BOARD OF TRUSTEES

Public Meeting Agenda

HARRISHEALTH

BOARD MEETING

Wednesday, August 12, 2026 | 9:00 AM

4800 Fournace Place, Bellaire, TX 77401 | 1st Floor Board Room

The meeting may be viewed online: http://harrishealthtx.swagit.com/live.
Notice: Some members of the Board may participate by videoconference.

Mission

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

AGENDA

I.	**Call to Order and Record of Attendance**	**Dr. Andrea Caracostis**	**2 min**
II.	**Approval of the Minutes of Previous Meeting**	**Dr. Andrea Caracostis**	**2 min**

- Board Meeting July 8, 2026
- Special Call Board: HRSA Meeting July 22, 2026
- Fiscal Year 2027 Budget Workshop Meeting August 3, 2026

III.	**Announcements / Special Presentations**	**Dr. Andrea Caracostis**	**15 min**
A.	**CEO Report** Including Special Announcements **– *Dr. Esmaeil Porsa***		*(10 min)*

- LBJ Hospital Earns Gold Plus Recognition for STEMI Referral from the American Heart Association
- Harris Health's Endoscopy Center at Quentin Mease Receives National Recognition from the American Society for Gastrointestinal Endoscopy
- Health and Wellness Fair at Strawberry Health Center on Saturday, August 8, 2026, from 9:00 AM – 12:00 PM
- John M. O'Quinn Hospital Construction Timeline

B.	**Board Member Announcements** Regarding Board Member Advocacy and Community Engagements		*(5 min)*
IV.	**Public Comment**	**Dr. Andrea Caracostis**	**3 min**
V.	**Executive Session**	**Dr. Andrea Caracostis**	**20 min**
A.	Medical Executive Board Report and Credentialing Discussion, Pursuant to Tex. Occ. Code Ann. §§151.002, 160.007 and Tex. Health & Safety Code Ann. §161.032 to Receive Peer Review and/or Medical Committee Report, Including Consideration of Approval of Credentialing Changes for Members of the Harris Health Medical Staff Upon Return to Open Session ***Dr. Kunal Sharma and Dr. Asim Shah***		*(10 min)*

B. Report Regarding Harris Health Correctional Health Quality of Medical and Healthcare, 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*** *(10 min)*

VI. Reconvene to Open Meeting **Dr. Andrea Caracostis** **3 min**

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

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

1. Consideration of Approval of Credentialing Changes for Members of Harris Health Medical Staff ***Dr. Kunal Sharma*** *(2 min)*
2. Consideration of Approval of Changes to the Pediatric Clinical Privileges ***Dr. Kunal Sharma*** *(2 min)*

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

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

VIII. Strategic Discussion **Dr. Andrea Caracostis** **30 min**

A. Harris Health Strategic Plan Initiatives

1. Presentation Regarding Health Promotion and Disease Prevention at Harris Health ***Dr. Amy Smith and Dr. Jennifer Small*** *(10 min)*
[Strategic Pillar 4: Health Promotion and Disease Prevention**]**
2. Presentation Regarding the Harris Health John M. OQuinn Hospital Construction Update ***Mr. Patrick Casey*** *(10 min)*
[Strategic Pillar 5: System Optimization**]**
3. Presentation Regarding the Harris Health Holly Hall Operations Center Update ***Mr. Louis Smith and Mr. Patrick Casey*** *(10 min)*
[Strategic Pillar 5: System Optimization**]**

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

A. Consent Purchasing Recommendations

1. Consideration of Approval of Purchasing Recommendations (Items A1 through A12 of the Purchasing Matrix) ***Ms. Kimberly Williams and Mr. Jack Adger, Harris County Purchasing Office***
[See Attached Purchasing Expenditure Summary: August 12, 2026]

B. Consent Contract Recommendations

1. Consideration of Approval of Contract Recommendations (Item C1 of the Contract Matrix) ***Dr. Jennifer Small***
[See Attached Contract Matrix: August 12, 2026]

C. New Consent Items for Board Approval

1. Consideration of Acceptance of the Harris Health June 2026 Quarterly Financial Report Subject to Audit ***Ms. Victoria Nikitin***

2. Consideration of Approval of Revisions to the Harris Health Policy 5.52, Investment Policy ***Ms. Victoria Nikitin***

D. Consent Reports and Updates to the Board

1. Bi-monthly Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health ***Mr. R. King Hillier***

[End of Consent Agenda]

X. Item(s) Related to the Health Care for the Homeless Program — **Dr. Andrea Caracostis** — **10 min**

A. Review and Acceptance of the Following Reports for the Health Care for the Homeless Program (HCHP) as Required by the United States Department of Health and Human Services, which Provides Funding to the Harris County Hospital District d/b/a/Harris Health to Provide Health Services to Persons Experiencing Homelessness Under Section 330(h) of the Public Health Service Act ***Dr. Jennifer Small and Ms. Tracey Burdine*** *(8 min)*

- HCHP August 2026 Operational Update

B. Consideration of Approval of the HCHP Second Quarter Budget Summary Report ***Dr. Jennifer Small and Ms. Tracey Burdine*** *(1 min)*

C. HCHP Reports and Updates to the Board Requiring No Action ***– Dr. Jennifer Small and Ms. Tracey Burdine*** *(1 min)*

1. Update Regarding Clinic Renovations at 419 Emancipation

2. Update Regarding Service Area Expansion into North Harris County

XI. Executive Session — **Dr. Andrea Caracostis** — **45 min**

C. Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Unaudited Financial Performance for the Six Months Ending June 30, 2026, Pursuant to Tex. Govt Code Ann. §551.085 ***Ms. Lisa Wright, CEO, and Ms. Anna Mateja, CFO, Community Health Choice*** *(10 min)*

D. Consultation with Attorney, Pursuant to Tex. Govt Code Ann. §551.071 Regarding Litigation and Possible Action Upon Return to Open Session, Including Approval of a Settlement in Case No. 2024-81283 in the 234th District Court, Harris County, Texas ***Ms. Ebon Swofford and Mr. Michael Fritz*** *(10 min)*

E. Deliberation Regarding the Purchase, Exchange, Lease or Value of Real Property, Pursuant to Tex. Gov't Code §§551.071, 551.072, and Possible Action Regarding this Matter Upon Return to Open Session ***– Ms. Sara Thomas and Mr. Louis Smith*** *(10 min)*

F. Consultation with Attorney Regarding a Prevailing Wage Update, Pursuant to Tex. Health & Safety Code Ann. §161.032 and Tex. Gov't Code Ann. §551.071 ***– Ms. Sara Thomas, Ms. Carolynn Jones and Mr. Louis Smith*** *(10 min)*

G.	Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Health Care Program Requirements, Including Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032 and Tex. Gov't Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session ***– Ms. Carolynn Jones***		*(5 min)*
XII.	**Reconvene**	**Dr. Andrea Caracostis**	**3 min**
XIII.	**Board Education**	**Dr. Andrea Caracostis**	**15 min**
A.	Discussion Regarding the Texas Healthcare Trustees (THT) Certified Healthcare Trustee and Leader Certification Process ***Ms. Lindsay Thompson, President and CEO, Texas Healthcare Trustees***		
XIV.	**Adjournment**	**Dr. Andrea Caracostis**	**1 min**

HARRISHEALTH

MINUTES OF THE HARRIS HEALTH BOARD OF TRUSTEES
Board Meeting
Wednesday, July 8, 2026
9:00 A.M.

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
I. Call to Order and Record of Attendance	The meeting was called to order at 9:00 AM by Ms. Carol Paret, Presiding Officer. A quorum was present. She noted that while some board members were present in the boardroom, others were participating remotely by video conference in accordance with the Harris Health Video Conferencing Policy and applicable state law. All others wishing to view the meeting were advised to access the meeting online through the Harris Health website: http://harrishealthtx.swagit.com/live. Attendance was recorded and is appended to the archived minutes.	**A copy of the attendance is appended to the archived minutes.**
II. Approval of the Minutes of Previous Meeting • Board Meeting – June 10, 2026		**Motion No. 26.07-88** **Moved by Ms. Libby Viera – Bland, seconded by Mr. Paul Puente, and unanimously passed that the Board approve the minutes of June 10, 2026, Board meeting. Motion carried.**
III. Announcements/ Special Presentations		
	A. CEO Report Including Special Announcements • Archbishop Vasquez and TMO Visit to Harris Health • Recognition by Newsweek as One of America's Greatest Workplaces in Health Care 2026 • Operational Excellence Recognition by America's Essential Hospitals of Harris Health's Hospital at Home, Home-based Primary Care and Outpatient Parenteral Antibiotic Therapy Program Dr. Esmaeil Porsa, President and Chief Executive Officer, presented the CEO Report and highlighted several organizational accomplishments and community partnerships. He noted that Harris Health recently hosted Archbishop Joe S. Vasquez, representatives from The Metropolitan Organization (TMO), and international faith-based leaders at the Harris Health Community Dialysis Center. Dr. Porsa stated that the visit demonstrated the value of partnerships between public healthcare systems and faith-based organizations in advancing health equity, social justice, and services for vulnerable populations. He emphasized Harris Health's longstanding commitment to providing chronic hemodialysis services for uninsured patients, noting that the program originated through grassroots advocacy led by TMO.	**As Presented.**

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
	Dr. Porsa announced that Newsweek recognized Harris Health as one of America's Greatest Workplaces in Health Care for 2026, acknowledging the organization's workplace culture and employee engagement. He also reported that America's Essential Hospitals recognized Harris Health's Hospital at Home, Home-Based Primary Care, and Outpatient Parenteral Antibiotic Therapy (OPAT) Program for operational excellence and innovation in patient care delivery. Additionally, Dr. Porsa shared a patient testimonial expressing appreciation for the compassionate care received throughout treatment for a rare medical condition. He noted that the message reflected Harris Health's commitment to patient-centered care and recognized the dedication of staff and providers across the system.	
	B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements Board members did not provide additional announcements or advocacy updates.	
IV. Public Comment	Ms. Tameika Aaron, representing Alpha and Omega Community Services, discussed opportunities to collaborate with Harris Health in supporting individuals experiencing homelessness through transitional housing, behavioral health services, workforce development, and wraparound care.	**As Presented.**
V. Executive Session	At 9:10 AM, Ms. Paret stated that the Board would enter Executive Session for Items V. 'A through C' as permitted by law under Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code. Ann. §§151.002, 160.007 and Tex. Gov't Code Ann. §551.071.	
	A. Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Occ. Code Ann. §§151.002, 160.007 and Tex. Health & Safety Code Ann. §161.032 to Receive Peer Review and/or Medical Committee Report, Including Report of the Medical Executive Board in Connection with the Evaluation of the Quality of Medical and Healthcare Services, 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. Hooli was recused from discussion on this item related to Baylor College of Medicine.*	**No Action Taken.**
	B. Medical Executive Board Report and Credentialing Discussion, Pursuant to Tex. Occ. Code Ann. §§151.002, 160.007 and Tex. Health & Safety Code Ann. §161.032 to Receive Peer Review and/or Medical Committee Report, Including Consideration of Approval of Credentialing Changes for Members of the Harris Health Medical Staff Upon Return to Open Session *Dr. Hooli was recused from discussion on this item related to Baylor College of Medicine.*	**No Action Taken.**

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
	C. Report Regarding Harris Health Correctional Health Quality of Medical and Healthcare, with Credentialing Discussion and Operational Updates, Pursuant to Tex. Occ. Code Ann. §§151.002, 160.007, Tex. Health & Safety Code Ann. §161.032 and Tex. Gov't Code Ann. §551.071 to Receive Peer Review and/or Medical Committee Report, Including Consideration of Approval of Credentialing Changes for Members of the Correctional Health Medical Staff Upon Return to Open Session	**No Action Taken.**
VI. Reconvene to Open Meeting	At 9:21 AM, Ms. Paret reconvened the meeting in open session, noting that a quorum was present and no action was taken during Executive Session.	
VII. General Action Item(s)		
	A. General Action Item(s) Related to Quality: Medical Staff	
	1. Approval of Credentialing Changes for Members of the Harris Health Medical Staff Dr. Kunal Sharma, Chair of the Medical Executive Board, presented the July 2026 Medical Staff Credentials Report. He reported that the credentialing recommendations included 32 initial appointments, zero reappointments or changes in clinical privileges, four resignations, and five files for discussion in executive session. Copies of the credentialing report were available in the permanent record. *Dr. Hooli was recused from discussion on this item related to Baylor College of Medicine.*	**Motion No. 26.07-89** **Moved by Ms. Sima Ladjevardian, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda item VII.A.1. Motion carried.**
	B. General Action Item(s) Related to Quality: Correctional Health Medical Staff	
	1. Approval of Credentialing Changes for Members of the Harris Health Correctional Health Medical Staff Dr. Otis Egins, Chief Medical Officer of Harris Health Correctional Health, presented credentialing changes for Correctional Health Medical Staff and stated nine initial appointments. Copies of the credentialing report were available in the permanent record.	**Motion No. 26.07-90** **Moved by Ms. Paul Puente, seconded by Ms. Libby Viera - Bland, and unanimously passed that the Board approve agenda item VII.B.1. Motion carried.**

VIII. Strategic Discussion		
	A. Harris Health Strategic Plan Initiatives	
	1. Presentation Regarding Harris Health's Community Alignment Initiatives Dr. Jennifer Small, Chief Executive Officer, ACS, presented an update on Harris Health's Community Alignment Initiatives under Strategic Pillar 6: Access. She described the organization's expanded strategy to strengthen collaboration with Federally Qualified Health Centers (FQHCs), FQHC Look-Alikes, and charity clinics throughout Harris County to improve coordinated access to care. Dr. Small stated that Harris Health has transitioned from geographically focused partnerships to a countywide collaborative model designed to strengthen the healthcare safety net. She discussed ongoing efforts to establish structured partnerships through memoranda of understanding, recurring leadership meetings, standardized referral pathways, eligibility education, and enhanced communication between organizations. Dr. Small highlighted the importance of bidirectional referrals, allowing patients to access services across participating organizations regardless of where they receive primary care. She noted that Harris Health has conducted on-site visits with community partners to better understand operational challenges, identify service gaps, and collaboratively develop solutions. Technology enhancements are also being pursued to improve referral management, expand access to diagnostic services, and strengthen care coordination. Ms. Krystal Carter, Director of Ambulatory Operations, discussed implementation strategies supporting the initiative. She highlighted community engagement efforts, including participation in more than 80 community outreach events throughout Harris County during the year. Ms. Carter noted that Harris Health continues to increase public awareness of available services while strengthening relationships with community providers and organizations. She also outlined future priorities focused on patient navigation, standardized partner communication, performance metrics, and measurable outcomes to evaluate the effectiveness of the collaborative strategy. Board members discussed the importance of maintaining long-term partnerships with community organizations, strengthening referral coordination, enhancing access through technology, and ensuring continuity of care for vulnerable populations. Additional discussion emphasized opportunities to expand collaboration with emergency departments and other healthcare providers while maintaining strong relationships with FQHC partners. A copy of the presentation is included in the permanent record.	**As Presented.**

	B. Committee Reports • June 23, 2026 – Quality Committee • June 25, 2026 – Joint Conference Committee Ms. Libby Viera – Bland presented the report from the June 23, 2026 Quality Committee meeting. She reported that the committee received Harris Health's monthly patient safety presentation focusing on prevention and management of Clostridioides difficile infections, including infection prevention strategies, environmental cleaning, hand hygiene, early detection, and antibiotic stewardship. Ms. Viera – Bland also stated that the committee received presentations regarding Harris Health's population health strategy, cardiovascular health initiatives, and the Food Rx Program. Discussion highlighted efforts to improve chronic disease management through community partnerships and expanded access to healthy food resources. The committee also reviewed collaborative initiatives demonstrating improvements in diabetes management among participating patients. Ms. Sima Ladjevardian presented the report from the June 25, 2026 Joint Conference Committee meeting. She stated that physician leaders from Ben Taub Hospital, Lyndon B. Johnson Hospital, Baylor College of Medicine, and Harris Health provided updates regarding clinical operations, patient safety, emergency preparedness, physician leadership transitions, academic partnerships, and ongoing collaboration across the health system. The committee also discussed continued implementation of the One Harris Health approach, operational efficiencies, trauma readiness, patient satisfaction initiatives, and expanded coordination among physician leaders. Ms. Ladjevardian commended the strong collaboration across the organization and recognized the collective commitment to delivering high-quality patient care.	**As Presented.**
IX. Consent Agenda Items		
	A. Consent Purchasing Recommendations	
	1. Approval of Purchasing Recommendations (Items A1 through A11 of the Purchasing Matrix) A copy of the purchasing agenda is available in the permanent record.	**Motion No. 26.07-91** **Moved by Ms. Libby Viera – Bland, seconded by Ms. Sima Ladjevardian, and unanimously passed that the Board approve the purchasing recommendations (Items A1 through A11 of the Purchasing Matrix). Motion carried.**

	B. Consent Grant Recommendations	
	1. Approval of Grant Recommendations (Items B1 of the Grant Matrix)	**Motion No. 26.07-92** **Moved by Ms. Libby Viera – Bland, seconded by Dr. Shubhada Hooli, and unanimously passed that the Board approve agenda items IX.B through C. Motion carried.**
	C. New Consent Items for Board Approval	
	1. Acceptance of the Harris Health May 2026 Financial Report Subject to Audit	**Motion No. 26.07-92** **Moved by Ms. Libby Viera – Bland, seconded by Dr. Shubhada Hooli, and unanimously passed that the Board approve agenda items IX.B through C. Motion carried.**

X. Item(s) Related to the Health Care for Homeless Program		
	A. Review and Acceptance of the Following Reports for the Health Care for the Homeless Program (HCHP) as Required by the United States Department of Health and Human Services, which Provides Funding to the Harris County Hospital District d/b/a Harris Health to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act • HCHP July 2026 Operational Update Ms. Tracey Burdine, Director of Ambulatory Care Services (ACS), presented the HCHP report. She reviewed the July 2026 operational update, reporting continued progress toward annual patient service goals while acknowledging temporary impacts related to provider onboarding. She reported that Harris Health had served more than 3,200 unduplicated patients during the reporting period and discussed ongoing efforts to improve productivity as additional providers join the program. Ms. Burdine also announced that the program received a $10,000 America's Essential Hospitals Mobile Learning Collaborative Grant, which will support participation in national mobile health learning activities, best practice collaboration, and staff education. The proposed grant budget was presented for Board approval. Ms. Burdine also reviewed the Consumer Advisory Council report, including updates regarding temporary relocation of services due to structural repairs at the 419 Emancipation clinic, continued mobile health operations, collaboration with the Harris County Sheriff's Office, and ongoing dental services for individuals experiencing homelessness. Copies of the presentations and supporting documentation were included in the permanent record. **Note:** Items X. A through C were presented together and considered separately for Board action.	**Motion No. 26.07-93** **Moved by Dr. Shubhada Hooli, seconded by Ms. Libby Viera – Bland, and unanimously passed that the Board approve agenda items X.A. Motion carried.**
	B. Notice of a Grant Award from America's Essential Hospitals (AEH), Including Consideration of Approval of the HCHP Budget for the AEH Mobile Learning Collaborative Grant	**Motion No. 26.07-94** **Moved by Ms. Sima Ladjevardian, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda items X.B. Motion carried.**

	C. Approval of the HCHP Consumer Advisory Council Report	**Motion No. 26.07-95** **Moved by Dr. Shubhada Hooli, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda items X.C. Motion carried.**
XI. Executive Session	At 10:10 AM, Ms. Paret stated that the Board would enter Executive Session for Items XI. 'D through G' as permitted by law under Tex. Health & Safety Code Ann. §161.032 and Tex. Gov't Code Ann. §§§§551.071, 551.072, 551.074 and 551.085.	
	D. Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Financial Performance for the Five Months Ending May 31, 2026, and Other Material Business Matters Related to Affiliated Health Plan Entity, Pursuant to Tex. Gov't Code Ann. §551.085	**No action taken.**
	E. Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Health Care Program Requirements, Including Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032 and Tex. Gov't Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session	**No action taken.**
	F. Deliberation Regarding the Purchase, Exchange, Lease or Value of Real Property, Pursuant to Tex. Gov't Code §§551.071, 551.072, and Possible Action Regarding this Matter Upon Return to Open Session	**No action taken.**
	G. 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 ***Motion:*** *Approval of the FY 2026 CEO Evaluation as presented in Executive Session* ***Motion:*** *Approval of the FY 2027 CEO Goals as presented in Executive Session*	**Motion No. 26.07-96** **Moved by Ms. Libby Viera – Bland, seconded by Ms. Ingrid Robinson, and unanimously passed that the Board approve agenda items XII.G. (FY26 CEO Evaluation). Motion carried.** **Motion No. 26.07-96** **Moved by Ms. Libby Viera – Bland, seconded by Ms. Ingrid Robinson, and unanimously passed that the Board approve agenda items XII.G. (FY27 CEO Goals). Motion carried.**

XIII. Reconvene	At 11:25 A.M., Ms. Paret reconvened the meeting in open session and confirmed that a quorum remained present. She noted that no action was taken in Executive Session. The Board took action on item XI. G of the Executive Session Agenda. No action was taken on Items XI. D through F.	
XIV. Adjournment	There being no further business to come before the Board; without objection, the meeting was adjourned at 11:26 A.M.	

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

Respectfully Submitted,

Carol Paret, BS, Presiding Officer
in lieu of Andrea Caracostis, MD, MPH, Chair

Libby Viera – Bland, AICP, Secretary

Minutes transcribed by Cherry A. Joseph, MBA

HARRISHEALTH

Board of Trustees
Board Meeting I Wednesday, July 8, 2026
ATTENDANCE RECORD

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

PRESENT EXECUTIVE LEADERSHIP, STAFF & GUESTS	
Alexander Barrie	Lisa Wright *(Chief Executive Officer, Community Health Choice)*
Anna Mateja *(Chief Financial Officer, Community Health Choice)*	Louis Smith
Anthony Williams	Maria Cowles
Dr. Anwar Mohammad Sirajuddin	Mary Buzak *(Bracewell)*
Barron Wallace *(Bracewell)*	Nathan Bac *(Harris County Attorney's Office)*
Cherry Joseph	Dr. O. Reggie Egins
Daniel Smith	Olga Rodriguez
Ebon Swofford *(Harris County Attorney's Office)*	Omar Reid
Elizabeth Hanshaw Winn *(Parliamentarian)*	R. King Hillier
Dr. Esmaeil Porsa *(President & Chief Executive Officer, Harris Health)*	Randy Manarang
Everett Hood	Rico Sanchez *(SMART - Local Union 54)*
Dr. Glorimar Medina	Sam Karim
Jack Adger *(Harris County Purchasing Office)*	Dr. Sandeep Markan
Dr. Jackie Brock	Sara Thomas *(Harris County Attorney's Office)*
Jennifer Small	Shawn DeCosta
Jennifer Zarate	Tameika Aaron *(Public Comment Speaker)*
Jerry Summers	Taylor McMillan
Kiki Teal	Dr. Thomas Cummins
Dr. Kunal Sharma	Dr. Tien Ko
Krystal Carter	Tracey Burdine
Lindsay Lanagan	Victoria Nikitin

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.*

HARRISHEALTH

MINUTES OF THE HARRIS HEALTH BOARD OF TRUSTEES
Health Resources and Services Administration (HRSA)
Special Call Board Meeting
Wednesday, July 22, 2026
9:30 A.M.

