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Full Board Meeting
April 28, 2026
8:30 am

- I. DECLARATION OF QUORUM**
- II. PUBLIC COMMENTS**
- III. APPROVAL OF MINUTES**
 - A. Minutes of the Board of Trustees Meeting Held on Tuesday, March 24, 2026
(*EXHIBIT F-1*)
- IV. CHIEF EXECUTIVE OFFICER'S REPORT**
- V. COMMITTEE REPORTS AND ACTIONS**
 - A. Audit Committee Report and/or Action
(*J. Lykes, Chair*)
 - B. Resource Committee Report and/or Action
(*G. Womack, Chair*)
 - C. Program Committee Report and/or Action
(*M. Miller, Jr., Chair*)
 - D. Quality Committee Report and/or Action
(*J. Lankford, Chair*)
- VI. CONSENT AGENDA**
 - A. FY'26 Year-to-Date Budget Report- March
(*EXHIBIT F-2*)
 - B. April 2026 New Contracts Over 250K
(*EXHIBIT F-3*)
 - C. April 2026 Interlocal Agreements
(*EXHIBIT F-4*)
- VII. CONSIDER AND RECOMMEND ACTION**
 - A. Interlocal Agreement with the City of Houston
(*EXHIBIT F-5 Ernest Savoy*)
 - B. Reallocation of Bond Proceeds
(*Wayne Young*)
- VIII. REVIEW AND COMMENT**
 - A. FY27 Budget Assumptions
(*EXHIBIT F-6 Stanley Adams*)
 - B. Benefits Looking Ahead CY2027
(*EXHIBIT F-7 Kip Baughman*)
 - C. SB30 Grants and Facilities Capital Projects
(*EXHIBIT F-8 Mustafa Cochinwala*)

IX. BOARD CHAIR'S REPORT

X. 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 anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.

- In accordance with §§551.071 and 551.072 of the Texas Government Code, to consult with attorney and deliberate the purchase, exchange, lease or value of real property. Wayne Young, CEO and Ernest Savoy, Senior Assistant General Counsel-Contract Services & Real Estate

- As authorized by §551.071 of the Texas Government Code, consultation with attorney regarding legal issues connected to a contract for residential services. Kendra Thomas, General Counsel, Ernest Savoy, Senior Assistant General Counsel-Contracts & Real Estate and Wayne Young, CEO

- In accordance with §551.071 of the Texas Government Code, consultation with attorney related to contemplated litigation styled, Cause No. 2026-24103 Reveles, et. al. v. The Harris Center for Mental Health & IDD. Kendra Thomas, General Counsel

- In accordance with §551.071 of the Texas Government Code, consultation with attorney related to pending litigation styled, Cause No. 2024-85210 LaTresa Washington v. The Harris Center for Mental Health and IDD. Kendra Thomas, General Counsel

- In accordance with §§551.071 and 551.074 of the Texas Government Code, to deliberate the organizational structure and performance of certain personnel. Dr. Robin Gearing, Board Chair

XI. RECONVENE INTO OPEN SESSION

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

XIII. INFORMATION ONLY

A. Community Rotation Article
(EXHIBIT F-9)

B. Board Meeting Update of UWHC meeting with CEO
(EXHIBIT F-10)

XIV. **ADJOURN**

Veronica Franco

Veronica Franco, Board Liaison
Robin Gearing, Ph.D., Chair, Board of Trustees
The Harris Center for Mental Health and IDD

EXHIBIT F-1

**THE HARRIS CENTER *for*
Mental Health and IDD**

MINUTES OF THE BOARD OF TRUSTEES MEETING

This is an official record of the Board of Trustees, The Harris Center for Mental Health and IDD, an Agency of the State, established by the Harris County Commissioners Court under provisions of Chapter 534 of the Health and Safety Code of the State of Texas.

PLACE OF MEETING: Conference Room 109
9401 Southwest Freeway
Houston, Texas 77074

TYPE OF MEETING: Regular

DATE: March 24, 2026

**TRUSTEES
IN ATTENDANCE:** Dr. Robin Gearing, PhD-Chair-teleconference
Jim Lykes, Vice Chairperson
Dr. Max Miller, Jr-Vice Chairperson
Gerald Womack-Secretary
Dr. Jeremy Lankford
Dr. Katherine Bacon
Dr. Quianta Moore
Resha Thomas-teleconference
General Edwin “Buddy” Grantham

TRUSTEES ABSENT: Sheriff Ed Gonzalez

I. Declaration of Quorum

Mr. Jim Lykes, Vice Chairperson, called the meeting to order at 8:32 a.m. noting that a quorum of the Board was in attendance.

II. Public Comments-

There were no public comments.

III. Approval of Minutes

MOTION BY: LANKFORD SECOND: BACON

With unanimous affirmative votes

BE IT RESOLVED the Minutes of the Regular Board of Trustees meeting held on Tuesday, March 24, 2026 as presented under Exhibit F-1, are approved.

IV. Chief Executive Officer’s Report was provided by CEO Wayne Young

Mr. Young provided a Chief Executive Officer report to the Board.

V. Committee Reports and Action were presented by the respective chairs:

- A. Governance Committee Reports and/or Action-J. Lykes, Chair
- B. Resource Committee Reports and/or Action-G. Womack-Chair
- C. Program Committee Reports and/or Action-M. Miller, Jr. - Chair
- D. Quality Committee Reports and/or Action-J. Lankford-Chair

VI. CONSENT AGENDA

- A. FY'26 Year-To-Date Budget Report-February
- B. March 2026 New Contracts Over 250K
- D. Centered Related Meeting Expense Policy
- E. Reporting Automobile Accidents Policy
- F. Crisis Stabilization Unit-Workplace Violence Prevention Policy
- G. Medication Administration Policy
- H. Safety and Security Discharge Policy
- I. Vehicle Operations Policy
- J. Assertive and Community Treatment (ACT) Medication and Education Training and Medication Room and Delivery Policy

MOTION: BACON SECOND: MILLER, JR.

With unanimous affirmative votes

BE IT RESOLVED Consent Agenda item A, B and D-J, Exhibit F2-F3 and F5-F11 as presented are approved.

- C. March 2026 Internal Agreements

Dr. Gearing recused himself from voting. Dr. Gearing is employed at the University of Houston. The Board considered and acted on Interlocal Agreement #8- University of Houston-Clear Lake

MOTION: BACON SECOND: LANKFORD

With unanimous affirmative votes

BE IT RESOLVED Consent Agenda item C, Exhibit F4 as presented are approved.

VII. CONSIDER AND TAKE ACTION

- A. Interlocal Agreement-Tropical Texas Behavioral Health

MOTION: WOMACK SECOND: BACON

With unanimous affirmative votes

BE IT RESOLVED Interlocal Agreement-Tropical Texas Behavioral Health, Exhibit F-12 as presented are approved

- B. Director Appointment to 811 Board

MOTION: WOMACK SECOND: GRANTHAM

With unanimous affirmative votes

BE IT RESOLVED Director Appointment to 811 Board Health, Exhibit F-13 as presented are approved

VIII. Board Chair's Report

IX. Executive Session- The Board entered into Executive Session at 9:28 am for the following reasons:

- As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.
- As authorized by Section 551.071 of the Texas Government Code, consultation with attorney regarding legal issues connected to a contract for residential services. Kendra Thomas, General Counsel, Ernest Savoy, Senior Assistant General Counsel-Contracts & Real Estate and Wayne Young, CEO

X. Reconvene into Open Session-The Board reconvened into open session at 10:30 am.

XI. Consider and take action as a result of the executive session

- As authorized by Section 551.071 of the Texas Government Code, consultation with attorney regarding legal issues connected to a contract for residential services. Kendra Thomas, General Counsel, Ernest Savoy, Senior Assistant General Counsel-Contracts & Real Estate and Wayne Young, CEO

MOTION: BACON

I move the Board authorizes the CEO to negotiate and execute all necessary agreements over the next 90 days related to the delivery of residential services including leasing agreements for real property.

SECOND: LANKFORD

Approved with unanimous affirmative votes.

XII. ADJOURN

MOTION: WOMACK SECOND: MILLER, JR.

Motion passed with unanimous affirmative votes.

The meeting was adjourned at 10:30 AM

Respectfully submitted,

Veronica Franco, Board Liaison
Dr. Robin Gearing, Chair, Board of Trustees
The HARRIS CENTER for Mental Health and IDD

EXHIBIT F-2

The Harris Center for Mental Health and IDD

**Results of Financial Operations and Comparison to Original Budget
March 31, 2026**

Fiscal Year 2026

The Harris Center for Mental Health and IDD

Resource Committee

Board of Trustees

The Harris Center for Mental Health and IDD (The Center)

The Report on Results of Financial Operations and Comparison to Original Budget (the Report) submitted herewith was prepared by The Center's Accounting Department.

Responsibility for the accuracy, completeness, and fairness of presentation of the presented data rests with The Center, the Chief Financial Officer and the Accounting department.

We believe the Report, as presented, is materially accurate and is presented in a manner designed to fairly set forth the financial position and results of operations of The Center.

The Center's accounting records for its general fund are maintained on a modified accrual basis of accounting. Under this method, revenues are recognized in the period when they become both measurable and available, and expenditures are recognized when the related fund liability is incurred, if measurable.

The Report submitted herewith was prepared on a budgetary basis which is not in accordance with generally accepted accounting principles nor with financial reporting principles set forth by the Governmental Accounting Standards Board (GASB). The Report has not been audited by an independent auditor.

Stanley Adams

Stanley Adams

Chief Financial Officer

The Harris Center for Mental Health and IDD
Combined - Results of Financial Operations and Comparison to Original Budget
March 31, 2026
Non-GAAP / Budgetary-Basis Reporting
Unaudited - Subject to Change

	For the Month Ended				Fiscal Year to Date			
	Original Budget	Actual	Variance \$	%	Original Budget	Actual	Variance \$	%
Revenues								
State General Revenue	\$ 11,145,628	\$ 11,102,479	\$ (43,149)	0%	\$ 78,019,396	\$ 77,291,709	\$ (727,687)	-1%
Harris County and Local	4,683,587	4,192,907	(490,680)	-10%	32,785,109	32,167,308	(617,801)	-2% A
Federal Contracts and Grants	4,466,048	5,064,774	598,726	13%	31,262,336	32,237,669	975,333	3% B
State Contract and Grants	1,993,454	1,664,348	(329,106)	-17%	13,954,178	12,059,848	(1,894,330)	-14% C
Third Party Billing	3,465,049	3,849,412	384,363	11%	24,255,343	22,396,266	(1,859,077)	-8% D
Charity Care Pool	3,590,350	4,054,613	464,263	13%	25,132,450	28,382,397	3,249,947	13% E
Directed Payment Programs	450,000	437,942	(12,058)	-3%	3,150,000	3,397,149	247,149	8%
Patient Assistance Program (PAP)	1,098,200	1,476,263	378,063	34%	7,687,400	9,038,807	1,351,407	18% F
Interest Income	277,083	204,310	(72,773)	-26%	1,939,581	1,277,319	(662,262)	-34%
Revenues, total	\$ 31,169,399	\$ 32,047,048	\$ 877,649	3%	\$ 218,185,793	\$ 218,248,472	\$ 62,679	0%
Expenditures								
Salaries and Fringe Benefits	\$ 20,480,600	\$ 20,281,268	\$ 199,332	1%	\$ 143,364,200	\$ 144,416,571	(1,052,371)	-1%
Contracts and Consultants	1,260,282	880,254	380,028	30%	8,821,974	5,866,073	2,955,901	34%
Contracts and Consultants-HCPC	3,960,586	4,578,615	(618,029)	-16%	27,724,102	28,279,173	(555,071)	-2% G
Supplies	354,213	476,021	(121,808)	-34%	2,479,491	2,980,858	(501,367)	-20%
Drugs	2,310,715	2,615,020	(304,305)	-13%	16,175,005	17,610,567	(1,435,562)	-9% F
Purchases, Repairs and Maintenance of:								
Equipment	156,054	121,084	34,970	22%	1,092,378	962,426	129,952	12%
Building	281,354	281,733	(379)	0%	1,969,478	1,588,164	381,314	19%
Vehicle	90,602	72,164	18,438	20%	634,214	495,393	138,821	22%
Software	346,270	324,048	22,222	6%	2,423,890	1,795,416	628,474	26%
Telephone and Utilities	318,602	303,418	15,184	5%	2,230,214	2,102,438	127,776	6%
Insurance, Legal and Audit	209,827	210,843	(1,016)	0%	1,468,789	1,434,948	33,841	2%
Travel & Training	252,185	236,994	15,191	6%	1,765,295	1,432,257	333,038	19%
Dues & Subscriptions	630,342	783,227	(152,885)	-24%	4,412,394	4,047,538	364,856	8% H
Other Expenditures	371,551	548,580	(177,029)	-48%	2,600,857	3,098,751	(497,894)	-19% I
Expenditures, total	\$ 31,023,183	\$ 31,713,269	\$ (690,086)	-2%	\$ 217,162,281	\$ 216,110,573	\$ 1,051,708	0%
Excess (Deficiency) of Operating Revenues over Expenditures	\$ 146,216	\$ 333,779	\$ 187,563		\$ 1,023,512	\$ 2,137,899	\$ 1,114,387	
Capital Outlay & Debt Service Activities								
Debt Service	146,216	-	146,216		1,023,512	1,223,231	(199,719)	
Capital outlay	-	1,349,896	(1,349,896)		-	4,806,320	(4,806,320)	B
Other Financing Sources (Uses)								
Insurance proceeds	-	-	-		-	1,618	1,618	
Sale of Capital Assets	-	-	-		-	189,901	189,901	
Other Financing Sources	-	301,530	301,530		-	495,750	495,750	J
Other Sources (Uses) of Funds, total	\$ (146,216)	\$ (1,048,366)	\$ (902,150)		\$ (1,023,512)	\$ (5,342,282)	\$ (4,318,770)	
Change in Fund Balance/Net Position	\$ -	\$ (714,587)	\$ (714,587)		\$ -	\$ (3,204,383)	\$ (3,204,383)	

