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

Live View: https://theharriscentertx.new.swagit.com/views/834/

Program Committee Meeting
November 11, 2025
9:30 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, October 21, 2025
(EXHIBIT P-1)

IV. **CONSIDER AND TAKE ACTION**

A. Recommendation No. 440R: IDD-PAC Organization Application- Avondale House (rep. Kevin Kern)
(EXHIBIT P-2 Evanthe Collins)

B. Recommendation No. 441R: IDD-PAC Individual Application from LaVette Allen
(EXHIBIT P-3 Evanthe Collins)

C. Recommendation No. 442R: IDD-PAC Org. Application from Waller ISD
(EXHIBIT P-4 Evanthe Collins)

D. Recommendation No. 443R: IDD-PAC Indiv. Application from Jenny Cheng
(EXHIBIT P-5 Evanthe Collins)

E. Recommendation No. 444R: IDD-PAC Org. Application from Light & Salt Association
(EXHIBIT P-6 Evanthe Collins)

V. **REVIEW AND COMMENT**

A. Innovation Awards
(EXHIBIT P-7 Luc Josaphat)

VI. **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.**

VII. **RECONVENE INTO OPEN SESSION**

VIII. **CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION**

IX. **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, OCTOBER 21, 2025
MINUTES

Dr. R. Gearing, Board Chair, called the meeting to order at 10:02a.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, Dr. R. Gearing, Dr. K. Bacon
R. Thomas-videoconference, N. Hurtado-videoconference

Committee Member in Absence: Dr. M. Miller Jr

Other Board Members in Attendance: Dr. Q. Moore

1. **CALL TO ORDER**
   The meeting was called to order at 10:02 a.m.

2. **DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS**
   All members present are members of the Program Committee.

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, September 16, 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, September 16, 2025 under Exhibit P-1, are approved and recommended to the Full Board for acceptance.

6. **REVIEW AND COMMENT**

   A. **Behavioral Health and IDD Crisis and Access Hub-**Jennifer Battle presented the Behavioral Health and IDD Crisis and Access Hub to the Program Committee.

B. **Main Steet Campus-**LaDarryl Campbell, Evelyn Lockin and Kim Kornmayer presented the Main Street Campus 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 11:01 am.

MOTION BY: BACON SECOND BY: LANKFORD

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
9401 Southwest Freeway
Houston, TX 77074

INFORMATION FORM FOR ORGANIZATION NOMINEES TO THE

Intellectual and Developmental Disabilities Planning Advisory Council [IDD-PAC]

Organization representation on The Harris Center Advisory Councils should be one which provides services to or for persons with mental illness, emotional disturbances, Autism or other intellectual and developmental disabilities or an organization which advocates for the interests of persons from the aforementioned disability groups; and/or has demonstrated a commitment and interest in the improvement of services for persons with the aforementioned disabilities.

If your organization is currently a Board-approved member of the Council, disregard PART I and have your designated representative complete PART II.

PART I

Organization Name: Avondale House

Mailing Address: 3737 O'Meara Drive

City: Houston State: Texas Zip code: 77025

Telephone: 713-400-2626 Fax No.: _____

E-mail Address: kevink@avondalehouse.org

Relationship to The Harris Center: Has been a long time previous member of the PAC representing another organization.

We were referred to The Harris Center by: Self Referral- Former PAC member

Who will represent your organization on the Advisory Council? Kevin Kern, COO of Avondale House

(Name and Position in Organization)

Please describe your organization and its support or services for persons with mental disabilities.
Please enclose a copy of your organization's Mission Statement.

Avondale House is a nonprofit organization that provides individuals with autism the resources, education, and training to develop to their fullest potential.

Please list your organization's memberships in or affiliation with other professional and/or civic organizations and associations that address the needs of persons with mental disabilities:

Texas Health and Human Services Commission as a licensed ISS and ICF/IID Provider, Texas Alliance of Accredited Private Schools

PAGE 2 OF 3

PART II

Name: Kevin Kern

☒ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Consumer ☐ Family Member of Consumer*

Mailing Address: 3737 O'Meara Drive

City: Houston State: TX Zip code: 77025

Telephone: Home: _____ Work: 713-400-2626 Cell: 832-707-8072

E-Mail Address: kevink@avondalehouse.org

Fax No.: _____ Occupation: Chief Operating Officer

Name of Company/Agency: Avondale House

Business Address: 3737 O'Meara Drive

City: Houston State: Texas Zip code: 77025

As an organization representative, I understand the organization I represent must be a Harris Center Board-approved organization appropriate to the specific Advisory Council which provides services to or for persons with mental illness, emotional disturbances, or intellectual and developmental disabilities.

I am being nominated by: Avondale House
(Organization Name)

Organization Authorization: Steve Vela, CEO
(Signature of Officer Making Nomination/Title)

Why do you want to be a member of the Advisory Council?
I have worked in this field for over 25 years and am passionate and dedicated to ensuring that individuals with autism, IDD or similar conditions have the resources and supports that they need to reach their fullest potential. I also want to learn from other PAC members so that I can continue to serve to the best of my ability

What special interests, talents, or experience do you feel you bring to the Advisory Council?
I have over 25 years of experience in the field and have worked in both Texas and Pennsylvania. I believe my experiences and knowledge can bring suggestions, ideas and recommendations on a variety of topics.

The Advisory Council meets one time per month during workday hours. Are you available to attend these monthly meetings on a regular basis?

☒ Yes ☐ No If no, please explain: _____

* Member of immediate family means a relative in the first or second degree, which includes, but is not limited to mother, father, brother, sister, son, daughter, husband, wife, grandmother, grandfather, legally authorized representative

Please list your organization's memberships in other professional and/or civic organizations and associations:

Private Providers Association of Texas

Upon submittal of notice to The Harris Center of a desire to be an Advisory Council organization member or to change your representative, you and/or your representative are provided a copy of The Harris Center policy (Board By-Laws) pertaining to Advisory Council membership and the Code of Ethics for review. Your representative is requested to review and sign, on behalf of your organization, a non-conflict of interest statement regarding participation on the Council and commit that your organization and he/she will be guided by the Code of Ethics of the Board of Trustees of The Harris Center. Please include these statements with this information form and return to The Harris Center.

Organization Authorization: Nurw Nuss, COO

(Signature of Officer Making Application/Title)

8/6/25

(Date)

Please mail the completed application form to: Cindy Hernandez, Recording Secretary, Intellectual and Developmental Disabilities Planning Advisory Council, The Harris Center, 9401 Southwest Freeway, Houston, Texas 77074. Or the completed application form may be emailed to alicia.hernandez@theharriscenter.org or faxed to 713-970-3481.