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
I. Call to Order and Record of Attendance	The meeting was called to order at 10:22 AM by Ms. Libby Viera – Bland, Presiding Officer. A quorum was present. She noted that while some board members were present in the boardroom, others were participating remotely by video conference in accordance with the Harris Health Video Conferencing Policy and applicable state law. All others wishing to view the meeting were advised to access the meeting online through the Harris Health website: http://harrishealthtx.swagit.com/live. Attendance was recorded and is appended to the archived minutes.	**A copy of the attendance is appended to the archived minutes.**
II. Public Comment	Ms. Viera-Bland announced that no public comments had been received, and the Board proceeded to the posted agenda.	**As Presented.**
III. Item(s) Related to the Health Care for Homeless Program		
	A. Review and Acceptance of the Following Reports for the Health Care for the Homeless Program (HCHP) as Required by the United States Department of Health and Human Services, which Provides Funding to the Harris County Hospital District d/b/a/ Harris Health to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act • HCHP July 2026 Health Resources and Services Administration (HRSA) Operational Site Visit (OSV) Report • HRSA Compliance Manual (Chapters 2 and 4) Ms. Tracey Burdine, Director of Ambulatory Care Services (ACS), presented the July 2026 HRSA Operational Site Visit findings for the Health Care for the Homeless Program. She informed the Board that the site visit resulted in two preliminary findings, both of which were administrative in nature. The first finding required an update to HRSA Form 5A to remove translation services from one service category in column III and place them in the appropriate category of column II to accurately reflect the existing contractual arrangement under which the health center provides and pays for translation services. The second finding required revision of the Harris Health Board Conflict of Interest Disclosure Form to include HRSA-required attestation language confirming that board members are not current Harris Health employees and do not have immediate family members employed by Harris Health. Copies of the presentations and supporting documentation were included in the permanent record.	**Motion No. 26.07-98** **Moved by Mr. Paul Puente, seconded by Ms. Sima Ladjevarian, and unanimously passed that the Board accept the July 2026 HRSA Operation Site Visit Report. Motion carried.** **Motion No. 26.07-99** **Moved by Ms. Sima Ladjevardian, seconded by Mr. Paul Puente, and unanimously passed that the Board accept the HRSA Compliance Manual, Chapters 2 and 4. Motion carried.**

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
	B. Approval of the Amended Harris Health Board Conflict of Interest Disclosure Form	**Motion No. 26.07-100** **Moved by Ms. Ingrid Robinson, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda items III.B. Motion carried.**
	C. Consideration of Approval of a HCHP Change in Scope to Remove Translation Services from the HRSA Form 5A	**Motion No. 26.07-101** **Moved by Mr. Paul Puente, seconded by Ms. Ingrid Robinson, and unanimously passed that the Board approve agenda items III.C. Motion carried.**
XIV. Adjournment	There being no further business to come before the Board; without objection, the meeting was adjourned at 10:27 A.M.	

I certify that the foregoing are the Minutes of the Harris Health Board of Trustees Meeting held on July 22, 2026.

Respectfully Submitted,

Libby Viera – Bland, AICP, Presiding Officer,
in lieu of Andrea Caracostis, MD, MPH, Chair

Libby Viera – Bland, AICP, Secretary

Minutes transcribed by Cherry A. Joseph, MBA

HARRISHEALTH

Board of Trustees
Special Call Board: HRSA Meeting I Wednesday, July 22, 2026
ATTENDANCE RECORD

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

PRESENT EXECUTIVE LEADERSHIP, STAFF & GUESTS	
Alexander Barrie	Dr. Jennifer Small
Anthony Williams	Jerry Summers
Carolynn Jones	Julie Cromeens
Cherry Joseph	Lindsay Lanagan
Daniel Smith	Louis Smith
Ebon Swofford *(Harris County Attorney's Office)*	Maria Cowles
Elizabeth Hanshaw Winn *(Consultant)*	Dr. Matasha Russell
Dr. Esmaeil Porsa *(President & Chief Executive Officer, Harris Health)*	Sara Thomas *(Harris County Attorney's Office)*
Holly Gummert *(Harris County Attorney's Office)*	Shawn DeCosta
Ja' Porsha Comeaux	Dr. Thomas Cummins
Dr. Jackie Brock	Tracey Burdine

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.*

HARRISHEALTH

MINUTES OF THE HARRIS HEALTH BOARD OF TRUSTEES
Fiscal Year 2027 Operating and Capital Budget Workshop
Monday, August 3, 2026
10:00 A.M.

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
I. Call to Order and Record of Attendance	The meeting was called to order at 10:00 AM by Dr. Andrea Caracostis, Chair. A quorum was present. She noted that while some board members were present in the boardroom, others were participating remotely by video conference in accordance with the Harris Health Video Conferencing Policy and applicable state law. All others wishing to view the meeting were advised to access the meeting online through the Harris Health website: http://harrishealthtx.swagit.com/live. Attendance was recorded and is appended to the archived minutes.	**A copy of the attendance is appended to the archived minutes.**
II. Public Comment	Dr. Caracostis announced that no public comments had been received, and the Board proceeded to the posted agenda.	
III. Discussion Regarding Harris Health's Fiscal Year 2027 Operating and Capital Budget	Ms. Victoria Nikitin, Senior Vice President and Chief Financial Officer, presented an overview of the proposed Fiscal Year 2027 Operating and Capital Budget, noting that the workshop was intended to provide the Board with a preliminary budget update for discussion and feedback. She explained that the budget remains under development and that, due to the revised budget calendar, formal approval would be presented to the Board in September following review by Commissioners Court. Ms. Alison Perez, Vice President of Financial Planning and Analysis, provided an overview of the budget assumptions and planning process. She stated that the proposed budget was developed using current year financial performance, projected year-end results, anticipated revenue and expenditure trends, inflationary assumptions, and approved strategic initiatives. Ms. Perez reviewed key strategic priorities, including ongoing capital projects, ambulatory care expansion, operational initiatives, projected patient volumes, revenue assumptions, operating expenses, and the proposed capital budget. She noted that the budget reflects Harris Health's continued commitment to supporting patient care, investing in strategic priorities, and maintaining fiscal responsibility. Ms. Nikitin discussed the organization's major revenue sources, including property tax support, net patient revenue, and Medicaid supplemental payment programs. She mentioned that several state and federal funding decisions remain pending and could impact final budget projections. Ms. Nikitin also reviewed projected financial scenarios, operating margin expectations, key financial risks, and the importance of maintaining adequate cash reserves and strong bond ratings to support the organization's long-term financial stability. The Board engaged in discussion throughout the presentation regarding strategic initiatives, patient capacity, Hospital at Home, correctional health services, ambulatory care expansion, revenue assumptions, Medicaid funding, workforce investments, operating expenses, and future capital projects. Executive leadership responded to Board members' questions and provided additional clarification regarding operational priorities, financial assumptions, and the anticipated budget timeline leading to formal adoption in September. A copy of the presentation was included in the permanent record.	**As Presented.**

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
IV. Adjournment	There being no further business to come before the Board; without objection, the meeting was adjourned at 11:30 A.M.	

I certify that the foregoing are the Minutes of the Harris Health Board of Trustees Meeting held on August 3, 2026.

Respectfully Submitted,

Andrea Caracostis, MD, MPH, Chair

Libby Viera – Bland, AICP, Secretary

Minutes transcribed by Cherry A. Joseph, MBA

HARRISHEALTH

Board of Trustees
Fiscal Year 2027 Budget Workshop Meeting I Monday, August 3, 2026
ATTENDANCE RECORD

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

PRESENT EXECUTIVE LEADERSHIP, STAFF & GUESTS	
Alexander Barrie	Jennifer Small
Alison Perez	Jennifer Zarate
Amy Smith	Louis Smith
Carolynn Jones	Maria Cowles
Cherry Joseph	Melanie Stephens
Daniel Smith	Olga Rodriguez
Elisa Santana	Omar Reid
Dr. Esmaeil Porsa *(President & Chief Executive Officer, Harris Health)*	Randy Manarang
Dr. Glorimar Medina	Sara Thomas *(Harris County Attorney's Office)*
Ja' Porsha Comeaux	Shawn DeCosta
Jack Adger *(Harris County Purchasing Office)*	Dr. Thomas Cummins
Dr. Jackie Brock	Victoria Nikitin
Jay Camp	

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.*

HARRISHEALTH

Public Comment Registration Process

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

If you have signed up to attend as a virtual Public Speaker, a meeting link will be provided within 24-48 hours of the scheduled meeting. Notice: Virtual public speakers will be removed from the meeting after speaking and have the option to join the meeting live via **http://harrishealthtx.swagit.com/live**. *You must click the "Watch Live" hyperlink in the blue bar, located on the top left of the screen.*

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

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

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

Rules During Public Comment Period
The presiding officer of the Board of Trustees or the Board Secretary shall keep the time for speakers.

Time Limits
A speaker whose subject matter, as submitted, relates to an identifiable item of business on the agenda, will be requested by the presiding officer to come to the podium where they will be provided with three (3) minutes to speak. A speaker whose subject matter, as submitted, does not relate to an identifiable item of business on the agenda, will be provided with one (1) minute to speak. A member of the public who addresses the body through a translator will be given at least twice the amount of time as a member of the public who does not require the assistance of a translator.

Wednesday, August 12, 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 23 – 36 Were Intentionally Left Blank -

Wednesday, August 12, 2026

Executive Session

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

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

- Pages 38 – 40 Were Intentionally Left Blank -

Wednesday, August 12, 2026

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

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

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

Thank you.

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

Board of Trustees

HARRISHEALTH

August 2026 Medical Staff Credentials Report

Medical Staff Initial Appointments: 27
BCM Medical Staff Initial Appointments - 15
UT Medical Staff Initial Appointments - 11
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: 41

BCM/UT/HCHD Medical Staff Resignations: 7

Other Business:
Leave of Absence - 1

For Information:
Temporary Privileges Awaiting Board Approval - 7
Urgent Patient Care Need Privileges Awaiting Board Approval - 0

BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Files for Discussion: 2
Medical Staff Initial Appointment Files for Discussion - 2
Medical Staff Reappointment Files for Discussion - 0

Wednesday, August 12, 2026

Consideration of Approval of Changes to the Pediatric Clinical Privileges

A request was made to add the following language to the Pediatric Clinical Privileges.

SPECIAL NONCORE PRIVILEGES
- Provide family planning counseling and services
- Insertion / removal of Intrauterine devices
- Insertion / removal of implantable devices* (i.e., Nexplanon)
  *With documentation of successful completion of an approved course

The Chiefs of Service at BT and LBJ have reviewed and agreed with the addition to the Special Noncore Privileges.

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

Dr. Yashwant Chathampally
Associate CMO & Senior Vice President

Applicant Name: _____

Please Choose Pavilion for Requested Privileges:
☐ **Ben Taub;** ☐ **LBJ;** ☐ **ACS;**_____
Print ACS Clinic Name

QUALIFICATIONS FOR ADMINISTRATION OF SEDATION AND ANALGESIA

Requires successful completion of the Moderate Sedation exam with a passing score of 85% or above and a current ACLS, ATLS, PALS or NRP. See hospital policy, 7.03. for sedation and analgesia by non-anesthesiologists.

☐ **SEDATION AND ANALGESIA PRIVILEGES REQUESTED**

SPECIAL NONCORE PRIVILEGES (See Specific Criteria)
If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence as deemed sufficient by the department chief/chair.

Provide family planning counseling and services including:
☐ Insertion/ removal of Intrauterine devices
☐ Insertion/removal of implantable devices* (i.e., Nexplanon)
***With documentation of successful completion of an approved course**

☐**SPECIAL PRIVILEGES REQUESTED**

Acknowledgement of Practitioner

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

a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies, Rules & Regulations applicable generally and any applicable to the particular situation.

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Applicant's Signature **Date**

Wednesday, August 12, 2026

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

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

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

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

Board of Trustees

HARRISHEALTH

August 2026 Correctional Health Credentials Report

Medical Staff Initial Appointments: 8

Medical Staff Reappointments: 0

Medical Staff Resignations: 2

Medical Staff Files for Discussion: 0

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH

Wednesday, August 12, 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						
Quality & Leapfrog Update						X						
Pillar 2: People					X							
Retention, Workplace Safety, and/or Comm. Partnerships					X							
Pillar 3: Resiliency										X		
Compliance Education										X		
Legislative Agenda										X		
Pillar 4: Health Promotion & Disease Prevention								X				
Disease Prevention								X				
Pillar 5: System Optimization		X			X	X		X	X	X		X
Strategic Capital and Financial Plan		X			X				X			X
Holly Hall Operations Center Update								X				
LBJ Buildout Facilities Update								X				
Big Rocks						X						
Cybersecurity												X
Enterprise Risk Management									X			
AI Update										X		
Pillar 6: Access	X	X			X	X	X		X			
Harris Collaborative					X							
ACS Facilities Strategic Plan	X					X						
Financial Assistance and Eligibility Programs Overview		X										
Hospital at Home									X			
ACS Community Partnerships							X					

***Subject to Change**
Revised: 08.05.26

Full Board
Committee Meeting

Wednesday, August 12, 2026

Presentation Regarding Health Promotion and Disease Prevention at Harris Health

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Update by Dr. Amy Smith, Senior Vice President, Care Transitions & Integration and Chief Health Officer, and Dr. Jennifer Small, Chief Executive Officer, Ambulatory Care Services on the Harris Health System Strategic Plan regarding:

- Health Promotion and Disease Prevention
  - Background
  - Tactics & Initiatives
  - Outcomes
  - Measurement Strategy

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

HARRIS HEALTH STRATEGIC PLAN PILLAR 4

Health Promotion and Disease Prevention

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

Dr. Jennifer Small
Chief Executive Officer, Ambulatory Care Services

August 2026 – Harris Health Board of Trustees

HARRISHEALTH

PILLAR 4: HEALTH PROMOTION & DISEASE PREVENTION | BACKGROUND

For the communities Harris Health serves, we are committed to

- Collaborating with others to **improve health**
- Reducing **disparities**
- Increasing the **quality of life**

HOW?

Integrated, upstream strategy to **promote health and prevent illness**

Identification of population risk to support planning

Right-sized, **coordinated** clinical and community **interventions**

Shared **performance** indicators and **outcomes**

PILLAR 4: HEALTH PROMOTION & DISEASE PREVENTION | TACTICS & INITIATIVES

1 **The Harris Collaborative**

Cross-sector collaborative coordinating high-risk populations and tracking heart health outcomes in Northeast Houston.

2 **Hypertension care continuum**

Standardize care across pavilions with remote monitoring, nurse-led clinics and community input.

3 **Nurse-led quitline referrals**

Optimize and increase tobacco cessation counseling and referrals across the system.

4 **Weight management continuum**

Expand nurse-led BMI screening and healthy habits classes.

5 **Maternal outcomes care model**

Team-based care model co-designed with patients to reduce morbidity and mortality.

6 **Cancer early detection program**

Develop and implement an optimized screening strategy, inclusive of screening campaigns and partnered outreach.

7 **PHQ-9 screening expansion**

Use MyHealth screening and expand the clinical escalation pathway.

8 **Disease management & care coordination model**

Optimized, team-based chronic disease management using a coordinated clinical, behavioral and social approach

PILLAR 4: HEALTH PROMOTION & DISEASE PREVENTION | OUTCOMES

Harris Health is **developing tactics** to achieve **outcomes** for our patient population, using new measurement standards and *national benchmarks* to assess performance

Pillar 4 Goal	Performance Indicators & Outcomes
Improve **Heart Health** Outcomes	Achieve **70th percentile** in key modifiable cardiovascular risk factors compared to national benchmarks with a measurable improvement in the number of heart attacks and strokes prevented
Improve **Diabetes** Outcomes	Achieve **70th percentile** in diabetes control compared to national benchmarks
Improve **Behavioral Health** Screening	Improve **percentage of patients screened** for behavioral health conditions
Improve **Cancer Screening** Rates	Achieve **70th percentile** in applicable cancer screenings compared to national benchmarks
Improve **Maternal** Morbidity & Mortality	Achieve **measurable improvement** in maternal morbidity and mortality among high-risk patients

PILLAR 4: HEALTH PROMOTION & DISEASE PREVENTION | MEASUREMENT STRATEGY

ELECTRONIC CLINICAL QUALITY MEASURES (eCQMs)

- In 2024, Harris Health began a journey to **transition ambulatory quality measures to eCQMs** with the goal of operationalizing the new metrics in FY2027
- **eCQMs** are now the backbone of Pillar 4 measurement strategy
- Pillar 4 measurement **progress to date:**

Pillar 4 Goal	eCQM Performance Measures	Metric Validation Baseline & Benchmark Established
Improve **Heart Health** Outcomes	CMS 165 Controlling High Blood Pressure	Complete
	CMS 138 Tobacco Use: Screening & Cessation Intervention	Complete
	CMS 69 BMI Screening & follow-up	Complete
	CMS 22 Screening for high blood pressure & follow-up documented	Pending
	CMS 347 Statin Therapy for the Prevention & Treatment of Cardiovascular Disease	Pending
Improve **Diabetes** Outcomes	CMS 122 Diabetes Glycemic Status Assessment Greater than 9%	Complete
	CMS 951 Kidney Health Evaluation	Pending
	CMS 131 Diabetes Eye Exam	Complete
Improve **Behavioral Health** Screening	CMS 2 Depression Screening & Follow-Up	Complete
Improve **Cancer Screening** Rates*	CMS 124 Cervical Cancer Screening	Complete
	CMS 130 Colorectal Cancer Screening	Complete
	CMS 125 Breast Cancer Screening	Complete
Improve **Maternal** Morbidity & Mortality	PC-07 Severe Obstetric Complications	Complete

*There are no corresponding eCQMs for Prostate Cancer Screening or Lung Cancer Screening; additional metric identification and data development required to establish baseline and monitoring

HARRISHEALTH

Wednesday, August 12, 2026

Presentation Regarding the Harris Health John M. OQuinn Hospital Construction Update

---

Patrick Casey
SVP, Facilities Construction & Systems Engineering

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

Building Excellence Together

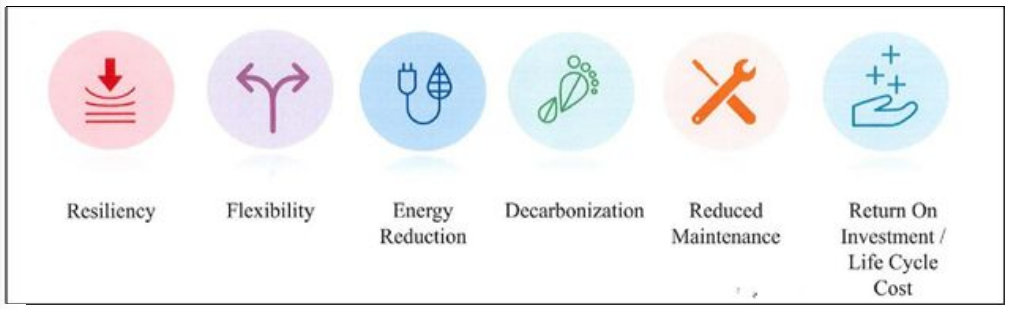
Harris Health
John M. O'Quinn Hospital

At the LBJ Campus

A 1.3M SF, 330-bed Day 1 Hospital delivered through partnership across Harris Health, JLL, HKS, ARUP, and McCarthy.

Project Team Charter & Onboarding

- Team Charter
- Team Building Process
- Community Bus Tours
- Team Why, StrengthsFinder's
- Project Goals



Executive Summary

Across every core metric, the LBJ McCarthy team is meeting or beating its goals.

Metric	Goal / Baseline	Actual
Safety — TPIR (Industry Standard 2.50)	< 0.20	0.13
Schedule — Substantial Completion	9/12/2028 (Contract)	9/12/2028 (0-day variance)
Budget	$1.3B	$1.3B Tracking on Budget

Safety & Craft Appreciation — Leading the Industry

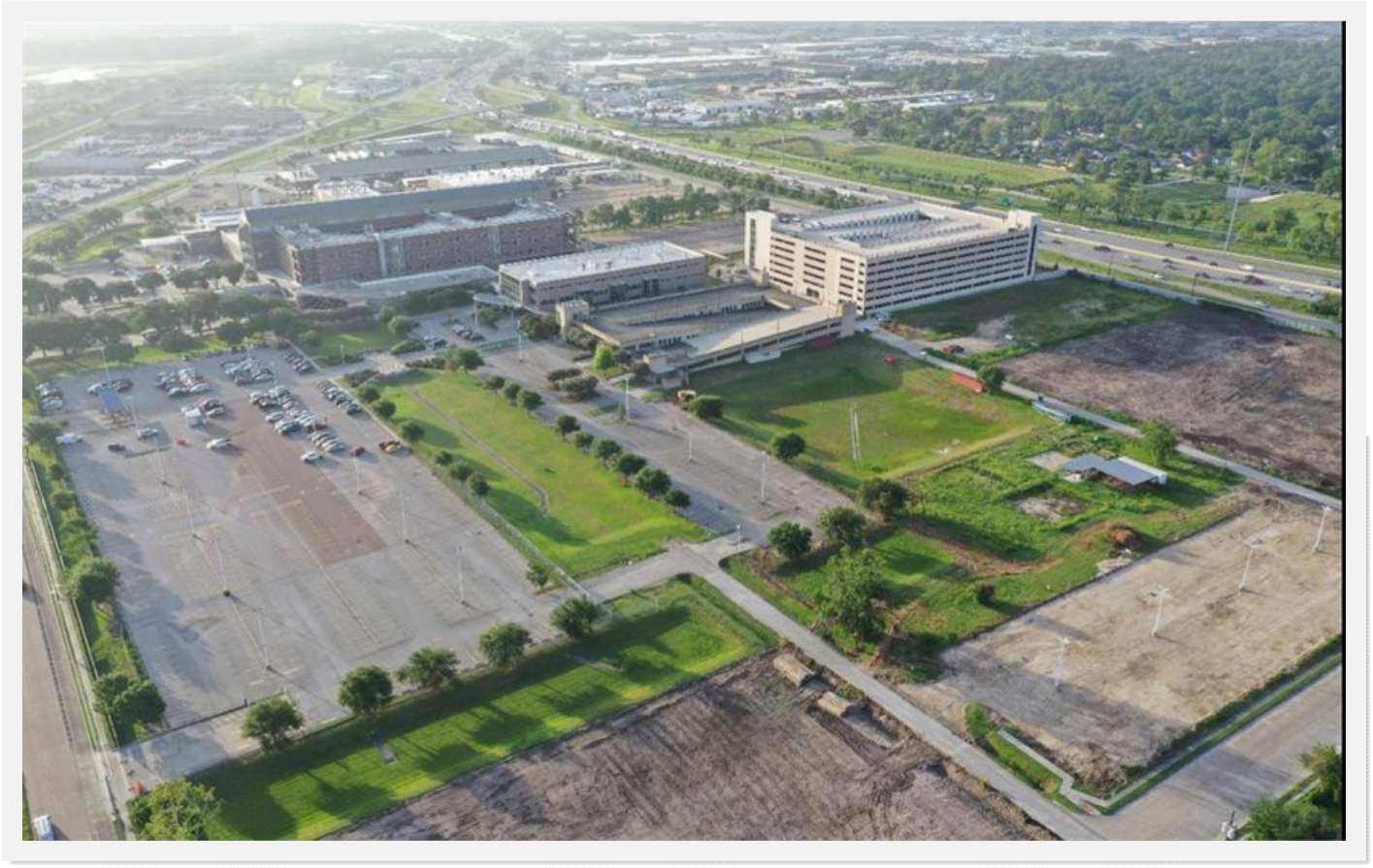
- A world-class safety record on 3.2M+ project labor hours.
- OCIP Success – reinforcing a proactive accountable safety culture
- Safe and Clean Conditions – Premier Amenities for Workers
- Every worker completes OSHA 10, Site Specific Orientation, and CPR awareness training

Schedule – Milestones

Milestones	Date
Harris Health Finalized Changes	07/31/2026
Elevators Available for Construction Use	10/23/2026
Medical Equipment Onsite	11/10/2026
Building Substantial Dry-In (Roof & Glass)*	12/01/2026
Permanent Power (pending CenterPoint)	01/04/2027
Substantial Completion (Contract)	09/12/2028
Harris Health - 1st Patient	01/15/2029

ON TARGET *Holding a 0 calendar-day variance to the contract completion date!*

Progress Photos



June 2024

Progress Photos

August 2025

Progress Photos

August 2026

McCARTHY

We, Not I — a unified delivery team.