The Harris Center for Mental Health and IDD
Notes to Statements Presented
Non-GAAP / Budgetary-Basis reporting
March 31, 2026

Results of Financial Operations and Comparison to Original Budget

A Harris County and Local

A few Harris County programs contributed to the unfavorable variance in March. The Sheriff Dept was unfavorable by \$115K due to a true-up that resulted in a credit to the funder. Juvenile Probation (\$182K) and Harris County Court Admin (\$72K) were also unfavorable to budget.

B Federal Contract and Grants

The Agency was awarded approximately \$4M in grant funding from the Texas Parks and Wildlife Department for the construction of our Northeast Clinic. We recognized \$1.3M in grant revenue upon Capital Outlay payment to Flintco, LLC related to construction .

C State Contract and Grants

Slower than expected spending and vacancies led to unfavorable variances in Local Harris SB292 (\$68K), Texas Correctional Office TCOMI-Special Need (\$42K), and Healthy Community (\$73K).

D Third Party Billing

Revenue in March increased most significantly in Local Private Insurance (\$255K) and Federal Medicaid (\$221K).

E Charity Care Pool

We will receive \$5.7M more than originally expected of Public Health Provider Charity Care Program payments. We've true-up the balance in January of 2026 and expect a favorable variance of \$464K each month for the remaining of the year.

F Patient Assistance Program (PAP)

Favorable variance in PAP Pharmacy revenue is consistent with unfavorable variance in Drugs.

G Contracts and Consultants - HCPC

Unfavorable budget variance primarily driven by additional costs recognized in the current fiscal year at the new rates of the existing psychiatric beds effective September 1, 2025.

H Dues & Subscriptions

Two significant invoices were paid in March that did not meet the prepaid threshold including RLDatix \$80K and Carahsofttec \$\$69K.

I Other Expenditures

Respite Care Reimbursement increased by 23% of it's 3 month trend to \$160K.

J Other Financing Sources

TPWD provided \$250K in proceeds for the 6168 property.

The Harris Center for Mental Health and IDD

Balance Sheet

March 31, 2026

Non-GAAP / Budgetary-Basis Reporting

Unaudited - Subject to Change

	February - 2026	March - 2026	Monthly Change
Assets			
Current Assets			
Cash and Cash Equivalents			
Cash and Petty Cash	\$ 16,525,156	\$ 72,902,370	\$ 56,377,215 AA
Cash Equivalents	47,640,602	47,107,560	(533,042)
Cash and Cash Equivalents, total	\$ 64,165,758	\$ 120,009,930	\$ 55,844,173
Inventories, Deposits & Prepaids	11,741,588	7,306,487	(4,435,101)
Accounts Receivable:			
Patient A/R, Net of Allowance	1,297,610	2,007,086	709,476
A/R from Other Governments	55,273,324	28,527,306	(26,746,018) AA
Other A/R	579,474	555,009	(24,465)
Current Assets, total	\$ 133,057,754	\$ 158,405,818	\$ 25,348,065
Restricted Cash and Cash Equivalents	20,404,538	19,973,558	(430,981)
Capital Assets:			
Land	21,064,529	21,064,529	-
Building and Improvements	81,855,633	81,855,633	-
Right-to-use Assets (Leases & SBITA)	5,265,206	5,265,206	-
Furniture, Equipment and Vehicles	8,376,668	8,376,669	1
Construction in Progress	11,960,561	11,960,561	-
Accumulated Depreciation/Amortization	(41,918,607)	(41,918,607)	-
Capital Assets, net total	\$ 86,603,990	\$ 86,603,991	\$ 1
Total Assets	\$ 240,066,282	\$ 264,983,367	\$ 24,917,085
Liabilities & Fund Balance/Net Position			
Liabilities			
Accounts Payable and Accrued Liabilities	\$ 18,476,863	\$ 10,615,252	\$ (7,861,611)
Unearned Revenues	39,860,234	73,498,525	33,638,291 AA
Noncurrent Liabilities:			
Due within one year	27,592,259	27,192,175	(400,084)
Due in more than one year	15,829,553	16,084,629	255,076
Forgivable Long-Term Obligations	13,377,334	13,627,499	250,165
Liabilities, total	\$ 115,136,243	\$ 141,018,080	\$ 25,881,837
Fund Balance/Net Position			
Net Investment in Capital Assets	67,059,355	66,378,211	(681,145)
Restricted for Capital Projects	20,404,538	19,973,558	(430,981)
Nonspendable	11,741,588	7,306,487	(4,435,101)
Assigned	23,619,360	23,619,360	-
Unassigned/Unrestricted	4,594,993	9,892,055	5,297,061
Change in Fund Balance/Net Position	(2,489,796)	(3,204,383)	(714,587)
Fund Balance/Net Position, Total	\$ 124,930,039	\$ 123,965,287	\$ (964,752)
Total Liabilities & Fund Balance/Net Position	\$ 240,066,282	\$ 264,983,367	\$ 24,917,085

The Harris Center for Mental Health and IDD
Notes to Statements Presented
Non-GAAP / Budgetary-Basis reporting
March 31, 2026

Balance Sheet

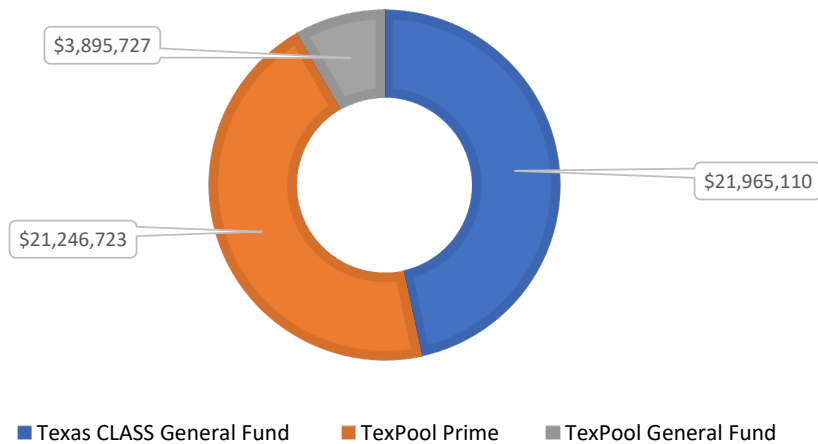
AA Cash and Petty Cash

The increase in cash was due to \$24M Q3 State Performance Contract payment and \$48M Charity Care Pool payment. Consequently **AR from Other Governments** decreased and **Unearned Revenues** increased.

**The Harris Center for Mental Health and IDD
Investment Portfolio
March 31, 2026**

Local Government Investment Pools (LGIPs)	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Balance	Portfolio %	Monthly Yield
<i>Texas CLASS</i>							
Texas CLASS General Fund	16,181,850	\$ 19,800,000	\$ (14,100,000)	\$ 83,259	\$ 21,965,110	46.63%	3.78%
<i>TexPool</i>							
TexPool Prime	27,575,138	-	(6,400,000)	71,585	21,246,723	45.10%	3.79%
TexPool General Fund	3,883,614	-	-	12,113	3,895,727	8.27%	3.67%
<i>TexPool Sub-Total</i>	<u>31,458,752</u>	<u>-</u>	<u>(6,400,000)</u>	<u>83,699</u>	<u>25,142,451</u>	<u>53.37%</u>	<u>3.78%</u>
Total Investments	\$ 47,640,602	\$ 19,800,000	\$ (20,500,000)	166,958	\$ 47,107,560	100.00%	3.78%
				Additional Interest on Checking Accounts	37,352		
				Total Interest Earned during the current month	<u>204,310</u>		

Investment Portfolio Weight



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	3.81%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 week)	3.63%
Interest Rate - JPMorgan Hybrid Checking	2.25%
Earnings credit rate (ECR) - JPMorgan Hybrid Checking	2.15%

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of March 31, 2026, is in compliance with the provisions of the Public Funds Investment Act (PFIA), Chapter 2256 of the Texas Government Code and the Investment Strategy approved by the Board of Trustees.

Approved:

Roxanne Carr
Roxanne Carr
Controller

The Harris Center for Mental Health and IDD
Monthly Report of Financial Transactions Related to Payments of Liabilities for Employee Benefits
March 31, 2026

Vendor	Description	Monthly Not-To-Exceed ⁽¹⁾	Mar-26	Fiscal Year to Date Total
Lincoln Financial Group (LFG)	Retirement Funds (401a, 403b, 457)	\$3,650,000	\$2,048,206	\$15,382,624
BCBS/Cigna ⁽²⁾	Health and Dental Insurance	\$3,300,000	\$4,676,562	\$17,727,610
UNUM	Life Insurance	\$310,000	\$259,958	\$1,320,824

Notes:

⁽¹⁾ As established by the Board Resolution approved October 28, 2025: Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items effective September 1, 2025.

