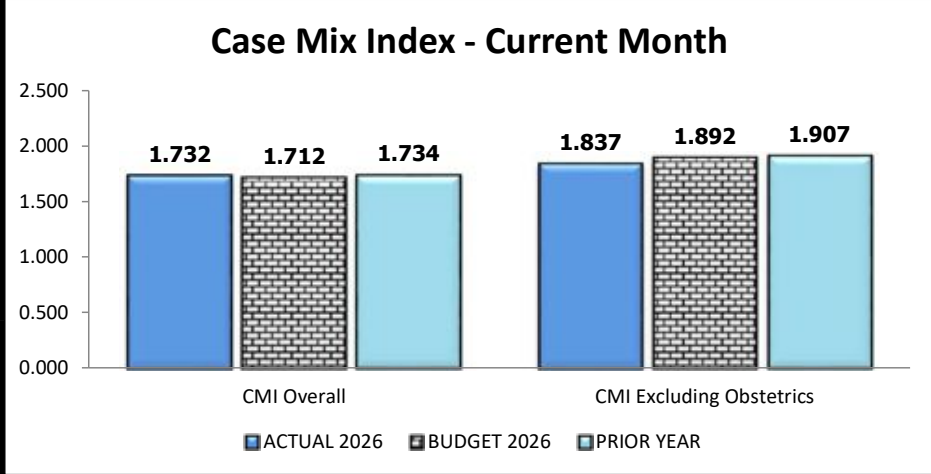
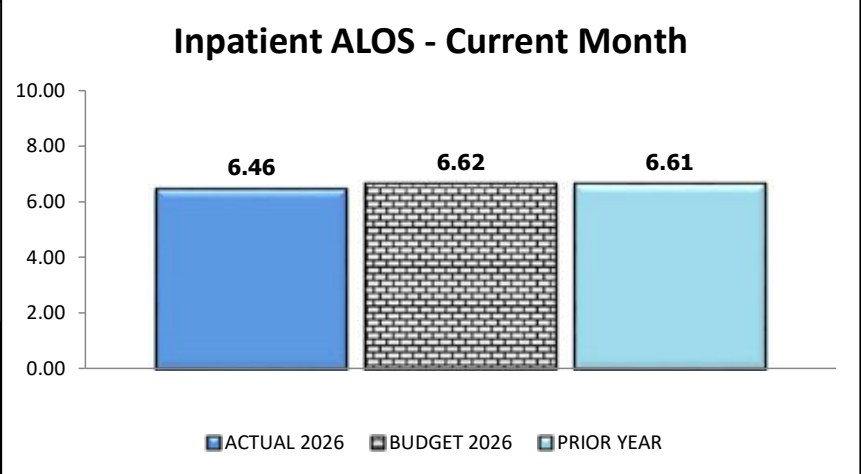
May FY 2026

| |
|-----------------------------------|
| <u>Inpatient ALOS - CM</u> |
| 6.46 |

| |
|------------------------------------|
| <u>Inpatient ALOS - YTD</u> |
| 6.62 |

| | |
|---|------------------|
| <u>Case Mix Index (CMI) - CM</u> | |
| Overall | Excl. Obstetrics |
| 1.732 | 1.837 |

| | |
|--|------------------|
| <u>Case Mix Index (CMI) - YTD</u> | |
| Overall | Excl. Obstetrics |
| 1.691 | 1.825 |



Harris Health

Statistical Highlights - Cases Occupying Beds

May FY 2026

BT Cases Occupying Beds - CM

| Actual | Budget | Prior Year |
|--------|--------|------------|
| 1,995 | 2,101 | 2,051 |

BT Cases Occupying Beds - YTD

| Actual | Budget | Prior Year |
|--------|--------|------------|
| 15,719 | 16,809 | 16,284 |

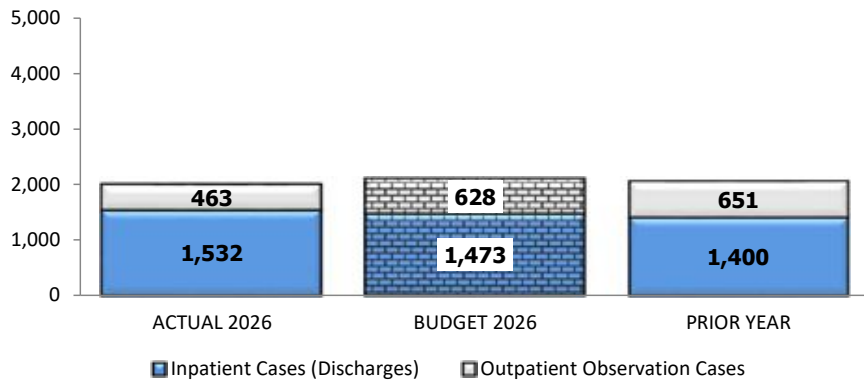
LBJ Cases Occupying Beds - CM

| Actual | Budget | Prior Year |
|--------|--------|------------|
| 1,566 | 1,502 | 1,550 |

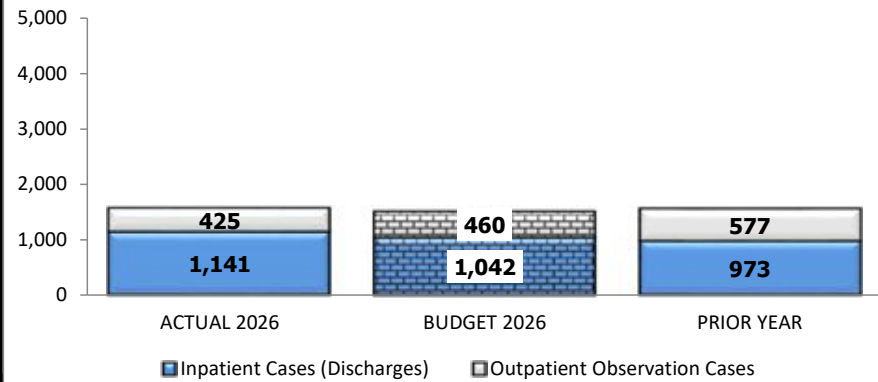
LBJ Cases Occupying Beds - YTD

| Actual | Budget | Prior Year |
|--------|--------|------------|
| 11,726 | 11,531 | 11,834 |

