

The Harris Center for Mental Health and IDD 9401 Southwest Freeway Houston, TX 77074 Board Room #109

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Program Committee Meeting September 16, 2025 10:00 am

- I. DECLARATION OF QUORUM
- **II. PUBLIC COMMENTS**
- III. APPROVAL OF MINUTES
 - A. Approve Minutes of the Board of Trustees Program Committee Held on Tuesday, July 15, 2025 (EXHIBIT P-1)

IV. REVIEW AND COMMENT

- A. Foundation Quarterly Update (EXHIBIT P-2 Stephanie Cunningham)
- B. Children Services Update (EXHIBIT P-3 Lance Britt)
- C. YES Waiver & Texas Family First Board Presentation (EXHIBIT P-4 Lance Britt/Stella Olise)
- D. FQHC Update (EXHIBIT P-5 Stanley Williams)

V. EXECUTIVE SESSION -

- * As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at any time during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.
- VI. RECONVENE INTO OPEN SESSION
- VII. CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION
- VIII. ADJOURN

Veronica Franco

Veronica Franco, Board Liaison Max A. Miller, Jr, MTh, D.D. Chairman Program Committee The Harris Center for Mental Health and IDD Board of Trustees

EXHIBIT P-1

BOARD OF TRUSTEES The HARRIS CENTER for Mental Health and IDD PROGRAM COMMITTEE MEETING TUESDAY, JULY 15, 2025 MINUTES

Dr. R. Gearing, Board Chair, called the meeting to order at 10:07 a.m. in Room 109 of the 9401 Southwest Freeway location, noting a quorum of the Committee was present.

RECORD OF ATTENDANCE

Committee Members in Attendance: Dr. K. Bacon, Dr. J. Lankford

Committee Member in Absence: R. Thomas, Dr. M. Miller Jr.

Other Board Members in Attendance: Dr. R. Gearing, N. Hurtado-teleconference

1. CALL TO ORDER

The meeting was called to order at 10:07 a.m.

2. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

Dr. Gearing designated Ms. N. Hurtado as a voting member.

3. DECLARATION OF QUORUM

Dr. Gearing declared a quorum of the committee was present.

4. PUBLIC COMMENTS

There were no Public Comments.

5. Approve the Minutes of the Board of Trustees Program Committee Meeting Held on Tuesday, June 17, 2025

MOTION BY: LANKFORD SECOND BY: BACON

With unanimous affirmative votes

BE IT RESOLVED that the Minutes of the Board of Trustees Program Committee meeting held on Tuesday, June 17, 2025 under Exhibit P-1, are approved and recommended to the Full Board for acceptance.

6. REVIEW AND COMMENT

A. Youth Diverison Center-Monalisa Jiles presented the Youth Diversion Center to the Program Committee.

7. EXECUTIVE SESSION

No Executive Session was needed.

8. RECONVENE INTO OPEN SESSION

9. ADJOURN

There being no further business, the meeting adjourned at 10:48 am.

MOTION BY: GEARING SECOND BY: BACON

Veronica Franco, Board Liaison
Max A. Miller, Jr. Mth, D.D., Chairman
Program Committee
THE HARRIS CENTER for Mental Health and IDD
Board of Trustees

EXHIBIT P-2

The Harris Center Foundation Updates

September 16, 2025

Presented by

Stephanie Cunningham, Executive Director



Announcing 2026 Grant Awards

Through six funding cycles, \$678,429 has been funded to support 25 projects.