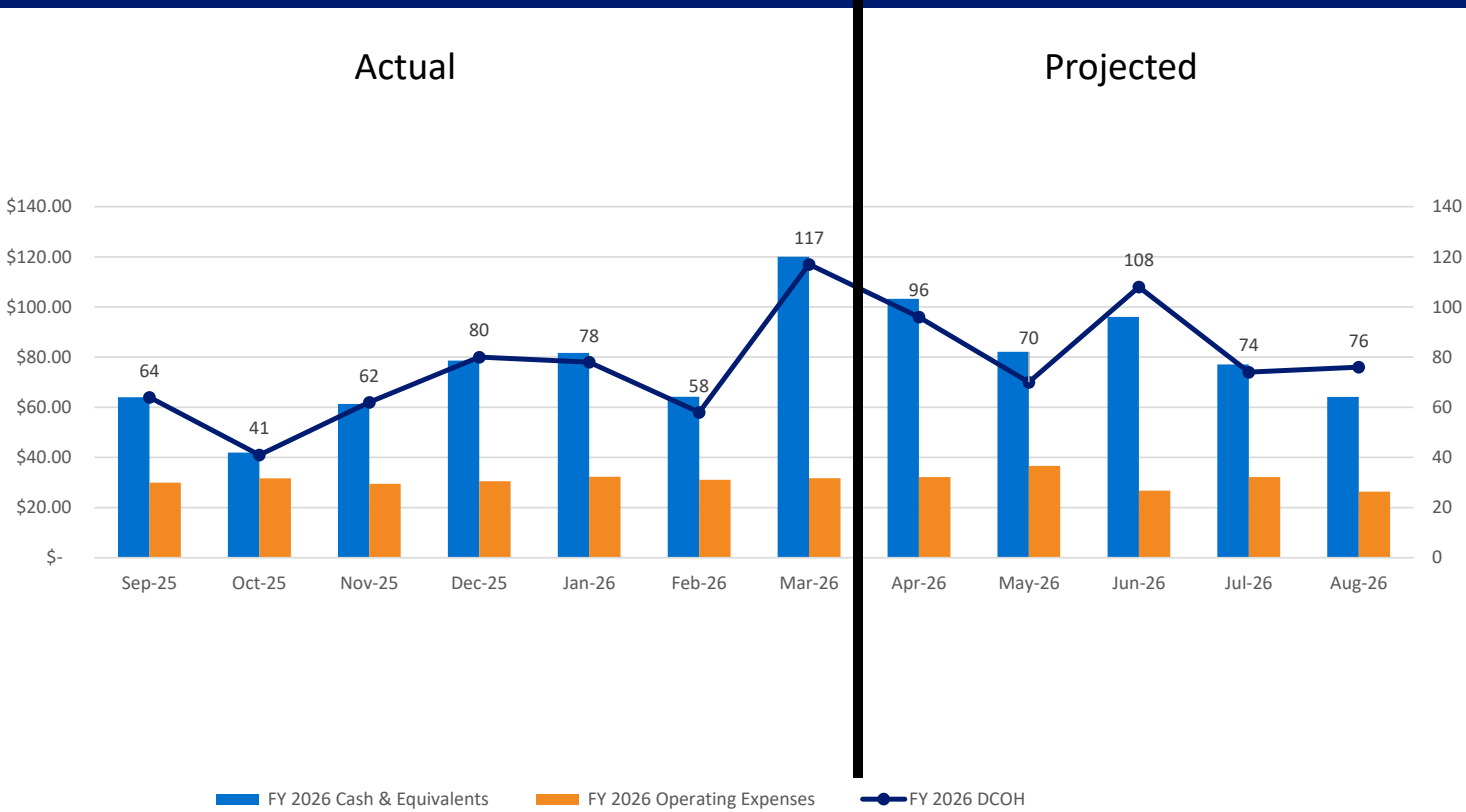
⁽²⁾ BCBS/Cigna - the invoices for FEB26 and MAR26 premiums were paid in March. The second payment was approved by the Board of Trustees.



Additional Analysis – March 2026

Days-Cash-On-Hand (DCOH)– as of 03/31/2026

Month-over-month (“MoM”) (\$ amounts in millions)

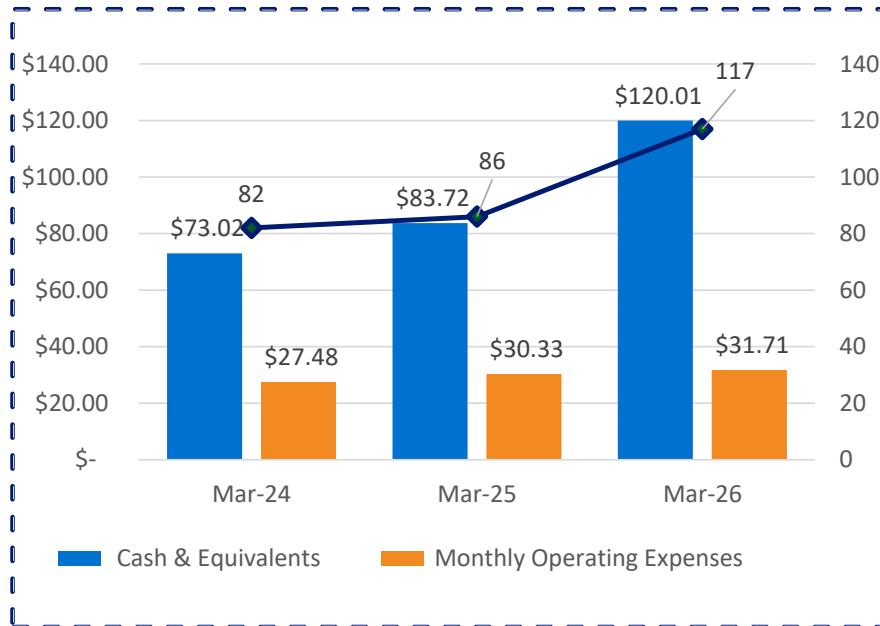


DCOH = Cash & Equivalents @ Month End divided by Daily Operating Expenses
Months in FY 2026 after current Month are based on projections

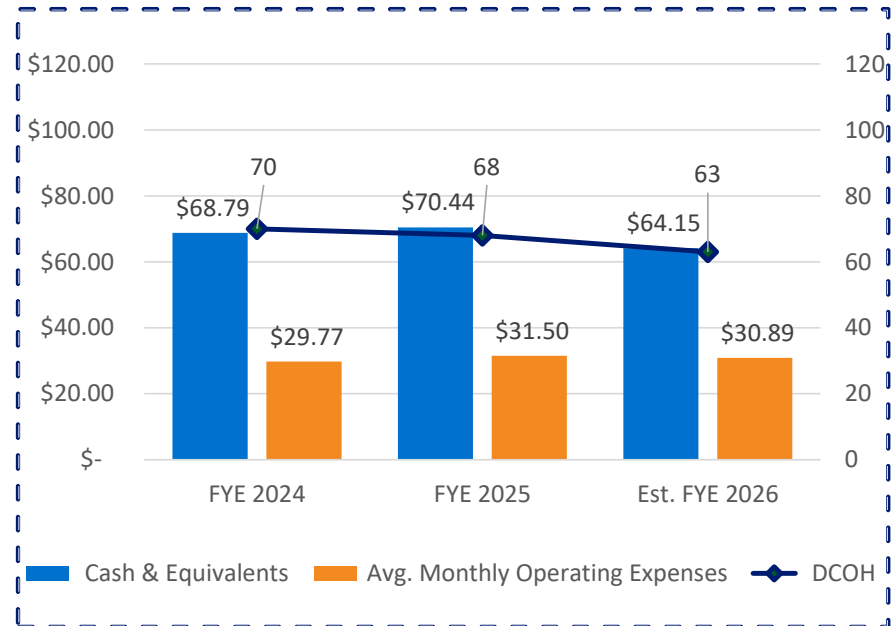
Days-Cash-On-Hand (DCOH) Year-over-year ("YoY") (\$ amounts in millions)



For the Month Ending 3/31



For the Fiscal Year Ending 8/31



DCOH = Cash & Equivalents @ Month End divided by Daily Operating Expenses
Months in FY 2026 after current Month are based on projections


Capital Outlay – as of 03/31/2026

Project/Funding Source	Year-to-date Total
Facilities Capital Projects	408,507
Fund Balance	408,507
IT Capital Projects	48,925
Fund Balance	48,925
6168 Apartments	921,583
CHC Grant (9271)	671,419
COH Loan (9272)	250,165
Northeast Clinic Design and Construction	3,365,937
TPWD Grant (4781)	3,286,797
Bond Series 2024	79,140
NPC Renovation	13,425
Bond Series 2024	13,425
SW Foundation Repair	3,734
Bond Series 2024	3,734
Emergency Projects	44,209
Fund Balance	44,209
Grand Total	4,806,320

Funding Source/Project	Year-to-date Total
Fund Balance	\$ 501,641
Facilities Capital Projects	\$ 408,507
IT Capital Projects	\$ 48,925
Emergency Projects	\$ 44,209
Bond Series 2024	\$ 96,299
Northeast Clinic Design and Construction	\$ 79,140
NPC Renovation	\$ 13,425
SW Foundation Repair	\$ 3,734
CHC Grant (9271)	\$ 671,419
6168 Apartments	\$ 671,419
COH Loan (9272)	\$ 250,165
6168 Apartments	\$ 250,165
TPWD Grant (4781)	\$ 3,286,797
Northeast Clinic Design and Construction	\$ 3,286,797
Grand Total	\$ 4,806,320

EXHIBIT F-3

**APRIL 2026
NEW CONTRACTS
OVER 250k**

Contract Section **Contractor***

Huitt Zollars Inc.

Contract ID #*

n/a

Presented To*

- Resource Committee
 Full Board

Date Presented*

4/21/2026

Parties* (?)

Huitt Zollars and The Harris Center

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
 Board Approval (Total NTE Amount is \$250,000.00 or more)
 Grant Proposal
 Revenue
 SOW-Change Order-Amendment#
 Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input checked="" type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)?

*

- Yes No

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

4/1/2026

Contract Term End Date* (?)

8/31/2028

If contract is off-cycle, specify the contract term (?)

Fiscal Year* (?)

2026

Amount* (?)

\$ 611,906.00

Funding Source*

State Grant

Contract Description / Type* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Justification/Purpose of Contract/Description of Services Being Provided* (?)

new contract for Acritectural Design Services for new NPC renovation on project SB30.04.1504 NPC using funds in unit 1504 gl code 900040, architect picked from Master Pool contract 2022-0315 but separate contract needed for this project, \$581,906.00 plus \$30,000.00 contingency for NTE of \$611,906.00

Contract Owner*

Ben Mendez

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

2012 to present in architectural pool

Vendor/Contractor a Historically Underutilized Business (HUB)* (?)

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

certificate - Huitt-Zollars, Inc - The Harris Center for Mental Health and IDD.pdf	17.77KB
Executive Contract Summary - Huitt-Zollars.pdf	335.89KB
HZ 2026 W9.pdf	183.93KB
NPC reno - Architect justification.docx	42.42KB
The Harris Center for Mental Health and IDD_Huitt-Zollars, Inc._2526 H-Z	750.84KB
Master_4-2-2026_1586159065.pdf	
The Harris Center NPC Renovation_HZ Proposal_2026 0306.pdf	935.35KB

Vendor/Contractor Contact Person 

Name*

Huitt-Zollars, Inc / Phillip Soule

Address *

Street Address

1001 Fannin Street, Suite 400

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77002

Country

US

Phone Number *

7136221180

Email *

psoule@huitt-zollars.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1504	\$ 611,906.00	900040
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Moynihan, Kelly	

Provide Rate and Rate Descriptions if applicable* (?)

see attachments - \$581,906.00 per proposal plus \$30,000.00 contingency for NTE of \$611,906.00

Project WBS (Work Breakdown Structure)* (?)

SB30.04.1804 NPC

Requester Name

Harper, Sarah

Submission Date

4/6/2026

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

4/6/2026

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

4/7/2026

Contract Owner Approval

Approved by

Ben Mendez

Approval Date

4/7/2026

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

4/8/2026

EXHIBIT F-4

APRIL 2026
INTERLOCAL AGREEMENTS



Executive Contract Summary

Contract Section



Contractor*

City of Houston

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/21/2026

Parties* (?)

The Harris Center for Mental Health & IDD and the City of Houston

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)?*

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

4/21/2026

Contract Term End Date* (?)

8/31/2026

If contract is off-cycle, specify the contract term (?)

Estimated on or around April for 3 years (4/21/26 - 4/30/29)

Fiscal Year* (?)

2026

Amount* (?)

\$ 1.00

Address*

Street Address

2100 Travis Street

Address Line 2

9th Floor

City

Houston

State / Province / Region

TX

Postal / Zip Code

77002-8709

Country

US

Phone Number*

832-394-6124

Email*

melody.barr@houstontx.gov

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9901	\$ 1.00	555000
Budget Manager		Secondary Budget Manager
Ramirez, Priscilla		Puente, Giovanni

Provide Rate and Rate Descriptions if applicable* (?)

Leasing space for \$1.00, utilities will be charged separately under the Emancipation Operator contract.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Ramirez, Priscilla

Submission Date

4/2/2026

Budget Manager Approval(s)



Approved by

Priscilla M. Ramirez

Approval Date

4/2/2026

Procurement Approval



File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

Kim KORNMEYER

Approval Date

4/6/2026

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

4/6/2026



Executive Contract Summary

Contract Section



Contractor*

Department of Veteran Affairs (VA)

Contract ID #*

36C25626D0042

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/21/2026

Parties* (?)