OWNER
Harris Health System

PROGRAM MANAGER
JLL

CMAR
McCarthy Building Companies

MEP ENGINEER
ARUP

STRUCTURAL
Walter P Moore

ARCHITECT
HKS

Building a healthier future for Harris County — together.

Wednesday, August 12, 2026

Presentation Regarding the Harris Health Holly Hall Operations Center Update

---

Patrick Casey
SVP, Facilities Construction & Systems Engineering

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

HARRIS HEALTH STRATEGIC PILLAR 5

Holly Hall Operations Center Update

Louis G. Smith, Jr.
Senior Executive Vice President/Chief Operating Officer

Patrick Casey
Senior Vice President

August 2026 – Harris Health Board of Trustees

HARRISHEALTH

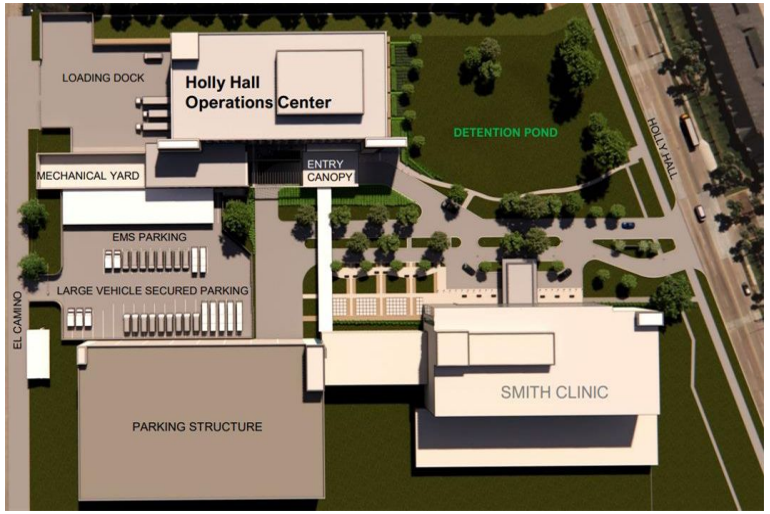
Holly Hall Operations Center
Smith Campus


LOADING DOCK
Holly Hall
Operations Center
DETENTION POND
HOLLY HALL
MECHANICAL YARD
ENTRY
CANOPY
EMS PARKING
LARGE VEHICLE SECURED PARKING
EL CAMINO
SMITH CLINIC
PARKING STRUCTURE

Holly Hall Operations Center

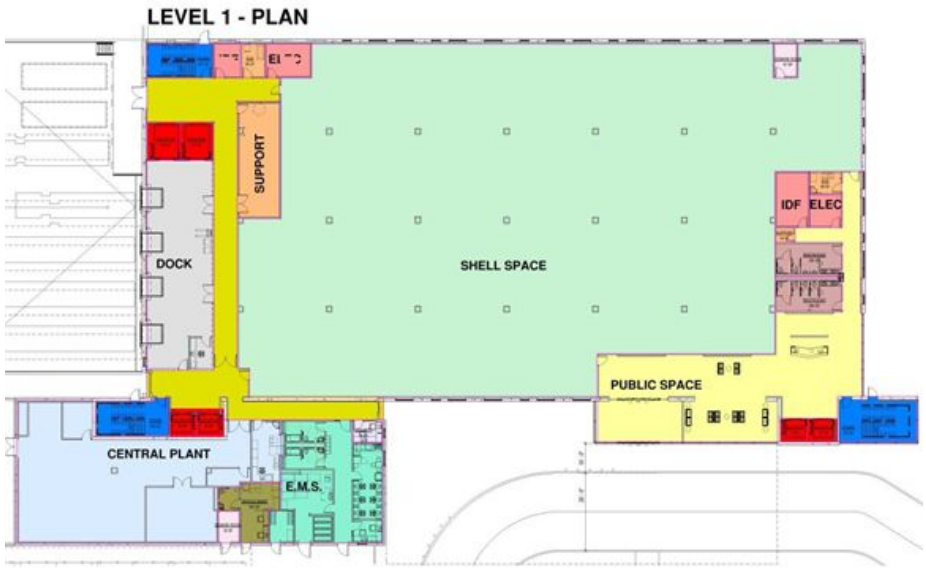
- **Phase:** Construction
- **Scope:**
  - Construction of a 4-story, 145,275 SF building
  - First Floor- Shell space for future Services, EMS, Pharmacy Shipping Dock;
  - Second Floor- Shell space for future Services
  - Third Floor- Central Fill Pharmacy Production;
  - Fourth Floor- Central Fill Pharmacy Support, Education and Compounding Pharmacy
- **Current Progress**:
  - Elevator equipment, Chillers, and emergency Generators are in-place
  - Installation of overhead MEP and in-wall rough-ins continues
  - Switchgear equipment is set and building power is energized
  - Potential Impact: Weather delays and impact with upsizing the CenterPoint gas line – Impact is being evaluated and reviewed
- **Project Schedule:**

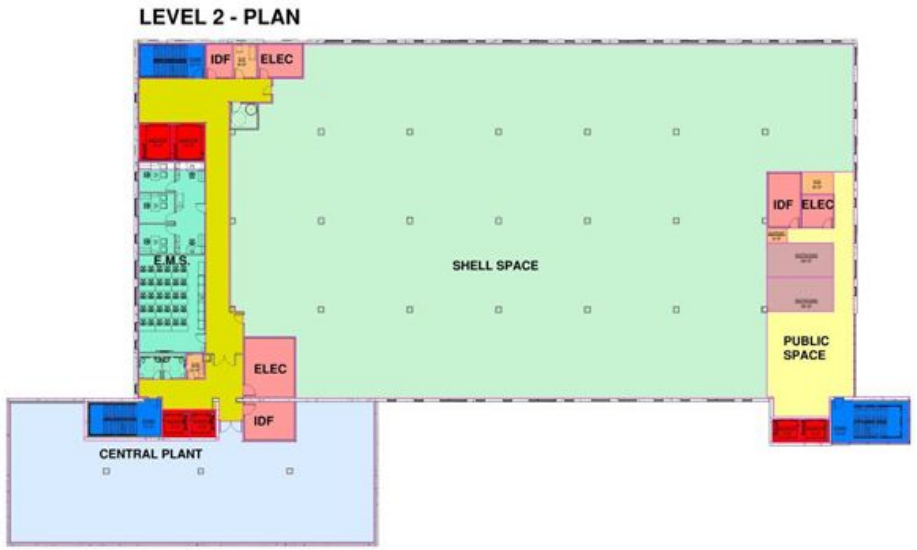
Milestone	Target Date
Design Completion	August 2024
Construction Start	November 2024
Construction Completion	November 2026
Go-Live / Activation	April 2027



HARRISHEALTH

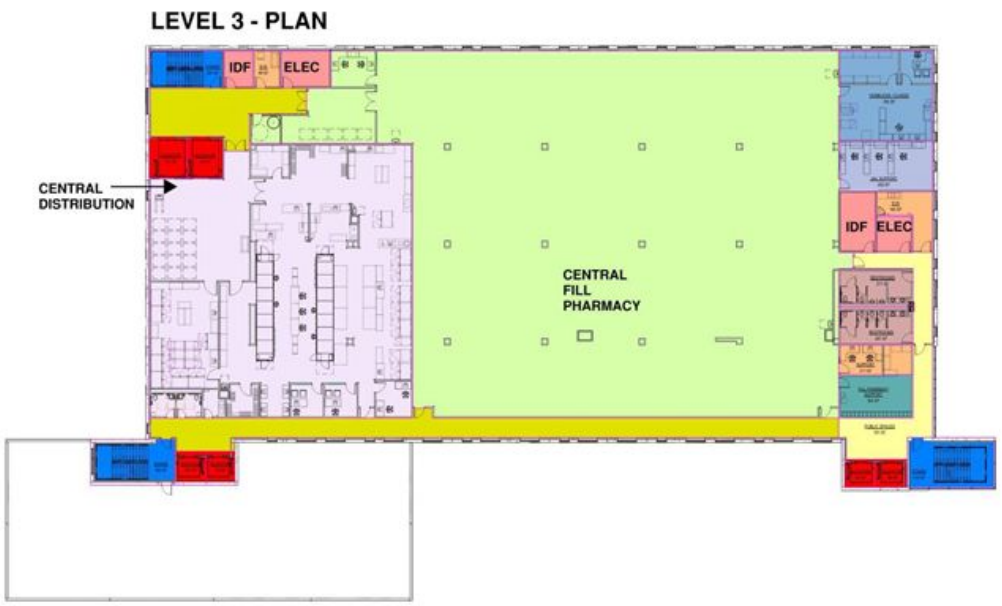
Holly Hall Operations Center

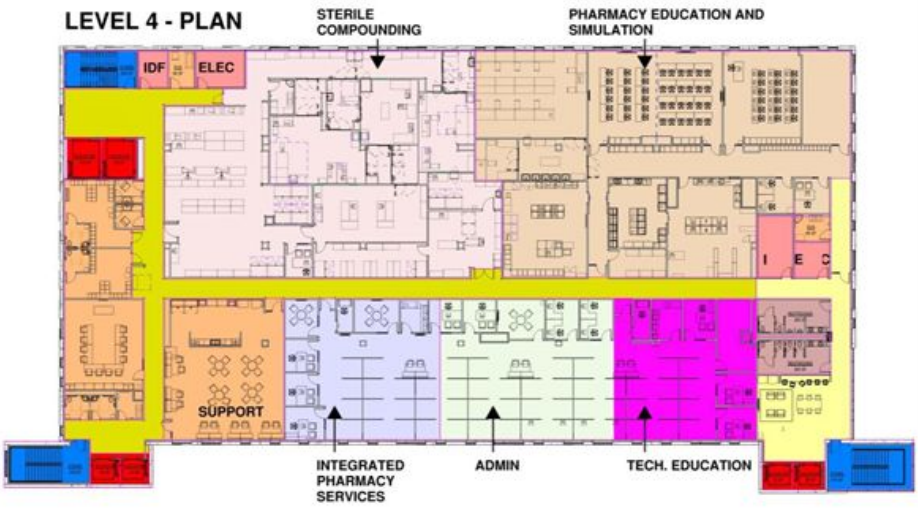




HARRISHEALTH

Holly Hall Operations Center





HARRISHEALTH

Holly Hall Operations Center Construction Progress

HARRISHEALTH

Kimberly J. Williams, JD
Harris County Purchasing Agent

July 29, 2026

Board of Trustees Office
Harris Health

Re: Board of Trustees Meeting August 12, 2026
Budget and Finance Agenda Items

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

Approvals

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

Sincerely,

Kimberly J. Williams

Kimberly J. Williams, JD
Purchasing Agent

JA/ea
Attachments

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

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

Expenditure Summary: August 12, 2026 (Approvals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A1	**Solventum Health Information Systems, Inc. (HCHD-479)** MWBE Goal: Exempt Sole Source	**Coding & Reimbursement Software Support** - Provide maintenance and support for coding and reimbursement applications used to determine payer reimbursement for services rendered by Harris Health. Supported software solutions include CDI Engage One, Fluency Direct, 360 Encompass™ System, 360 Encompass™ Audit Expert System, and 360 Encompass™ Professional System. ***Sole Source Exemption***	Additional Funds Extension Sole Source Exemption October 28, 2026 through October 27, 2029	Wingo, Amber	$ 1,988,913	**$ 6,865,030**
A2	**Yellow Brick Consulting, Inc. (HCHD-1680)** MWBE Goal: 12%	**Transition, Activation, and Move Management Services for Lyndon B. Johnson Campus Expansion Project** - Additional funding is required to support the expanded scope of services for the John M. O'Quinn project. The additional services include warehousing and storage, assembly, logistics, asset tagging, and deployment of medical equipment, FF&E, and IT equipment. ***Job No. 250151, Board Motion 25.12-150***	Additional Funds January 06, 2026 through May 31, 2029	Erica Sims-Lavergne	$ 2,857,130	**$ 2,142,870**
A3	**R1 RCM Holdco Inc (HCHD-1609)** MWBE Goal: 0% Specialized, Technical, or Unique in Nature	**Physician Advisor Services for Harris Health** - To continue providing physician advisor services to the inpatient and outpatient facilities at Harris Health. The increased amount accounts for the projected annual costs and fees associated with CTI delays. ***Job No. FB03052025***	Renewal July 01, 2026 through June 30, 2027	Deborah Boswell	$ 450,000	**$ 800,000**
A4	**Symmetric Health Solutions LLC (HCHD-1918)** MWBE Goal: Exempt Sole Source	**Symmetric Item Master SaaS for Harris Health** - To provide Harris Health access to Symmetric's web-based item database so that Harris Health address critical deficiencies in supply chain and clinical data impacting Epic, PeopleSoft, and enterprise purchasing workflows. ***Sole Source Exemption***	Purchase Sole Source Exemption Four-year initial term	Raj Nair		**$ 790,000**
A5	**The Trevino Group, Inc** MWBE Goal: 100%	**Room Upgrade and Gamma Camera Replacement at Lyndon B. Johnson Hospital for Harris Health** - To provide all labor, materials, equipment, and incidental for the room upgrade and gamma camera replacement at Lyndon B, Johnson Hospital. The owner contingency provides for coverage of unanticipated costs throughout the construction project. ***Job No. 260122***	Award Only proposal meeting requirements	Babak Zare		**$ 629,700**
A6	**SpecialtyCare Cardiovascular Resources (HCHD-1654)** MWBE Goal: 15%	**Cardiovascular Perfusion Services** - Additional funds are required to continue providing cardiovascular perfusion services to patients at Harris Health. ***Professional Services Exemption, Board Motion 25.07-87***	Ratify Additional Funds Professional Services Exemption December 31, 2025 through December 30, 2026	Pedro Saldana	$ 390,000	**$ 500,000**

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A7	**ECG Management Consultants** MWBE Goal: Exempt Public Health or Safety	**Patient Throughput, Operational Efficiency, and Capacity Optimization Consulting Services** - The vendor is to provide patient throughput, operational efficiency, and capacity optimization consulting services for the LBJ and Ben Taub Emergency Centers. ***Public Health or Safety Exemption***	Award Public Health or Safety Exemption One-year initial term with five (5) one-year renewal options	Dr. Glorimar Medina, CEO Hospital Campuses		**$ 499,100**
A8	**Epic Systems Corporation (GA-04577)** MWBE Goal: Exempt Sole Source	**Epic Nebula Cloud Platform Cogito Cloud Services** - To initiate the migration of data analytics and reporting services to the existing Nebula Cloud Platform. ***Sole Source Exemption***	Award Sole Source Exemption	Burnett, David		**$ 435,000**
A9	**Bio-Rad Laboratories, Inc. (HCHD-0586)** MWBE Goal: Exempt Public Health or Safety	**GeeniusTM Reader and HIV ½ Supplemental Assay** - To continue providing confirmatory testing for HIV positive results received from Harris Health patients. ***Public Health or Safety Exemption***	Additional Funds Extension Public Health or Safety Exemption December 09, 2026 through December 08, 2029	Norin Pung	$ 65,860	**$ 388,623**
A10	**Epic Systems Corporation (GA-04577)** MWBE Goal: Exempt Sole Source	**Implementation and Support Service for Epic Enterprise Information Systems** - Additional funding is requested to provide the necessary implementation and support services for the Epic Enterprise Information System in support of the Epic Willow Inpatient Pharmacy Inventory Supply Tracking software. ***Sole Source Exemption***	Ratify Additional Funds Sole Source Exemption July 08, 2026 through July 07, 2027	Antony Kilty	$ 413,800	**$ 351,000**
A11	**Patient Care Intervention Center (GA-07460)** MWBE Goal: Exempt Sole Source	**Patient Care Intervention Center Care Transition & Integration** - To support patient care coordination and referral management through a connected platform that links healthcare networks, community partners, and available community resources. ***Sole Source Exemption***	Additional Funds Sole Source Exemption January 03, 2026 through January 02, 2027	Wilson, Chandler	$ 11,574	**$ 331,000**
A12	**XTGlobal, Inc. (HCHD-1335)** MWBE Goal: 100%	**Circulus Accounts Payable (AP) Processing Software for Harris Health** - Additional funds are required to cover the remaining invoices for the first year, as well as the addition of the professional services to the existing Agreement. ***Job No. 230448***	Ratify Additional Funds March 21, 2025 through March 20, 2026	Kris Jackson	$ 228,650	**$ 25,115**
					Total Expenditures	$ 13,757,438
					Total Revenue	$ (0)

Wednesday, August 12, 2026

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

Contract Recommendations:

B1. Payment Increase Request

- Contractor: The University of Texas Health Science Center at Houston (UTHSC)
- Project Owner: Dr. Jennifer Small
- Term: July 1, 2026 – June 30, 2027
- Amount: $ 5,999,980.14

Contract Agenda Item(s) for the Harris County Hospital District dba Harris Health, Board of Trustees Report
Contract Matrix: August 12, 2026

No.	Contractor	Description/Justification	Action, Basis of Recommendation	Term	Project Owner	Amount
B1	The University of Texas Health Science Center at Houston (UTHSC)	Consideration of approval of an increase to payment for the total compensation amount not-to-exceed $5,999,980.14 for the seventh contract year of the Oral and Maxillofacial Surgery Services Agreement between The University of Texas Health Science Center at Houston and Harris Health. The total compensation amount for UT Health's Services reflects an increase of $361,263 and shall not exceed $5,999,980.14.	Payment Increase Request	July 1, 2026 through June 30, 2027	Dr. Jennifer Small	$ 5,999,980.14
					TOTAL AMOUNT:	**$ 5,999,980.14**

Wednesday, August 12, 2026

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

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

Administration recommends that the Board accept the financial report for the period ended June 30, 2026, subject to final audit.

Victoria Nikitin
EVP – Chief Financial Officer

HARRISHEALTH

Financial Statements

As of Quarter Ended June 30, 2026
Subject to Audit

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HARRISHEALTH

Operating income for the quarter ended June 30, 2026 was $90.2 million compared to budgeted income of $11.3 million.

Total quarterly net revenue for June 30, 2026 of $760.9 million was $40.5 million or 5.6% more than budget. Net patient revenue was $16.4 million more than budget and Medicaid Supplemental programs were $14.6 million more than expected. Year-to-date, total quarterly net revenue was 2.6% over budget.

Total quarterly expenses of $670.6 million were $38.4 million or 5.4% less than budget. Total labor costs were $22.9 million lower than anticipated while supplies and purchased services were $18.7 million lower than anticipated. Favorable labor performance was driven in part by ongoing productivity and workforce management initiatives; a positive pension expense adjustment, required per the recently completed actuarial valuation, reduced benefit expense. 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 and lower subsidies for the ACA marketplace are driven primarily by recent rule changes at the federal level.

For the quarter ended June 30, 2026, total patient days and average daily census were 0.1% above budget. Inpatient case mix index, a measure of patient acuity, was 0.2% lower than budget while length of stay was 1.2% higher than budget. Emergency room visits were 3.9% lower than planned for the quarter. Total clinic visits, including telehealth, were 5.6% higher compared to budget. Births were down 22.2%.

Total cash receipts for the quarter were $678.0 million. The System has $2,000.6 million in unrestricted cash, cash equivalents and investments, representing 292.4 days cash on hand. Increase in days cash on hand is due to reimbursement from the Series 2025 and 2026 bonds totaling $852.4.0 million and $193.0 million, respectively, as of June 30, 2026, for capital expenditures tied to the Strategic Capital Plan. The remainder of the $840 million and $830 million issuances 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 $164.8 million in net accounts receivable, representing 69.4 days of outstanding patient accounts receivable at June 30, 2026. The June balance sheet reflects a combined net receivable position of $222.6 million under the various Medicaid Supplemental programs. The current portion of ad valorem taxes receivable is $17.4 million, which is offset by ad valorem tax collections as received. Accrued liabilities include $309.0 million in deferred ad valorem tax revenues that are released as ad valorem tax revenue is recognized. As of June 30, 2026, $1,212.5 million in ad valorem tax collections were received and $919.8 million in current ad valorem tax revenue was recognized.