Attachments:

What is the Intellectual and Developmental Disabilities Planning Advisory Council?
The Harris Center Board By-Laws Regarding Advisory Councils
Copy of The Harris Center Code of Ethics
Certification of Compliance with Code of Ethics
Conflict of Interest Declaration
Voluntary Disclosure Statement

THE HARRIS CENTER ORGANIZATION MEMBERS OF ADVISORY COUNCILS CERTIFICATION OF COMPLIANCE WITH THE HARRIS CENTER'S CODE OF ETHICS

I, Kevin Kern, hereby certify on behalf

of Avondale House, an organization which is

seeking to hold an organization member slot on the Intellectual and Developmental Disabilities Planning Advisory Council, that we have received and will comply with the Code of Ethics as adopted by the Board of Trustees for The Harris Center, the most recent revision having been adopted in November 1, 2006 by unanimous affirmative vote of the Board.

(Signature of Organization Representative)

Chief Operating Officer

(Title)

8/6/25

(Date)

THE HARRIS CENTER CONFLICT OF INTEREST DECLARATION FOR ADVISORY COUNCIL ORGANIZATION MEMBERS

We own no interest in any business, company, or firm which contracts with or sells merchandise or services to The Harris Center, nor does any member of the immediate family of our organization representative.

EXCEPTION:

_____

_____

We are not employed by a business, company, or firm which has a contract with The Harris Center or sells its merchandise or services nor does any member of the immediate family of our organization representative.

EXCEPTION:

_____

_____

We receive no income or payment of any kind from The Harris Center nor does any member of the immediate family* of our organization representative.

EXCEPTION:

_____

_____

We are not employed by The Harris Center nor is any member of our representative's immediate family.

EXCEPTION:

_____

_____

We have no other conflict of interest which would make it undesirable for a representative of our organization to serve on this Advisory Council, nor does any member of the immediate family* of our organization representative.

EXCEPTION:

_____

_____

Advisory Council:

Intellectual and Developmental Disabilities ☒

Your Name: Kevin Kern

Representing: Avondale House

Signature: Kevin Kern

Date: 8/6/25

* Member of immediate family means a relative in the first or second degree, which includes, but is not limited to mother, father, brother, sister, son, daughter, husband, wife, grandmother, grandfather, legally authorized representative.

The Harris Center

Intellectual and Developmental Disabilities Planning Advisory Council

Voluntary Disclosure Statement

Kevin Kern

(Name)

Please check one:

☐ **Consumer** (I consider myself to be a person who has or has had a mental disability having been diagnosed at some point in my life as having a mental disability.)

☐ **Family Member** (I consider myself to be a family member, as I have a person who has been diagnosed with an intellectual disability in my immediate family -- mother, father, brother, sister, son, daughter, husband, wife, grandmother, grandfather.)

☒ **Concerned Community Citizen** (I do not consider myself to be either a consumer or family member).

I hereby give The Harris Center permission to utilize the above designation as needed to respond to inquiries as to the composition and/or representation of persons with intellectual disabilities or their family members with regard to the planning, evaluation, and input processes of the Agency.

8/6/25

(Date)

Kevin Kern

(Signature)

EXHIBIT P-3

THE HARRIS CENTER
9401 Southwest Freeway
Houston, TX 77074

INFORMATION FORM FOR INDIVIDUAL NOMINEES TO THE

Intellectual and Developmental Disabilities Planning Advisory Council [IDD-PAC]

Please Print:

Name: LaVette Allen

☐ Mr. ☐ Mrs. ☑ Ms. ☐ Dr. ☐ Consumer ☐ Family Member of Consumer*

Mailing Address: [redacted] Redgate DR.

City: Houston State: Texas Zip Code: [redacted]

Telephone: Home N/A Work 713-858-1904 Cell 713-858-1904

Fax No.: N/A E-mail Address: lavette.allen@gmail.com

Occupation: Retired Paralegal

Employed by: N/A - former Employer - Linebarger Goggan & Blair law firm

I am seeking appointment as a Consumer/Family Member defined as: Any individual living in Harris County and receiving or having previously received services from an agency appropriate to the Intellectual and Developmental Disabilities Planning Advisory Council [Autism or other Intellectual and Developmental Disabilities]; a family member or guardian of such a person.

I am being nominated by: Person who recommended me become IDD-PAC member

[Yourself or person who recommended you become an IDD-PAC member]

~~Why~~ do you want to be a member of the IDD-PAC?

I can help evaluate the suitability of specific disabilities learning, health Needs that being over looked

What special interests, talents, or experience do you feel you bring to the IDD-PAC?

I bring a unique and valuable contributions to the ~~Special~~ Special Need by being a Mother of two daughter's that's Special Need. These capabilities can significantly enhance communication and improving overall outcomes for Special Need Individu

* Member of immediate family means a relative in the first or second degree, which includes, but is not limited to mother, father, brother, sister, son, daughter, husband, wife, grandmother, grandfather, legally authorized representative.

INDIVIDUAL APPLICATION TO THE INTELLECTUAL AND DEVELOPMENTAL DISABILITIES PLANNING ADVISORY COUNCIL [IDD-PAC]

PAGE 2 OF 2

The Intellectual and Developmental Disabilities Planning Advisory Council meets the first Tuesday of every month from 10:00 a.m. until 12:00 p.m. Are you available to attend these monthly meetings on a regular basis?

☑ Yes ☐ No If no, please explain: _____

_____

Please list your memberships in other professional and civic organizations and associations:

Phillis Wheatley High School Alumni Committee
Inspire Church - Her Women's Ministry
Martin Family - Event Planner
The Gate - Prayer Group - Founder
Board member of - Embracing The Master Plan

You will be provided a copy of The Harris Center Policy pertaining to Advisory Council membership and the Code of Ethics for review. To be considered as an advisory council nominee, you need to review and sign a non-conflict of interest statement regarding participation on the Council and that you will be guided by the Code of Ethics of the Board of Trustees of The Harris Center. Please include both of these signed statements when you return this completed form.

_____ 10/4/2025

(SIGNATURE) (DATE)

Please mail the completed application form to: Cindy Hernandez, Recording Secretary, Intellectual and Developmental Disabilities Planning Advisory Council, The Harris Center, 9401 Southwest Freeway, Houston, Texas 77074. Or the completed application form may be emailed to Alicia.Hernandez@TheHarrisCenter.org or faxed to 713-970-3481.

Attachments:
- What is the Intellectual and Developmental Disabilities Planning Advisory Council?
- The Harris Center Board By-Laws Regarding Advisory Councils
- Copy of The Harris Center Code of Ethics
- Certification of Compliance with Code of Ethics
- Conflict of Interest Declaration
- Voluntary Disclosure Statement

THE HARRIS CENTER CONFLICT OF INTEREST DECLARATION FOR INDIVIDUAL MEMBER OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES PLANNING ADVISORY COUNCIL

I own no interest in any business, company, or firm which contracts with or sells merchandise or services to The Harris Center, nor does any member of my immediate family.*

EXCEPTION:

_____

_____

I am not employed by a business, company, or firm which has a contract with The Harris Center or sells its merchandise or services nor is any member of my immediate family*.

EXCEPTION:

_____

_____

I receive no income or payment of any kind from The Harris Center, nor does any member of my immediate family*.

EXCEPTION:

_____

_____

I am not employed by The Harris Center, nor is any member of my immediate family*.

EXCEPTION:

_____

_____

I have no other conflict of interest which would make it undesirable for me to serve on this Advisory Council, nor does any member of my immediate family*.