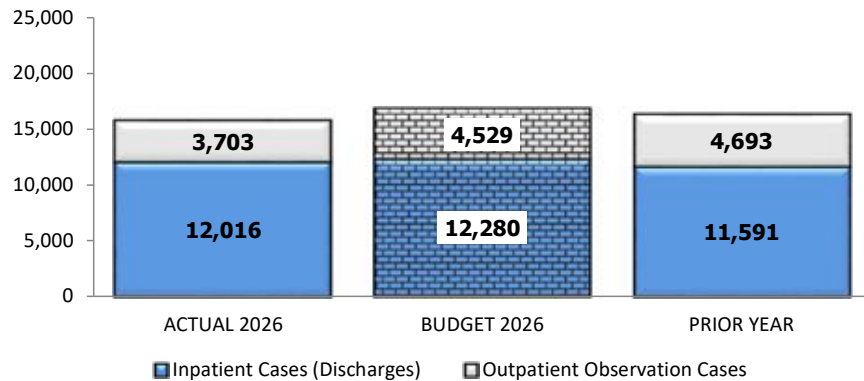
Ben Taub Cases - Current Month



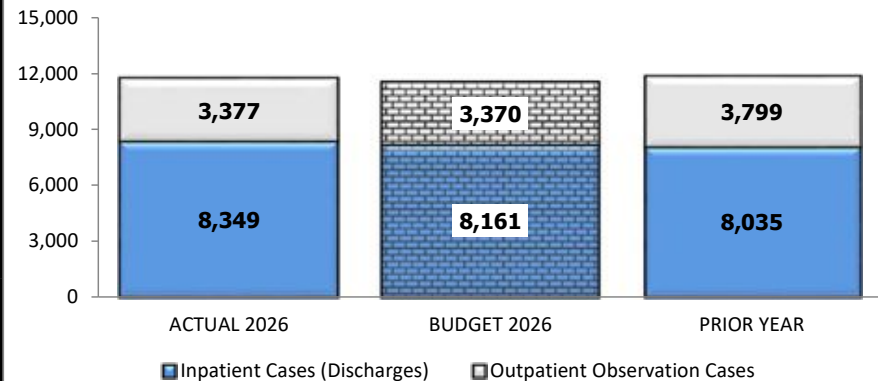
Lyndon B. Johnson Cases - Current Month



Ben Taub Cases - YTD



Lyndon B. Johnson Cases - YTD

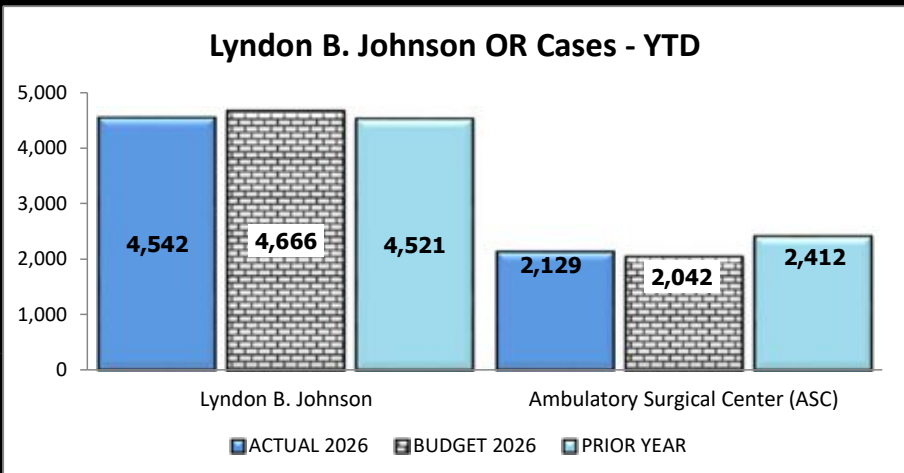
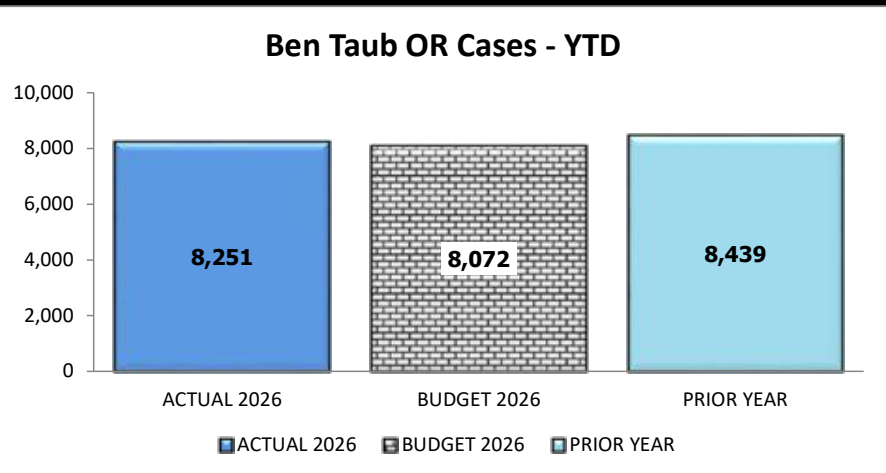
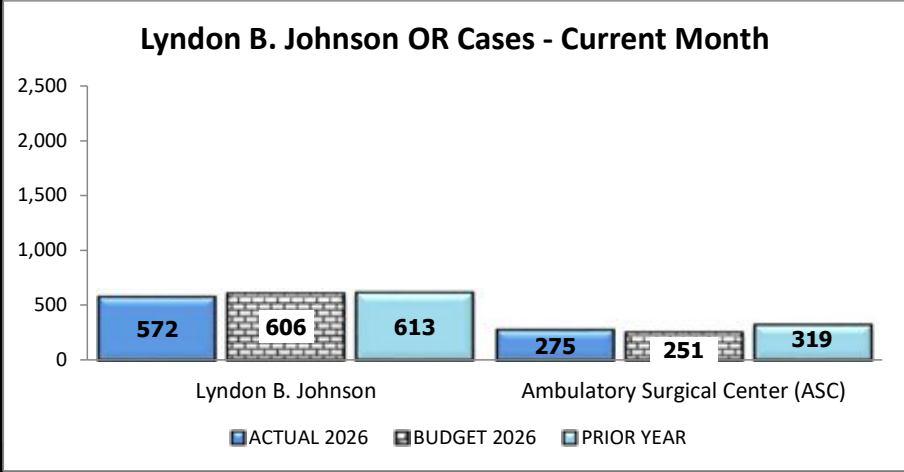
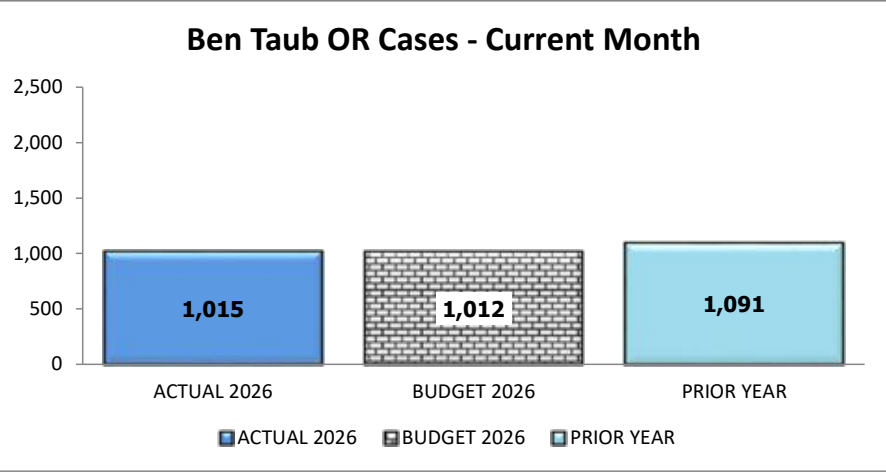