The Pyramid Project, Amber Honsinger, \$60,324

Youth Mental Health First Aid for Charter Schools, Carroll Prasad, \$19,000

Community Outreach Ambassadors, Jennifer Battle, \$25,000



Foundation Updates





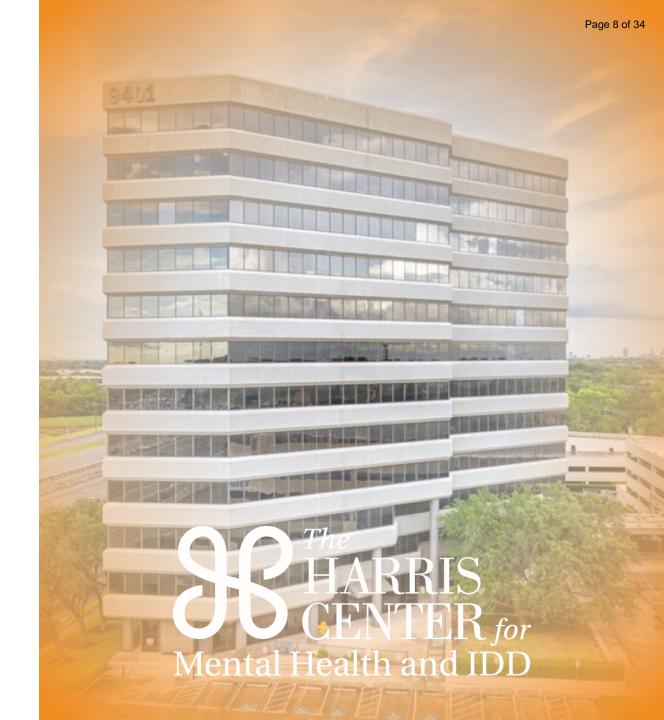
THANK YOU for your support of The Harris Center Foundation



EXHIBIT P-3

Children Services Update

Presented by: Name, Professional Title
Date XX, 20XX

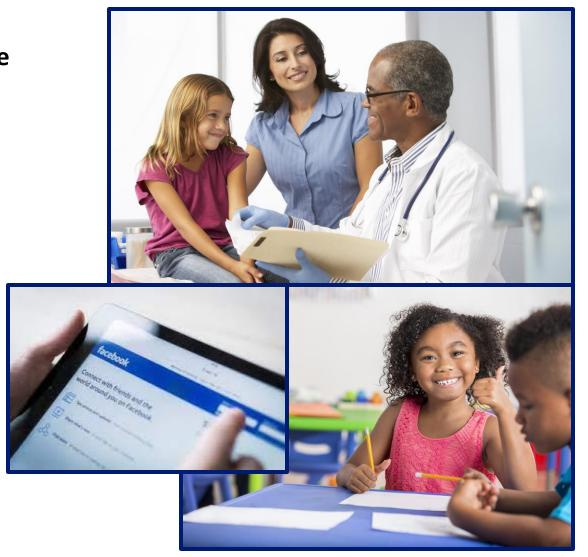


Community Networking



Since November 2024-

- 136 Primary Care Physician Offices & Day Care Center have been visited
- 48 Community events/Health Fairs/Presentations (Including DFPS Inter-Agency Meetings)
- 57 Facebook referrals received in July and August
- > 26 TCHATT Referrals- 19 successful Referrals
- New partnerships in process with Harris County Public Health for high school age males



Back to School



The Southwest & Southeast Children's Clinics organized a School Supply Drive and distributed supplies to families in August





The Children's Teams attended the Mayor's Back to School Event August 2nd at the George R. Brown

Project School Drop-Off 2025



Baskets were dropped off at 25 School Districts in Harris County

The team also focused on the schools in the Airline Area. 15 schools were visited. The new Spanish 1-page flyer was delivered to the schools.





Thank you.



EXHIBIT P-4

YES Waiver Youth Empowerment Services

&

Texas Family First

Presented by: Stella Olise, MEd, LPC-S Program Director– YES Waiver & Texas Family First

Date: September 16, 2025



YES Waiver & Wraparound

Purpose:

Prevent institutionalization and support youth with Serious Emotional Disturbance (SED)

Approach:

Medicaid 1915(c) waiver (YES)

Wraparound: team-based, family-driven service planning

Target Population: Youth ages 3-18 with complex behavioral health needs

Services Provided

- Adaptive Aids & Supports
- Art Therapy
- Community Living Supports
- Family Supports
- Music Therapy
- Paraprofessional Services
- Respite