EXCEPTION:

_____

_____

Intellectual and Developmental Disabilities Planning Advisory Council

Print Your Name: LaVette Allen

Signature: LaVette Allen

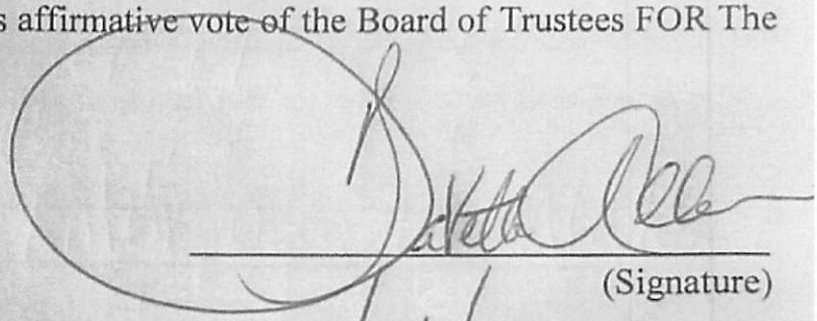
Date: 10/4/2025

* Member of immediate family means a relative in the first or second degree, which includes, but is not limited to mother, father, brother, sister, son, daughter, husband, wife, grandmother, grandfather, legally authorized representative.

THE HARRIS CENTER INDIVIDUAL MEMBER OF ADVISORY COUNCIL CERTIFICATION OF COMPLIANCE

THE HARRIS CENTER'S CODE OF ETHICS

I, LaVette Allen hereby certify that I have read and will comply with the Code of Ethics as adopted by the Board of Trustees with the most recent revision having been adopted on November 1, 2006 by unanimous affirmative vote of the Board of Trustees FOR The Harris Center.



(Signature)

10/4/2025

(Date)

The Harris Center

Intellectual and Developmental Disabilities Planning Advisory Council

Voluntary Disclosure Statement

LaVette Allen
(Name)

Please check one:

☐ **Consumer** (I consider myself to be a person who has or has had an intellectual disability having been diagnosed at some point in my life as having an intellectual disability.)

☑ **Family Member** (I consider myself to be a family member, as I have a person who has been diagnosed with an intellectual disability in my immediate family – mother, father, brother, sister, son, daughter, husband, wife, grandmother, grandfather.)

☐ **Legally Authorized Representative** (I consider myself to be a person who represents a person who has been diagnosed with an intellectual disability.)

I hereby give The Harris Center permission to utilize the above designation as needed to respond to inquiries as to the composition and/or representation of persons with intellectual disabilities or their family members with regard to the planning, evaluation, and input processes of the Agency.

10/4/2025
(Date)

(Signature)

EXHIBIT P-4

THE HARRIS CENTER
9401 Southwest Freeway
Houston, TX 77074

INFORMATION FORM FOR ORGANIZATION NOMINEES TO THE

Intellectual and Developmental Disabilities Planning Advisory Council [IDD-PAC]

Organization representation on The Harris Center Advisory Councils should be one which provides services to or for persons with mental illness, emotional disturbances, Autism or other intellectual and developmental disabilities or an organization which advocates for the interests of persons from the aforementioned disability groups; and/or has demonstrated a commitment and interest in the improvement of services for persons with the aforementioned disabilities.

If your organization is currently a Board-approved member of the Council, disregard PART I and have your designated representative complete PART II.

PART I

Organization Name: Waller ISD

Mailing Address: 20600 Fields Store Road

City: Waller State: Tx Zip code: 77484

Telephone: 936-931-9146 Fax No.: _____

E-mail Address: jfurrh@wallerisd.net

Relationship to The Harris Center: Professional

We were referred to The Harris Center by: Past Member of IDD PAC

Who will represent your organization on the Advisory Council? Jeff Furrh - Director Student Support Services

(Name and Position in Organization)

Please describe your organization and its support or services for persons with mental disabilities.
Please enclose a copy of your organization's Mission Statement.

Independent School District - Special Education and 504 Services

Please list your organization's memberships in or affiliation with other professional and/or civic organizations and associations that address the needs of persons with mental disabilities:

Region 4 educational Service Center

Texas Council of Adminitrators of Special Education

PAGE 2 OF 3

PART II

Name: Jeff Furrh

☒ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Consumer ☐ Family Member of Consumer*

Mailing Address: 20600 Fields Store Road

City: Waller State: Tx Zip code: 77484

Telephone: Home: 936-931-9146 Work: 936-931-9146 Cell: 832-755-5386

E-Mail Address: JFurrh@wallerisd.net

Fax No.: _____ Occupation: Director - Student Support Services

Name of Company/Agency: Waller ISD

Business Address: 20600 Fields Store Road

City: Waller State: TX Zip code: 77484

As an organization representative, I understand the organization I represent must be a Harris Center Board-approved organization appropriate to the specific Advisory Council which provides services to or for persons with mental illness, emotional disturbances, or intellectual and developmental disabilities.

I am being nominated by: _____
(Organization Name)

Organization Authorization: _____
(Signature of Officer Making Nomination/Title)

Why do you want to be a member of the Advisory Council?
To insure that WISD is providing parents and students with the most up to date information related to the Harris Center.
To also insure that if needed parent/staff concerns can be shared with the PAC.

What special interests, talents, or experience do you feel you bring to the Advisory Council?
Local Education Agency supporting/working with families with Disabilities.

The Advisory Council meets one time per month during workday hours. Are you available to attend these monthly meetings on a regular basis?

☒ Yes ☐ No If no, please explain: _____

* Member of immediate family means a relative in the first or second degree, which includes, but is not limited to mother, father, brother, sister, son, daughter, husband, wife, grandmother, grandfather, legally authorized representative.

PAGE 3 0F 3

Please list your organization's memberships in other professional and/or civic organizations and associations:

Region 4 Educational Service Center, Texas Council of Adminstrators of Special Education

Upon submittal of notice to The Harris Center of a desire to be an Advisory Council organization member or to change your representative, you and/or your representative are provided a copy of The Harris Center policy (Board By-Laws) pertaining to Advisory Council membership and the Code of Ethics for review. Your representative is requested to review and sign, on behalf of your organization, a non-conflict of interest statement regarding participation on the Council and commit that your organization and he/she will be guided by the Code of Ethics of the Board of Trustecs of The Harris Center. Please include these statements with this information form and return to Thc Harris Center.

Organization Authorization: _____

(Signature of Officer Making Application/Title)

_____

(Date)

Please mail the completed application form to: Cindy Hernandez, Recording Secretary, Intellectual and Developmental Disabilities Planning Advisory Council, The Harris Center, 9401 Southwest Freeway, Houston, Texas 77074. Or the completed application form may be emailed to alicia.hernandez@theharriscenter.org or faxed to 713-970-3481.