Harris Health

Statistical Highlights - Surgery Cases

May FY 2026

| <u>BT Surgery Cases - CM</u> | | | <u>BT Surgery Cases - YTD</u> | | | <u>LBJ Surgery Cases - CM</u> | | | <u>LBJ Surgery Cases - YTD</u> | | |
|------------------------------|--------|------------|-------------------------------|--------|------------|-------------------------------|--------|------------|--------------------------------|--------|------------|
| Actual | Budget | Prior Year | Actual | Budget | Prior Year | Actual | Budget | Prior Year | Actual | Budget | Prior Year |
| 1,015 | 1,012 | 1,091 | 8,251 | 8,072 | 8,439 | 847 | 857 | 932 | 6,671 | 6,708 | 6,933 |



Harris Health

Statistical Highlights - Emergency Room Visits

May FY 2026

BT Emergency Visits - CM

| Actual | Budget | Prior Year |
|--------|--------|------------|
| 7,182 | 7,115 | 7,007 |

BT Emergency Visits - YTD

| Actual | Budget | Prior Year |
|--------|--------|------------|
| 53,369 | 55,958 | 55,110 |

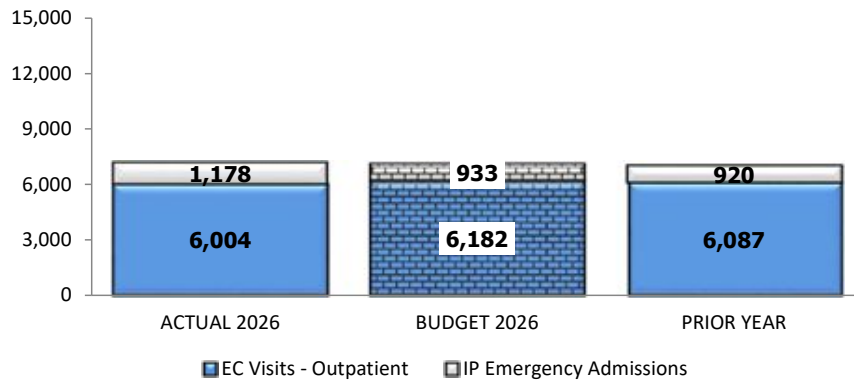
LBJ Emergency Visits - CM

| Actual | Budget | Prior Year |
|--------|--------|------------|
| 6,544 | 7,215 | 6,756 |

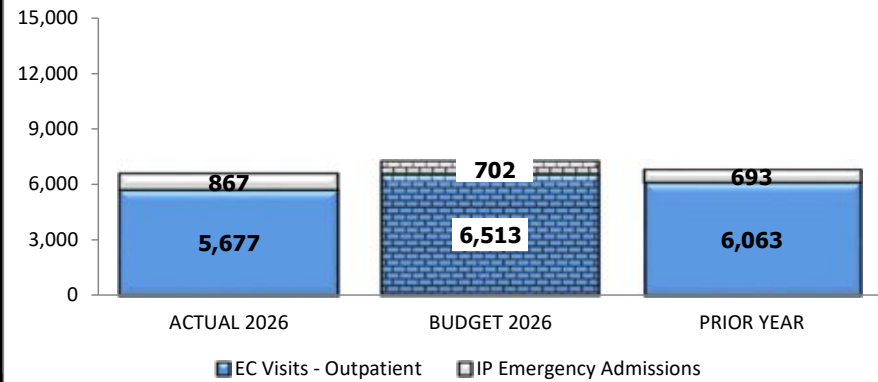
LBJ Emergency Visits - YTD

| Actual | Budget | Prior Year |
|--------|--------|------------|
| 51,079 | 55,027 | 52,947 |

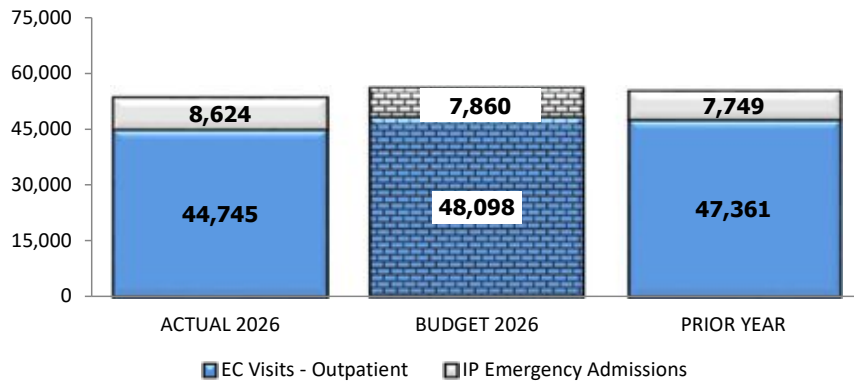
Ben Taub EC Visits - Current Month



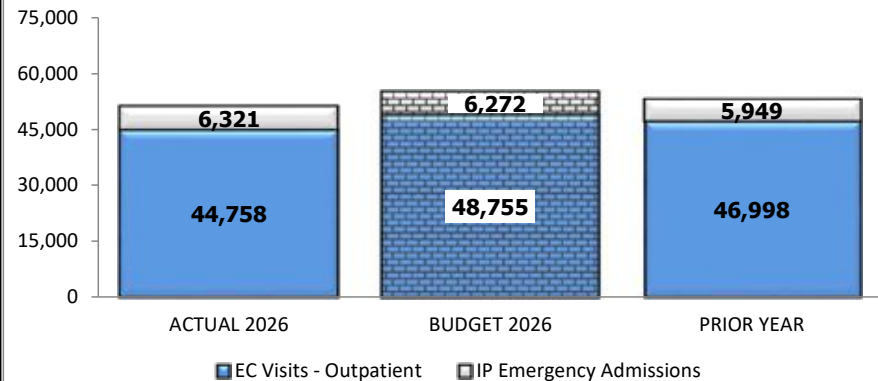
Lyndon B. Johnson EC Visits - Current Month