The Harris Center for Mental Health & IDD and VA

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input checked="" type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input checked="" type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)?*

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

3/1/2026

Contract Term End Date* (?)

8/31/2026

If contract is off-cycle, specify the contract term (?)

03/01/2026 to 02/28/2027

Fiscal Year* (?)

2026

Fiscal Year* (?)

2027

Funding Source*

Federal Grant

Contract Description / Type* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Justification/Purpose of Contract/Description of Services Being Provided* (?)

To provide sober living residential services to eligible veterans for Michael E. DeBakey Veteran Affairs Medical Center in Houston, TX at the Main Street campus.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

- Yes No Unknown

Please add previous contract dates and what services were provided*

FY26, sober living residential services

Vendor/Contractor a Historically Underutilized Business (HUB)* (?)

- Yes No Unknown

Community Partnership* (?)

- Yes No Unknown

Supporting Documentation Upload (?)

26D0042 36C25626N0400-SOBER LIVING signed.pdf	251.08KB
ATT 1 QASP SOBER LIVING rev 1 5 .docx	27.16KB
ATT D2 - WD 2015-5233 REV 32 dated 2 DEC 2025 Harris County.pdf	4.58MB
C03 36C25626D0042- SOBER LIVING SERVICES signed.pdf	1.76MB
Fw_ FULLY EXECUTED CONTRACT- 36C25626D0042 AND TASK ORDER 26N0400-SOBER LIVING- HOUSTON.pdf	6.74MB

Vendor/Contractor Contact Person



Name*

Karen A. Battie, Contract Specialist, Medical Sharing Team

Address *

Street Address

1800 Buckner Street

Address Line 2

City

Shreveport

Postal / Zip Code

71101-4440

State / Province / Region

LA

Country

US

Phone Number *

318-990-5960

Email *

Karen.Battie@va.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9284	\$ 428,220.00	435083

Budget Manager

Secondary Budget Manager

Provide Rate and Rate Descriptions if applicable* (?)

\$60 per day up to 39 veterans per day for a remaining 183 days between 3/1/26 to 8/31/26 equals max revenue of \$428,220.00 for FY26.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Ramirez, Priscilla

Submission Date

3/16/2026

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Approval Date

3/16/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kim Kornmayer

Approval Date

3/16/2026

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

3/17/2026



Executive Contract Summary

Contract Section



Contractor*

Harris County Department of Education

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/21/2026

Parties* (?)

Harris County Department of Education and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)?*

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

1/1/2026

Contract Term End Date* (?)

7/31/2028

If contract is off-cycle, specify the contract term (?)

Fiscal Year* (?)

2026

Amount* (?)

\$ 0.00

Funding Source*

State

Contract Description / Type* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Justification/Purpose of Contract/Description of Services Being Provided* (?)

Partnership between Harris County Department of Education Head Start and The Harris Center ECI program to ensure a smooth and effective transition for children from ECI Services into HCDE Head Start. This would optimize services for children (0-3) with disabilities or developmental delays and their families. HCDE Head Start will submit referrals to ECI program to ensure that Early Head Start students receive evaluations and determination of eligibility for Early Childhood Intervention services.

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Vendor/Contractor a Historically Underutilized Business (HUB)* (?)

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Harris County Department of Education

Supporting Documentation Upload (?)

The Harris Center -ECI MOU 2026 3-27-26.pdf 214.34KB

Vendor/Contractor Contact Person

Name*

Armando Rodriguez

Address*

Street Address

6300 Irvington Court

Address Line 2

City

Houston

Postal / Zip Code

77022

State / Province / Region

Tx

Country

US

Phone Number*

713-696-2179

Email*

arodriguez@hcde-texas.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3360	\$ 0.00	000000
Budget Manager Degracia, Ericka		Secondary Budget Manager Johnson, Kenyonika

Provide Rate and Rate Descriptions if applicable* (?)

No compensation will be owed to either party for the services described in MOU.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Degracia, Ericka	3/30/2026

Budget Manager Approval(s)

Approved by

Ericka Degracia

Approval Date
3/30/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date
3/30/2026

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

3/30/2026



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2026

Contract ID#*

2025-1006

Contractor Name*

Harris County Office of County Administration

Service Provided* (?)

Community Mental Health Grant program including services for the Joint Processing Center (JPC) and Outpatient Competency Restoration (OCR) [FY26 Revenue NTE: \$4,230,000.00]

Renewal Term Start Date*

9/1/2026

Renewal Term End Date*

8/31/2027

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

Contract Description / Type

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 4,230,000.00

Rate(s)/Rate(s) Description

\$4,230,000.00 in kind match

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Priscilla Ramirez

Contract Owner*

Kim Kornmayer

File Upload (?)

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

How does this contract support Agency/Unit Strategic priorities?*

Jail Diversion related priorities through Outpatient Competency Restoration (OCR) program as well as the Harris County Jail Processing Center.

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9402	\$ 681,527.00	403026

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9407	\$ 1,433,473.00	403026

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Provide Rate and Rate Descriptions if applicable* (?)

Grant reimbursable per contract, \$2,115,000 annually, with 1:1 in kind match of \$2,115,000 annually for a total of \$4,230,000.

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)

2026

Amount* (?)

\$ 2,115,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Contract Owner Approval

Approved by

KIM KORNMAYER

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

3/16/2026



Executive Contract Summary

Contract Section ▲

Contractor*

Harris County Sheriff's Office

Contract ID #*

na

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/21/2026

Parties* (?)

Harris County Sheriff's Office and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input checked="" type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)?*

*

- Yes No

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2025

Contract Term End Date* (?)

8/31/2026

If contract is off-cycle, specify the contract term (?)

Fiscal Year* (?)

2026

Funding Source *

County

Contract Description / Type* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Justification/Purpose of Contract/Description of Services Being Provided* (?)

Amendment to contract with Friendswood Police Department as half of this location is Harris County and the other half is Galveston County; a relationship with Gulf Coast LMHA will be built.
 Revenue contract in the amount of \$853,600
 iPad requested: 4
 Director: Kisha Lorio

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*
 currently under contract

Vendor/Contractor a Historically Underutilized Business (HUB)* (?)

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Specify Name*

Harris County

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person ^

Name*

Rebecca Saenz

Address*

Street Address

1600 Whitaker Dr

Address Line 2

City

Friendswood

Postal / Zip Code

77546-4177

State / Province / Region

TX

Country

US

Phone Number*

832-704-7777

Email*

Rsaenz@friendswood.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9259	\$ 853,600.00	403024

Budget Manager

Oshman, Jodel

Secondary Budget Manager

Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Singh, Patricia

Submission Date

3/12/2026

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

3/12/2026

IT Director Approval

Approved by

Anthony Jones

Approval Date

3/13/2026

IT Approval Comments

Approved - AJones

Contract Owner Approval

Approved by

Kim Kornmayer

Approval Date

3/13/2026

Contracts Approval

Approve*

Yes

No, reject entire submission

Return for correction

Approved by*

Belinda Stude

Approval Date*

3/16/2026



Executive Contract Summary

Contract Section



Contractor*

Harris County Sheriff's Office

Contract ID #*

na

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/21/2026

Parties* (?)

Harris County Sheriff's Office and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|---|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)?*

- Yes No

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2025

Contract Term End Date* (?)

8/31/2026

If contract is off-cycle, specify the contract term (?)

Fiscal Year* (?)

2026

Funding Source *

County

Contract Description / Type* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Justification/Purpose of Contract/Description of Services Being Provided* (?)

Amendment to contract with Webster Police Department
 This is a Revenue contract in the amount of \$853,600
 iPad requested: 2
 Director: Kisha Lorio

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Currently under contract

Vendor/Contractor a Historically Underutilized Business (HUB)* (?)

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Harris County

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Jeremy Edge, Assistant Chief of Police

Address*

Street Address

217 Pennsylvania Avenue

Address Line 2

City

Webster

Postal / Zip Code

77598-5228

State / Province / Region

TX

Country

US

Phone Number*

281-316-4153

Email*

judge@websterpd.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9259	\$ 853,600.00	403024
Budget Manager Oshman, Jodel		Secondary Budget Manager Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Singh, Patricia

Submission Date

3/19/2026

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

3/19/2026

IT Director Approval

Approved by

Anthony Jones

Approval Date

3/23/2026

IT Approval Comments

Approved - AJones

Contract Owner Approval

Approved by

Kim KORNMEYER

Approval Date

3/23/2026

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

3/30/2026



Executive Contract Summary

Contract Section



Contractor*

Texas A&M University -Victoria

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/21/2026

Parties* (?)

Texas A&M University -Victoria and The Harris Center for Mental Health & IDD

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|---|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)?*

- Yes No

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

4/1/2026

Contract Term End Date* (?)

8/31/2026

If contract is off-cycle, specify the contract term (?)

Fiscal Year* (?)

2026

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Justification/Purpose of Contract/Description of Services Being Provided* (?)

Transfer of the campus from University of Houston - Victoria to Texas A&M University - Victoria.

The University has decided to cancel any existing agreements under U of H Victoria and start completely over with a new agreement only under Texas A &M University – Victoria.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Vendor/Contractor a Historically Underutilized Business (HUB)* (?)

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

TAMUV Cert of Insurance.pdf	466.73KB
PSYC 6304 2025 Fall Practicum Syllabus.pdf	477.04KB

Vendor/Contractor Contact Person

Name*

Danielle Todaro, Psy.D.

Address*

Street Address

3007 N Ben Wilson St

Address Line 2

City

Victoria

Postal / Zip Code

77901-5731

State / Province / Region

Texas

Country

United States

Phone Number*

8327792440

Email*

todarod@uhv.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 0.00	N/A

Budget Manager	Secondary Budget Manager
Moynihan, Kelly	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Hemanes, Danyette	3/16/2026

Budget Manager Approval(s)

Approved by

Kelly E. Moynihan

Approval Date

3/17/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mirya Escobar

Approval Date

3/17/2026

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

3/27/2026



Executive Contract Summary

Contract Section



Contractor*

Tropical Texas Behavioral Health

Contract ID #*

na

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/21/2026

Parties* (?)

Tropical Texas Behavioral Health and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input checked="" type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)?

*

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

4/20/2026

Contract Term End Date* (?)

8/31/2026

If contract is off-cycle, specify the contract term (?)

Fiscal Year* (?)

2026

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other ILA

Justification/Purpose of Contract/Description of Services Being Provided* (?)

Amendment to modify the GLcode to 421026 and modify the start date to match the Interlocal Agreement, 04/20/2026.

This interlocal agreement is entered into pursuant to Chapter 791 of the Texas Government Code, by and between Tropical Texas Behavioral Health (TTBH) and The Harris Center for Mental Health and IDD (Harris Center), with the approval of Texas Health and Human Services Commission (HHSC) for the purpose of permitting the utilization of state funds for in-patient psychiatric services.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Vendor/Contractor a Historically Underutilized Business (HUB)* (?)

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

TTBH.Harris Center agreement- 03122026.docx

19.07KB

Vendor/Contractor Contact Person

Name*

W. Terry Crocker, CEO

Address*

Street Address

1901 South 24th Avenue

Address Line 2

City

Edinburg

Postal / Zip Code

78539-6533

State / Province / Region

TX

Country

US

Phone Number*

(956)289-7258

Email*

Tcrocker@ttbh.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9223	\$ 950,000.00	421026
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Singh, Patricia

Submission Date

3/18/2026

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

3/18/2026

Contract Owner Approval

Approved by

KIM KORNMEYER

Approval Date

3/19/2026

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

3/23/2026

EXHIBIT F-5



Executive Contract Summary

Contract Section



Contractor*

City of Houston

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/28/2026

Parties* (?)

The Harris Center for Mental Health & IDD and City of Houston

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input checked="" type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)?*

- Yes No

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

5/1/2026

Contract Term End Date* (?)

8/31/2029

If contract is off-cycle, specify the contract term (?)