Attachments:

What is the Intellectual and Developmental Disabilities Planning Advisory Council?
The Harris Center Board By-Laws Regarding Advisory Councils
Copy of The Harris Center Code of Ethics
Certification of Compliance with Code of Ethics
Conflict of Interest Declaration
Voluntary Disclosure Statement

The Harris Center

Intellectual and Developmental Disabilities Planning Advisory Council

Voluntary Disclosure Statement

Jeff Furrh

(Name)

Please check one:

☐ **Consumer** (I consider myself to be a person who has or has had a mental disability having been diagnosed at some point in my life as having a mental disability.)

☐ **Family Member** (I consider myself to be a family member, as I have a person who has been diagnosed with an intellectual disability in my immediate family -- mother, father, brother, sister, son, daughter, husband, wife, grandmother, grandfather.)

☒ **Concerned Community Citizen** (I do not consider myself to be either a consumer or family member).

I hereby give The Harris Center permission to utilize the above designation as needed to respond to inquiries as to the composition and/or representation of persons with intellectual disabilities or their family members with regard to the planning, evaluation, and input processes of the Agency.

10/13/25

(Date)

Jeff Furrh

(Signature)

THE HARRIS CENTER CONFLICT OF INTEREST DECLARATION FOR ADVISORY COUNCIL ORGANIZATION MEMBERS

We own no interest in any business, company, or firm which contracts with or sells merchandise or services to The Harris Center, nor does any member of the immediate family of our organization representative.

EXCEPTION:

_____

_____

We are not employed by a business, company, or firm which has a contract with The Harris Center or sells its merchandise or services nor does any member of the immediate family of our organization representative.

EXCEPTION:

_____

_____

We receive no income or payment of any kind from The Harris Center nor does any member of the immediate family* of our organization representative.

EXCEPTION:

_____

_____

We are not employed by The Harris Center nor is any member of our representative's immediate family.

EXCEPTION:

_____

_____

We have no other conflict of interest which would make it undesirable for a representative of our organization to serve on this Advisory Council, nor does any member of the immediate family* of our organization representative.

EXCEPTION:

_____

_____

Advisory Council:

Intellectual and Developmental Disabilities ☐ Your Name: Jeff Furrh

Representing: Waller ISD

Signature: Jeff Furrh

Date: 10/13/23

* Member of immediate family means a relative in the first or second degree, which includes, but is not limited to mother, father, brother, sister, son, daughter, husband, wife, grandmother, grandfather, legally authorized representative.

THE HARRIS CENTER ORGANIZATION MEMBERS OF ADVISORY COUNCILS CERTIFICATION OF COMPLIANCE WITH THE HARRIS CENTER'S CODE OF ETHICS

I, _____, hereby certify on behalf

of _____, an organization which is

seeking to hold an organization member slot on the Intellectual and Developmental Disabilities Planning Advisory Council, that we have received and will comply with the Code of Ethics as adopted by the Board of Trustees for The Harris Center, the most recent revision having been adopted in November 1, 2006 by unanimous affirmative vote of the Board.

Jeff Furch

(Signature of Organization Representative)

Director - Student Support Serv

(Title)

10-13-23

(Date)

EXHIBIT P-5

THE HARRIS CENTER
9401 Southwest Freeway
Houston, TX 77074

INFORMATION FORM FOR INDIVIDUAL NOMINEES TO THE

Intellectual and Developmental Disabilities Planning Advisory Council [IDD-PAC]

Please Print:

Name: Jenny Cheng

☐ Mr. ☐ Mrs. ☒ Ms. ☐ Dr. ☐ Consumer ☐ Family Member of Consumer*

Mailing Address: [redacted]

City: Houston State: TX Zip Code: [redacted]

Telephone: Home 626-321-8270 Work _____ Cell 626-321-8270

Fax No.: _____ E-mail Address: jennycheng1015@gmail.com

Occupation: shipping sales

Employed by: Intertrans Express

I am seeking appointment as a Consumer/Family Member defined as: Any individual living in Harris County and receiving or having previously received services from an agency appropriate to the Intellectual and Developmental Disabilities Planning Advisory Council [Autism or other Intellectual and Developmental Disabilities]; a family member or guardian of such a person.

I am being nominated by: Yurise Foundation

[Yourself or person who recommended you become an IDD-PAC member]

Why do you want to be a member of the IDD-PAC?
Yes

What special interests, talents, or experience do you feel you bring to the IDD-PAC?
We would like to learn more about employments opportunity, gov benefits, day program, group home, etc,.

* Member of immediate family means a relative in the first or second degree, which includes, but is not limited to mother, father, brother, sister, son, daughter, husband, wife, grandmother, grandfather, legally authorized representative.

INDIVIDUAL APPLICATION TO THE INTELLECTUAL AND DEVELOPMENTAL DISABILITIES PLANNING ADVISORY COUNCIL [IDD-PAC]
PAGE 2 OF 2

The Intellectual and Developmental Disabilities Planning Advisory Council meets the first Tuesday of every month from 10:00 a.m. until 12:00 p.m. Are you available to attend these monthly meetings on a regular basis?

☒ Yes ☐ No If no, please explain: _____

Please list your memberships in other professional and civic organizations and associations:
Yurise Foundation

You will be provided a copy of The Harris Center Policy pertaining to Advisory Council membership and the Code of Ethics for review. To be considered as an advisory council nominee, you need to review and sign a non-conflict of interest statement regarding participation on the Council and that you will be guided by the Code of Ethics of the Board of Trustees of The Harris Center. Please include both of these signed statements when you return this completed form.

(SIGNATURE)

Oct 20, 2025
(DATE)

Please mail the completed application form to: Cindy Hernandez, Recording Secretary, Intellectual and Developmental Disabilities Planning Advisory Council, The Harris Center, 9401 Southwest Freeway, Houston, Texas 77074. Or the completed application form may be emailed to Alicia.Hernandez@TheHarrisCenter.org or faxed to 713-970-3481.

Attachments:
- What is the Intellectual and Developmental Disabilities Planning Advisory Council?
- The Harris Center Board By-Laws Regarding Advisory Councils
- Copy of The Harris Center Code of Ethics
- Certification of Compliance with Code of Ethics
- Conflict of Interest Declaration
- Voluntary Disclosure Statement

THE HARRIS CENTER INDIVIDUAL MEMBER OF

ADVISORY COUNCIL CERTIFICATION OF

COMPLIANCE

THE HARRIS CENTER'S CODE OF ETHICS

I, Jenny Cheng hereby certify that I have read and will comply with the Code of Ethics as adopted by the Board of Trustees with the most recent revision having been adopted on November 1, 2006 by unanimous affirmative vote of the Board of Trustees FOR The Harris Center.

Jenny Cheng

(Signature)

Oct 20, 2025

(Date)

THE HARRIS CENTER CONFLICT OF INTEREST DECLARATION FOR INDIVIDUAL MEMBER OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES PLANNING ADVISORY COUNCIL

I own no interest in any business, company, or firm which contracts with or sells merchandise or services to The Harris Center, nor does any member of my immediate family.*

EXCEPTION:

_____

Yes _____

I am not employed by a business, company, or firm which has a contract with The Harris Center or sells its merchandise or services nor is any member of my immediate family*.

EXCEPTION:

_____

Yes _____

I receive no income or payment of any kind from The Harris Center, nor does any member of my immediate family*.