Income Statement

HARRISHEALTH

As of the Quarter Ended June 30, 2026 and 2025 (in $ Millions)

	QUARTER-TO-DATE			YEAR-TO-DATE			
	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	PRIOR YEAR	PERCENT VARIANCE
REVENUE								
Net Patient Revenue	$ 220.8	$ 204.4	8.0%	$ 648.3	$ 620.8	4.4%	$ 571.5	13.4%
Medicaid Supplemental Programs	178.5	163.9	8.9%	512.0	491.6	4.2%	522.6	-2.0%
Other Operating Revenue	13.1	12.9	1.8%	31.0	38.4	-19.5%	109.9	-71.8%
Total Operating Revenue	**$ 412.4**	**$ 381.1**	**8.2%**	**$ 1,191.3**	**$ 1,150.9**	**3.5%**	**$ 1,204.0**	**-1.1%**
Net Ad Valorem Taxes	304.5	303.9	0.2%	919.8	911.7	0.9%	770.5	19.4%
Net Tobacco Settlement Revenue	23.0	15.2	51.6%	23.0	15.2	51.6%	19.0	21.2%
Capital Gifts & Grants	-	2.5	0.0%	-	7.5	-100.0%	4.0	-100.0%
Interest Income & Other	21.0	17.6	19.3%	59.0	52.8	11.7%	51.5	14.6%
Total Nonoperating Revenue	**$ 348.5**	**$ 339.2**	**2.7%**	**$ 1,001.8**	**$ 987.2**	**1.5%**	**$ 845.0**	**18.6%**
Total Net Revenue	**$ 760.9**	**$ 720.3**	**5.6%**	**$ 2,193.1**	**$ 2,138.1**	**2.6%**	**$ 2,049.0**	**7.0%**
EXPENSE								
Salaries and Wages	$ 257.1	$ 273.6	6.0%	$ 757.3	$ 815.8	7.2%	$ 730.4	-3.7%
Employee Benefits	80.1	86.4	7.3%	237.2	259.1	8.5%	236.7	-0.2%
Total Labor Cost	**$ 337.1**	**$ 360.0**	**6.4%**	**$ 994.5**	**$ 1,075.0**	**7.5%**	**$ 967.2**	**-2.8%**
Supply Expenses	82.0	87.4	6.2%	235.4	262.4	10.3%	241.8	2.7%
Physician Services	131.4	130.1	-1.0%	369.2	366.4	-0.8%	359.5	-2.7%
Purchased Services	73.3	86.6	15.3%	221.9	259.5	14.5%	227.7	2.5%
Depreciation & Interest	46.8	44.9	-4.1%	122.6	117.8	-4.1%	87.3	-40.4%
Total Operating Expense	**$ 670.6**	**$ 709.1**	**5.4%**	**$ 1,943.5**	**$ 2,081.1**	**6.6%**	**$ 1,883.5**	**-3.2%**
Operating Income (Loss)	**$ 90.2**	**$ 11.3**		**$ 249.5**	**$ 57.0**		**$ 165.5**	
Total Margin %	**11.9%**	**1.6%**		**11.4%**	**2.7%**		**8.1%**	

Balance Sheet

HARRISHEALTH

June 2026 and 2025 (in $ Millions)

	CURRENT YEAR	PRIOR YEAR
CURRENT ASSETS		
Cash, Cash Equivalents and Short Term Investments	$ 2,000.6	$ 1,749.6
Net Patient Accounts Receivable	164.8	132.2
Net Ad Valorem Taxes, Current Portion	17.5	9.7
Other Current Assets	315.6	315.3
Total Current Assets	**$ 2,498.5**	**$ 2,206.8**
CAPITAL ASSETS		
Plant, Property, & Equipment, Net of Accumulated Depreciation	$ 579.7	$ 575.4
Construction in Progress	1,224.1	472.6
Right of Use Assets	32.6	34.4
Total Capital Assets	**$ 1,836.4**	**$ 1,082.3**
ASSETS LIMITED AS TO USE & RESTRICTED ASSETS		
Debt Service & Capital Asset Funds	$ 671.9	$ 597.4
LPPF Restricted Cash	3.1	7.7
Capital Gift Proceeds	56.5	59.0
Other - Restricted	35.5	1.1
Total Assets Limited As to Use & Restricted Assets	**$ 766.9**	**$ 665.2**
Other Assets	54.2	44.6
Deferred Outflows of Resources	137.0	170.7
Total Assets & Deferred Outflows of Resources	**$ 5,293.0**	**$ 4,169.6**
CURRENT LIABILITIES		
Accounts Payable and Accrued Liabilities	$ 245.9	$ 271.2
Employee Compensation & Related Liabilities	180.2	163.6
Deferred Revenue - Ad Valorem	309.0	264.0
Estimated Third-Party Payor Settlements	80.9	32.0
Current Portion Long-Term Debt and Capital Leases	23.7	36.6
Total Current Liabilities	**$ 839.7**	**$ 767.3**
Long-Term Debt	1,936.2	1,107.6
Net Pension & Post Employment Benefits Liability	569.1	658.4
Other Long-Term Liabilities	5.4	7.6
Deferred Inflows of Resources	127.7	110.4
Total Liabilities	**$ 3,478.0**	**$ 2,651.1**
Total Net Assets	**$ 1,815.0**	**$ 1,518.5**
Total Liabilities & Net Assets	**$ 5,293.0**	**$ 4,169.6**

Cash Flow Summary

HARRISHEALTH

As of the Quarter Ended June 30, 2026 and 2025 (in $ Millions)

	QUARTER-TO-QUARTER		YEAR-TO-DATE	
	CURRENT YEAR	PRIOR YEAR	CURRENT YEAR	PRIOR YEAR
CASH RECEIPTS				
Collections on Patient Accounts	$ 264.1	$ 206.1	$ 717.1	$ 630.1
Medicaid Supplemental Programs	119.7	76.3	320.8	327.5
Net Ad Valorem Taxes	20.9	20.0	1,212.5	1,027.9
Tobacco Settlement	23.0	19.0	23.0	19.0
Other Revenue	250.4	384.2	717.2	434.6
Total Cash Receipts	**$ 678.0**	**$ 705.6**	**$ 2,990.6**	**$ 2,439.1**
CASH DISBURSEMENTS				
Salaries, Wages and Benefits	$ 357.2	$ 336.6	$ 1,087.4	$ 996.7
Supplies	99.8	92.9	282.0	272.1
Physician Services	120.2	120.0	348.4	336.1
Purchased Services	80.6	72.1	238.5	227.6
Capital Expenditures	191.3	105.4	684.4	311.1
Debt and Interest Payments	0.7	0.7	40.9	20.1
Other Uses	(29.0)	(7.9)	(43.7)	(10.8)
Total Cash Disbursements	**$ 820.9**	**$ 719.9**	**$ 2,637.9**	**$ 2,152.9**
Net Change	**$ (142.9)**	**$ (14.3)**	**$ 352.8**	**$ 286.2**

Unrestricted cash, cash equivalents and investments - Beginning of year	$ 1,647.8
Net Change	$ 352.8
Untrestricted cash, cash equivalents and investments - End of period	**$ 2,000.6**

Performance Ratios

HARRISHEALTH

As of the Quarter Ended June 30, 2026 and 2025 (in $ Millions)

	QUARTER-TO-DATE		YEAR-TO-DATE		
	CURRENT YEAR	CURRENT BUDGET	CURRENT YEAR	CURRENT BUDGET	PRIOR YEAR
OPERATING HEALTH INDICATORS					
Operating Margin %	11.9%	1.6%	11.4%	2.7%	8.1%
Run Rate per Day (In$ Millions)	$ 7.1	$ 7.5	$ 6.8	$ 7.4	$ 6.6
Salary, Wages & Benefit per APD	$ 2,611	$ 2,686	$ 2,532	$ 2,668	$ 2,417
Supply Cost per APD	$ 635	$ 652	$ 599	$ 651	$ 604
Physician Services per APD	$ 1,018	$ 971	$ 940	$ 910	$ 898
Total Expense per APD	**$ 5,193**	**$ 5,291**	**$ 4,948**	**$ 5,166**	**$ 4,706**
Overtime as a % of Total Salaries	2.8%	2.6%	2.9%	2.6%	3.4%
Contract as a % of Total Salaries	3.7%	2.8%	3.2%	2.8%	3.2%
Full-time Equivalent Employees	10,428	10,725	10,389	10,729	10,434
FINANCIAL HEALTH INDICATORS					
Quick Ratio			2.9		2.8
Unrestricted Cash (In $ Millions)			$ 2,000.6	$ 1,902.3	$ 1,749.6
Days Cash on Hand			292.4	258.5	263.2
Days Revenue in Accounts Receivable			69.4	65.0	63.1
Days in Accounts Payable			48.8		55.6
Capital Expenditures/Depreciation & Amortization			857.0%		435.2%
Average Age of Plant(years)			9.5		10.1

Harris Health Key Indicators

Statistical Highlights

HARRISHEALTH

As of the Quarter Ended June 30, 2026 and 2025

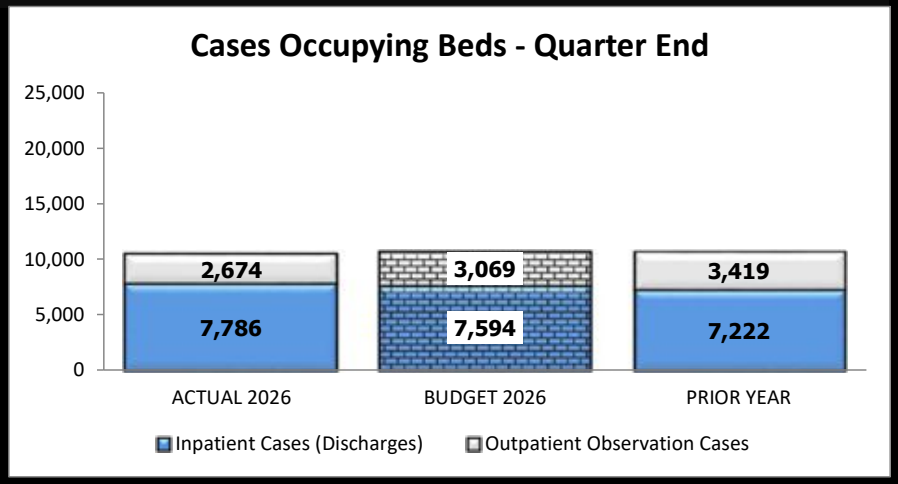
	QUARTER-TO-DATE			YEAR-TO-DATE				
	CURRENT QUARTER	CURRENT BUDGET	PERCENT CHANGE	CURRENT YEAR	CURRENT BUDGET	PERCENT CHANGE	PRIOR YEAR	PERCENT CHANGE
Adjusted Patient Days	129,141	134,020	-3.6%	392,824	402,852	-2.5%	400,202	-1.8%
Outpatient % of Adjusted Volume	59.9%	62.8%	-4.5%	61.0%	62.8%	-2.9%	63.2%	-3.5%
Primary Care Clinic Visits	132,320	129,507	2.2%	395,284	404,185	-2.2%	406,387	-2.7%
Specialty Clinic Visits	64,404	57,793	11.4%	187,898	184,181	2.0%	187,821	0.0%
Telehealth Clinic Visits	32,177	29,526	9.0%	93,517	87,733	6.6%	92,076	1.6%
Total Clinic Visits	**228,901**	**216,826**	**5.6%**	**676,699**	**676,099**	**0.1%**	**686,284**	**-1.4%**
Emergency Room Visits - Outpatient	34,913	37,244	-6.3%	101,973	108,906	-6.4%	105,834	-3.6%
Emergency Room Visits - Admitted	5,796	5,121	13.2%	16,923	15,899	6.4%	15,572	8.7%
Total Emergency Room Visits	**40,709**	**42,365**	**-3.9%**	**118,896**	**124,805**	**-4.7%**	**121,406**	**-2.1%**
Surgery Cases - Outpatient	3,173	2,992	6.0%	9,216	8,627	6.8%	9,320	-1.1%
Surgery Cases - Inpatient	2,616	2,763	-5.3%	7,643	8,135	-6.0%	7,972	-4.1%
Total Surgery Cases	**5,789**	**5,755**	**0.6%**	**16,859**	**16,762**	**0.6%**	**17,292**	**-2.5%**
Total Outpatient Visits	**399,987**	**425,044**	**-5.9%**	**1,161,813**	**1,301,889**	**-10.8%**	**1,185,523**	**-2.0%**
Inpatient Cases (Discharges)	7,786	7,594	2.5%	23,042	23,345	-1.3%	22,245	3.6%
Outpatient Observation Cases	2,674	3,069	-12.9%	7,962	8,861	-10.1%	9,527	-16.4%
Total Cases Occupying Patient Beds	**10,460**	**10,663**	**-1.9%**	**31,004**	**32,206**	**-3.7%**	**31,772**	**-2.4%**
Births	963	1,237	-22.2%	3,097	4,063	-23.8%	3,900	-20.6%
Inpatient Days	51,735	49,884	3.7%	153,109	149,714	2.3%	147,118	4.1%
Outpatient Observation Days	8,624	10,409	-17.1%	25,914	31,293	-17.2%	33,434	-22.5%
Total Patient Days	**60,359**	**60,293**	**0.1%**	**179,023**	**181,007**	**-1.1%**	**180,552**	**-0.8%**
Average Daily Census	663.3	662.6	0.1%	655.8	663.0	-1.1%	661.4	-0.8%
Average Operating Beds	701	704	-0.5%	702	704	-0.3%	701	0.1%
Bed Occupancy %	94.7%	94.1%	0.6%	93.5%	94.2%	-0.8%	94.4%	-1.0%
Inpatient Average Length of Stay	6.64	6.57	1.2%	6.64	6.41	3.6%	6.61	0.5%
Inpatient Case Mix Index (CMI)	1.709	1.712	-0.2%	1.692	1.712	-1.2%	1.733	-2.4%
Payor Mix (% of Charges)								
Charity & Self Pay	48.2%	45.5%	5.8%	47.1%	45.5%	3.4%	45.0%	4.5%
Medicaid & Medicaid Managed	18.9%	18.8%	0.8%	19.4%	18.8%	3.4%	18.6%	4.7%
Medicare & Medicare Managed	11.6%	10.6%	8.8%	11.3%	10.6%	6.0%	10.8%	4.4%
Commercial & Other	21.3%	25.1%	-15.0%	22.2%	25.1%	-11.4%	25.6%	-13.2%
Total Unduplicated Patients - Rolling 12				**236,748**			**243,581**	**-2.8%**
Total New Patient - Rolling 12				**81,172**			**87,264**	**-7.0%**

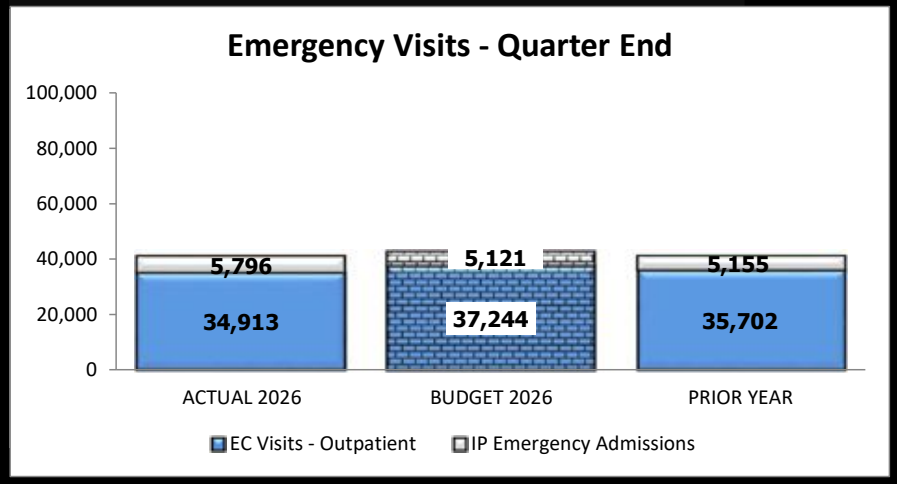
Harris Health

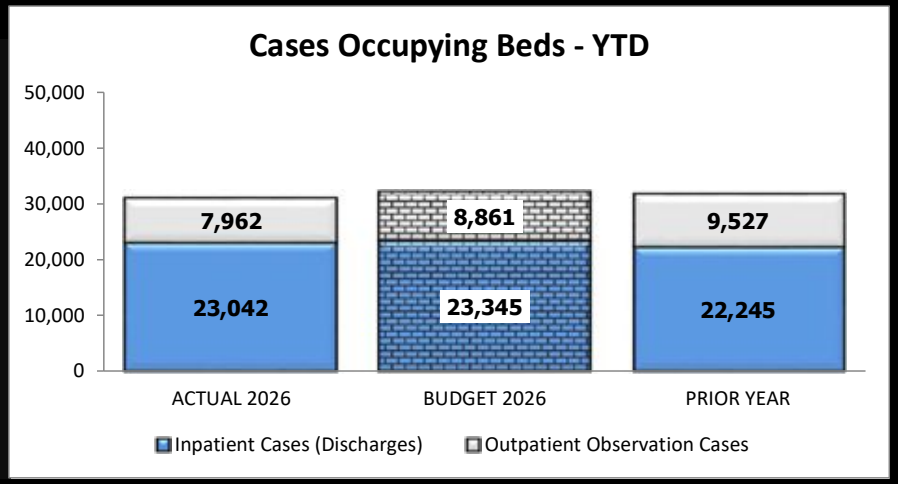
Statistical Highlights

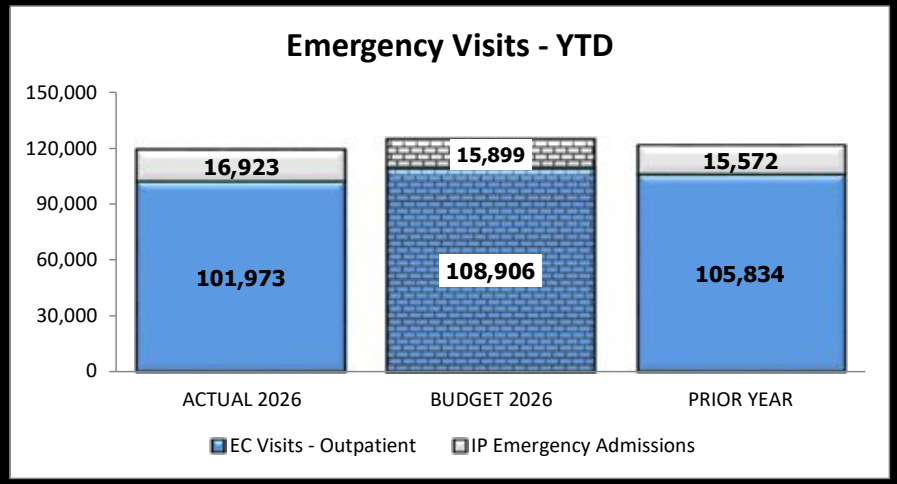
As of the Quarter Ended June 30, 2026

Cases Occupying Beds - Q3			Cases Occupying Beds - YTD			Emergency Visits - Q3			Emergency Visits - YTD		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
10,460	10,663	10,641	31,004	32,206	31,772	40,709	42,365	40,857	118,896	124,805	121,406







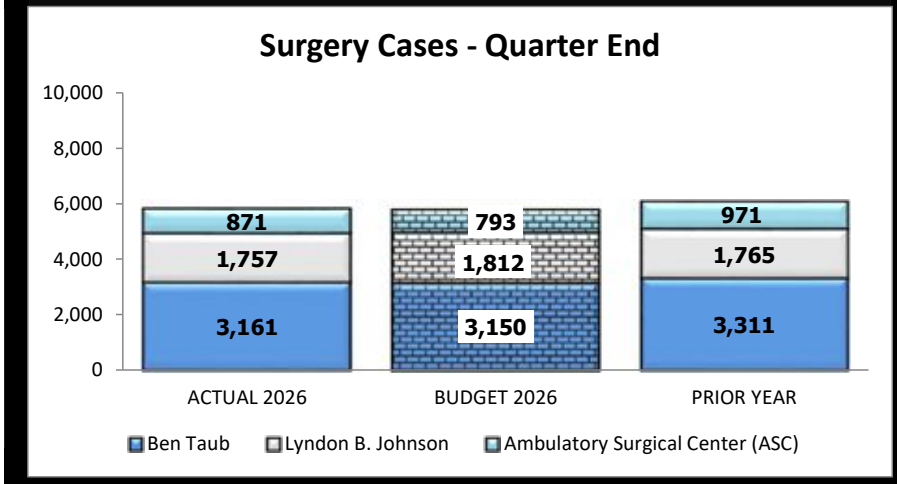


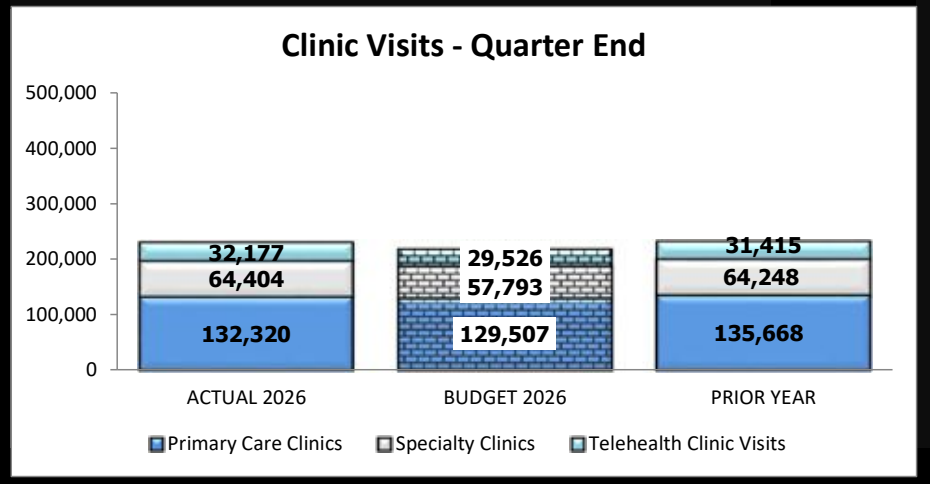
Harris Health

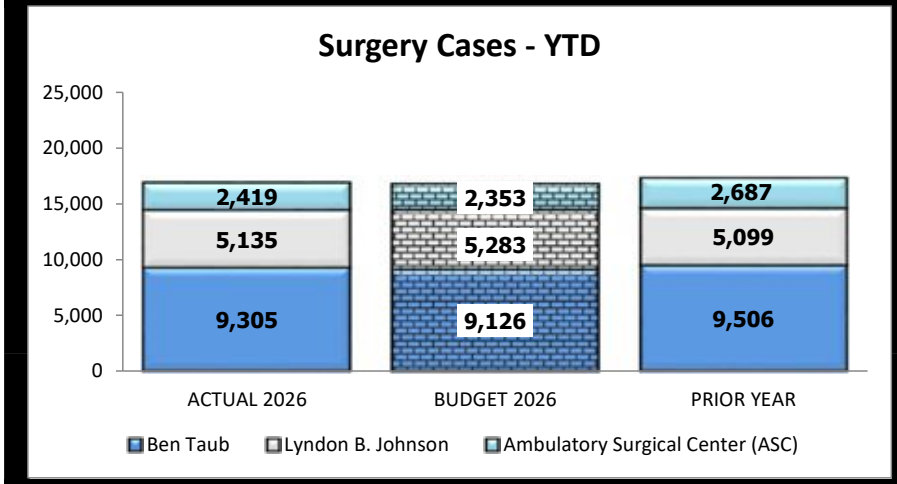
Statistical Highlights

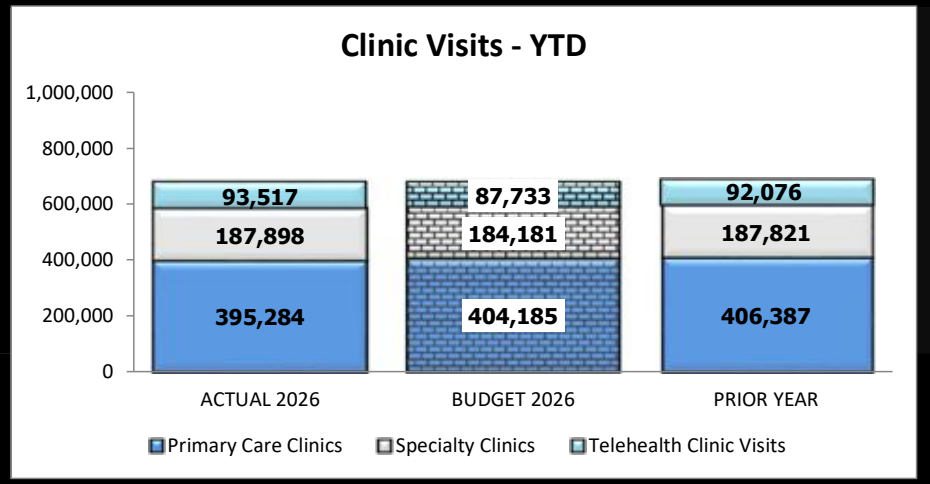
As of the Quarter Ended June 30, 2026

Surgery Cases - Q3			Surgery Cases - YTD			Clinic Visits - Q3			Clinic Visits - YTD		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
5,789	5,755	6,047	16,859	16,762	17,292	228,901	216,826	231,331	676,699	676,099	686,284