Transitional Services

Animal Assisted Therapy



Key Services Provided

Community-based supports

Non-traditional therapies (art, animal-assisted)

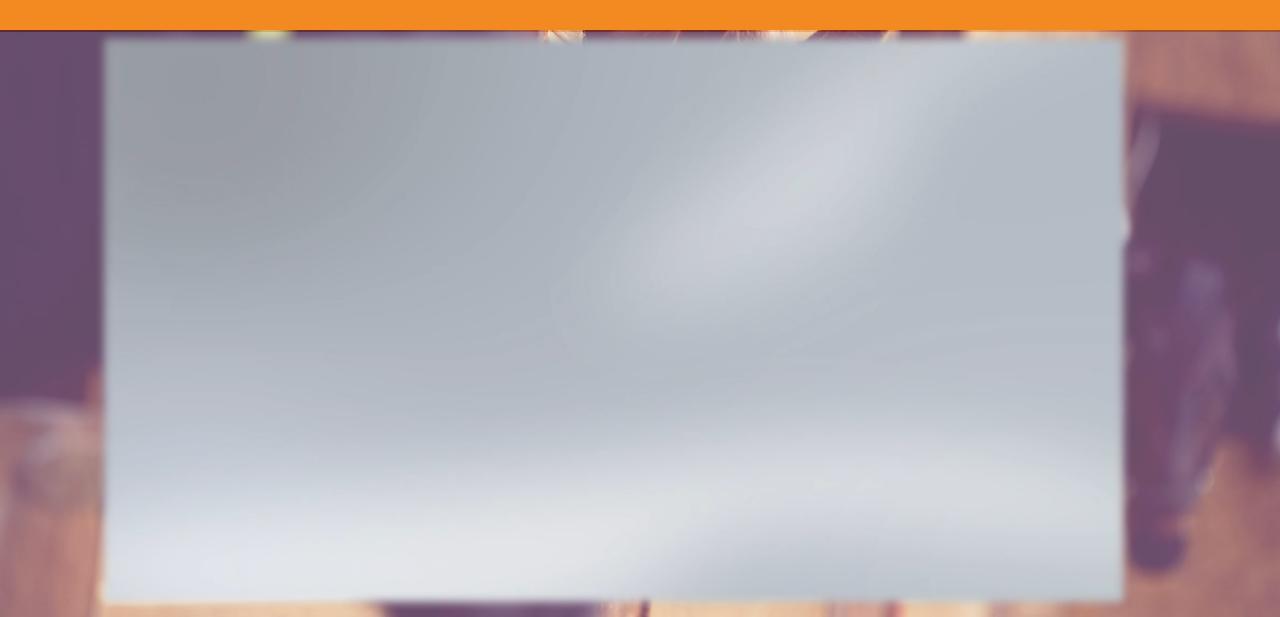
Crisis and respite services

Family partner support

Employment and transition services

Wraparound facilitation and coordination

Equine Therapy



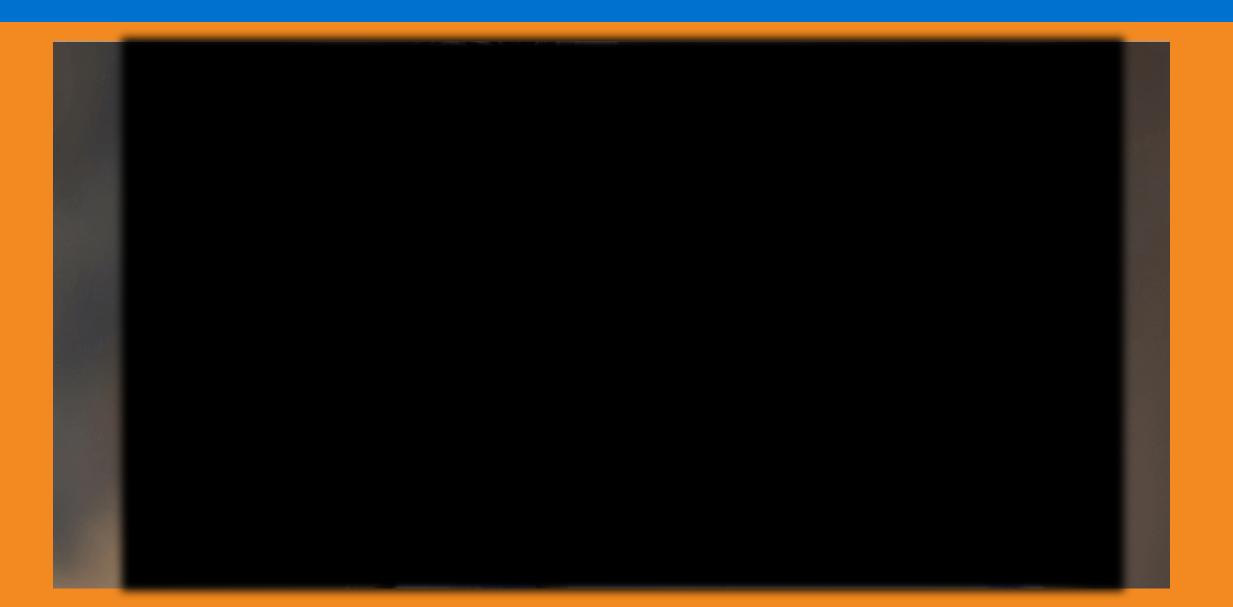
Impact & Benefits

- >Avoids psychiatric hospitalization
- >Keeps families together



- >Promotes youth functioning in home, school, and community
- Enhances cross-system collaboration (schools, courts, CPS)

"mental health is the priority..."



Texas Family First



The Texas Family First pilot is designed to prevent children from entering foster care by providing in home evidence-based services to families to alleviate safety concerns.

Objectives of TFF

Prevent

Prevent children from entering foster care by offering courtordered, evidencebased services to families to address safety concerns.

Strengthen

Strengthen family stability through parenting support, mental health, and substance abuse services.

Evidence

Evidence-Based Interventions

• TFF deploys a suite of research-driven services, including MST & HFW.







How the Program Works

CPS Case Identification: Families flagged through Child Protective Investigations (CPI) for being "at risk."

Court Referral: A judge may order TFF services as an alternative to removal.

Implementation: Families receive tailored, time-limited interventions within their homes or community settings.

Overview of Evidence-Based Services

Multisystemic Therapy	High Fidelity Wraparound
Single therapist working intensively with 4 to 6 families at a	High Fidelity Wraparound Facilitator works intensively with
time	no more than 10 families at a time
Team of 2 to 4 therapists plus a supervisor	Team of 5 High Fidelity Wraparound Facilitators
24 hr./7 days week team availability: on call system	Meets with the family at least once/week and available to
Meet with families 2-3x a week (more if needed)	provide intensive case management services outside of the
3 to 5 months is the typical treatment time (4 months on	traditional 8-5
average across cases)	Average length in program is between 6 to 12 months
Work is done in the community, home, school, and	Work is done in the community, home, and school, to
neighborhood which removes barriers to service access	remove barriers to service access