05/01/2026-05/01/2029

Fiscal Year* (?)

2026

Fiscal Year* (?)

2027

Fiscal Year* (?)

2028

Funding Source*

Private Grant

Contract Description / Type* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Justification/Purpose of Contract/Description of Services Being Provided* (?)

New subrecipient agreement with the City of Houston for the new program to operate a 24-Hour Emergency Shelter Operations located at 419 Emancipation Street, Houston, Texas 77003 for the Emancipation Center homeless program.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Current CoH contracts in CPEP (e.g. CIRT)

Vendor/Contractor a Historically Underutilized Business (HUB)* (?)

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Subrecipient_Agreement_-_419_Emancipation_-_ (executable) PE.pdf 1.39MB

Vendor/Contractor Contact Person

Name*

Steven P. Woods, Senior Assistant City Attorney III, City of Houston Legal Dept

Address*

Street Address

2100 Travis Street

Address Line 2

City

Houston

Postal / Zip Code

77002-8709

State / Province / Region

TX

Country

US

Phone Number*

832-393-6284

Email*

steven.woods@houstontx.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9901	\$ 39,137,244.10	420031

Budget Manager

Ramirez, Priscilla

Secondary Budget Manager

Puente, Giovanni

Provide Rate and Rate Descriptions if applicable* (?)

Reimbursement grant

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Ramirez, Priscilla

Submission Date

4/20/2026

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Approval Date

4/20/2026

IT Director Approval

Approved by

Anthony Jones

Approval Date

4/20/2026

IT Approval Comments

Approved - AJones

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kim Kornmayer

Approval Date

4/21/2026

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

4/21/2026

EXHIBIT F-6

Fiscal Year 2027 Budget Assumptions

Revenue, Expense, and Planning Assumptions

Full Board, April 28, 2026

Presented by Stan Adams, MBA

Chief Financial Officer

Agenda Overview

- Budget Development Timeline
- Revenue assumptions
- Expense assumptions
- Current Finance Projects
- Economic Impact
- Bond Update
- KPI Updates

FY2027 Budget: Development Timeline

- **April 13, 2026 – May 22, 2026**
 - Budgets loaded and open for Budget Manager submissions.
- **April 28, 2026**
 - Budget assumptions presented to the Full Board.
- **June 2, 2026 – June 30, 2026**
 - Budget meetings.
- **July 21, 2026**
 - Budget ratified at Chief's meeting.
- **July 28, 2026**
 - Retreat following Board of Trustees meeting.
- **August 18, 2026**
 - Budget presentation at Resource Committee meeting.
- **August 25, 2026**
 - Budget adoption, (consent agenda), Board of Trustees meeting.

FY2027 Budget: Revenue Assumptions, Federal

- **Public Health Provider Charity Care Pool (PHP-CCP)**
 - Reimburses qualified providers for unreimbursed healthcare service delivery costs.
 - FY2027, \$43M budgeted estimate
- **Directed Payment Program-Behavioral Health Services (DPP-BHS)**
 - Value-based payment program supporting Certified Community Behavioral Health Clinic model of care (CCBHC)-aligned services
 - FY2027 budgeted estimate: \$4.8M
- **Medicaid Administrative Claiming – MAC**
 - Federal Medicaid matching funds support eligible administrative activities related to Medicaid outreach and enrollment.
 - FY2026 actual estimate *and* FY2027 budgeted estimate: \$8M

FY2027 Budget: Revenue Assumptions, State

- **State General Revenue**
 - State Funding is expected to remain neutral based on what we know currently
 - Due to uncertainty in new state funding, FY2027 HHSC performance contract funding is assumed to be consistent with FY2026
 - Our estimates will be consistent with contractual potentials for FY2027
- **Youth Crisis Outreach Team Program (YCOT)**
 - \$17.5M through 8/31/2030
 - Provides community-based crisis stabilization for youth and families, preventing escalation to more acute settings when resolution in the home, school, or community is more appropriate
- **Healthy Community Collaborative (HCC)**
 - \$40.8M Total (\$20.4M State General Revenue/\$20.4M local match) through 8/31/2026
 - Covers hospital to home and independent living
 - Coordinates behavioral health and housing services for individuals experiencing homelessness

FY2027 Budget: Revenue Assumptions, Local (i.e Harris County)

- **Harris County**
 - FY2027 County funding is assumed to remain at steady-state levels.
 - Total FY2027 County Revenue: \$59.5M
 - County Allocation \$24.0M
 - Court Administration \$5.7M
 - Harris County Community Supervision & Corrections Department \$6.1M
 - Harris County Sheriff's Office \$13.6M
 - Health Services \$275k
 - Jail Diversion \$5.0M
 - Juvenile Probation \$4.2M
 - Harris County Pretrial Services \$400k
- **City of Houston**
 - Emancipation Center
 - \$45M over 3 years
 - Provides 220 beds funded by the City
 - SB30 Construction Projects - \$27M from the COH
 - Development of the new NE Clinic – Groundbreaking took place March 16, 2026
 - FQHC – Look - Alike

FY2027 Budget: Revenue Assumptions, 3rd Party Billing and Commercial Related Revenue

- **3rd Party Payors/Net Patient Revenue**

- Budgeted estimates are conservatively based on actual performance in FY2026.
- Financial Services is working with a managed care consulting firm to support commercial contract negotiations, as well as increases to managed Medicaid plans and ACA plans.

- **Investment Income**

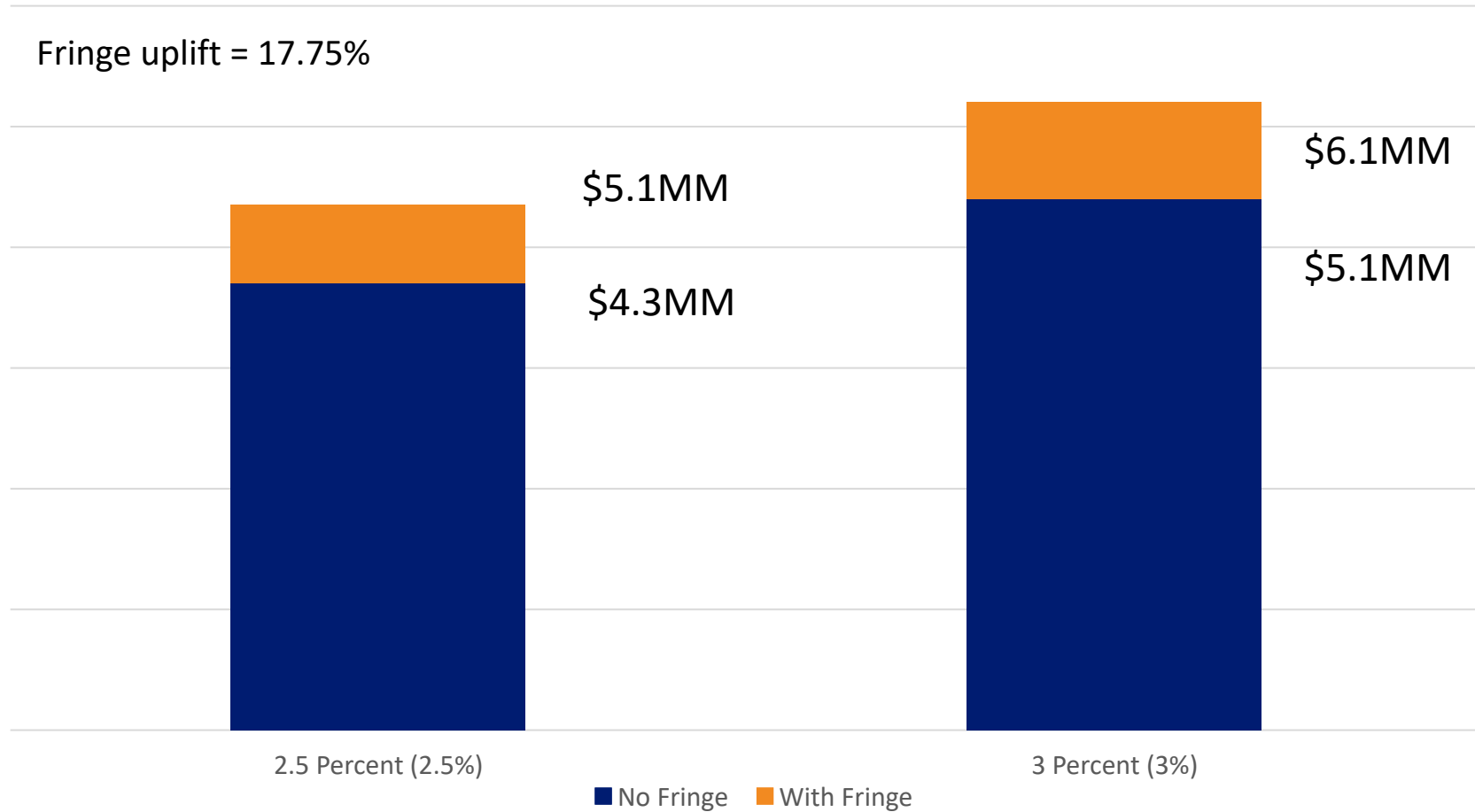
- Interest income assumptions are conservative and based on current cash balances and interest rate expectations.
- FY2027 estimates will be refined as additional information becomes available.

FY2027 Budget: Expense Assumptions

- **Expense Overview**

- FY2027 overall expenses are budgeted in line with the original FY2026 budget, with adjustments for new programs implemented in FY2026.
- Benefits
 - Health insurance premiums are budgeted conservatively, including an estimated 13% increase.
- Compensation
 - Two compensation scenarios are under review and presented on the next slide.

FY2027 Budget: Merit Budget Scenarios



Current Finance Projects

- **Cost Optimization**
 - Managing expenses strategically to sustain services and financial stability
 - Spending money more efficiently
 - Proactive and planned, not reactive cost cutting
- **Revenue Assessment**
 - Ongoing assessment is currently taking place to drive incremental and new Net Revenue to the organization from a contracting perspective
- **Financial System and Future Implementation**
 - New ERP system – Continue to work with BDO who will be assisting THC with the RFP Process for purposes of selecting an ERP
 - Integrated platform improving efficiency, financial visibility, and long-term sustainability
- **Audit Process and Planning**
 - Met with Audit Leadership Group to discuss the FY25 Audit as well as the pre-planning heading into the FY26 Audit as well

Economic Impact

- **HHSC Sunset Review**
 - Cycle 2025-2027 (once-per-decade review)
 - Legislature action: Jan. 2027
- **Federal Impact-Medicaid**
 - Drop in covered patients → reduced reimbursed service volume
 - Higher administrative burden → staff time shifted to re-enrollment support
 - More uncompensated care → greater financial pressure on providers
 - CFO is pursuing real-time eligibility for all our clinics

Bond Update

Resources

- Reimbursement of approx. \$5.0M for incurred capital project expenditures from June 2023 to July 31, 2025
- Approx \$17.8M remaining available for future use on approved capital projects

Debt Service

- Bond Series 2024 - \$24,745,000
- Total P&I approx. \$42.6M
- Term – 30 Years (last P&I payment 11/01/2055)
- Approx. Annual Debt Service requirement \$1.7M – quarterly transfers to Reserves