EXCEPTION:

_____

Yes _____

I am not employed by The Harris Center, nor is any member of my immediate family*.

EXCEPTION:

_____

Yes _____

I have no other conflict of interest which would make it undesirable for me to serve on this Advisory Council, nor does any member of my immediate family*.

EXCEPTION:

_____

Yes _____

Intellectual and Developmental Disabilities Planning Advisory Council

Print Your Name: Jenny Cheng

Signature: _____

Date: Oct 20, 2025

* Member of immediate family means a relative in the first or second degree, which includes, but is not limited to mother, father, brother, sister, son, daughter, husband, wife, grandmother, grandfather, legally authorized representative.

The Harris Center

Intellectual and Developmental Disabilities Planning Advisory Council

Voluntary Disclosure Statement

Jenny Cheng
(Name)

Please check one:

☐ **Consumer** (I consider myself to be a person who has or has had an intellectual disability having been diagnosed at some point in my life as having an intellectual disability.)

☒ **Family Member** (I consider myself to be a family member, as I have a person who has been diagnosed with an intellectual disability in my immediate family – mother, father, brother, sister, son, daughter, husband, wife, grandmother, grandfather.)

☐ **Legally Authorized Representative** (I consider myself to be a person who represents a person who has been diagnosed with an intellectual disability.)

I hereby give The Harris Center permission to utilize the above designation as needed to respond to inquiries as to the composition and/or representation of persons with intellectual disabilities or their family members with regard to the planning, evaluation, and input processes of the Agency.

Oct 20, 2025
(Date)

(Signature)

EXHIBIT P-6

THE HARRIS CENTER
9401 Southwest Freeway
Houston, TX 77074

INFORMATION FORM FOR ORGANIZATION NOMINEES TO THE

Intellectual and Developmental Disabilities Planning Advisory Council [IDD-PAC]

Organization representation on The Harris Center Advisory Councils should be one which provides services to or for persons with mental illness, emotional disturbances, Autism or other intellectual and developmental disabilities or an organization which advocates for the interests of persons from the aforementioned disability groups; and/or has demonstrated a commitment and interest in the improvement of services for persons with the aforementioned disabilities.

If your organization is currently a Board-approved member of the Council, disregard PART I and have your designated representative complete PART II.

PART I

Organization Name: Light and Salt Association

Mailing Address: 3535 Briarpark Dr. #135

City: Houston State: TX Zip code: 77042

Telephone: 713-988-4724 Fax No.: _____

E-mail Address: LSAHOUSTON@Gmail.com

Relationship to The Harris Center: Our organization collaborates with The Harris Center to provide coordinated services and support for individuals with mental health and intellectual/developmental disabilities.

We were referred to The Harris Center by: Williams, Mary Jane

Who will represent your organization on the Advisory Council? Sharon Cheng/ Director

(Name and Position in Organization)

Please describe your organization and its support or services for persons with mental disabilities.
Please enclose a copy of your organization's Mission Statement.

Light & Salt Association is a community service agency dedicated to supporting individuals with intellectual and developmental disabilities. This includes Individualized Skills and Socialization (ISS), community integration, daily living skills training, and behavioral support. Our staff works closely with individuals, families, and community partners to develop personalized plans that enhance quality of life and promote meaningful community participation.

Please list your organization's memberships in or affiliation with other professional and/or civic organizations and associations that address the needs of persons with mental disabilities:

Texas Health and Human Services Commission (HHSC) ;The Harris Center for Mental Health and IDD

Participate in local coalitions, disability awareness events, and inter-agency collaborations that support individuals with mental health and developmental needs.

PAGE 2 OF 3

PART II

Name: Sharon Cheng

☐ Mr. ☒ Mrs. ☐ Ms. ☐ Dr. ☐ Consumer ☐ Family Member of Consumer*

Mailing Address: [redacted]

City: [redacted] State: TX Zip code: [redacted]

Telephone: Home: _____ Work: 713-988-4724 Cell: 304-376-3719

E-Mail Address: sharon.cheng@lightandsaltassociation.org

Fax No.: _____ Occupation: Special Needs Program director

Name of Company/Agency: Light and Salt Association

Business Address: 3535 Briarpark Dr. #135

City: Houston State: TX Zip code: 77042

As an organization representative, I understand the organization I represent must be a Harris Center Board-approved organization appropriate to the specific Advisory Council which provides services to or for persons with mental illness, emotional disturbances, or intellectual and developmental disabilities.

I am being nominated by: Light and Salt Association
(Organization Name)

Organization Authorization: _____
(Signature of Officer Making Nomination/Title)

Why do you want to be a member of the Advisory Council?

Our organization wishes to join the Advisory Council to contribute our experience in serving individuals with intellectual and developmental disabilities. We believe collaboration and shared expertise among community partners are key to improving the quality, accessibility, and coordination of services. Through active participation, we hope to support The Harris Center's mission and help shape initiatives that promote person-centered care and inclusion.

What special interests, talents, or experience do you feel you bring to the Advisory Council?

Our agency provides community-based, person-centered services for individuals with intellectual and developmental disabilities, with particular experience serving culturally diverse immigrant families. We are committed to advocacy, empowerment, and inclusion, and work closely with families to coordinate resources and create meaningful community opportunities. We aim to use this experience to support the Advisory Committee's mission and strengthen connections among providers, individuals, and families.

The Advisory Council meets one time per month during workday hours. Are you available to attend these monthly meetings on a regular basis?

☒ Yes ☐ No If no, please explain: _____

* Member of immediate family means a relative in the first or second degree, which includes, but is not limited to mother, father, brother, sister, son, daughter, husband, wife, grandmother, grandfather, legally authorized representative.

PAGE 3 0F 3

Please list your organization's memberships in other professional and/or civic organizations and associations:

We are partner with Texas Health and Human Services Commission (HHSC)

Approved ISS provider under the Home and Community-Based Services (HCS) and Texas Home Living (TxHmL) programs.

Community and Civic Organizations – Participation in local coalitions, disability awareness events, and inter-agency collaborations supporting individuals with mental health and developmental needs.

Upon submittal of notice to The Harris Center of a desire to be an Advisory Council organization member or to change your representative, you and/or your representative are provided a copy of The Harris Center policy (Board By-Laws) pertaining to Advisory Council membership and the Code of Ethics for review. Your representative is requested to review and sign, on behalf of your organization, a non-conflict of interest statement regarding participation on the Council and commit that your organization and he/she will be guided by the Code of Ethics of the Board of Trustees of The Harris Center. Please include these statements with this information form and return to The Harris Center.

Organization Authorization: Sharon Cheng-Director

(Signature of Officer Making Application/Title)

10/23/2025

(Date)

Please mail the completed application form to: Cindy Hernandez, Recording Secretary, Intellectual and Developmental Disabilities Planning Advisory Council, The Harris Center, 9401 Southwest Freeway, Houston, Texas 77074. Or the completed application form may be emailed to alicia.hernandez@theharriscenter.org or faxed to 713-970-3481.