Stella Olise, MEd, LPC-S
Program Director- YES Waiver & Texas Family First

Office: 713-970-4385

E-mail: Stella.Olise@TheHarrisCenter.org





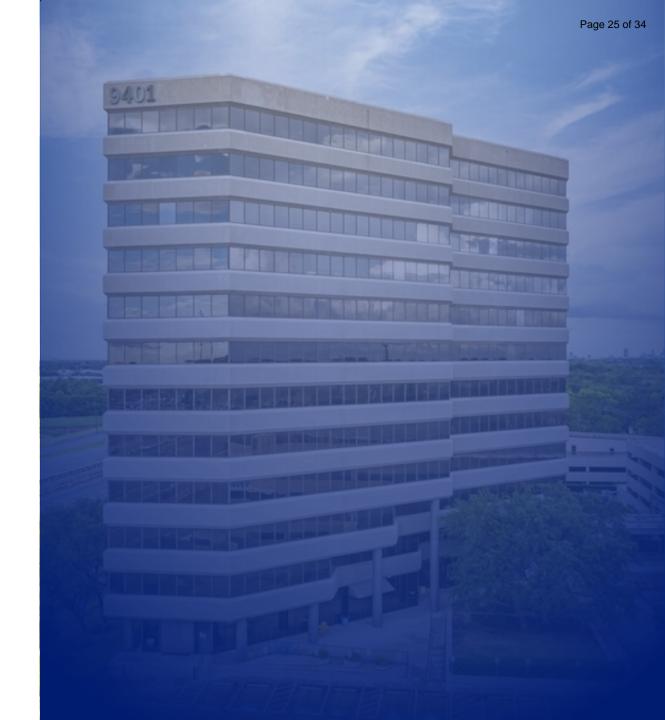


EXHIBIT P-5

FQHC Look-Alike Update

The Harris Center for Integrated Care

Presented by: Dr. Stanley Williams, PhD August 19, 2025



Client from The Harris Center for Integrated Care – Health Clinic

HRSA Notification NAP were not Funded Nationally

New Access Point (NAP) FQHC Key Dates Summary			
Milestone	Date		
1st Harris Center for Integrated Care (HCIC) Board Meeting	September 17, 2024		
HRSA Grants.gov FQHC New Access Point application submitted	September 30, 2024		
HRSA Notification by Email that HRSA did not receive fiscal year (FY) 2025 funding for NAP awards and does not plan to make NAP awards in FY 2025. Should funding become available, HRSA could consider funding applications from the FY 2025.	June 17, 2025		
HRSA did not receive fiscal year (FY) 2025 funding for NAP awards and does not plan to make NAP awards in FY 2025.	June 17, 202		



From: HRSA EHBs System User < Grantsupport@hrsa.gov>

Sent: Tuesday, June 17, 2025 2:31 PM

To: Williams, Stanley <Stanley.Williams@TheHarrisCenter.org>

Subject: Update on NAP Application (HRSA-25-085)

This Email is from an EXTERNAL source. Ensure that you trust this sender before clicking on any links or attachments.

Dear applicant,

This email provides an update on your application for New Access Points (NAP) funding under the Health Center Program administered by the Health Resources and Services Administration (HRSA). HRSA did not receive fiscal year (FY) 2025 funding for NAP awards and does not plan to make NAP awards in FY 2025.

Should funding become available, HRSA could consider funding applications from the FY 2025 NAP competitive rank order list. No application-specific information is available at this time.

Thank you for your interest in the Health Center Program and your commitment to improving the health of medically underserved people in your community.

NAP technical assistance team

Review: Federally Qualified Health Center New Access Point (NAP) vs FQHC Look Alike

BENEFIT	FQHC - NAP Health Center	FQHC Look Alike
Receiving funding from HRSA	Yes	No
Federally Qualified Health Center (FQHC) Prospective Payment System (PPS) reimbursement through the Centers for Medicare and Medicaid Services (CMS)	Yes	Yes
HRSA's 340B Drug Pricing Program for discounted drugs	Yes	Yes
Free vaccines for uninsured and underinsured children through the Vaccines for Children program	Yes	Yes
Assistance in the recruitment and retention of primary care providers through HRSA's National Health Service Corps	Yes	Yes
HRSA-supported training and technical assistance	Yes	Yes

Next Steps to Become FQHC Look-Alike



The FQHC Look-Alike (LAL) application process, from initial submission to designation, generally takes 3 to 12 months. This includes preliminary reviews, site visits, and compliance reviews.