Ben Taub EC Visits - YTD



Lyndon B. Johnson EC Visits - YTD

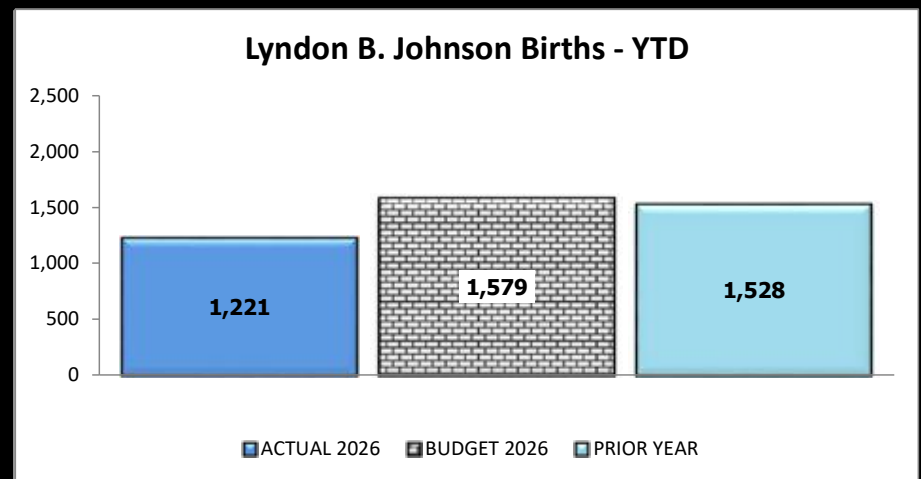
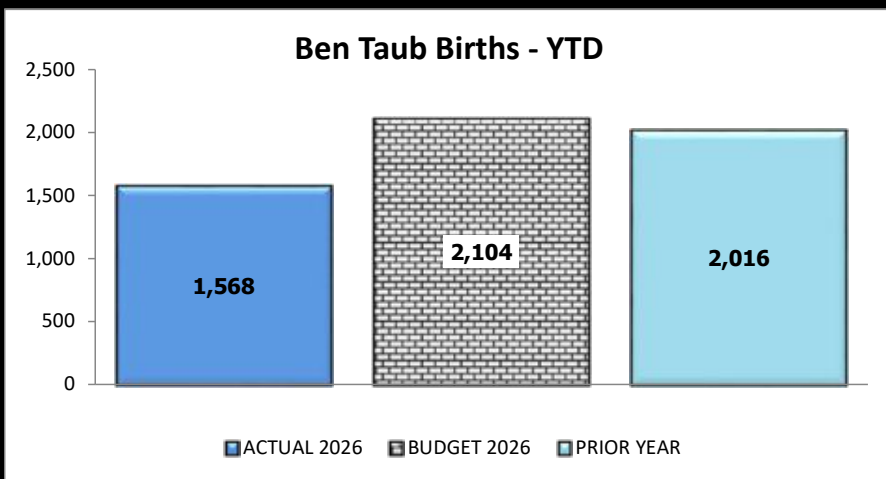
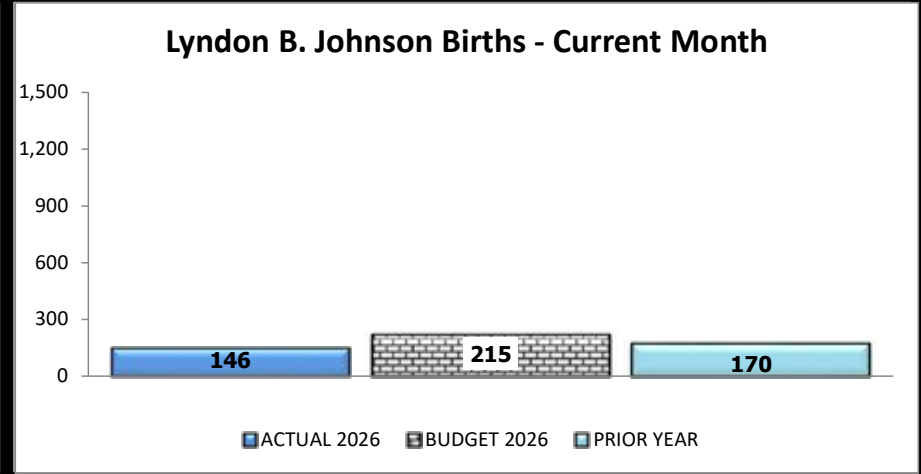
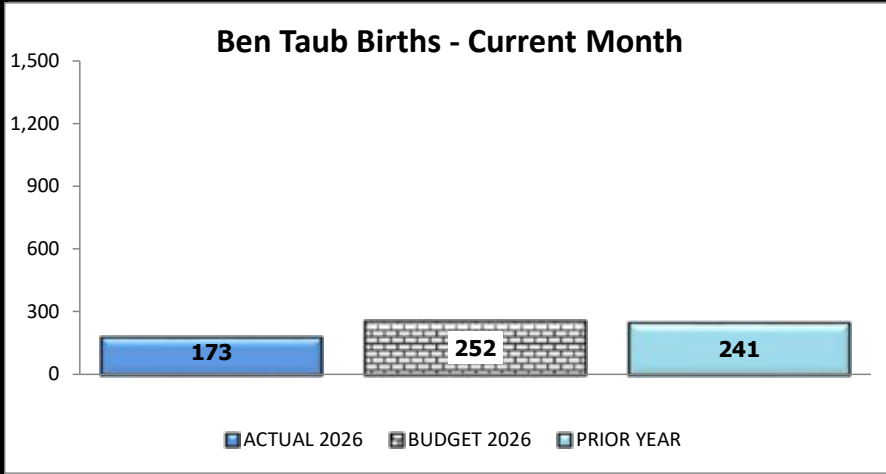


Harris Health

Statistical Highlights - Births

May FY 2026

| <u>BT Births - CM</u> | | | <u>BT Births - YTD</u> | | | <u>LBJ Births - CM</u> | | | <u>LBJ Births - YTD</u> | | |
|-----------------------|--------|------------|------------------------|--------|------------|------------------------|--------|------------|-------------------------|--------|------------|
| Actual | Budget | Prior Year | Actual | Budget | Prior Year | Actual | Budget | Prior Year | Actual | Budget | Prior Year |
| 173 | 252 | 241 | 1,568 | 2,104 | 2,016 | 146 | 215 | 170 | 1,221 | 1,579 | 1,528 |