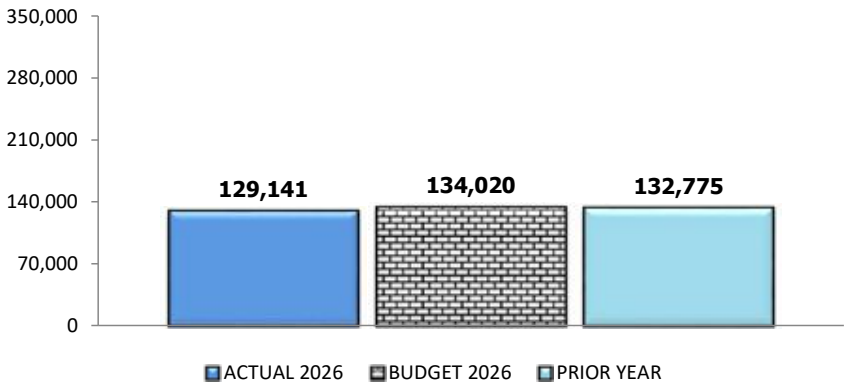
Harris Health

Statistical Highlights

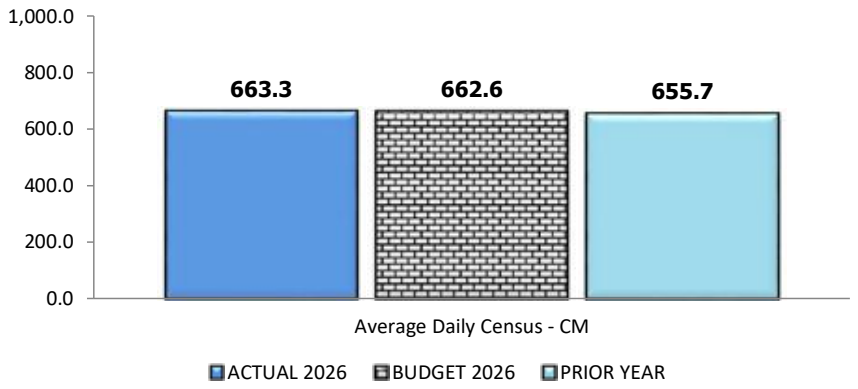
As of the Quarter Ended June 30, 2026

Adjusted Patient Days - Q3	Adjusted Patient Days - YTD	Average Daily Census - Q3	Average Daily Census - YTD
129,141	392,824	663.3	655.8

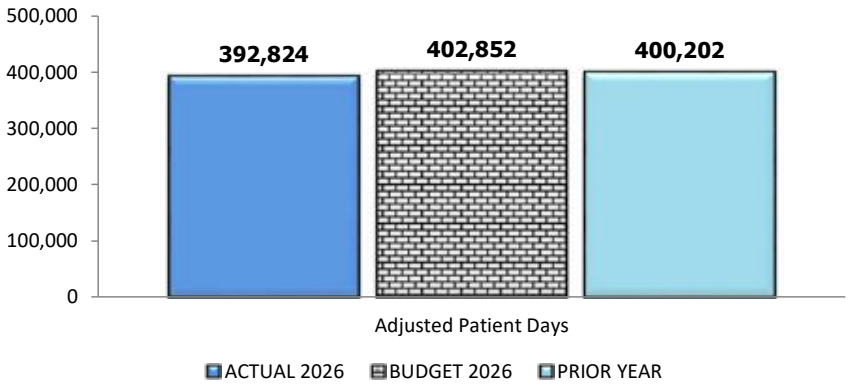
Adjusted Patient Days - Quarter End



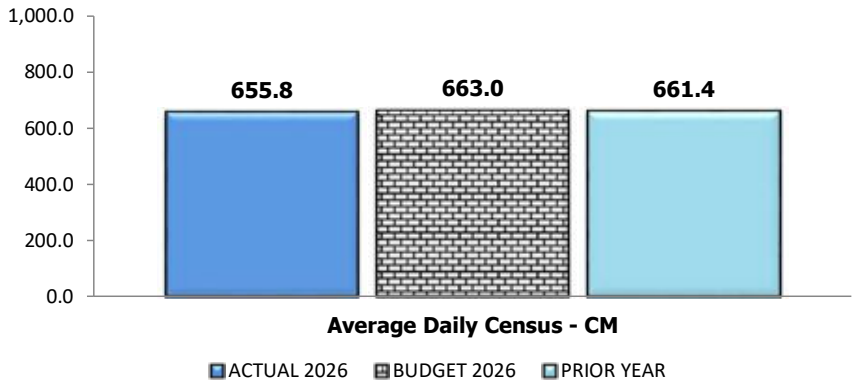
Average Daily Census - Quarter End



Adjusted Patient Days - YTD



Average Daily Census - YTD



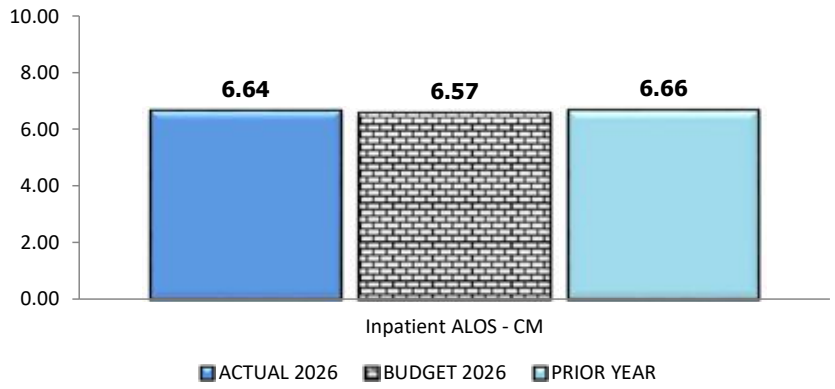
Harris Health

Statistical Highlights

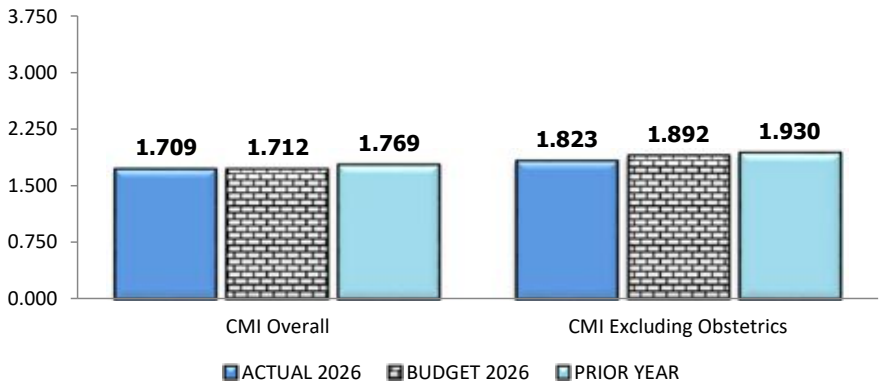
As of the Quarter Ended June 30, 2026

Inpatient ALOS - Q3	Inpatient ALOS - YTD	Case Mix Index - Q3		Case Mix Index (CMI) - YTD	
		Overall	Excl. Obstetrics	Overall	Excl. Obstetrics
6.64	6.64	1.709	1.823	1.692	1.823

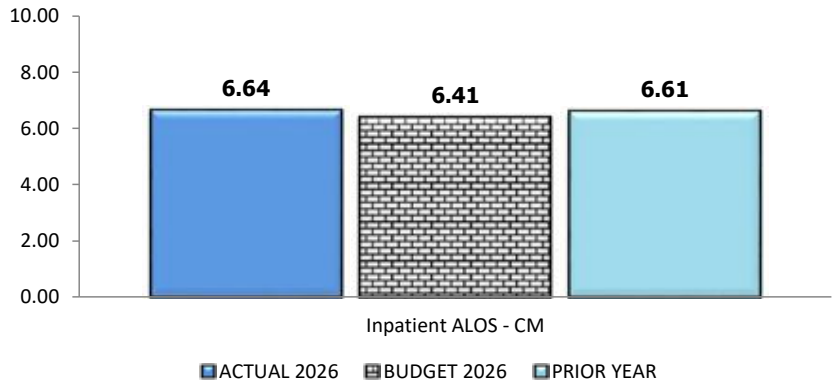
Inpatient ALOS - Quarter End



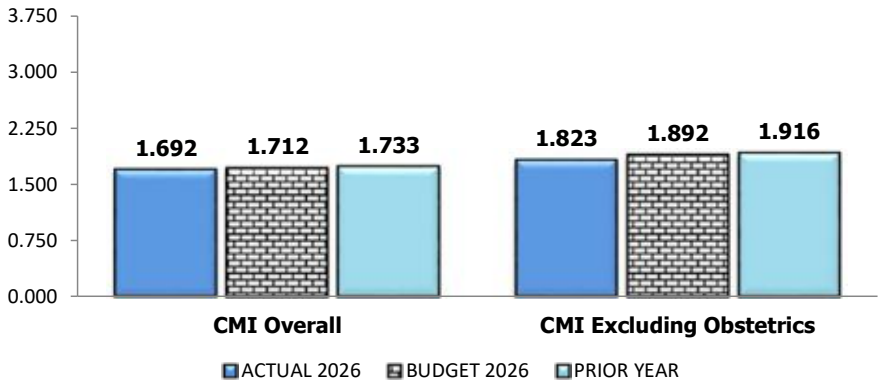
Case Mix Index - Quarter End



Inpatient ALOS - YTD



Case Mix Index - YTD



Harris Health

Statistical Highlights - Cases Occupying Beds

As of the Quarter Ended June 30, 2026

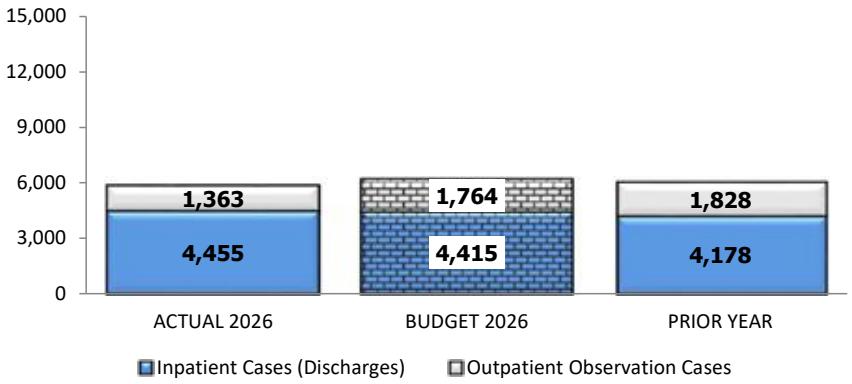
BT Cases Occupying Beds - Q3		
Actual	Budget	Prior Year
5,818	6,179	6,006

BT Cases Occupying Beds - YTD		
Actual	Budget	Prior Year
17,568	18,892	18,302

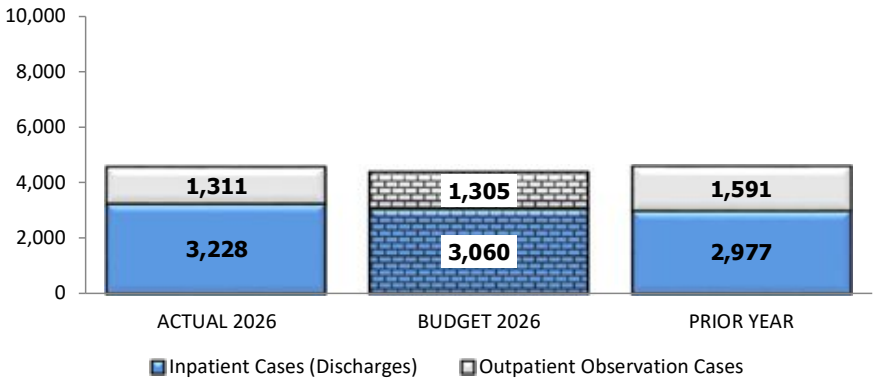
LBJ Cases Occupying Beds - Q3		
Actual	Budget	Prior Year
4,539	4,365	4,568

LBJ Cases Occupying Beds - YTD		
Actual	Budget	Prior Year
13,212	12,955	13,314

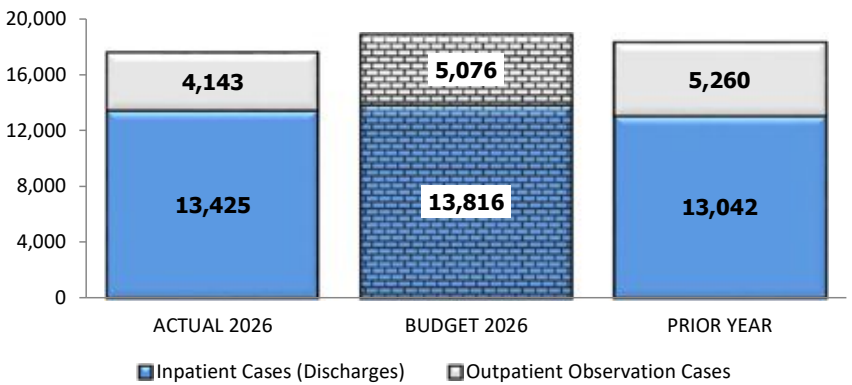
Ben Taub Cases - Quarter End



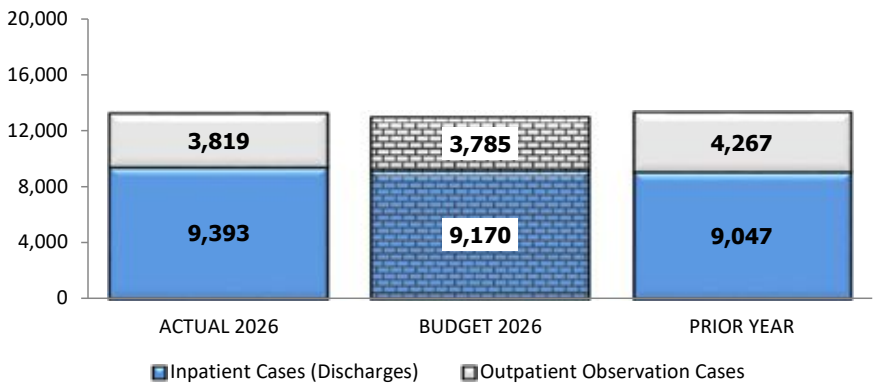
Lyndon B. Johnson Cases - Quarter End



Ben Taub Cases - YTD



Lyndon B. Johnson Cases - YTD



Harris Health

Statistical Highlights - Surgery Cases

As of the Quarter Ended June 30, 2026

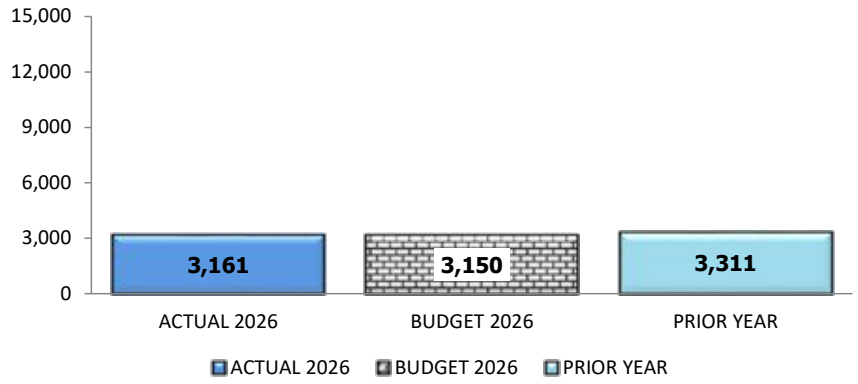
BT Surgery Cases - Q3		
Actual	Budget	Prior Year
3,161	3,150	3,311

BT Surgery Cases - YTD		
Actual	Budget	Prior Year
9,305	9,126	9,506

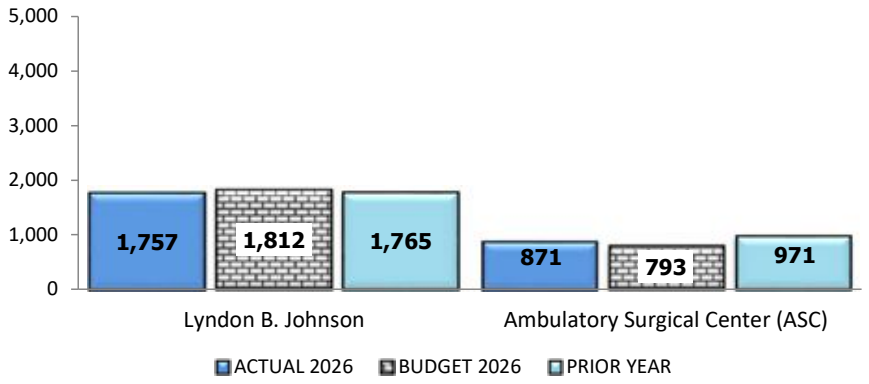
LBJ Surgery Cases - Q3		
Actual	Budget	Prior Year
2,628	2,605	2,736

LBJ Surgery Cases - YTD		
Actual	Budget	Prior Year
7,554	7,636	7,786

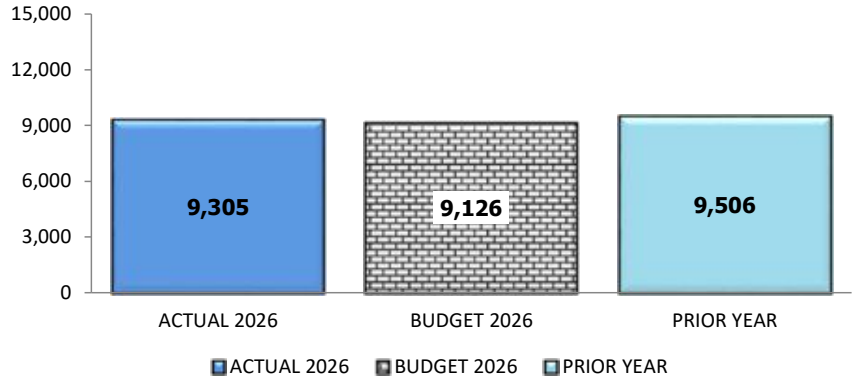
Ben Taub OR Cases - Quarter End



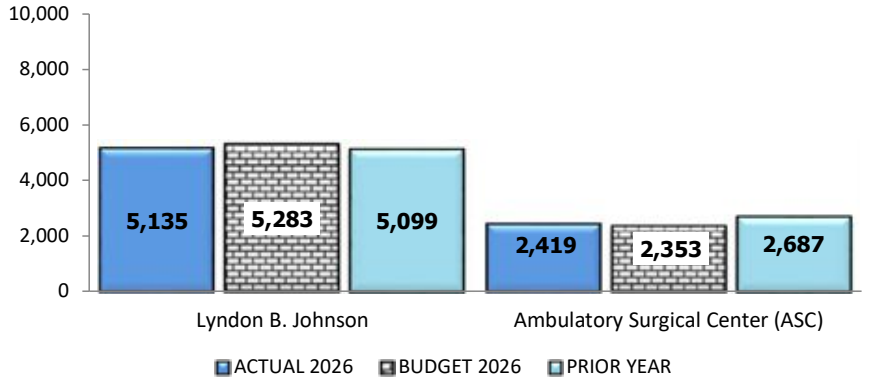
Lyndon B. Johnson OR Cases - Quarter End



Ben Taub OR Cases - YTD



Lyndon B. Johnson OR Cases - YTD



Harris Health

Statistical Highlights - Emergency Room Visits

As of the Quarter Ended June 30, 2026

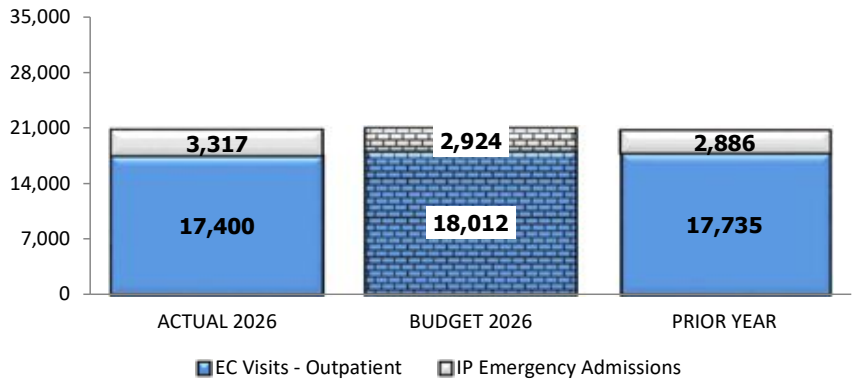
BT Emergency Visits - Q3		
Actual	Budget	Prior Year
20,717	20,936	20,621

BT Emergency Visits - YTD		
Actual	Budget	Prior Year
60,520	62,795	61,846

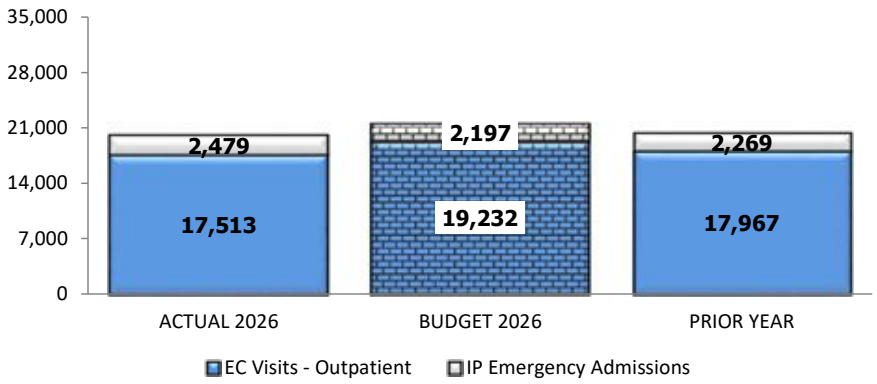
LBJ Emergency Visits - Q3		
Actual	Budget	Prior Year
19,992	21,429	20,236

LBJ Emergency Visits - YTD		
Actual	Budget	Prior Year
58,376	62,010	59,560

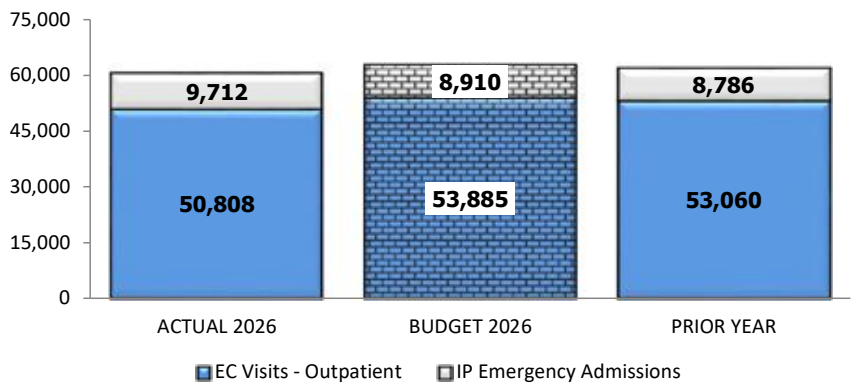
Ben Taub EC Visits - Quarter End



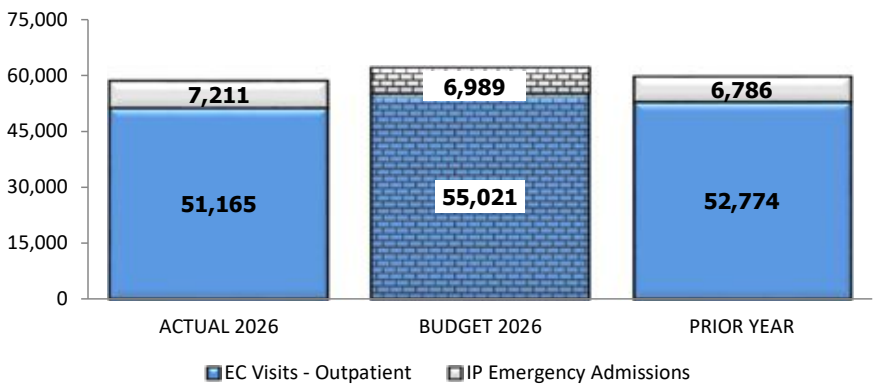
Lyndon B. Johnson EC Visits - Quarter End