FQHC Look-A Like (LA) Milestones	Key Dates
Harris Center for Integrated Care Meet for 6 consecutive Months from August to January	August 2025 – 9 January 2026
Existing HRSA FQHC New Access Point application can be submitted as FQHC LA to HRSA – After 6 HCIC Board Meetings	January 30, 2026
Initial Application: Once submitted, HRSA has 30 calendar days to conduct a preliminary review for completeness and eligibility	February 30, 2026
Site Visit: Following a successful preliminary review, HRSA and the applicant have up to 60 days to schedule and prepare for a site visit.	April 30, 2026
Compliance Review: HRSA conducts a site visit, typically lasting three days, to assess compliance with program requirements.	April 30 – 3 days May 4 th - 2026
Post-Site Visit: HRSA has 60-75 days to complete the compliance review and provide a report. The applicant then has 30 days to respond to any identified issues.	May to July 2026
Final Review: HRSA then has 30-45 days to review the applicant's response and issue a decision on the LAL designation.	Decision by August 2026

Above times are Maximum timelines – Healthcore timeline was about 5 months – If we were on that trajectory, it would be From January 2026 to May 2026

Review: 31 LMHAs have Co-located Primary Care Services on site



Note: Community Healthcore – A Texas LMHA Became a FQHC Look A Like in 2024

From: Melecki, Sarah (HHSC) < Sarah. Melecki@hhs.texas.gov>

Sent: Tuesday, April 23, 2024 7:55 AM

To: Williams, Stanley <Stanley.Williams@TheHarrisCenter.org>

Subject: RE: Harris Center-T-CCBHC Individual Provider Technical Assistance (IPTA) call

Hi Dr. Williams! I do happen to know this – Number of LMHAs with Colocated primary care services:

Number who directly employ primary care in at least one clinic: 19 Number who have co-location with a partner primary care provider in at least one clinic: 17

Number with another co-location arrangement such as a primary care mobile clinic that comes to their clinics: 6

Number that did not reply to our survey: 2

Total number that have some type of co-location: at least 31

Total number of T-CCBHCs: 44

Sarah Melecki Director, Integrated Care Strategy (512) 458-0775

My working hours and your working hours may be different. Please do not feel obligated to reply outside of your normal working hours.

FQHC Clinic Locations

Northeast Harris Center Integrated Primary Care Clinic 7200 North Loop East Freeway, Houston,

TX 77028 Phone: 713-970- 7000

In a MUA/P: Yes

Service Area Name: Central East Houston

Designation Type:Medically Underserved Area **Designation Date:**11/22/2019

. . , _ _ , _ . . .

Southeast Harris Center Integrated Primary Care Clinic 5901 Long Drive, Houston, TX 77087

Phone: 713-970-4300

In a MUA/P: Yes

Service Area Name: Houston - South

Designation Type:Medically Underserved

Medically Underserved Area

Designation Date:

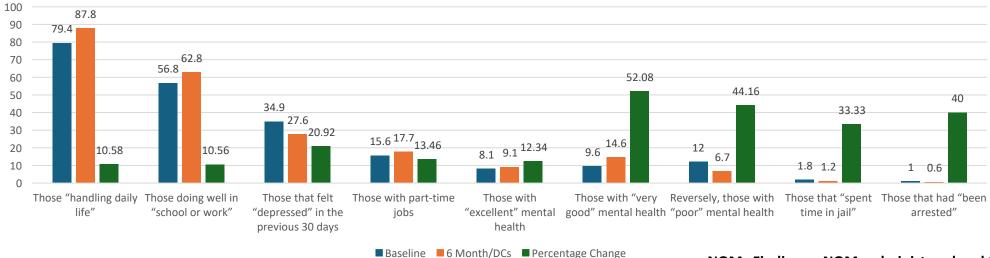
09/06/2019





National Outcome Measures SAMHSA Data Portal 2024 Data

Percentage Change from Baseline to 6 Months/DCs for Selected NOMS Indicators (Baseline n = 386, 6 Months/DCs n = 301