Harris Health

Statistical Highlights - Adjusted Patient Days

May FY 2026

BT Adjusted Patient Days - CM

22,213

BT Adjusted Patient Days - YTD

174,694

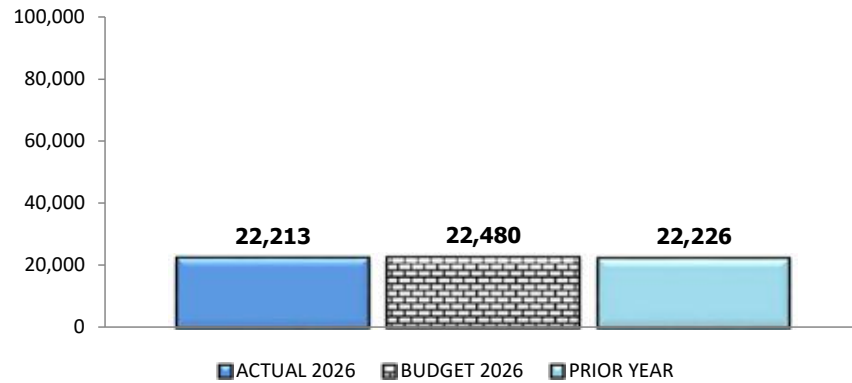
LBJ Adjusted Patient Days - CM

12,712

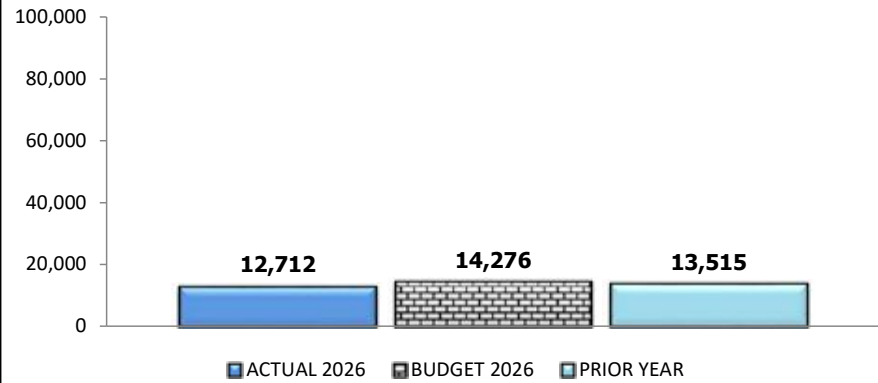
LBJ Adjusted Patient Days - YTD

106,070

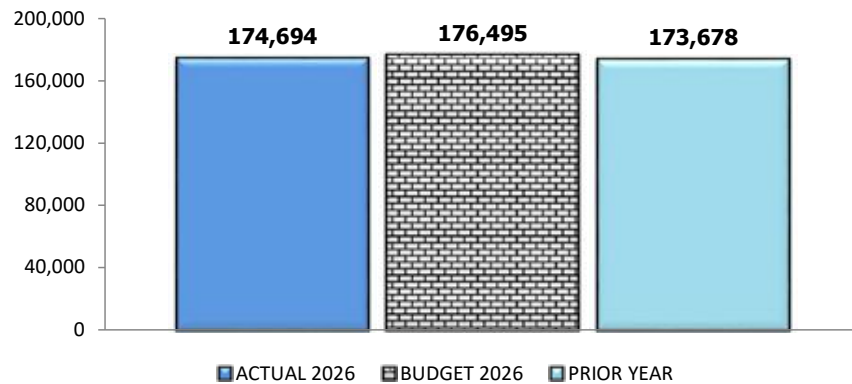
Ben Taub APD - Current Month



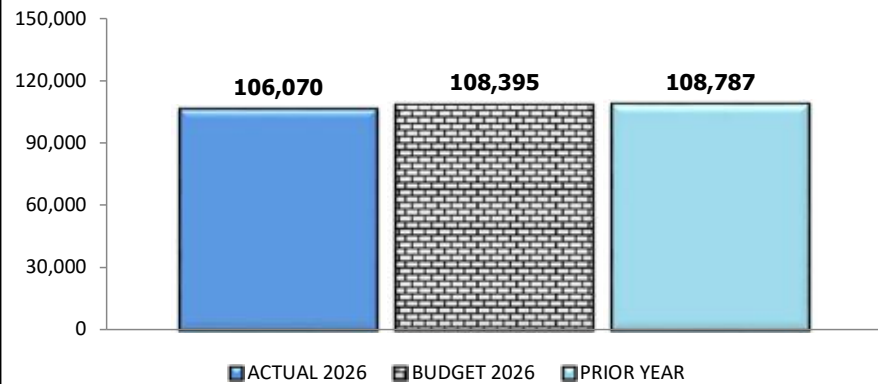
Lyndon B. Johnson APD - Current Month



Ben Taub APD - YTD



Lyndon B. Johnson APD - YTD



Harris Health

Statistical Highlights - Average Daily Census (ADC)

May FY 2026

BT Average Daily Census - CM

437.2

BT Average Daily Census - YTD

427.2

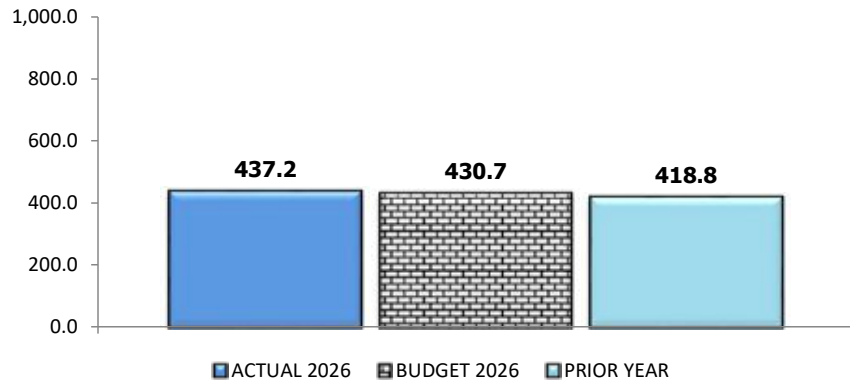
LBJ Average Daily Census - CM

213.5

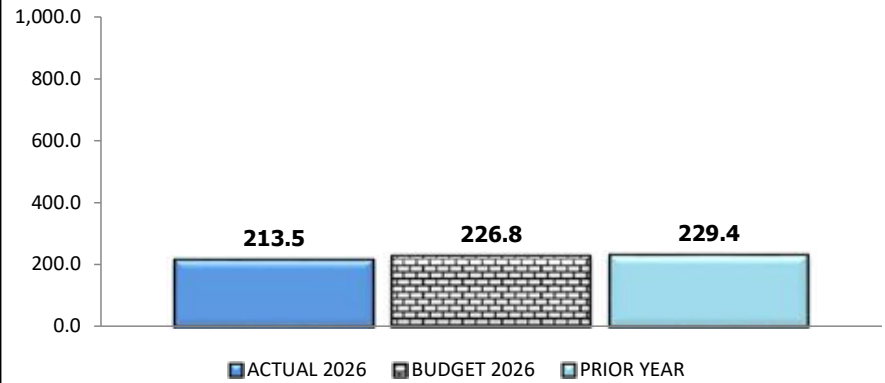
LBJ Average Daily Census - YTD

224.2

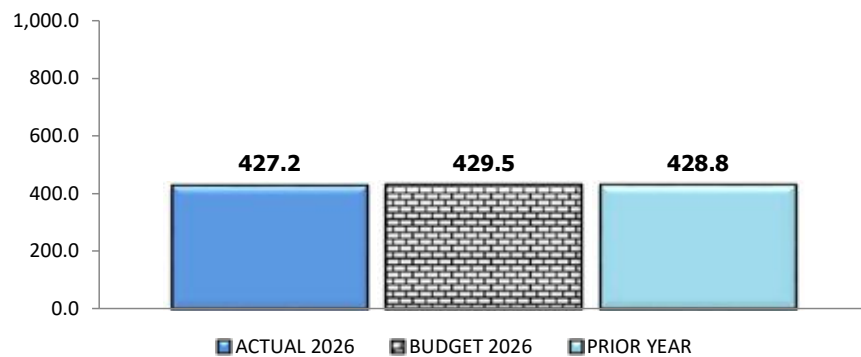
Ben Taub ADC - Current Month



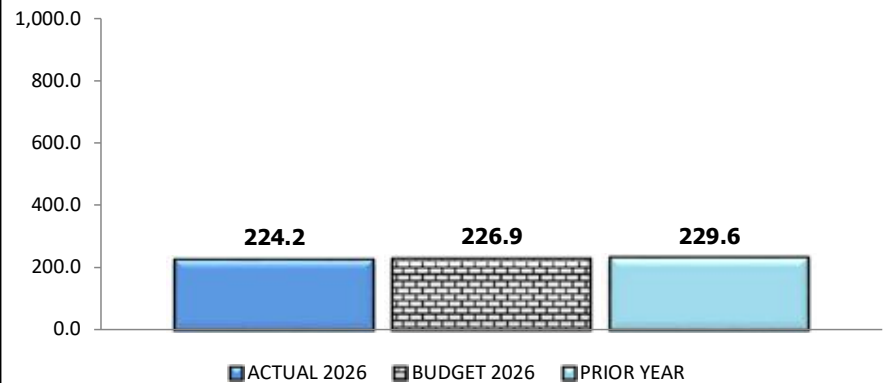
Lyndon B. Johnson ADC - Current Month



Ben Taub ADC - YTD



Lyndon B. Johnson ADC - YTD



Harris Health

Statistical Highlights - Inpatient Average Length of Stay (ALOS)