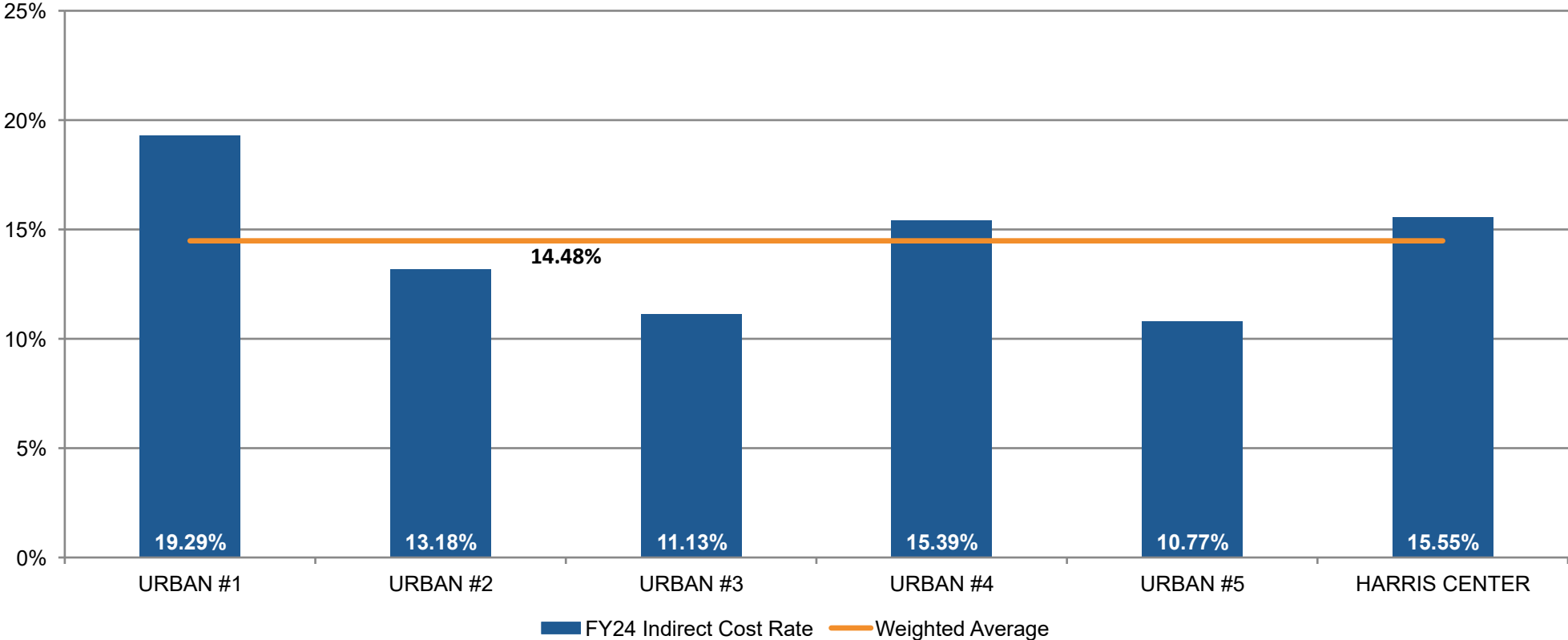
Bond Update

Capital Project	Total Budget	Reallocation	Bond Funded Amount	Initial Drawdown	Drawdown #1	Drawdown #2	Remaining Bond Funds Available
Northeast Clinic Design and Construction	\$22,600,000		\$ 18,000,000	\$ 838,180	\$ 108,541	\$ 124,865	\$ 16,928,414
NPC Renovation	6,300,000		3,642,687	2,999,112	57,782	802,344	(216,550)
Coffeehouse Clinic Construction	600,000	(578,000)	22,000	-	22,497	910	(1,407)
9401 Southwest Clinic Foundation Repair	500,000		500,000	-	17,675	33,848	448,477
9401 Southwest Lobby and Signage Improvement	160,000		160,000	32,880	-	-	127,120
IDD Homes & DayHab	-	578,000	578,000	-	-	-	578,000
Total	\$30,160,000	\$ -	\$ 22,902,687	\$ 3,870,171	\$ 206,495	\$ 961,966	\$ 17,864,054

- \$10.2M Funded by TPWL ARPA Grants
- \$578k under Coffeehouse was reallocated to fund the IDD residential homes

Indirect Cost Rate

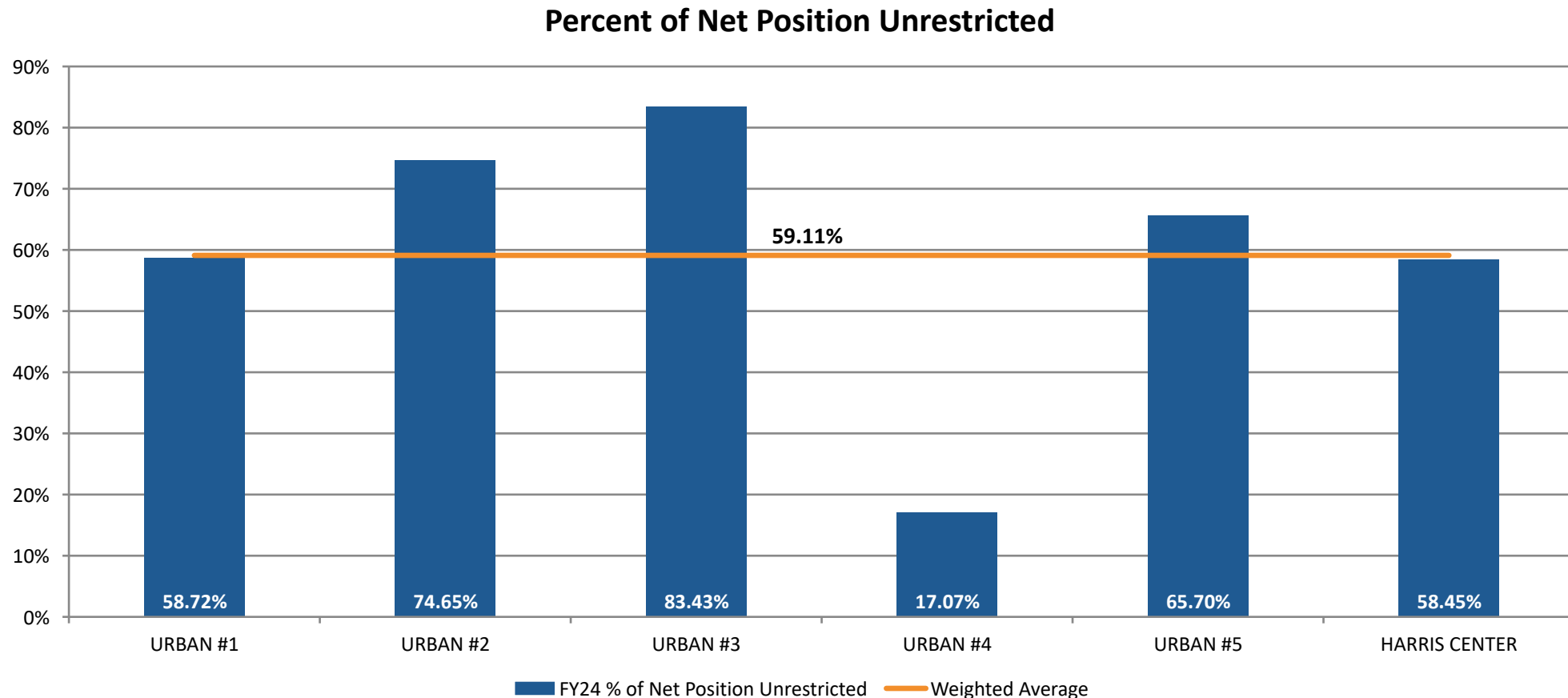
Indirect Cost Rate



*Indirect Cost Rate: Indirect Costs as a percentage of direct costs
**Weighted Average of all 39 Certified Community Behavioral Health Centers in Texas

The Harris Center’s FY24 indirect cost rate of 15.55% is above the weighted average and higher than several peers, reflecting organizational scale and service complexity while remaining within a comparable peer range (FY24 data)

Percent of Net Position Unrestricted

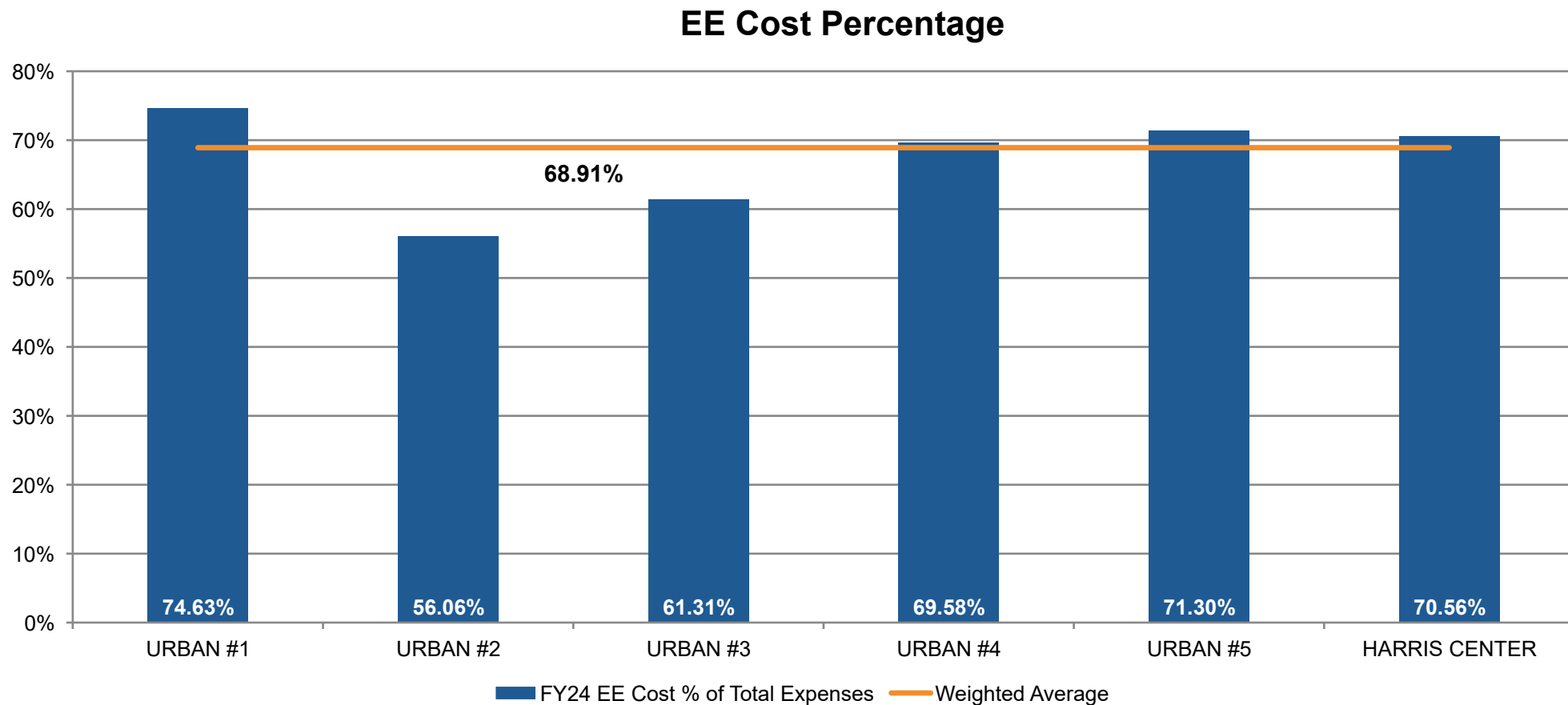


*Percent of Net Position Unrestricted: Unrestricted Net Position divided by Total Net Position (From Statement of Net Position)

**Weighted Average of all 39 Certified Community Behavioral Health Centers in Texas

Our unrestricted net position is 58.45%, slightly below the average of 59.11% overall compared to the other Texas facilities, the key is that it represents the funds available for the organization to use for its general operations and purposes (FY24 data)

EE Cost Percentage



*EE Cost % of Total Expenses: Total Employee Wages and Benefits divided by Total Operating Expenses

**Weighted Average of all 39 Certified Community Behavioral Health Centers in Texas

Employee-related costs represent 70.56% of The Harris Center's total expenses, exceeding the peer weighted average of 68.91%. This reflects a strategic investment in workforce compensation and benefits to support service delivery and organizational outcomes (FY24 data)

Thank you.

EXHIBIT F-7

Benefits

Looking Ahead

CY2027

Executive Summary



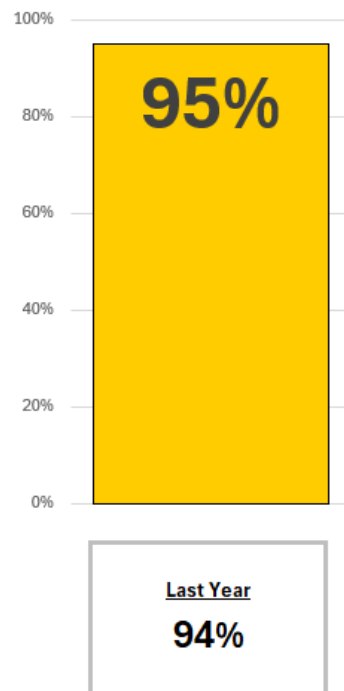
Benefits? Now? Really?