Attachments:

What is the Intellectual and Developmental Disabilities Planning Advisory Council?
The Harris Center Board By-Laws Regarding Advisory Councils
Copy of The Harris Center Code of Ethics
Certification of Compliance with Code of Ethics
Conflict of Interest Declaration
Voluntary Disclosure Statement

THE HARRIS CENTER ORGANIZATION MEMBERS OF ADVISORY COUNCILS CERTIFICATION OF COMPLIANCE WITH THE HARRIS CENTER'S CODE OF ETHICS

I, Sharon Cheng, hereby certify on behalf

of Light and Salt Association, an organization which is

seeking to hold an organization member slot on the Intellectual and Developmental Disabilities Planning Advisory Council, that we have received and will comply with the Code of Ethics as adopted by the Board of Trustees for The Harris Center, the most recent revision having been adopted in November 1, 2006 by unanimous affirmative vote of the Board.

Sharon Cheng -Director

(Signature of Organization Representative)

(Title)

OCT 23, 2025

(Date)

THE HARRIS CENTER CONFLICT OF INTEREST DECLARATION FOR ADVISORY COUNCIL ORGANIZATION MEMBERS

We own no interest in any business, company, or firm which contracts with or sells merchandise or services to The Harris Center, nor does any member of the immediate family of our organization representative.

EXCEPTION:

_____

_____

We are not employed by a business, company, or firm which has a contract with The Harris Center or sells its merchandise or services nor does any member of the immediate family of our organization representative.

EXCEPTION:

_____

_____

We receive no income or payment of any kind from The Harris Center nor does any member of the immediate family* of our organization representative.

EXCEPTION:

_____

_____

We are not employed by The Harris Center nor is any member of our representative's immediate family.

EXCEPTION:

_____

_____

We have no other conflict of interest which would make it undesirable for a representative of our organization to serve on this Advisory Council, nor does any member of the immediate family* of our organization representative.

EXCEPTION:

_____

_____

Advisory Council:

Intellectual and Developmental Disabilities ☐

Your Name: Sharon Chang

Representing: Light and Salt Association

Signature: Sharon Chang

Date: OCT 23, 2025

* Member of immediate family means a relative in the first or second degree, which includes, but is not limited to mother, father, brother, sister, son, daughter, husband, wife, grandmother, grandfather, legally authorized representative.

The Harris Center

Intellectual and Developmental Disabilities Planning Advisory Council

Voluntary Disclosure Statement

Sharon Cheng

(Name)

Please check one:

☐ **Consumer** (I consider myself to be a person who has or has had a mental disability having been diagnosed at some point in my life as having a mental disability.)

☐ **Family Member** (I consider myself to be a family member, as I have a person who has been diagnosed with an intellectual disability in my immediate family -- mother, father, brother, sister, son, daughter, husband, wife, grandmother, grandfather.)

☒ **Concerned Community Citizen** (I do not consider myself to be either a consumer or family member).

I hereby give The Harris Center permission to utilize the above designation as needed to respond to inquiries as to the composition and/or representation of persons with intellectual disabilities or their family members with regard to the planning, evaluation, and input processes of the Agency.

10/23/2025

(Date)

Sharon Cheng

(Signature)

EXHIBIT P-7

The HARRIS CENTER for Mental Health and IDD

HEALTHCARE QUALITY WEEK 2025

MONDAY, OCTOBER 20 - FRIDAY, OCTOBER 24

WE INNOVATE. WE CARE. WE TRANSFORM.

QUALITY AT THE CORE.
INNOVATION IN PRACTICE.
EXCELLENCE THROUGH OUR TEAM.

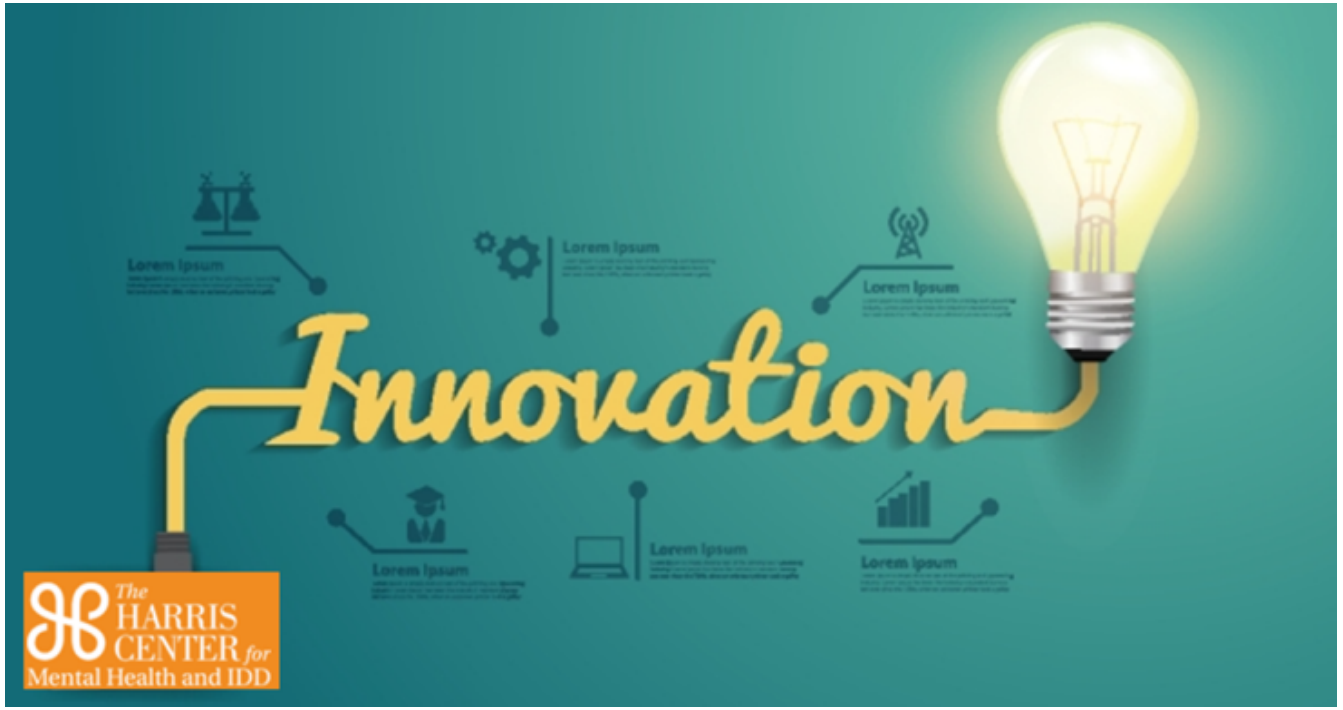
Celebrate our teams and accelerate real improvements in **behavioral healthcare quality** because innovation is every change that makes care better.

No contribution is too small to spark **transformation**.

Presented by: Luc Josaphat, MPA, CPHQ
Director of Quality Assurance and PI

About The Harris Center Innovation Award 2025

The Harris Center Innovation Award celebrated staff-driven creativity.



Every improvement that makes care better.