Ben Taub EC Visits - YTD



Lyndon B. Johnson EC Visits - YTD

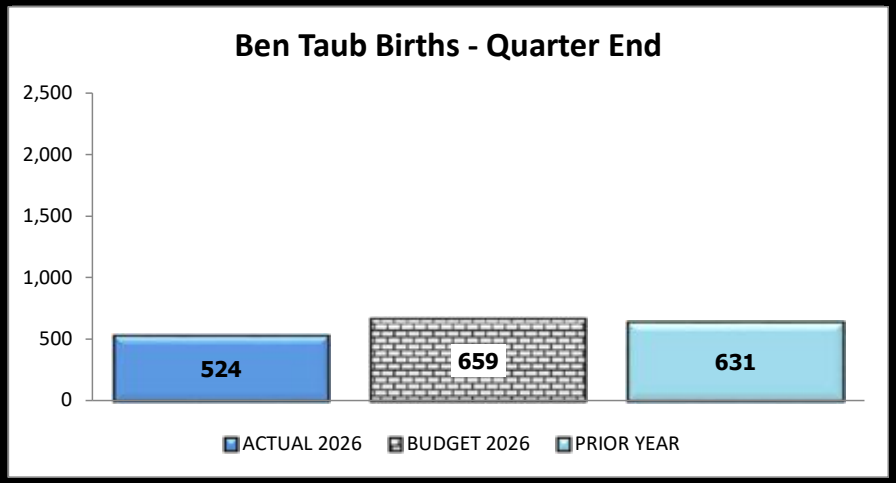


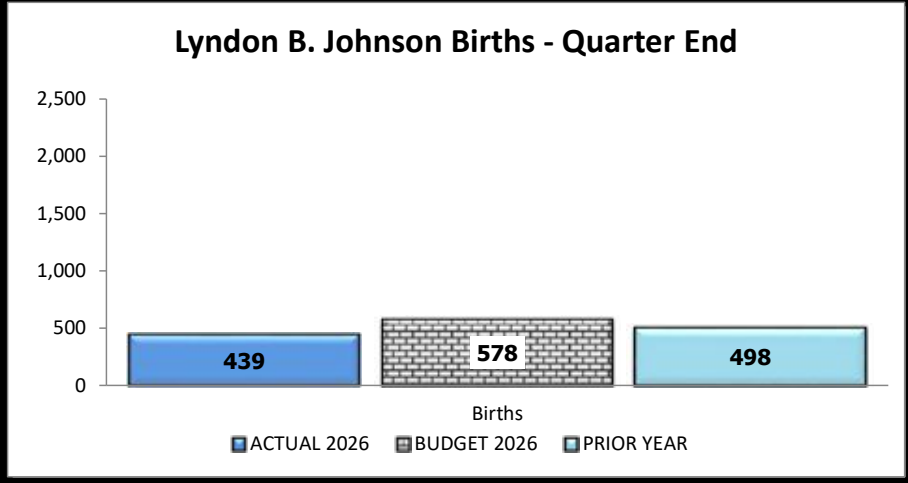
Harris Health

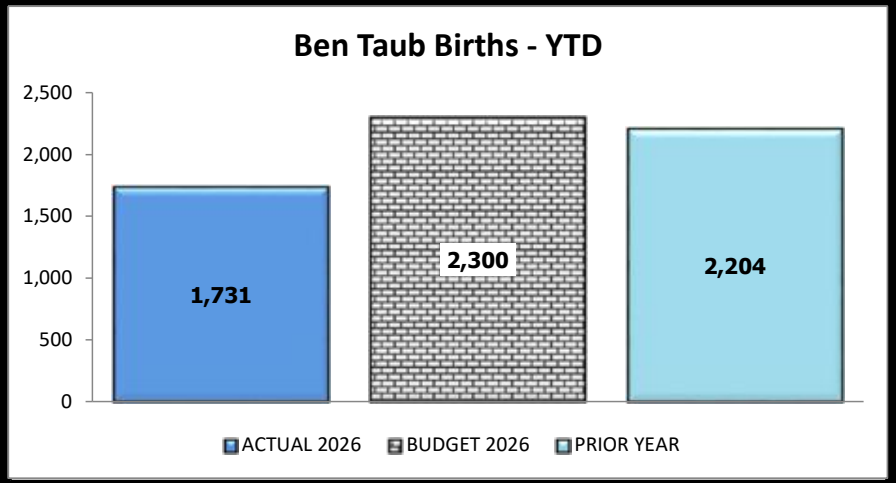
Statistical Highlights - Births

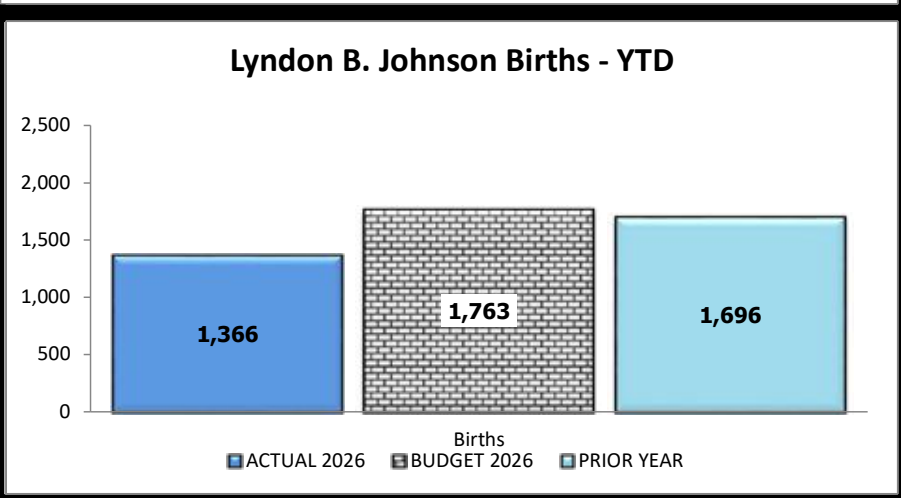
As of the Quarter Ended June 30, 2026

BT Births - Q3			BT Births - YTD			LBJ Births - Q3			LBJ Births - YTD		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
524	659	631	1,731	2,300	2,204	439	578	498	1,366	1,763	1,696









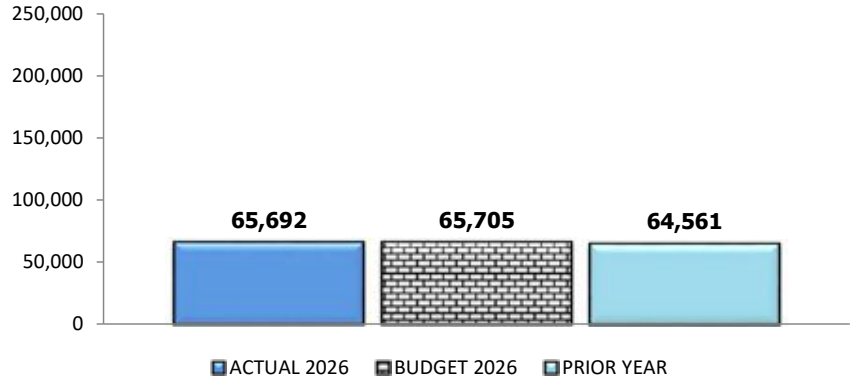
Harris Health

Statistical Highlights - Adjusted Patient Days

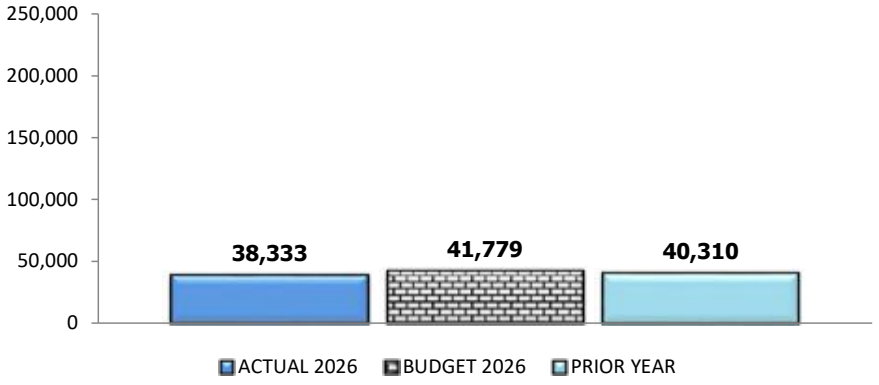
As of the Quarter Ended June 30, 2026

BT Adjusted Patient Days - Q3	BT Adjusted Patient Days - YTD	LBJ Adjusted Patient Days - Q3	LBJ Adjusted Patient Days - YTD
65,692	196,174	38,333	118,593

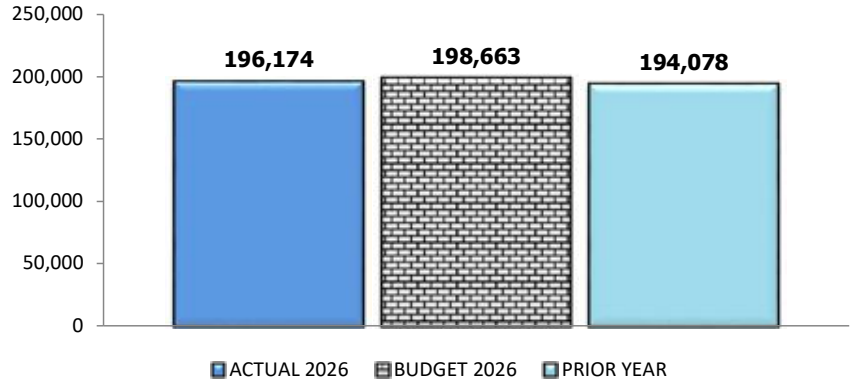
Ben Taub APD - Quarter End



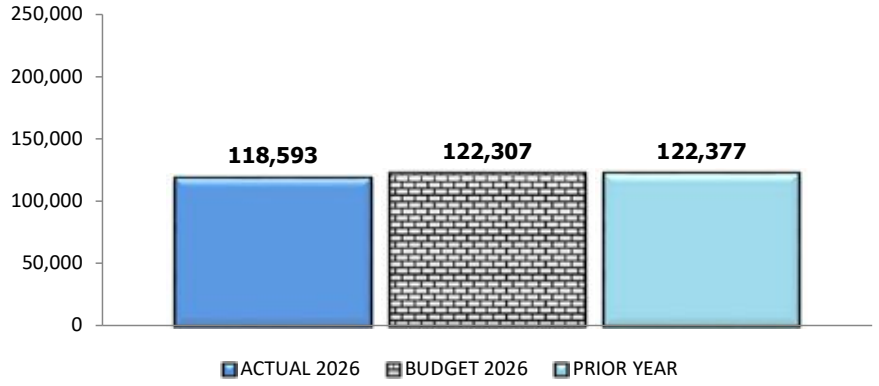
Lyndon B. Johnson APD - Quarter End



Ben Taub APD - YTD



Lyndon B. Johnson APD - YTD



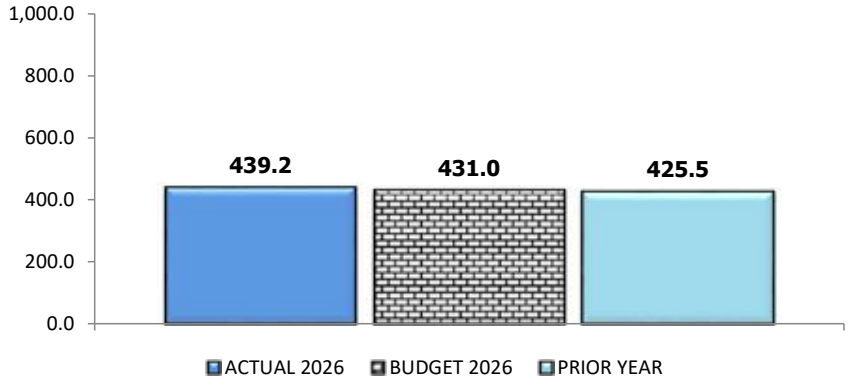
Harris Health

Statistical Highlights - Average Daily Census (ADC)

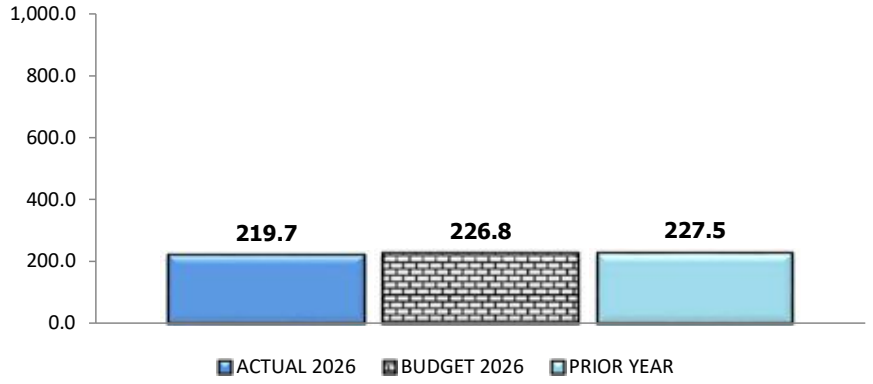
As of the Quarter Ended June 30, 2026

BT Average Daily Census - Q3	BT Average Daily Census - YTD	LBJ Average Daily Census - YTD	LBJ Average Daily Census - YTD
439.2	428.3	219.7	224.3

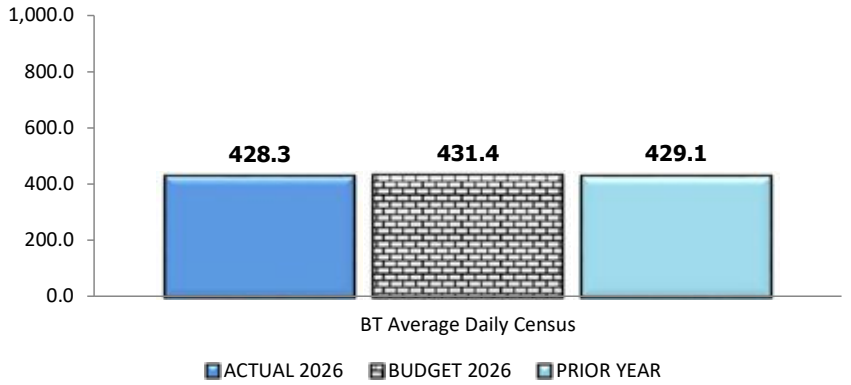
Ben Taub ADC - Quarter End



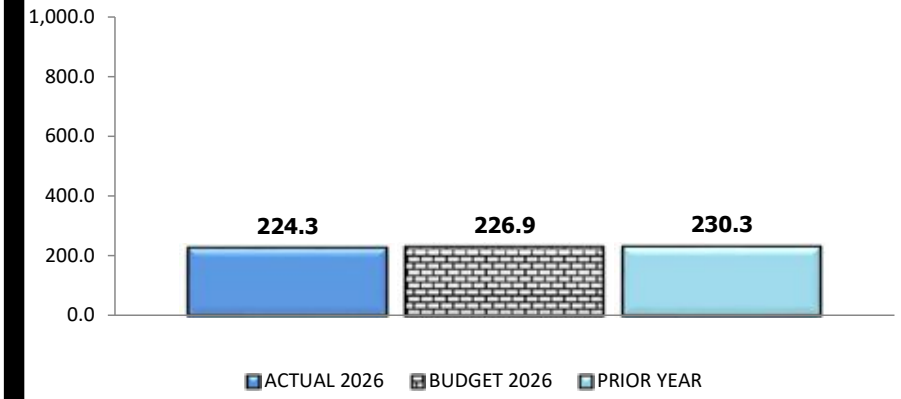
Lyndon B. Johnson ADC - Quarter End



Ben Taub ADC - YTD



Lyndon B. Johnson ADC - YTD



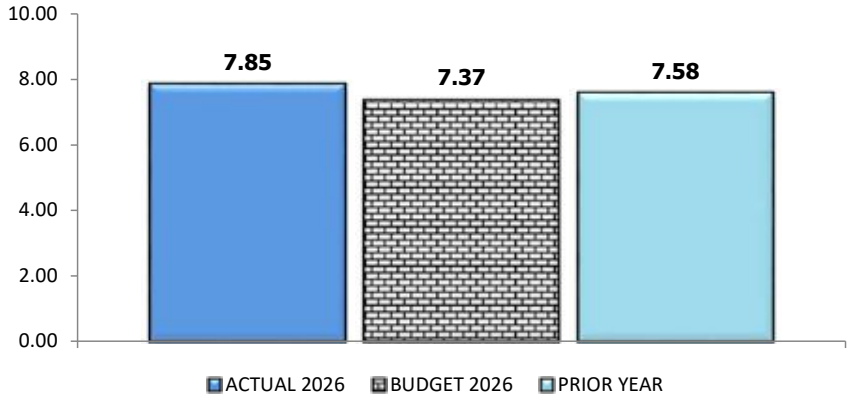
Harris Health

Statistical Highlights - Inpatient Average Length of Stay (ALOS)

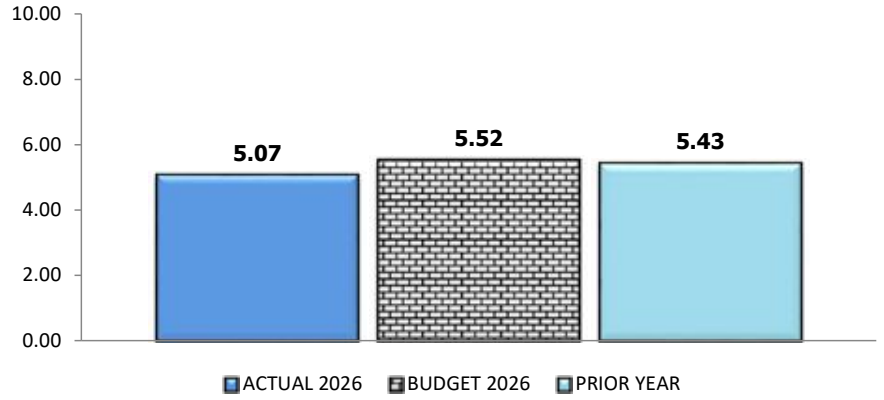
As of the Quarter Ended June 30, 2026

BT Inpatient ALOS - Q3	BT Inpatient ALOS - YTD	LBJ Inpatient ALOS - Q3	LBJ Inpatient ALOS - YTD
7.85	7.59	5.07	5.36

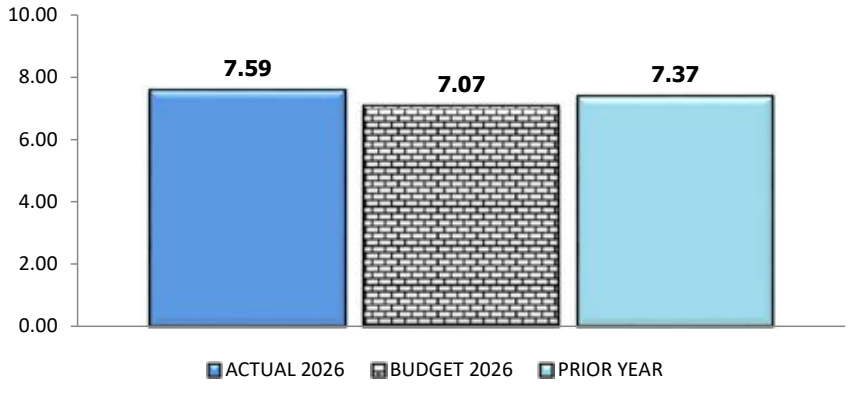
Ben Taub ALOS - Quarter End



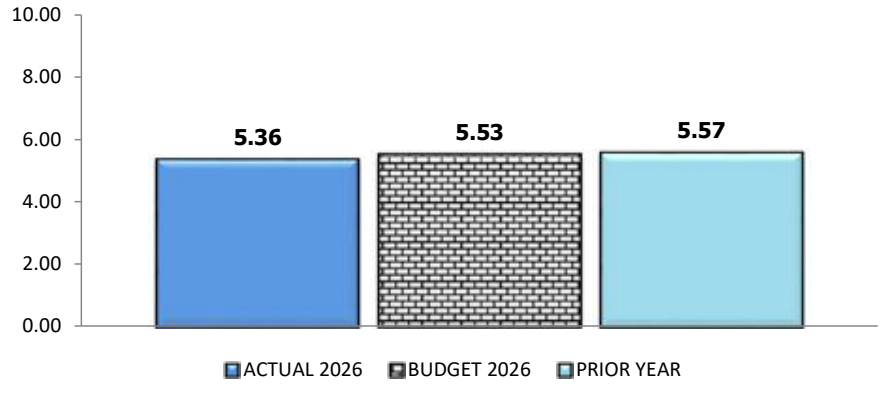
Lyndon B. Johnson ALOS - Quarter End



Ben Taub ALOS - YTD



Lyndon B. Johnson ALOS - YTD



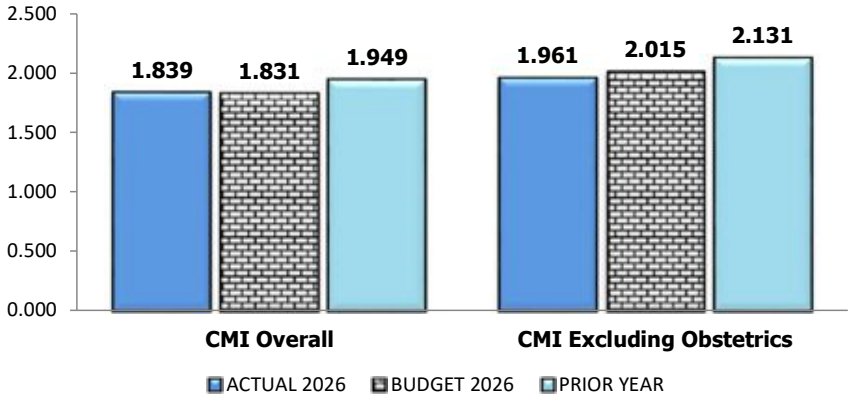
Harris Health

Statistical Highlights - Case Mix Index (CMI)

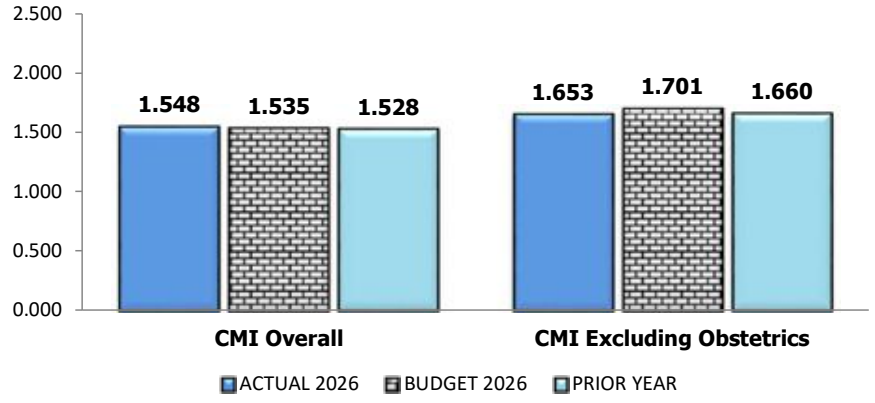
As of the Quarter Ended June 30, 2026

BT Case Mix Index (CMI) - Q3		BT Case Mix Index (CMI) - YTD		LBJ Case Mix Index (CMI) - Q3		LBJ Case Mix Index (CMI) - YTD	
Overall	Excl. Obstetrics	Overall	Excl. Obstetrics	Overall	Excl. Obstetrics	Overall	Excl. Obstetrics
1.839	1.961	1.813	1.949	1.548	1.653	1.533	1.658

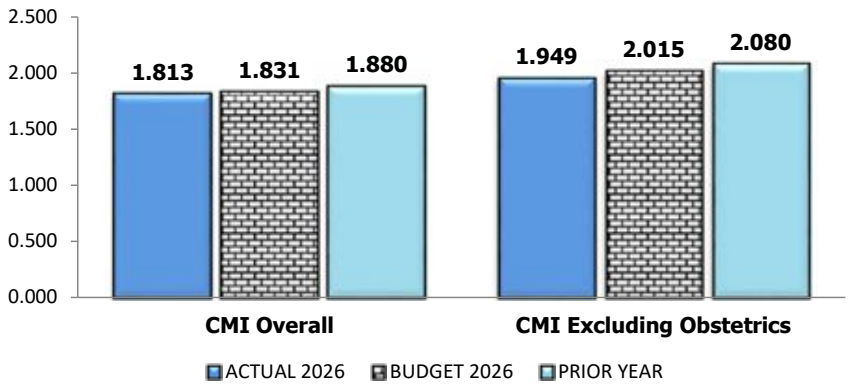
Ben Taub CMI - Quarter End



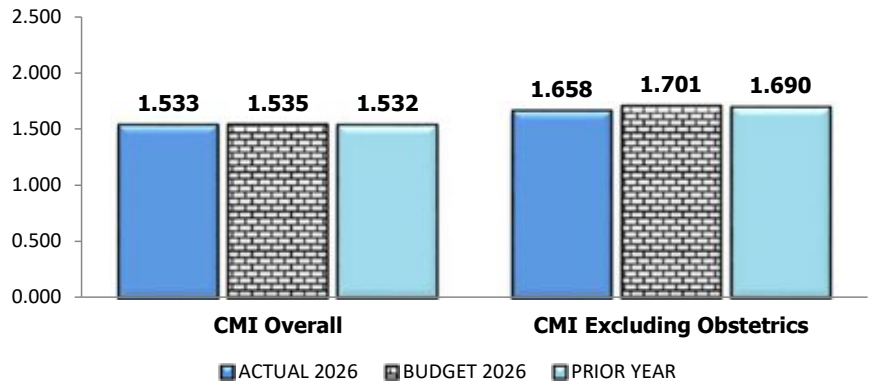
Lyndon B. Johnson CMI - Quarter End



Ben Taub CMI - YTD



Lyndon B. Johnson CMI - YTD



Wednesday, August 12, 2026

Consideration of Approval of Revisions to the Harris Health Policy 5.52, Investment Policy

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Attached are the proposed revision to Harris Health Policy 5.52, Investment Policy for your review.