- **Financial headwinds**
 - 2025 Loss Ratio 100%+
 - Pressure on carriers cascading to retail customers
 - Medicare
 - Provider demands
- **Expected initial premium increase expected to be 13%+**
 - \$4.3MM in premium increase YoY

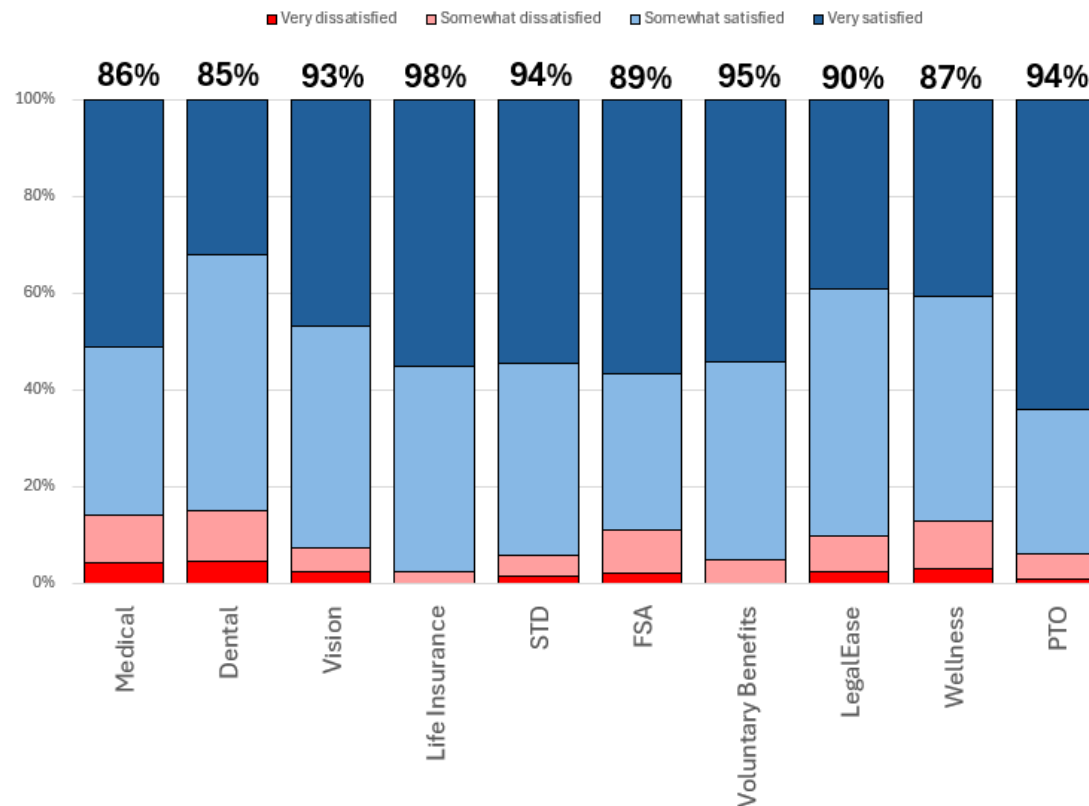
TR Survey

as of 3/18/2026; n=981

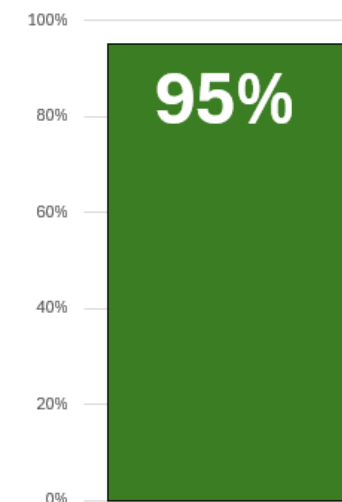
Recommend THC as Employer



Satisfaction Scores



Retirement Satisfaction



CY2027

Idea #1: Fewer Offerings

- Discontinue **OAP w/o Deductible** plan
 - ~120 enrollees
 - High cost
 - Mathematically inefficient for most people
- **Fewer plans lead to greater certainty to underwriting (lowers costs)**

Idea #2: Adapt Plan Design

- Alter HDHP plan but retain HDHP status
 - Lower deductible
 - Alter coinsurance from 100% to 80%/20%
 - Alter OAP network to Local Plus network
 - Institute HSA with company match
 - Alter formulary to allow GLP1s for weight loss
- **Leverage consumerism and overall premium reductions to offset increased costs of HSA and different Rx – net \$0 goal**

Looking Forward – Self-Funding?

- Fully insured may be untenable long-term
- Self-insured an option?
 - Extensive effort for review and implementation
 - 2-year lead time
 - Major change in culture

Feature	Fully Insured	Self-Insured
Cost Predictability	High	Variable
Risk	Carrier	Employer
Admin Burden	Low	Higher
Customization	Limited	High
Claims Data	Limited	Detailed
Regulatory Exposure	Lower	Higher
Potential Savings	Low	High*
Catastrophic Protection	Built-in	Stop-loss insurance

* Depends on claim activity

EXHIBIT F-8

SB30 Grants and Facilities Capital Projects

Presented by: Mustafa Cochinwala, Chief Information Officer



SB30 Project Snapshot

Project	SB30 Grant Amount	Est. Project Completion
Main St. Campus	\$8,716,585	Winter 2027
CWOP Facility	\$8,000,000	Spring 2027
NPC Phase 2	\$8,200,000	Spring 2028
Dennis St.	\$2,000,000	Spring 2028

*All SB30 projects must be completed by Fall 2028

Main St. Campus

Purpose:

Construct a new clinic to expand access to care and demolish existing buildings

Funding:

SB30 Grants Total Funding - **\$8.7M**

- Grant amounts: \$5.2M & \$3.5M

Timeline:

Construction completion – Winter 2027

Current Status:

Contracting demolition team
Architect proposal received

Reporting Schedule to HHSC:

Monthly / Quarterly / Annual

Main St. Campus



CWOP Facility

Purpose:

Construct a new facility to house the Children Without Placement (CWOP) and Youth Diversion Center (YDC) programs at the Burnett Bayland Park

Funding:

SB30 Grant - **\$8.2M**

Timeline:

Renovation completion – Summer 2026
New construction completion – Spring 2027

Current Status:

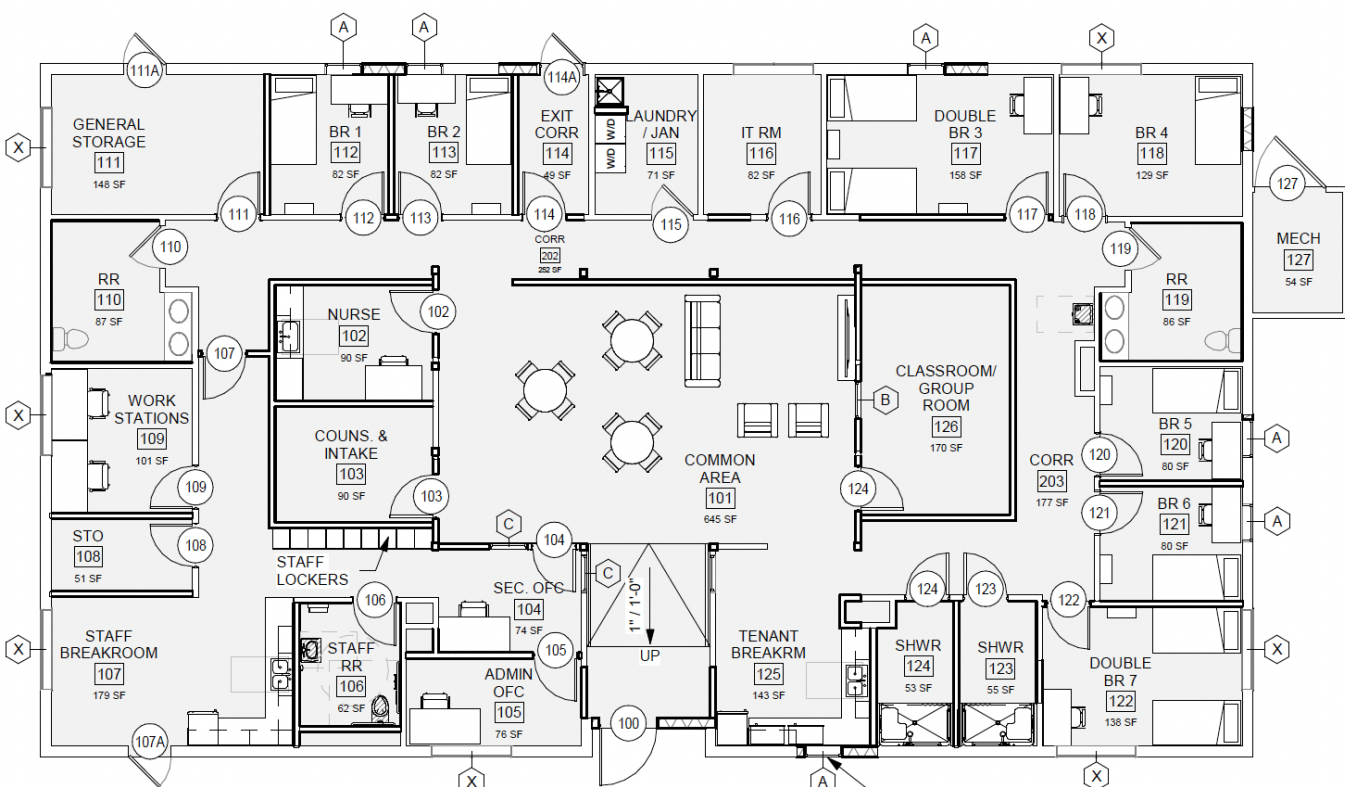
Renovation: Architect hired – Design underway
New Construction: Contract drafting underway

Reporting Schedule to HHSC:

Monthly / Quarterly / Annual

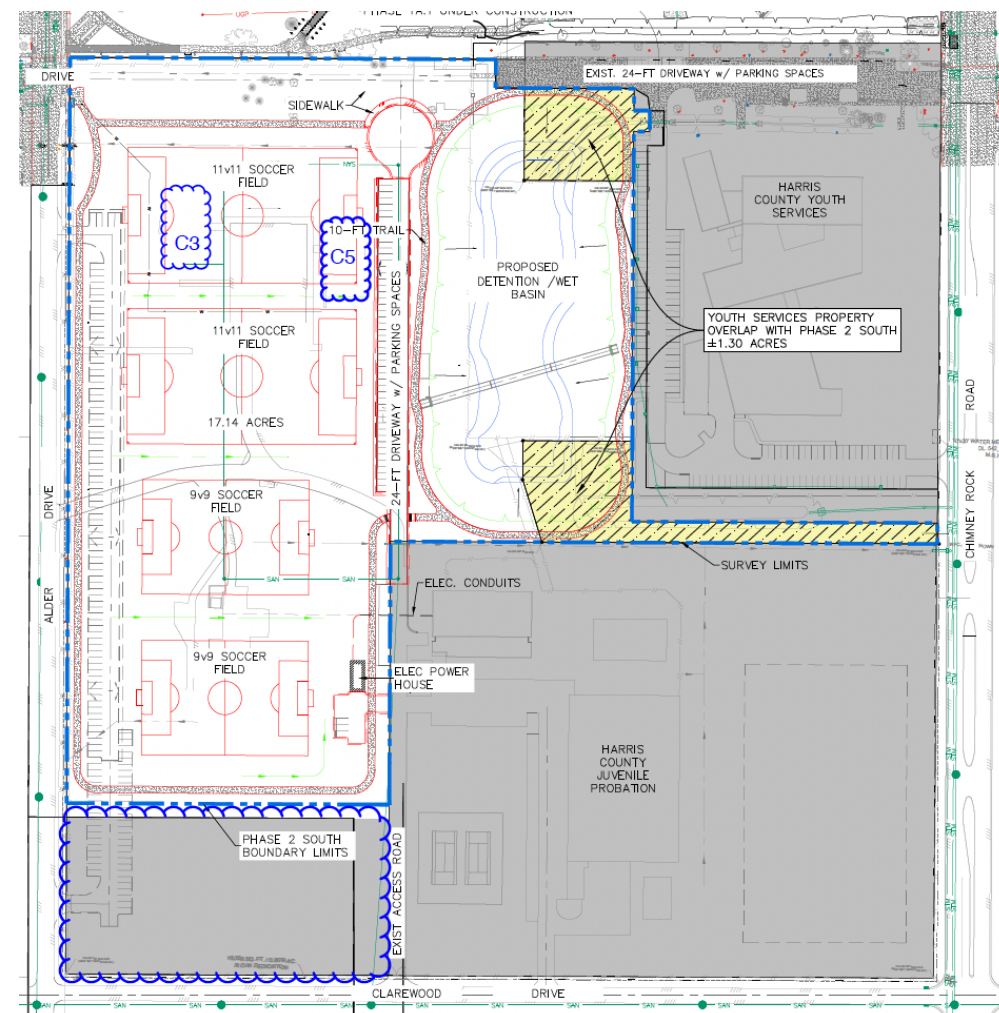
CWOP Facility

Renovation Floor Plan



GENERAL NOTE:
ALL EXISTING AND NEW WINDOWS TO HAVE A PROTECTIVE SECURITY MESH.