The Innovation Award Criteria

The HARRIS CENTER for Mental Health and IDD

- Creativity
- Impact
- Teamwork
- Sustainability
- Alignment

Nomination Participation

The HARRIS CENTER for Mental Health and IDD

Each nominee exemplifies our commitment to continuous improvement and compassionate innovation.

Quality is not just an achievement. It’s a culture we build together.

Innovation Award Winners' Highlights

IT / Technical Applications & Development Team

Brought the Contracts repository to life—a centralized, user-friendly SharePoint site that streamlines access to fully executed contracts.

What Inspired the Innovation

The idea for the Contracts Repository was born out of a shared frustration across departments: the difficulty in locating fully executed contracts quickly and reliably. (Essence Miller)

Our team recognized that this wasn't just a workflow issue—it was a barrier to transparency, access, and operational efficiency.

We were inspired to create a solution that would not only solve the problem but also elevate how we collaborate and manage critical contract documents.

Innovation Award Winners' Highlights

The Harris Center for Mental Health and IDD

Community Assistance Referral Program (CARP)

The team has done a phenomenal job connecting clients to services, simply through engagement, thereby mitigating non-court appearances.

- The Community Assistance Referral Team is serving an average of 10k individuals a year.
- Stats from HCSO
  - 60% of our clients showed up to their first court appearance (80% with 1st court appearance waived)
  - 40% did not re-offend

Innovation Award Winners' Highlights

The HARRIS CENTER for Mental Health and IDD

LaToya Ashley

Developed counseling tools and mentorship practices improving client outcomes.

"I am a counseling intern, and LaToya had the idea to start holding monthly meetings with all interns for community and the sharing of ideas. It has been very helpful!"

Innovation Award Winners' Highlights

The HARRIS CENTER for Mental Health and IDD

Margaret Strobel

Recognized for creating the Blueprint event which has been an amazing experience for Coffeehouse clients to learn entrepreneurial skills.

Maggie created and executed the Blueprint event which has been an amazing experience for both Coffeehouse clients who can put into practice their talents, learn entrepreneurial skills, and practice relevant social skills. Blueprint also benefits the greater IDD and autism community by having outside vendors who employ IDD/ASD individuals also participate, and the Harris Center employees can now enjoy this yearly, festive event around the holidays that is truly inspiring and brings so many people together as an extended community.

Innovation Award Winners' Highlights

The HARRIS CENTER for Mental Health and IDD

Niki Duchesne

Successfully streamlined all Epic workflows, enabling users to accurately complete documentation.

Niki has single handedly streamlined our Epic workflows to the point that someone with no experience with Epic can successfully enter proper documentation. This preparation has allowed my team to grow in other areas as well.

Innovation Award Winners' Highlights

Enaefe Ziregbe

Recognized for consistently demonstrating exceptional leadership and expertise in medication safety management across the agency.

Why BCMA Audits at the Harris Center?

Element(s) of Performance for NPSG.01.01.01

Goal 3
Improve the safety of using medications.

- Identification of gaps in the BCMA process at the clinics and closing those gaps through training and reinforcement
- Ensuring that the national patient safety goal is met and adhered to by the Harris Center

The HARRIS CENTER for Mental Health and IDD
BCMA Audit

Unit/Area:	Date:		
Auditor:	Nurse/Technician Observed:		
	Criteria Met		
Patient Identification & Medication Administration	Yes	No	N/A
1. Verifies that the correct patient is identified using at least two patient identifiers			
2. Checks patient's wristband is scanned before administering medication, if applicable			
Medication Order			
3. Ensures the medication order is accurate and up to date			
4. Confirms the medication received from Pharmacy matches the medication on EPIC			
5. Verifies last administration date and time			
Medication Barcode Scanning			
6. Scans the medication prior to administration			
7. Verifies that the medication barcode is correctly scanned prior to administration			
8. Verifies that the scanned medication is the correct drug, dose, route and time for the patient			
9. Verifies that lot # and expiration populate accurately. If not, enter information manually			
Safety and Error Prevention			
10. Checks that any system-generated alerts (e.g., allergy warnings, drug interactions, or duplicate medications) are addressed before medication administration.			
11. Acknowledges and resolves any potential alerts before proceeding with medication administration.			
Patient Education and Communication			
12. Informs patient about the medications they are receiving including possible side effects and the importance of adherence			
Comments/Actions Required:			
Auditor's Signature:			