The revisions were recommended by Harris County and JPMorgan Chase for compliance purposes. The revisions are minor and intended to provide additional clarity regarding the role of JPMorgan Chase by aligning the language with current regulatory vocabulary. The core policy requirements and controls remain unchanged.

FDIC language was updated to reference the Standard Maximum Deposit Insurance Amount (SMDIA) rather than a fixed $250,000 FDIC. Also, the collateral custody was updated from the Federal Home Loan Bank to the Federal Reserve Bank, no change to the collateral requirements. JPM clarified that its Board has delegated authority to designated personnel to execute depository and collateral agreements, which is consistent with standard banking practices.

Administration recommends that the Board approve the revisions to the Harris Health Policy 5.52, Investment Policy.

Victoria Nikitin
EVP – Chief Financial Officer

Section 5.10. Policy of Securing Deposits of Harris Health and CHC Funds - Applicable to All Deposited Harris Health and CHC Funds

1. Harris Health recognizes that FDIC or its successor's insurance is available for Harris Health and CHC funds deposited at any one Texas based financial institution (including branch banks) only up to ~~a~~ the Standard Maximum Deposit Insurance Amount (SMDIA) as promulgated by FDIC ~~maximum of $250,000~~ for Public Deposits (including accrued interest) ~~for each of the following: (i) demand deposits, (ii) time and savings deposits, and (iii) deposits made pursuant to an indenture or pursuant to law in order to pay a bond or note holder~~. It is the policy of Harris Health that all deposited funds in each of the Harris Health accounts shall be insured by the FDIC, or its successor, or secured by Collateral pledged to the extent of the fair market value of the amount not insured in compliance with the Collateral Act, Government Code, Section 2257.2. If it is necessary for the Harris Health depositories to pledge collateral to secure the Harris Health deposits, the Collateral pledge agreement must be (1) in writing, (2) approved by the depository's board of directors or loan committee and reflected in the minutes of the meeting and (3) kept in the official records of the depository. The depository must approve the collateral pledge agreement and provide to the Investment Officer a copy of the minutes of the meeting of the depository's board or loan committee at which the collateral pledge agreement is approved prior to the deposit of any Harris Health and CHC funds requiring the pledge of Collateral in such financial institution.

Collateral pledged by a depository shall be held in safekeeping at the Federal ~~Home Loan Bank~~Reserve Bank and the Investment Officer pursuant to this Policy, shall obtain safekeeping receipts from the Federal Reserve Bank. Collateral may also be pledged with the use of an Irrevocable Standby Letter of Credit issued by the Federal Home Loan Bank. Principal and accrued interest on deposits in accordance with this Policy, if authorized, shall not exceed the FDIC, or its successor's, insurance limits or the Collateral pledged as security for Harris Health investments. It shall be acceptable for Harris Health to periodically receive interest on deposits to be deposited to the credit of Harris Health if needed to keep the amount of the funds under the insurance or collateral limits. The Investment Officer, with the help of the Harris Health Designees, shall ensure that the Collateral pledged to the Harris Health is pledged only to Harris Health and shall review the fair market value of the Collateral pledged to secure the funds to ensure that the Harris Health Funds are fully secured.

Certificates of deposit, to the extent that they are not insured, may be secured by any securities allowed under the Investment Act and depository contract.

Demand deposits (for example, checking accounts) and savings accounts, to the extent that they are not insured, may be secured by any securities allowed under the Collateral Act.

Investment Policy Acknowledgment by Business Organization

This Acknowledgment is executed on behalf of **HARRIS COUNTY** (the "Investor") and **JPMORGAN CHASE BANK N.A.** (the "Business Organization") in connection with investment transactions conducted between the Investor and the Business Organization.

The undersigned, acting as a Qualified Representative of the Business Organization, hereby certifies the following:

1. **Authority to Act**
   The undersigned is a Qualified Representative of the Business Organization and is authorized to enter into investment transactions with the Investor.

2. **Review of Investment Policy**
   The Qualified Representative has received and reviewed the Investment Policy furnished by the Investor, which carries an effective date of **October 1, 2025**.

3. **Compliance with Texas Statutory Requirements**
   The Business Organization adheres to the provisions of Texas Senate Bill 19 (87th Legislature, 2021), which prohibits the County from entering into contracts with companies that discriminate against firearm and ammunition industries, as well as Texas Senate Bill 13 (87th Legislature, 2021), which prohibits the County from contracting with financial firms that boycott energy companies.

Qualified Representative of JPMORGAN CHASE BANK N.A.:

***Signature:** _____

Name: _____

Title: _____

Date: _____

**Effective September 1, 2017, Texas Government Code, Section 2256.005 (k) was amended to, among other things, modify the definition of business organization to mean an investment management firm under contract with an investing entity to invest or manage the entity's investment portfolio that has accepted authority granted by the entity under the contract to exercise investment discretion in regard to the investing entity's funds. The scope of services that Depository will provide to the County is unrelated to exercising any investment discretion over the County's funds. Accordingly, Depository is exempt from certifying as to having controls in place to avoid transactions not authorized by the policy. However, Depository has reviewed the investment policy to confirm who is authorized to provide such instructions.*

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH

Wednesday, August 12, 2026

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

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R. King Hillier
SVP, Public Policy & Government Relations

Harris Health 4800 Fournace Place, Bellaire, Texas 77401 | harrishealth.org

August 2026

Board of Trustees Bi-monthly Legislative Report

FEDERAL UPDATE

House Federal Budget: House Speaker Mike Johnson (R-La.) released a Continuing Resolution (CR) on July 17, 2026, to fund the federal government at current FY 2026 levels through December 4, 2026, giving lawmakers additional time after the November election to negotiate longer-term funding. The CR excludes the SAVE Act and other partisan policy riders. Separately, House Republicans advanced the framework for a third reconciliation bill focused on defense, intelligence, agriculture, and House administrative activities. The measure does not instruct the Energy and Commerce or Ways and Means committees to identify healthcare-related offsets, indicating healthcare programs are not currently a target. With both chambers expected to adjourn soon for the August recess, lawmakers have limited time to advance appropriations and reconciliation efforts.

House Republicans increasingly see the emerging Reconciliation 3.0 package as the vehicle for the President's FY2026 supplemental spending request and several additional priorities. Early discussions have also begun on a possible Reconciliation 4.0 package that could carry the Administration's remaining $350 billion FY2027 defense reconciliation proposal.

Because the current reconciliation effort is tied to the FY2027 budget resolution, any similar follow-on package would likely require a FY2028 budget resolution after the midterm elections. Whether either effort advances remains highly uncertain given the compressed legislative calendar, narrow Republican majorities in both chambers, and the unknown political landscape after November.

Senate Federal Budget: Senate Appropriations Committee Chair Susan Collins (R-ME) is expected to post the committee's remaining FY2027 appropriations bills and report language before the Senate adjourns for August.

Republicans hold a narrow 15-14 committee majority, and the committee has been unable to complete markups for most appropriations bills this year. Sen. Mitch McConnell's extended absence has further complicated Republicans' ability to assemble a working majority. The release would establish the Senate's negotiating position and provide its first detailed funding and policy recommendations ahead of House-Senate negotiations.

DHS Finalizes Public Charge Rule, Expanding Consideration of Health and Benefits Use: The U.S. Department of Homeland Security (DHS) issued a final rule giving immigration officials broader discretion to determine whether an applicant is likely to become primarily dependent on government assistance for admissibility purposes. The rule replaces the current "bright line" test with a broader review of relevant factors, including anticipated use of Medicaid, the Supplemental Nutrition Assistance Program (SNAP), and federal housing assistance, as well as health status, age, education, and employment-related skills. The public charge test does not apply to U.S. citizens, most current lawful permanent residents, refugees, individuals granted asylum, or individuals with humanitarian visas. The final rule takes effect September 18, 2026. In Texas, prior public charge policy changes were associated with declines in Medicaid and

Children's Health Insurance Program (CHIP) enrollment among immigrant families, including household members not directly subject to the rule, such as U.S. citizen children. Harris Health will monitor whether the rule discourages immigrant families and individuals enrolled in Harris Health's Financial Assistance Program from pursuing third-party coverage through Medicaid, CHIP, and CHIP Perinate.

Front Line Hospital Alliance (FLHA) Update: Dr. Porsa and the Government Relations Team continue to advocate in Washington, D.C., for federal designation initiatives and 340B drug pricing policy with the congressional delegation, House and Senate leadership, the White House, CMS, and the Health Resources and Services Administration.

On July 22 and 23, the Government Relations team and staff from FLHA-designated health systems held eight meetings with key Senate and House majority and minority staff, including:

Sen. Alan Armstrong (R-OK)
Rep. Jodey Arrington (R-TX)
Rep. Cliff Bentz (R-OR)
Rep Morgan Griffith (R-VA)
Rep. Erin Houchin (R-IN)
Rep. Nick Langworthy (R-NY)
Sen. Ashley Moody (R-FL)
House Energy and Commerce Staff
Senate Health, Education, Labor, and Pensions Staff

In each meeting, the Government Relations team emphasized four messages:

1. Exempt FLHA from CMS's proposed Medicare Hospital Outpatient Prospective Payment System rule, which would reduce payment for 340B-acquired drugs
2. Incorporate FLHA feedback into 340B legislation, including a neutral clearinghouse and an updated definition of child site
3. Establish federal designation of FLHA through legislation
4. Ask Republican members to urge the Administration and CMS to exempt FLHA and other High Needs Hospitals—including Endangered Rural Hospitals, Vulnerable Community Hospitals, and High Medicaid Freestanding Children's Hospitals—from the proposed rules and the 340B Rebate Pilot Program

Each office acknowledged the unique mission of FLHA-designated health systems and welcomed continued discussions on the proposed rule, 340B legislation, federal designation, and ways to mitigate financial or operational impacts on our systems. These Capitol Hill visits also support the dual-track outreach strategy to Republican and Democratic offices that FLHA CEOs established in January 2026. Key follow-up items from this fly-in include:

- Provide Members and congressional staff with additional FLHA information and data on CMS's proposed 340B rule and federal designation
- Ensure Republican offices raise FLHA concerns about CMS's proposed 340B rule

- Submit formal comments to CMS on the proposed rule and share them with Members and congressional staff
- Submit redline feedback on recent 340B legislation and share it with Members and congressional staff

Attached are the FLHA policy documents used in the meetings. Going forward, the Government Relations team will prepare for Dr. Porsa and FLHA CEOs to return to Washington, D.C., in September and again during the post-midterm "lame duck" session in November.

STATE UPDATE

TEXAS HOUSE COMMITTEE ON PUBLIC HEALTH TELEHEALTH & VIRTUAL CARE TESTIMONY

The House Committee on Public Health met to discuss its interim charge on *Telehealth*.

In doing so, it evaluated the use of telehealth, virtual care, and the impact on access, cost, quality, and patient outcomes. It also took recommendations on how to modernize healthcare technology.

As part of this, the committee invited Harris Health to testify on our use of virtual care. From collaborating on the presentation to meeting with key offices before the hearing day—Harris Health government relations personnel worked closely with our Administrative Director on Virtual Care, Leslie Ferrell, to prepare for her remarks in front of the committee.

Ahead of the hearing government relations staff met with the following offices to give them both a preview of the testimony and get a feel for questions that might come from the members:

1. Rep. Charles Cunningham
2. Rep. James Frank
3. Rep. Ann Johnson
4. Rep. Mike Schofield
5. Rep. Lauren A. Simmons

Most of the above represent portions of Harris County, excepting Rep. Frank, who Chairs the House Select Committee on Health Care Affordability.

On the day of the hearing, Ms. Ferrell offered excellent testimony with an engaged committee and showcased the great work Harris Health does every day in the virtual care space.

These discussions will be ongoing, and we will continue to engage, as legislation impacting virtual care operations at Harris Health is sure to be debated.

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Elected Official Meeting

As interim activity ramps up ahead of the 90th Texas Legislature, Dr. Porsa and government relations staff met with Rep. Tom Oliverson, M.D., to convey the critical work of Harris Health in caring for Harris County residents and the challenges we face in doing so. The meeting occurred at LBJ Hospital and also afforded us the opportunity to update Dr. Oliverson on the progress of construction on the John M. O'Quinn facility.

Rep. Oliverson sits on key committees of jurisdiction, including Appropriations and the Select Committee on Health Care Affordability.

He currently represents Texas State House District 130, situated on the northwest side of Harris County and is an anesthesiologist by trade. Given his medical background and long tenure in the Texas House, other members often look to Dr. Oliverson for guidance on health policy, and we will be working closely with him and his office on key legislation leading up to and during the 90th Texas Legislature.

Exempting High Needs Hospitals From CMS's Proposed 340B Cuts

In the Calendar Year (CY) 2027 Hospital Outpatient Prospective Payment System (OPPS) Proposed Rule, the Centers for Medicare & Medicaid Services (CMS) proposes to reduce payment for 340B-acquired drugs from Average Sales Price (ASP) plus 6 percent to ASP minus 33.4 percent based on a 2026 acquisition-cost survey. CMS estimates this will cut 340B drug payments by approximately $4.85 billion in CY 2027, an amount it would redistribute to all OPPS hospitals through an 8.44 percent increase to the non-drug conversion factor. CMS also proposes raising the 340B remedy offset from 0.5 to 3.0 percent to recoup $7.8 billion in prior non-drug overpayments. This offset is projected to reduce overall OPPS payments by $2.3 billion in CY 2027. Comments on the proposed rule are due August 31, 2026.

The Front Line Hospital Alliance respectfully asks Congress to (1) urge CMS to exempt High Needs Hospitals from the proposed 340B payment cuts and (2) pursue a legislative exemption for High Needs Hospitals if CMS does not act. Our financially distressed hospitals care for the sickest, poorest, and costliest patients throughout the country and cannot absorb these cuts while upholding our mission.

The Alliance applauds ongoing congressional efforts to reform the 340B Program, including Senator Cassidy's 340B for Patients Act discussion draft and the bipartisan Strengthening the Exercise of Controls and Upgrading Requirements for Efficiency in (SECURE) 340B Act. Our hospitals will provide detailed input about both bills and welcomes continued bipartisan engagement to strengthen program transparency and accountability while protecting hospitals serving the most vulnerable patients.

About Front Line Hospitals

Front Line Hospitals, which account for 135 of 3,319 urban hospitals, are "super" safety-net hospitals serving a substantially higher volume of low-income, Medicaid and uninsured patients. They provide the full continuum of care, from primary through tertiary services, including complex critical, trauma, and burn care, and they train the next generation of physicians and health care workers.

Front Line Hospitals are one of several groups of High Need Hospitals that are financially stressed. Additional High Needs Hospitals include:

- Endangered Rural – A subset of 598 sole community, low-volume, Medicare dependent and critical access hospitals that are especially financially vulnerable.
- Vulnerable Community – Eighty-seven extremely high disproportionate share hospitals.
- High Medicaid Freestanding Children's Hospitals – This includes 67 PPS-Exempt Children's Hospitals that are over 45 percent Medicaid and CHIP.

When the 340B Drug Discount Program was created in 1992, Congress anticipated about 90 public or publicly equivalent hospitals would qualify to help lower drug costs for low-income and underinsured patients. We believe Front Line Hospitals are exactly the hospitals Congress intended to benefit, using 340B savings to provide life-saving medications at affordable prices to our low-income patients.

Key Concerns about CMS' Proposal from the Front Line Hospital Perspective

- **Reduced access to services funded by 340B savings will result in patient harm.** Front Line Hospitals rely on 340B not for profit but to keep our clinics and services open for the underserved population for which we are dedicated to providing the full spectrum of care – primary through tertiary care. Cuts of this magnitude threaten the ability of Front Line Hospitals to provide the full spectrum of care, including specialty and tertiary care, to low-income and high-need, high-cost patients.

- **Front Line Hospitals face millions of dollars in 340B cuts.** Front Line Hospitals estimate losses from the ASP minus 33.4 percent pay cut will range from $1 million to $16 million in CY 2027. One Front Line Hospital anticipates a $7 million dollar cut to their cancer service line alone.

- **Draconian 340B cuts undermine the program's statutory purpose.** The 340B Program was created so Front Line and High Needs Hospitals could stretch scarce federal resources, and the margin between the discounted acquisition price and the Medicare payment rate is part of how many hospitals fund charity care and other uncompensated services. This proposal directly shrinks that margin, which would force Front Line Hospitals to reduce services and staff.

- **These cuts disproportionately harm hospitals serving the largest share of low-income patients.** The rule's own impact table shows hospitals with a disproportionate patient percentage of 0.35 or greater are projected to see a 340B-related adjustment of -5.8 percent and an overall CY 2027 payment impact of -4.5 percent.

- **Front Line Hospitals will not be made whole.** Despite implementing the 340B cuts in a budget neutral manner, CMS itself acknowledges that "for most 340B providers, the decreased 340B drug payments will outweigh the increased payments for non-drug services." In other words, meaning the 340B cut is expected to be a net negative specifically for the population of hospitals most likely to be high-Medicaid-volume, high-DSH, and heavily 340B-dependent.

- **The two separate 340B-related cuts compound the financial hit on Front Line Hospitals.** 340B hospitals subject to the remedy offset face a 3.0 percentage point reduction to their non-drug conversion factor on top of the shift from ASP plus 6 percent to ASP minus 33.4 percent on their 340B-acquired drugs. This proposal further erodes the non-drug service revenue that is supposed to cushion the drug-rate cut under budget neutrality.

- **Low survey response rates raise questions about its representativeness.** The 33.4 percent figure rests on a survey with a 43.6 percent overall response rate. Only 23.1 percent of 340B hospitals responded, along with 34.9 percent of non-340B hospitals, before CMS's refinements. Front Line Hospitals responded to the survey at a high rate, while many other hospitals did not, which may have skewed the reported acquisition costs and undermined the survey's representativeness.

- **Limited exemptions fail to recognize all High Needs Hospitals.** CMS proposes exempting only rural sole community hospitals, children's hospitals, and PPS-exempt cancer hospitals from the 340B acquired drug payment cuts. No exemption is extended to High Needs Hospitals despite these hospitals being the entities whose 340B eligibility was the original intent of the Congress in establishing a program for hospitals serving a high proportion of Medicaid and low-income patients.

Urgent Congressional Action to Exempt High Needs Hospitals is Needed
The CMS proposed rule comment period concludes on August 31, and if finalized, the 340B cuts would take full effect on January 1, 2027. Given the significant implications for Front Line Hospitals and their patients, congressional engagement is critical.

The Front Line Hospital Alliance respectfully requests that Congress:

- **Urge CMS to exempt High Needs Hospitals in the final rule.** CMS's own estimates show hospitals with a high disproportionate patient percentage face a projected 4.5 percent overall payment decrease in CY 2027. Millions of dollars in cuts threaten their mission to serve as a "super" safety net, providing the full continuum of care to low-income and uninsured patients. Yet, CMS proposes to exempt only rural sole community hospitals, children's hospitals, and PPS-exempt cancer hospitals, leaving many High Needs Hospitals fully exposed to the cuts despite CMS' acknowledgement that "for most 340B providers, the decreased 340B drug payments will outweigh the increased payments for non-drug services." CMS' own stated rationale for exempting financially vulnerable providers applies with equal or greater force to High Needs Hospitals.

- **Escalate to a legislative exemption for High Needs Hospitals prior to CY 2027 if CMS does not act.** If CMS finalizes the rule without a High Needs Hospital exemption, we urge Congress to include a targeted statutory exemption for these hospitals in a year-end legislative vehicle. Our hospitals rely on 340B savings to fund free care for uninsured patients, as well as primary to tertiary care for all low-income and vulnerable members of our communities and are projected to face a steep negative impact from this proposed cut.

Front Line Hospitals Support Congressional 340B Reform Initiatives
Beyond addressing this specific rulemaking, the Front Line Hospital Alliance is prepared to work with Congress on durable reforms to the 340B Program that protect High Needs Hospitals while responding to legitimate oversight concerns. We support policy changes to ensure Congress' original intent for the 340B program is met, including by ensuring benefits reach the patients and hospitals most in need, enhancing transparency, improving program integrity, reducing program complexity, and providing sufficient time for stakeholders to implement required changes.

We believe each of these goals can be met by advancing policies such as:

- Instituting verification of patient eligibility for purposes of discounting medications at the time a patient purchases drugs from the contract pharmacy.
- Requiring covered entities to apply their financial assistance policy at contract pharmacy locations and internal pharmacies.
- Establishing a robust clearinghouse to enable real time data exchange on 340B patient eligibility, address duplicate discounts, enable immediate identification of a 340B drug to address manufacturer concerns about other discounts, and improve program integrity.
- Redefining who may be considered as a "patient" and realigning the "child site" definition to better reflect the presence of primary hospital and secondary clinical locations and enable reporting and transparency.

The Front Line Hospital Alliance looks forward to working closely with Congress in the weeks ahead to protect High Needs Hospitals and the patients who depend on them and advance 340B Program reforms.

FRONT LINE HOSPITAL ALLIANCE

On the front line for underserved patients and communities.