May FY 2026

BT Inpatient ALOS - CM

7.77

BT Inpatient ALOS - YTD

7.52

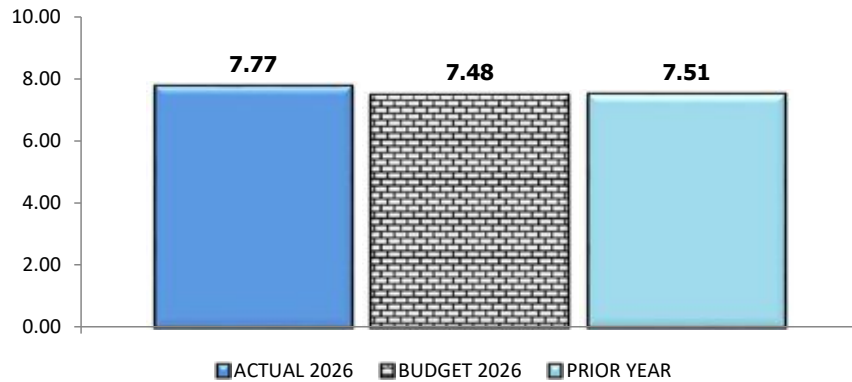
LBJ Inpatient ALOS - CM

4.78

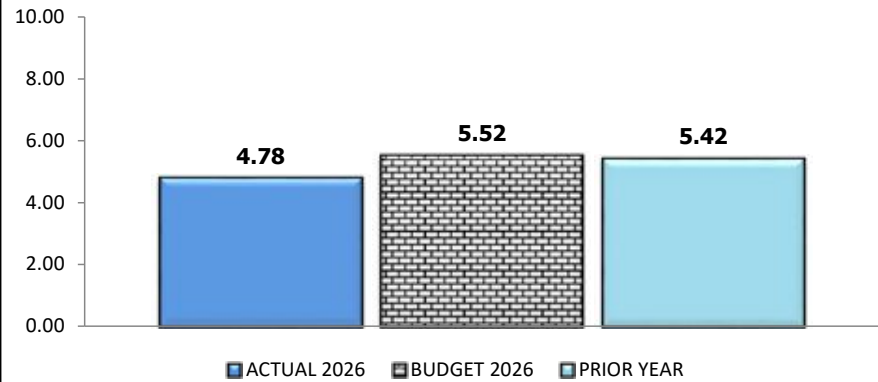
LBJ Inpatient ALOS - YTD

5.37

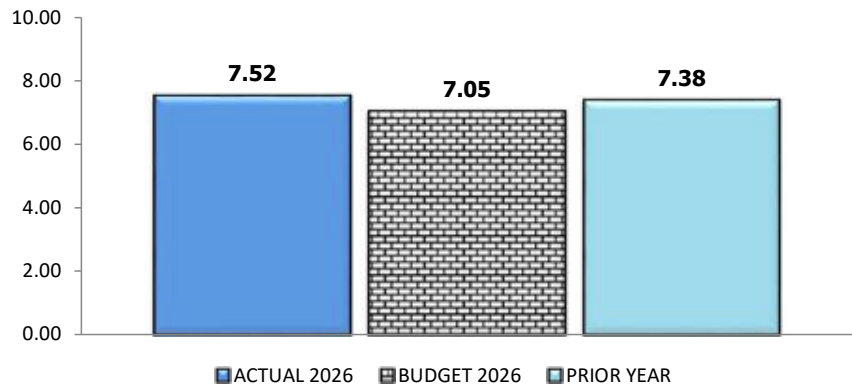
Ben Taub ALOS - Current Month



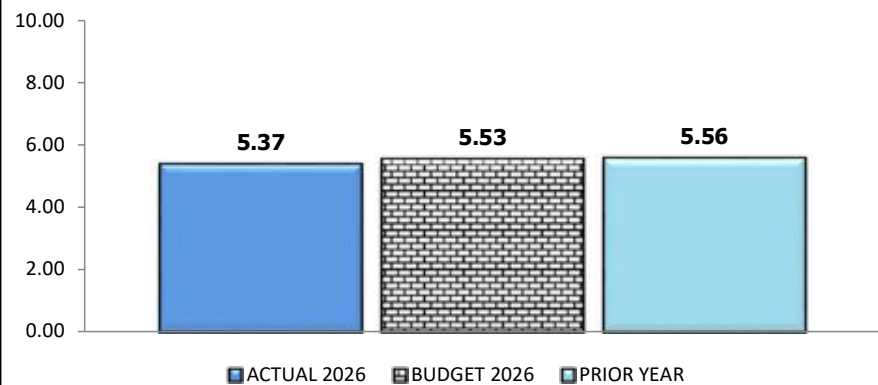
Lyndon B. Johnson ALOS - Current Month



Ben Taub ALOS - YTD



Lyndon B. Johnson ALOS - YTD



Harris Health

Statistical Highlights - Case Mix Index (CMI)