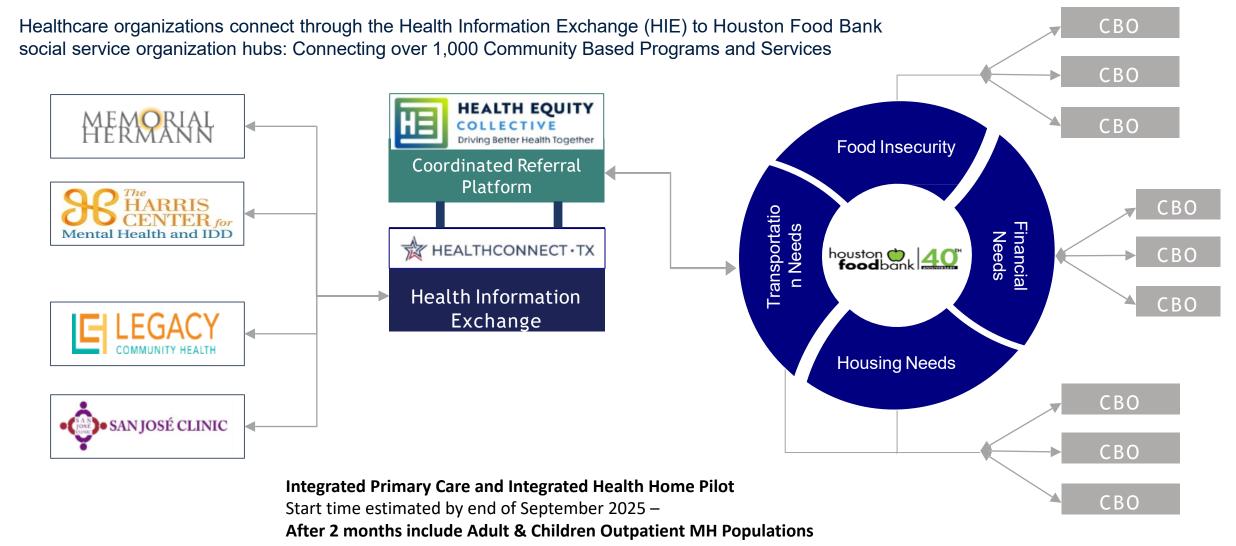
Harris Center Sample Size Approved Methodology: A comprehensive list of currently enrolled and newly enrolled individuals receiving CCBHC services will be extracted from the EPIC data warehouse ("Caboodle") at grant start date and annually thereafter using SPSS software. The software allows random selection of the specified number of cases from the entire list using the "Select Cases" command

NOMs Findings - NOMs administered and tracked by HCIC Care Navigators

- Those "handling daily life" increased 10.58%.
- Those doing well in "school or work" increased 10.56%.
- Those that felt "depressed" in the previous 30 days decreased 20.92%.
- Those with part-time jobs increased by 13.46%.
- Those with "excellent" mental health increased by 12.34%.
- Those with "very good" mental health increased by 52.08%.
- Reversely, those with "poor" mental health decreased by 44.16%.
- Those that "spent time in jail" decreased by 33.33%.
- Those that had "been arrested" decreased by 40%.

The CARE Network

Community Assistance and Referral Exchange Network



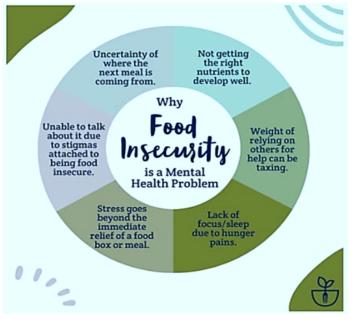
Addressing Food Insecurity Partnership with Houston Food Bank







Studies* show people experiencing mental Illness & food insecurity have increased psychiatric emergency utilization and report less mental health treatment utilization





Since April 2024 –meals that amount to 30 lbs of food every two weeks – there have been over 5,000 redemptions for receiving Food as Medicine balanced nutritious food consisting of vegetables, grains, fruit, and protein meals

* (HHS Peer Reviewed; https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4103585)