Establishing a Front Line Hospital Designation in Federal Law

Front Line Hospitals are 135 of 3,319 urban hospitals that serve as "super" safety-net institutions.[1] They provide the full continuum of care—primary through tertiary services, including complex critical, trauma, and burn care—to a substantially higher volume of low-income, Medicaid, and uninsured patients. They also train the next generation of physicians and healthcare workers.

The Front Line Hospital Alliance respectfully asks Congress to enact legislation establishing a statutory "Front Line Hospital" designation to formally recognize and protect super safety-net hospitals in federal law, ensuring these providers receive durable, ongoing recognition rather than depending on case-by-case administrative decisions.

Recurring Risks to Front Line Hospitals

- **Front Line Hospitals operate on thin margins** and are especially exposed to payment changes made through administrative rulemaking rather than statute.
- **Our payer mix leaves little room to absorb cuts.** Most patients are covered by Medicaid, Medicare, or CHIP, or are uninsured, with commercial coverage often below 20 percent, driving structurally lower reimbursement relative to the cost of care.
- **CMS's proposed 340B payment cut is a current example.** The agency's own analysis shows the 340B reductions would be a net negative for high-Medicaid, high-disproportionate share, heavily 340B-dependent hospitals, yet no exemption was proposed for Front Line Hospitals.
- **Concerns driving payment changes are not applicable.** For instance, Front Line Hospitals are not the source of hospital consolidation yet are currently subject to site neutral cuts.

Why Congress Should Support a Front Line Hospital Designation

- **Durable protection**: A statutory designation ensures Front Line Hospitals are recognized in law and not left vulnerable to shifting administrative policies from one rulemaking cycle to the next.
- **Precedent exists**: Congress has long designated vulnerable hospital types (i.e., sole community, critical access, Medicare dependent) and federally qualified health centers (FQHCs) with statutory protections.
- **Built-in accountability**: A designation would hold Front Line Hospitals accountable for their commitment to high-disproportionate share, teaching, and tertiary care, similar to how FQHCs are recognized and held to standards.
- **Prevents future harm**: Without a designation, these 135 hospitals remain perpetually exposed to across-the-board cuts that ignore their unique mission and the populations they serve.

Front Line Hospitals care for the sickest, poorest, and costliest patients in America. They deserve the same durable statutory recognition Congress has provided to rural and other special-mission providers.

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[1] Public urban teaching hospital ≥100 beds with CMI ≥1.3; IRB ≥0.17 (or ≥100 residents) and Medicare DPP ≥35%; or a nonprofit teaching hospital that meets the IRB and CMI criteria and if 100-1000 beds has a DPP ≥45%, or if ≥1000 beds, a DPP ≥55%.

Wednesday, August 12, 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

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Attached for review and approval:

- **HCHP August Operational Updates**

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

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

Health Care for the Homeless Monthly Update Report – August 2026

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

Tracey Burdine, Director, Health Care for the Homeless Program

HARRISHEALTH

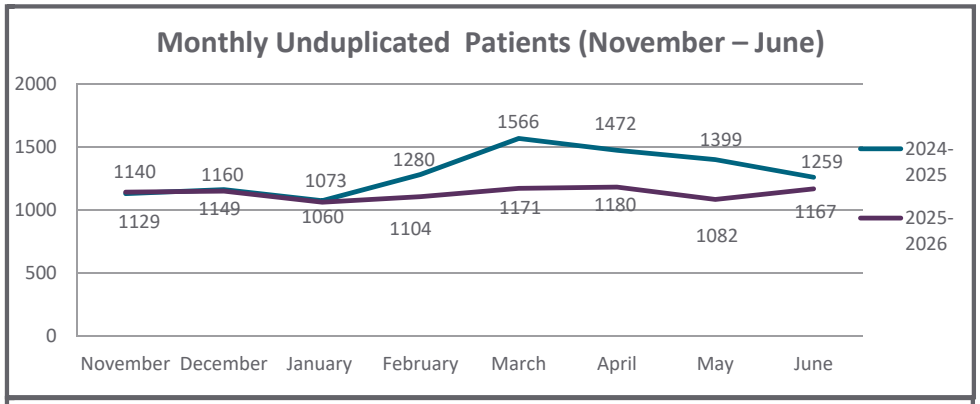
Agenda

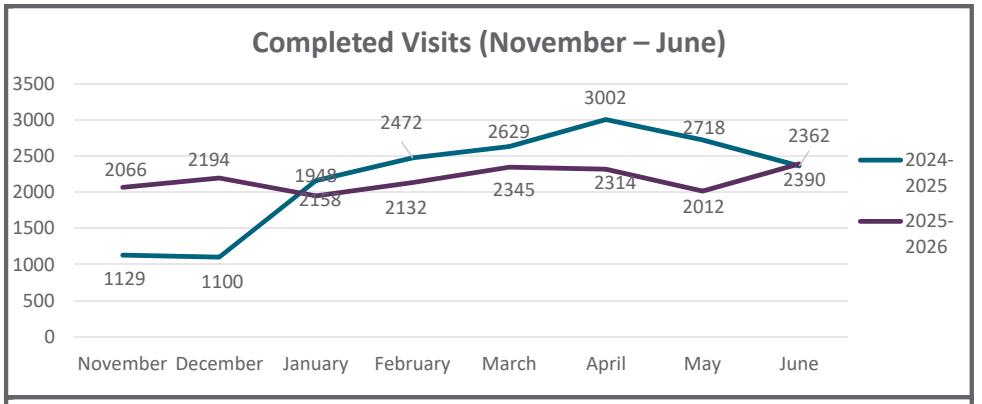
- Operational Update
  - ➢Productivity Report
  - ➢Budget Summary Report
  - ➢419 Emancipation Update
  - ➢Service Expansion
  - ➢Board Acknowledgement

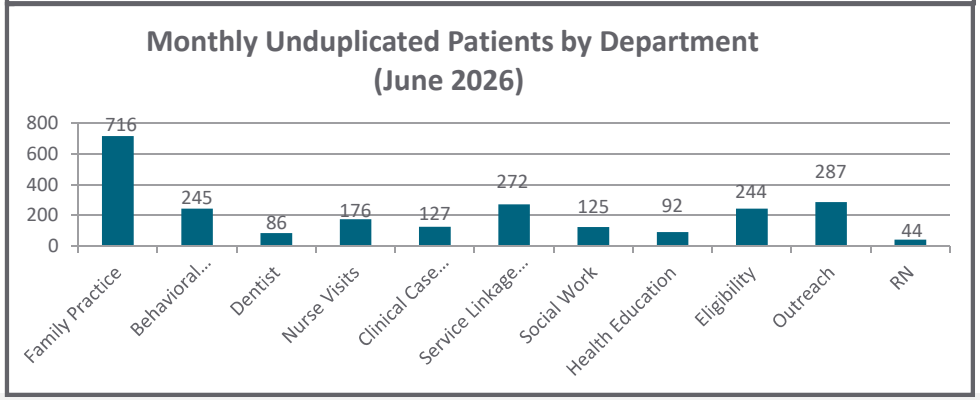
HARRISHEALTH

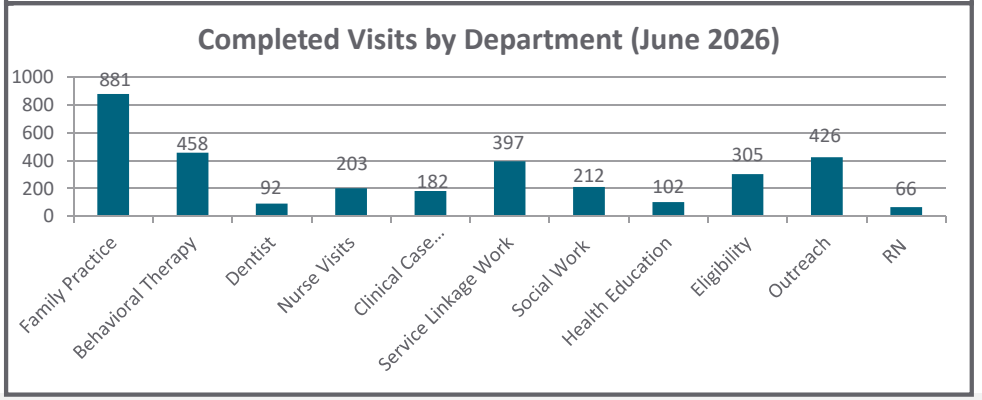
Patients Served – Operational Productivity Update (June 2026)

HRSA Unduplicated Patients Target: 7,250	HRSA Completed Visit Patients: 30,496
YTD Unduplicated Patients: 3,684	YTD Completed Visits: 12,917









HARRISHEALTH

Budget Summary Report

Homeless -Primary Grants and Harris Health Funding					
	Period: January 1, 2026 –June 30, 2026				
	Reporting Period: January 1, 2026 – December 31, 2026				
	Line Item	Multiple Award Year Budget	YTD Total Expense	Remaining Balance (budget-YTD total expense)	%Used YTD
Operating	Personnel/Fringe	$6,553,009	$2,324,756	$4,228,253	35.5%
	Travel	$29,824	$2,451	$27,373	8.2%
	Supplies	$355,529	$154,958	$200,571	43.6%
	Equipment	$25,000	$6,496	$18,504	26%
	Contractual	$351,195	$61,499	$289,696	17.5%
	Other	$184,148	$110,418	$73,730	60%
	Total	**$7,498,705**	**$2,660,578**	**$4,838,127**	**35.5%**

HARRISHEALTH

419 Emancipation Clinic – Operational Update

Operational Updates

- Shelter operations officially launched on May 27, 2026
- HCHP initiated medical services via the Mobile Medical Unit on May 27, 2026
- YTD completed 132 patient encounters
- Currently, 220 individuals experiencing homelessness reside at the facility, according to the Harris Center administrative team.

Clinic Space Renovation:

- All planning, bidding, and approval activities for the clinic renovation have been completed.
- Clinic renovation was scheduled to commence on June 22, 2026. Ongoing foundation repairs by the City of Houston necessitated a temporary delay.
- The project is expected to resume on July 26th, contingent upon the completion of the City's foundation repair efforts.

Service Expansion – North Harris County

A promising opportunity exists to expand medical and dental access through a partnership with Hope Center. Initial planning efforts are underway, including data analysis and stakeholder engagement, with future discussions planned with onsite Federally Qualified Health Center (FQHC) to evaluate service alignment. Mobile services were provided with this organization in the past at their prior location.

HARRISHEALTH

Board Acknowledgement

Wednesday, August 12, 2026

Consideration of Approval of the HCHP Second Quarter Budget Summary Report

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Attached for review and approval:

- **HCHP 2nd Quarter Budget Summary Report**

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

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

ACS Grants - Homeless

Through June 2026

Type	Grant	Project ID	Grantor	Grant Start Date	Grant End Date	Expense Category	Award Budget	Expense through Dec 31, 2025	Budget/Balance Remaining as of Jan 1, 2026
Homeless	Homeless-Primary GYE 12/26	3542	HRSA Grant	**1/1/2026**	**12/31/2026**	Salary	3,154,507.00	-	$ 3,154,507.00
Homeless	Homeless-Primary GYE 12/26	3542	HRSA Grant			Benefits	757,082.00	-	$ 757,082.00
Homeless	Homeless-Primary GYE 12/26	3542	HRSA Grant			Travel	6,702.00	-	$ 6,702.00
Homeless	Homeless-Primary GYE 12/26	3542	HRSA Grant			Supplies	54,000.00	-	$ 54,000.00
Homeless	Homeless-Primary GYE 12/26	3542	HRSA Grant			Equipment	-	-	$ -
Homeless	Homeless-Primary GYE 12/26	3542	HRSA Grant			Contractual	156,000.00	-	$ 156,000.00
Homeless	Homeless-Primary GYE 12/26	3542	HRSA Grant			Other	-	-	$ -
Homeless	Homeless-Dental GYE 12/26	3543	HRSA Grant	**1/1/2026**	**12/31/2026**	Salary	111,131.00	-	$ 111,131.00
Homeless	Homeless-Dental GYE 12/26	3543	HRSA Grant			Benefits	26,671.00	-	$ 26,671.00
Homeless	Homeless-Dental GYE 12/26	3543	HRSA Grant			Travel	-	-	$ -
Homeless	Homeless-Dental GYE 12/26	3543	HRSA Grant			Supplies	26,736.00	-	$ 26,736.00
Homeless	Homeless-Dental GYE 12/26	3543	HRSA Grant			Equipment	-	-	$ -
Homeless	Homeless-Dental GYE 12/26	3543	HRSA Grant			Contractual	176,845.00	-	$ 176,845.00
Homeless	Homeless-Dental GYE 12/26	3543	HRSA Grant			Other	-	-	$ -
Homeless	Homeless-Ending the HIV Epidemic GYE 12/26	3665	HRSA Grant	**1/1/2026**	**12/31/2026**	Salary	-		$ -
Homeless	Homeless-Ending the HIV Epidemic GYE 12/26	3665	HRSA Grant			Benefits	-		$ -
Homeless	Homeless-Ending the HIV Epidemic GYE 12/26	3665	HRSA Grant			Travel	-		$ -
Homeless	Homeless-Ending the HIV Epidemic GYE 12/26	3665	HRSA Grant			Supplies	67,000.00		$ 67,000.00
Homeless	Homeless-Ending the HIV Epidemic GYE 12/26	3665	HRSA Grant			Equipment	-		$ -
Homeless	Homeless-Ending the HIV Epidemic GYE 12/26	3665	HRSA Grant			Contractual	-		$ -
Homeless	Homeless-Ending the HIV Epidemic GYE 12/26	3665	HRSA Grant			Other	-		$ -
Homeless Support	Mobile Unit Purch/Spt	793	HCHD Foundation	**8/1/2017**	**7/31/2025**	Salary	-	-	$ -
Homeless Support	Mobile Unit Purch/Spt	793	HCHD Foundation			Benefits	-	-	$ -
Homeless Support	Mobile Unit Purch/Spt	793	HCHD Foundation			Travel	-	-	$ -
Homeless Support	Mobile Unit Purch/Spt	793	HCHD Foundation			Supplies	10,000.00	5,270.52	$ 4,729.48
Homeless Support	Mobile Unit Purch/Spt	793	HCHD Foundation			Equipment	164,305.00	164,305.00	$ -
Homeless Support	Mobile Unit Purch/Spt	793	HCHD Foundation			Contractual	-	-	$ -
Homeless Support	Mobile Unit Purch/Spt	793	HCHD Foundation			Other	25,769.09	2,124.07	$ 23,645.02
Homeless Support	Shelter Support Dental	3565	Harris Health	**1/1/2026**	**12/31/2026**	Salary	11,000.00	-	$ 11,000.00
Homeless Support	Shelter Support Dental	3565	Harris Health			Benefits	2,640.00	-	$ 2,640.00
Homeless Support	Shelter Support Dental	3565	Harris Health			Travel	-	-	$ -
Homeless Support	Shelter Support Dental	3565	Harris Health			Supplies	55,000.00	-	$ 55,000.00
Homeless Support	Shelter Support Dental	3565	Harris Health			Equipment	-	-	$ -
Homeless Support	Shelter Support Dental	3565	Harris Health			Contractual	18,350.00	-	$ 18,350.00
Homeless Support	Shelter Support Dental	3565	Harris Health			Other	5,000.00	-	$ 5,000.00
Homeless Support	Shelter Support Medical	3564	Harris Health	**1/1/2026**	**12/31/2026**	Salary	2,021,044.00	-	$ 2,021,044.00
Homeless Support	Shelter Support Medical	3564	Harris Health			Benefits	468,934.00	-	$ 468,934.00
Homeless Support	Shelter Support Medical	3564	Harris Health			Travel	23,122.00	-	$ 23,122.00
Homeless Support	Shelter Support Medical	3564	Harris Health			Supplies	148,064.00	-	$ 148,064.00
Homeless Support	Shelter Support Medical	3564	Harris Health			Equipment	25,000.00	-	$ 25,000.00
Homeless Support	Shelter Support Medical	3564	Harris Health			Other	155,503.00	-	$ 155,503.00

Homeless Primary Grant & Non-Federal Funding Period: January 1, 2026 - June 30, 2026 Reporting Period: January 1, 2026 - December 31, 2026							
	Line Item	**Annual Budget**	**YTD Total Expense**	**Annualized Expenses**	**Remaining Balance (Budget-YTD Expenses)**	**% Used YTD**	**% Used Annualized**
Federal	Salary	$ 3,265,638.00	$ 1,452,907.60	$ 2,905,815.20	$ 1,812,730.40	44.5%	89.0%
	Benefits	$ 783,753.00	$ 385,392.66	$ 770,785.32	$ 398,360.34	49.2%	98.3%
	Travel	$ 6,702.00	$ -	$ -	$ 6,702.00	0.0%	0.0%
	Supplies	$ 147,736.00	$ 24,030.85	$ 48,061.70	$ 123,705.15	16.3%	32.5%
	Equipment	$ -	$ -	$ -	$ -	0.0%	0.0%
	Contractual	$ 332,845.00	$ 61,498.64	$ 122,997.28	$ 271,346.36	18.5%	37.0%
	Other	$ -	$ -	$ -	$ -	0.0%	0.0%
	Total	**$ 4,536,674.00**	**$ 1,923,829.75**	**$ 3,847,659.50**	**$ 2,612,844.25**	**42.4%**	**84.8%**
Non-Federal	Salary	$ 2,032,044.00	$ 396,871.13	$ 793,742.26	$ 1,635,172.87	19.5%	39.1%
	Benefits	$ 471,574.00	$ 89,584.60	$ 179,169.20	$ 381,989.40	19.0%	38.0%
	Travel	$ 23,122.00	$ 2,450.86	$ 4,901.72	$ 20,671.14	10.6%	21.2%
	Supplies	$ 207,793.48	$ 130,927.49	$ 261,854.98	$ 76,865.99	63.0%	126.0%
	Equipment	$ 25,000.00	$ 6,496.24	$ 12,992.48	$ 18,503.76	26.0%	52.0%
	Contractual	$ 18,350.00	$ -	$ -	$ 18,350.00	0.0%	0.0%
	Other	$ 184,148.02	$ 110,418.30	$ 220,836.60	$ 73,729.72	60.0%	119.9%
	Total	**$ 2,962,031.50**	**$ 736,748.62**	**$ 1,473,497.24**	**$ 2,225,282.88**	**24.9%**	**49.7%**
Grand Total	Salary	$ 5,297,682.00	$ 1,849,778.73	$ 3,699,557.46	$ 3,447,903.27	34.9%	69.8%
	Benefits	$ 1,255,327.00	$ 474,977.26	$ 949,954.52	$ 780,349.74	37.8%	75.7%
	Travel	$ 29,824.00	$ 2,450.86	$ 4,901.72	$ 27,373.14	8.2%	16.4%
	Supplies	$ 355,529.48	$ 154,958.34	$ 309,916.68	$ 200,571.14	43.6%	87.2%
	Equipment	$ 25,000.00	$ 6,496.24	$ 12,992.48	$ 18,503.76	26.0%	52.0%
	Contractual	$ 351,195.00	$ 61,498.64	$ 122,997.28	$ 289,696.36	17.5%	35.0%
	Other	$ 184,148.02	$ 110,418.30	$ 220,836.60	$ 73,729.72	60.0%	119.9%
	Total	**$ 7,498,705.50**	**$ 2,660,578.37**	**$ 5,321,156.74**	**$ 4,838,127.13**	**35.5%**	**71.0%**

Project 3542- Homeless Medical

	Expenses through current year June 2026	Expenses through 12/31/2025	Expenses 01/2026 - 06/2026
Salary	$ 1,402,958.66	$ -	$ 1,402,958.66
Benefits	$ 369,808.66	$ -	$ 369,808.66
Travel	$ -	$ -	$ -
Supplies	$ 23,224.85	$ -	$ 23,224.85
Equipment	$ -	$ -	$ -
Contractual	$ 4,320.00	$ -	$ 4,320.00
Other	$ -	$ -	$ -
Total	$ 1,800,312.17	$ -	$ 1,800,312.17

Project 3665-Ending the HIV Epidemic

	Expenses through current year June 2026	Expenses through 12/31/2025	Expenses 01/2026 - 06/2026
Salary	$ -	$ -	$ -
Benefits	$ -	$ -	$ -
Travel	$ -	$ -	$ -
Supplies	$ -	$ -	$ -
Equipment	$ -	$ -	$ -
Contractual	$ -	$ -	$ -
Other	$ -	$ -	$ -
Total	$ -	$ -	$ -

Project 3543 -Homeless Dental

	Expenses through current year June 2026	Expenses through 12/31/2025	Expenses 01/2026 - 06/2026
Salary	$ 49,948.94	$ -	$ 49,948.94
Benefits	$ 15,584.00	$ -	$ 15,584.00
Travel	$ -	$ -	$ -
Supplies	$ 806.00	$ -	$ 806.00
Equipment	$ -	$ -	$ -
Contractual	$ 57,178.64	$ -	$ 57,178.64
Other	$ -	$ -	$ -
Total	$ 123,517.58	$ -	$ 123,517.58

Shelter Support dental-3565

	Expenses through current year June 2026	Expenses through 12/31/2025	Expenses 01/2026 - 06/2026
Salary	$ 6,997.07	$ -	$ 6,997.07
Benefits	$ 2,230.20	$ -	$ 2,230.20
Travel	$ -	$ -	$ -
Supplies	$ 22,789.03	$ -	$ 22,789.03
Equipment	$ -	$ -	$ -
Contractual	$ -	$ -	$ -
Other	$ 2,050.89	$ -	$ 2,050.89
Total	$ 34,067.19	$ -	$ 34,067.19

Shelter Support Medical-3564

	Expenses through current year June 2026	Expenses through 12/31/2025	Expenses 01/2026 - 06/2026
Salary	$ 389,874.06	$ -	$ 389,874.06
Benefits	$ 87,354.40	$ -	$ 87,354.40
Travel	$ 2,450.86	$ -	$ 2,450.86
Supplies	$ 108,138.46	$ -	$ 108,138.46
Equipment	$ 6,496.24	$ -	$ 6,496.24
Contractual	$ -	$ -	$ -
Other	$ 108,367.41	$ -	$ 108,367.41
Total	$ 702,681.43	$ -	$ 702,681.43

Project 793- Mobile Unit Purchase

	Expenses through current year June 2026	Expenses through 12/31/2025	Expenses 01/2026 - 06/2026
Salary	$ -	$ -	$ -
Benefits	$ -	$ -	$ -
Travel	$ -	$ -	$ -
Supplies	$ 5,270.52	$ 5,270.52	$ -
Equipment	$ 164,305.00	$ 164,305.00	$ -
Contractual	$ -	$ -	$ -
Other	$ 2,124.07	$ 2,124.07	$ -
Total	$ 171,699.59	$ 171,699.59	$ -

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH

Wednesday, August 12, 2026

Executive Session

Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Unaudited Financial Performance for the Six Months Ending June 30, 2026, Pursuant to Tex. Gov't Code Ann. §551.085.

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

Victoria Nikitin
EVP & Chief Financial Officer
Harris Health

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BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH

Wednesday, August 12, 2026

Executive Session

Consultation with Attorney, Pursuant to Tex. Gov't Code Ann. §551.071 Regarding Litigation and Possible Action Upon Return to Open Session, Including Approval of a Settlement in Case No. 2024-81283 in the 234th District Court, Harris County, Texas.

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

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Wednesday, August 12, 2026

Discussion Regarding the Texas Healthcare Trustees (THT) Certified Healthcare Trustee and Leader Certification Process

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

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