Innovation Award Winners' Highlights

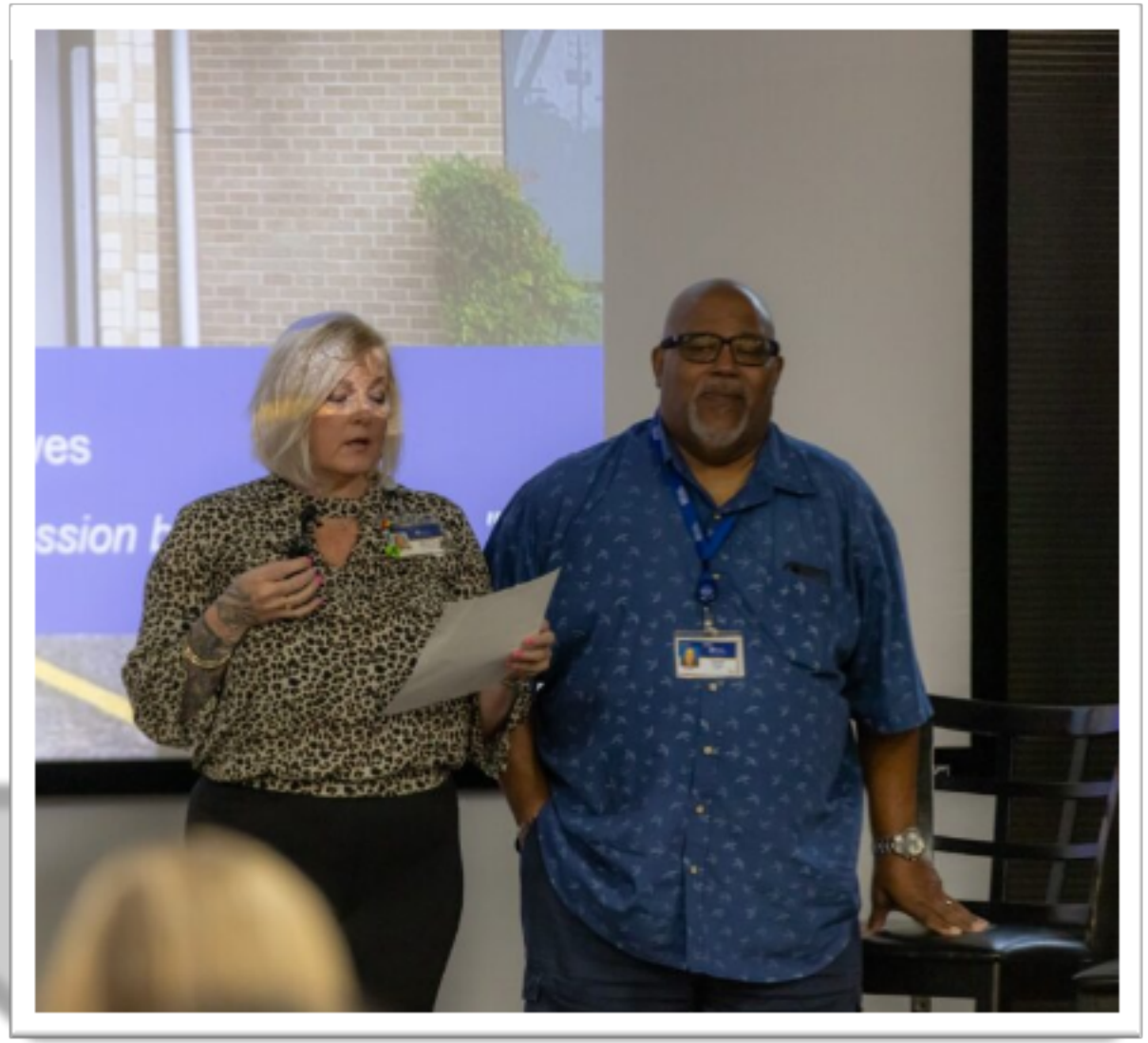
Jail Diversion Intake Team

Recognized for consistently delivering value based, trauma informed, and person-centered care.

- Patients feel respected and supported on every visit
- Team consistency builds trust and reduces recidivism
- Other programs now replicate their tools and approach

When Culture Becomes the Innovation

'They come back because they're welcomed, not judged.'



Innovation Award Winners' Highlights

Access/Community Engagement/ Queer and Trans Affirming Professionals (QTAP) Team

1. The Harris Center Foundation provided funding for seven Harris Center clinicians to attend the QTAP certification program.
2. Creation of a unified electronic form to request materials and support for external community engagement events.

Innovation Award Winners' Highlights

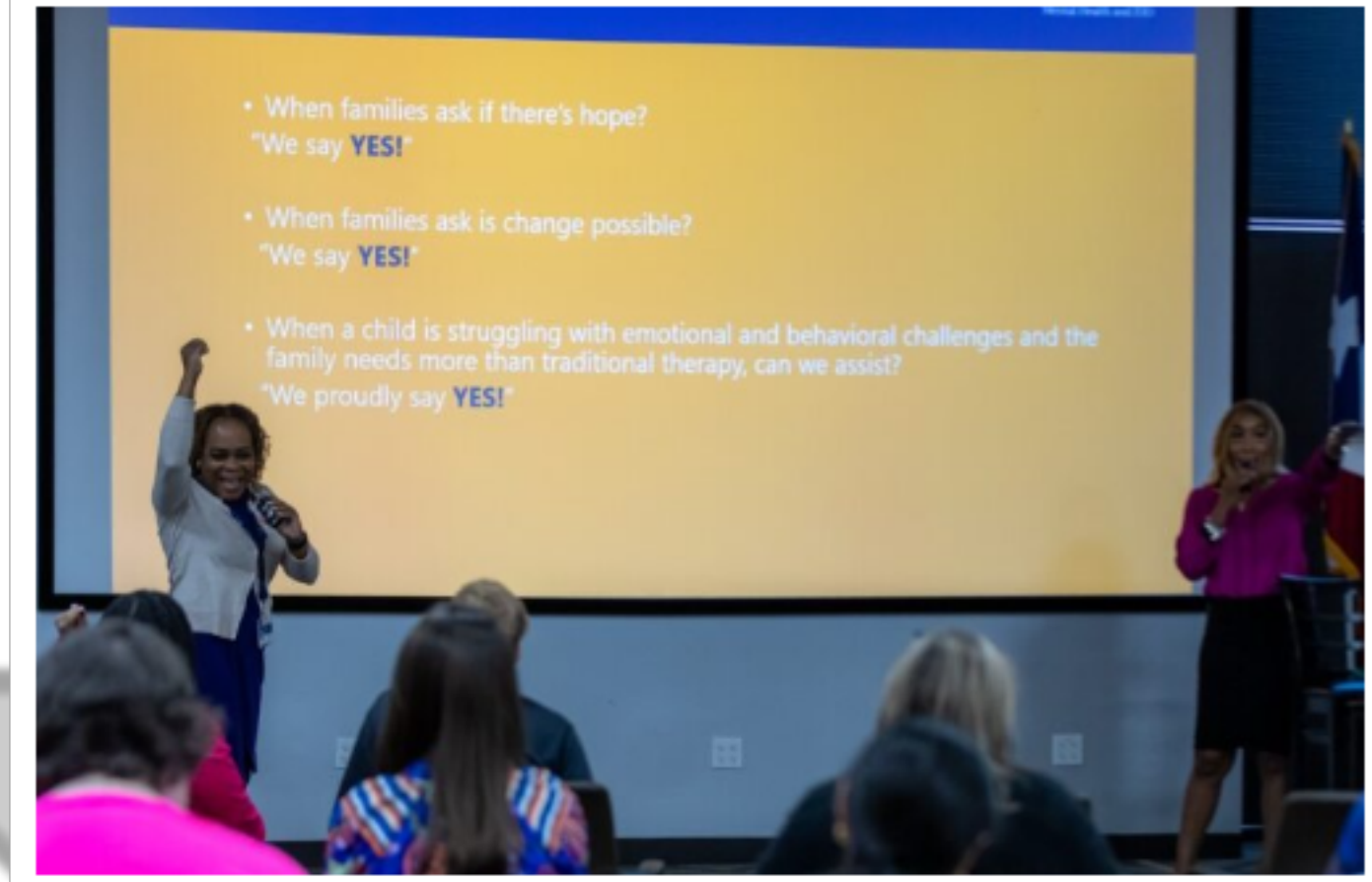
YES Waiver

Recognized as an innovative program because it transforms how mental health services are delivered to youth with serious emotional disturbances by centering care around family voice, individualized planning, and community-based supports.

What makes YES Waiver Innovative?

Non-Traditional Services

- Animal-Assisted, Music, and Art Therapy –
  - promoting self-expression and emotional regulation
- Adaptive Aids and Home Modifications –
  - enhancing safety and independence
- In-Home Respite –
  - supporting caregiver sustainability



Innovation Award Winners' Highlights

Yaminah Mason

Recognized for exceptional ability to think innovatively and approach challenges with creativity, consistently delivering effective and original solutions.

"Yaminah has a natural ability to think outside the box and approach challenges with creativity. She consistently develops creative solutions."

Innovation Award Winners' Highlights

Henrietta Brooks

Recognized for the initiative to bring the National Red Ribbon Week campaign to the Harris Center CAS locations coming up at the end of October.

"Henrietta took the initiative to bring the National Red Ribbon Week campaign to the Harris Center CAS locations coming up at the end of October. Through informational tables with goodie bags, brochures, and motivational posters, she is providing information to staff, clients, and families with then intention of increasing substance use prevention."

Our 2025 Healthcare Quality Week Innovation Award Recipients

The HARRIS CENTER for Mental Health and IDD

Thank you.

The HARRIS CENTER for Mental Health and IDD