May FY 2026

BT Case Mix Index (CMI) - CM

| Overall | Excl. Obstetrics |
|---------|------------------|
| 1.846 | 1.958 |

BT Case Mix Index (CMI) - YTD

| Overall | Excl. Obstetrics |
|---------|------------------|
| 1.809 | 1.947 |

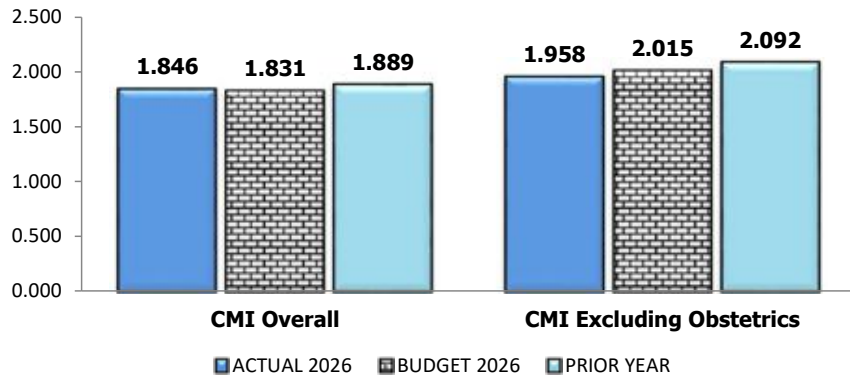
LBJ Case Mix Index (CMI) - CM

| Overall | Excl. Obstetrics |
|---------|------------------|
| 1.592 | 1.691 |

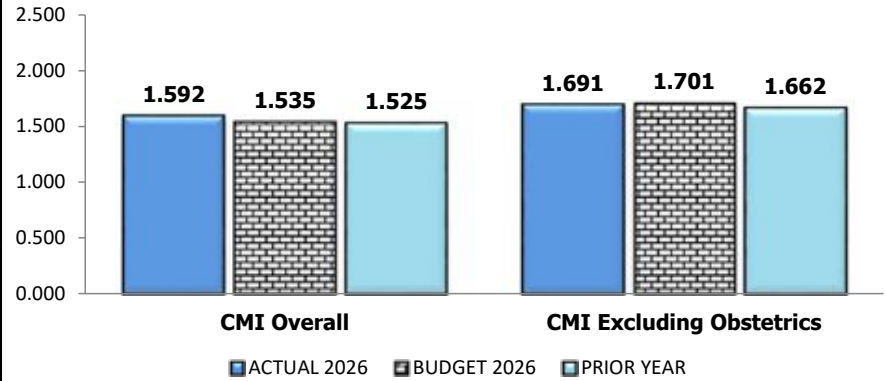
LBJ Case Mix Index (CMI) - YTD

| Overall | Excl. Obstetrics |
|---------|------------------|
| 1.535 | 1.662 |

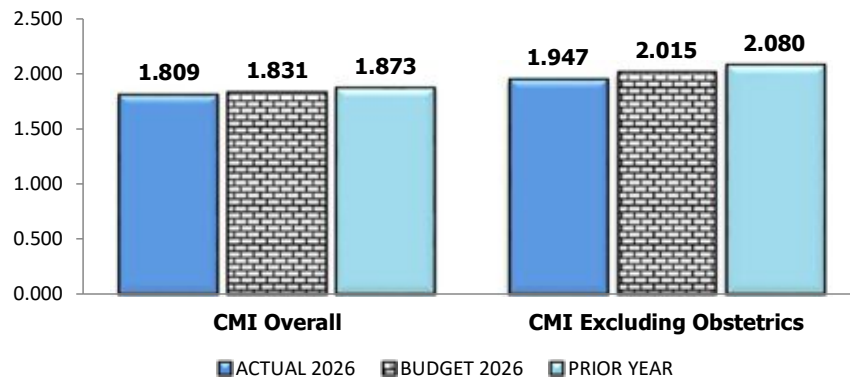
Ben Taub CMI - Current Month



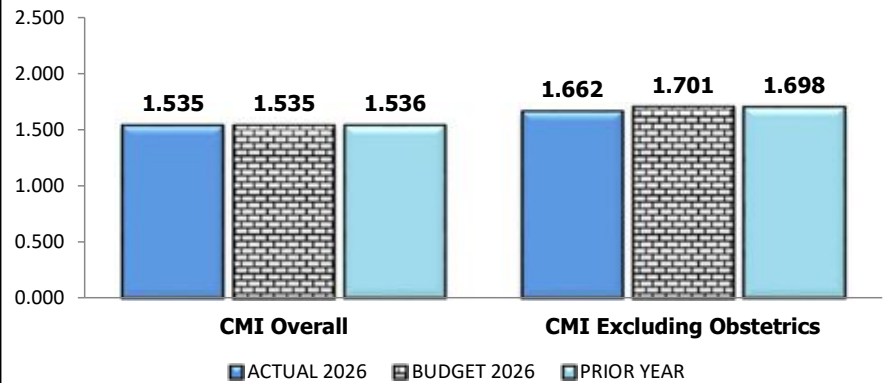
Lyndon B. Johnson CMI - Current Month



Ben Taub CMI - YTD



Lyndon B. Johnson CMI - YTD



Meeting of the Board of Trustees

Wednesday, July 8, 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 System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act

Attached for review and approval:

- **HCHP July Operational Updates**

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



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

Health Care for the Homeless Monthly Update Report – July 2026

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

Tracey Burdine, Director, Health Care for the Homeless Program

HARRISHEALTH



Agenda

- Operational Update
 - Productivity Report
 - America's Essential Hospitals (AEH) Notice of Award & Budget Review
 - Consumer Advisory Council Report

HARRISHEALTH

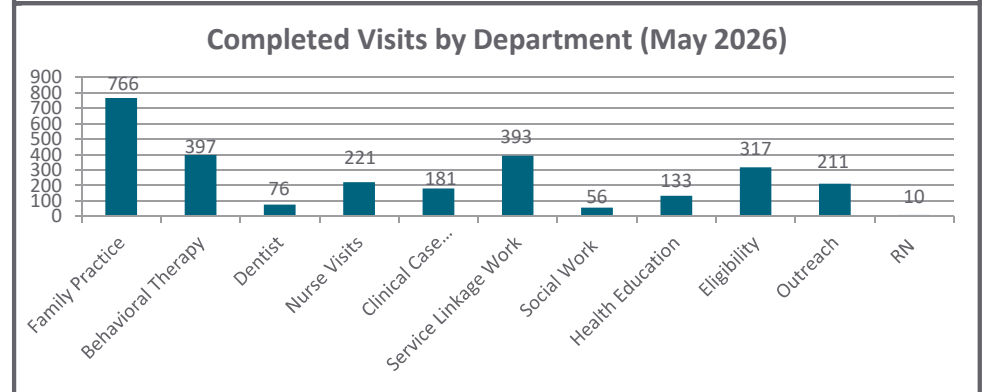
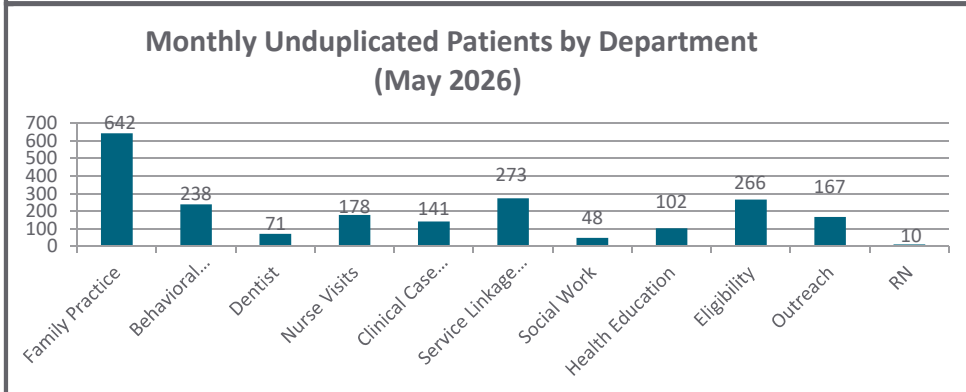
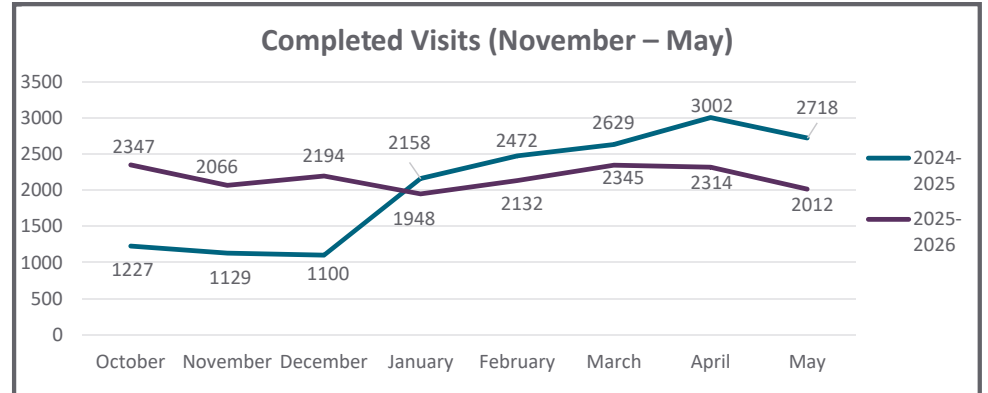
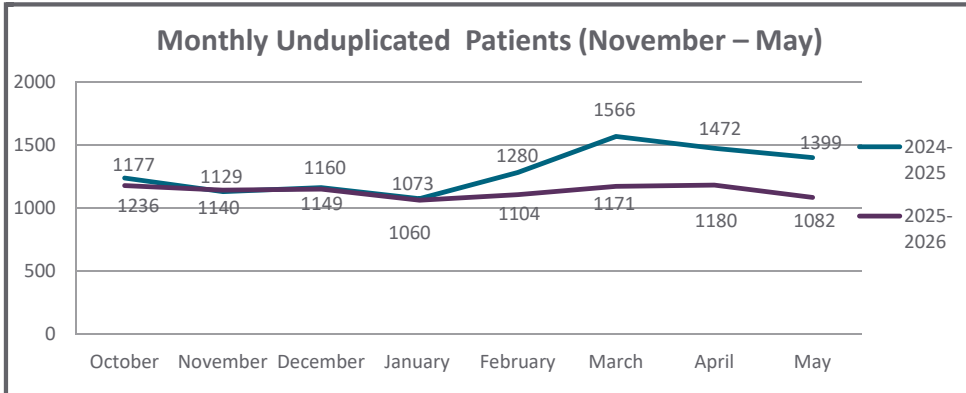
Patients Served – Operational Productivity Update (May 2026)

HRSA Unduplicated Patients Target: 7,250

HRSA Completed Visit Patients: 30,496

YTD Unduplicated Patients: 3,294

YTD Completed Visits: 10,891



America's Essential Hospitals Mobile Health Learning Collaborative

America's Essential Hospitals awarded the Harris Health Health Care for the Homeless Program an opportunity to participate in a mobile health learning collaborative.

- This virtual learning collaborative will bring together mobile health leaders from essential hospitals to share strategies, learn from field experts, and address common challenges in mobile health delivery, such as staffing, financial sustainability, and serving underserved and rural communities.
- The \$10,000 grant supports staff participation in the learning collaborative and attendance to an in-person site visit at a fellow Essential Hospital.

2026 America's Essential Hospitals Grant

HARRIS HEALTH

HEALTH CARE FOR THE HOMELESS PROGRAM

HARRIS COUNTY HOSPITAL DISTRICT dba Harris Health

AWARD DATE: JUNE 5, 2026

GRANT TERM: JULY 1, 2026 – JUNE 30, 2027

| EXPENSES | FEDERAL |
|--------------------------------------|------------------|
| Travel | \$ 5,500 |
| Supplies | \$ 4,500 |
| Total Direct Charges Estimate | \$ 10,000 |

HARRISHEALTH

Consumer Advisory Council

Highlights of Council Activities from February 2026 – April 2026:

The following items were discussed:

- The council was presented with the results of the 2026 Community Needs Assessment, including key insights on demographics, education, employment, income, and insurance status, as well as leading medical and behavioral health conditions and identified client medical and social needs.
 - Members were informed of required facility renovations to support the opening of a clinic at the unhoused hub located at 419 Emancipation
 - The council was invited to tour the Emancipation facility and clinic, as well as the Open Door Mission clinic following completion of renovations.
 - The council was informed of a collaboration with the Sheriff's Office to support outreach and mobile medical services in northern Harris County.
 - Members were informed that the dental mobile unit is currently out of service, with dental services continuing at the Harmony House and Star of Hope Cornerstone Community clinics.

Meeting of the Board of Trustees

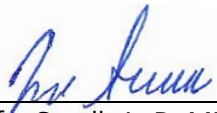
Wednesday, July 8, 2026

Notice of a Grant Award from Americas Essential Hospitals (AEH), Including Consideration of Approval of the HCHP Budget Report for the AEH Mobile Learning Collaborative Grant

Attached for review and approval:

- **HCHP Budget Report for the AEH Mobile Learning Collaborative Grant**

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

Harris Health
 Budget Narrative
 America's Essential Hospitals Grant
 1/1/2026 - 12/31/2026

EXPENSES:

| TRAVEL | Federal Request | Total |
|--|------------------------|------------------|
| Travel to site visits x 4 employees \$5,500 = \$5,500 | \$ 5,500 | \$ 5,500 |
| SUPPLIES | Federal Request | Total |
| Training materials, books, subscriptions or educational material resources | \$ 2,000 | \$ 2,000 |
| Educational supplies for staff | \$ 1,000 | \$ 1,000 |
| Team development activities and data collection tools to support implementation planning and collaboration | \$ 1,500 | \$ 1,500 |
| TOTAL CHARGES | \$ 10,000 | \$ 10,000 |

Wednesday, July 8, 2026

Consideration of Approval of the HCHP Consumer Advisory Council Report

Attached for review and approval:

- **HCHP Consumer Advisory Council 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

Highlights of Council Activities from February 2026 – April 2026:

- Members received updates on ongoing operational changes at Harris Health and the Health Care for the Homeless Program (HCHP).
- Members reviewed reports related to performance improvement, productivity, and patient satisfaction, with corresponding corrective action plans.
- The council was updated on staff vacancies and changes.
- The council was informed of results of the 2026 community needs assessment, with details about demographic, education, employment, income, and health insurance data, top medical and mental health diagnoses, and about medical and social needs identified among clients and survey respondents.
- Members were informed of needed renovations to open a clinic at the unhoused hub at 419 Emancipation.
- The council was invited to tour the Emancipation facility and clinic. The council was also invited to tour the Open Door Mission clinic as clinic renovations were finished.
- The council was provided a four-year comparison of UDS reports, highlighting changes in patient numbers, service utilization, and cost measures, and discussed the effect of staffing shortages and the dental mobile unit downtime in 2025.
- The council was informed about a collaboration with the Sheriff's Office for outreach and medical mobile services in the northern part of Harris County.
- The council was informed of collaborations with the Correctional Health Department.
- Members were informed of the grounding of the dental mobile unit and of the continued services at the dental operatories at Harmony House and Star of Hope Cornerstone Community.

Meeting of the Board of Trustees

Wednesday, July 8, 2026

Executive Session

Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Unaudited Financial Performance for the Five Months Ending May 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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Meeting of the Board of Trustees

Wednesday, July 8, 2026

Executive Session

Discussion Regarding the Chief Executive Officer (CEO) Evaluation, Pursuant to Tex. Gov't Code Ann. §551.074, and Possible Action Upon Return to Open Session.



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

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