New Construction Site Map



NPC Phase 2

Purpose:

Renovate existing space to increase care capacity by 24 - 30 beds

Funding:

SB30 Grant - **\$8.2M**

Timeline:

Construction completion – Spring 2028

Current Status:

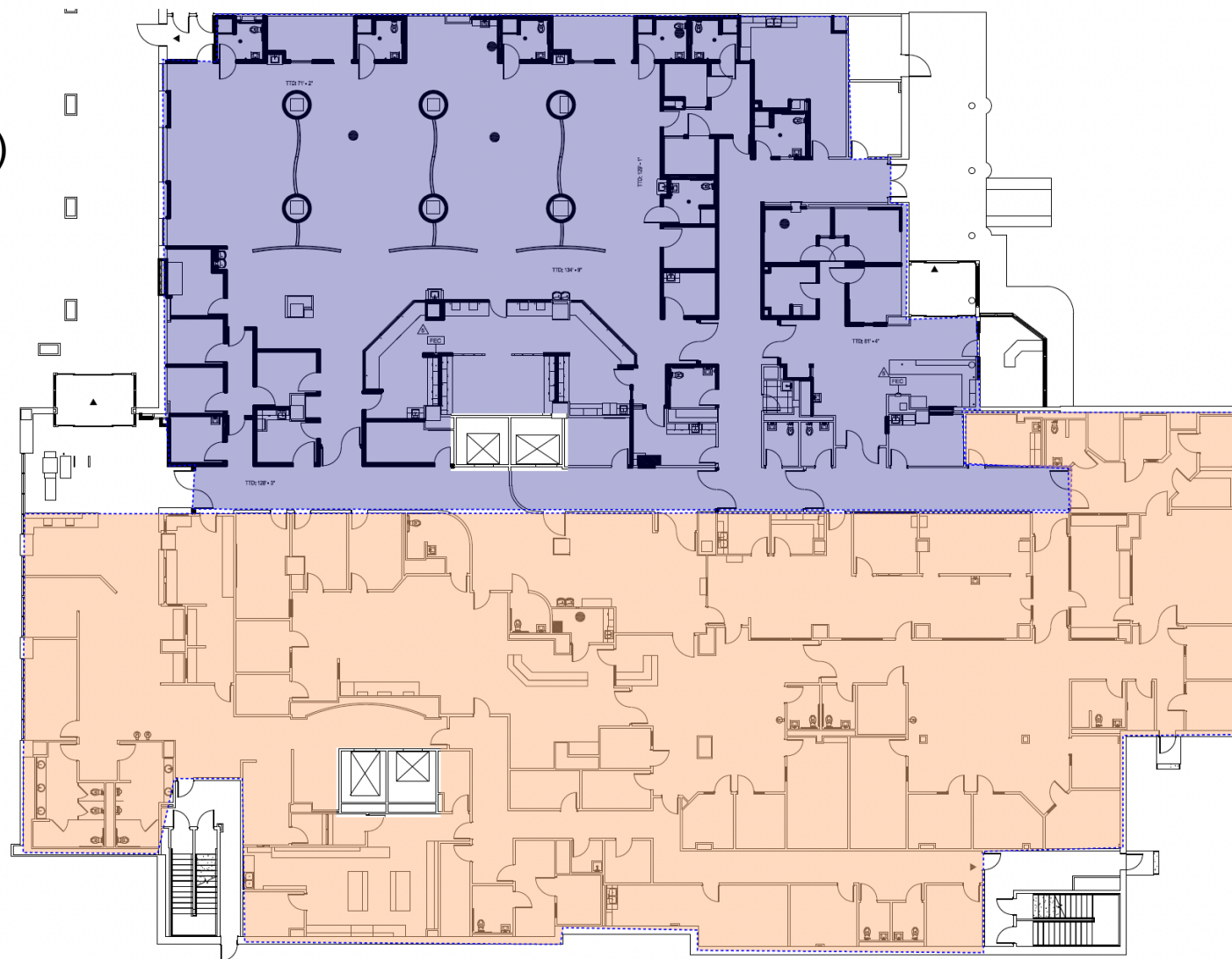
Contracting architect

Reporting Schedule to HHSC:

Monthly / Quarterly / Annual

NPC Phase 2

- Phase 1 (complete)
- Phase 2 (planned)



Dennis St.

Purpose:

Renovate an existing building to establish a diversion program for the IDD population

Funding:

SB30 Grant - **\$2M**

Timeline:

Construction completion - Spring 2028

Current Status:

ECS submitted to contracts
AIA contract to be completed by outside counsel

Reporting Schedule to HHSC:

Monthly / Quarterly / Annual

Dennis St.



Capital Project Snapshot

Project	Total Construction Budget	Est. Project Completion
Northeast Clinic	\$20,505,458	December 2026
9401 1 st floor Renovation & Security Upgrades	\$127,120 <div style="border: 1px solid black; background-color: #ffff00; padding: 2px; display: inline-block;">\$40,000</div>	TBD
Coffee House	\$580,000	TBD
9401 Foundation Repair	\$500,000	TBD

Bond Funded

Capital Funded

Northeast Clinic

- Funding:
 - Capital - **\$19.6M**
 - Texas Parks and Wildlife Grant - **\$4.6M**
- Timeline:
 - Construction completion – Winter 2027
- Current Status:
 - Land cleared
 - Building foundations underway
- Reporting Schedule:
 - Quarterly

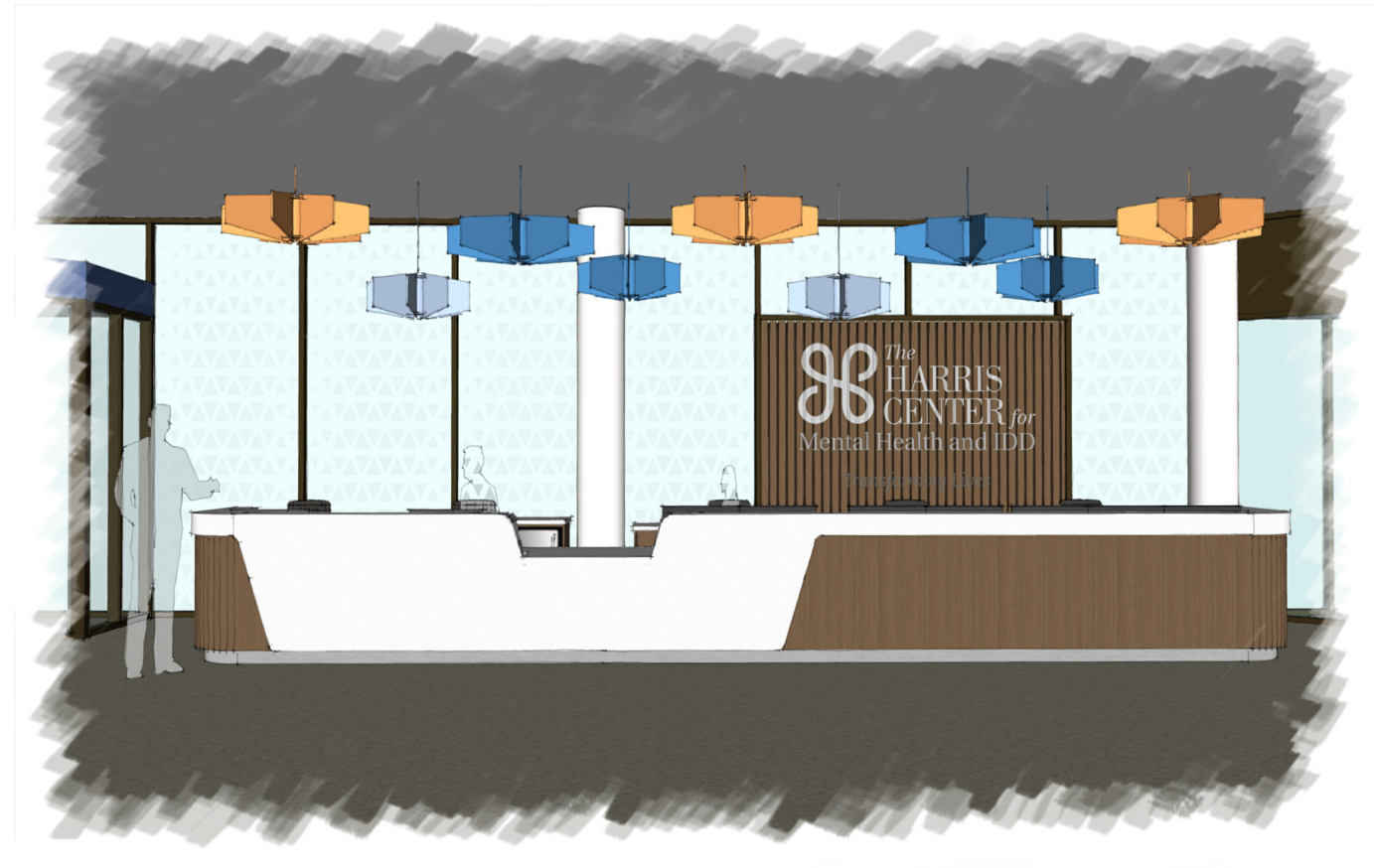


Capital Projects Discussion



9401 – 1st Floor Renovation and Security Upgrades

- Funding:
 - Bond - **\$127k**
 - Facilities Capital – **\$40k**
- Security improvements:
 - Immediate visual oversight of all entrances
 - Stronger active screening and visitor management
 - Increased security visibility and deterrence
 - Improved communication and coordination with front desk staff



9401 Foundation Repair



Funding:

Bond - **\$500k**



Intention for funds:

Foundation repair
Loading dock repair



Longevity of Repair

Temporary fix: 3-10 years
Full repair will cost \$3.5M with building closures

Coffee House Reallocation to IDD Homes Renovation



Funding:

Reallocation of Coffee House bond funds

- **\$580k**



Intention for funds:

Full renovation of 5 homes
Security upgrades

Thank you 

EXHIBIT F-9



Implementation of a Multi-Institution, Collaborative Community Psychiatry Rotation: A Novel Pipeline Strategy for Enhancing the Public Psychiatry Workforce

Luming Li^{1,2,4} · Hunter Hinman^{1,2,4} · Vineeth John² · Sylvia Muzquiz³ · Maheshkumar Patel^{1,2,4} · Felecia Garner¹ · Danyalle Evans¹ · Lindsey S. Pershern⁴

Received: 19 February 2025 / Accepted: 3 November 2025
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Community psychiatry encompasses mental health care delivery in community settings, including outpatient clinics, primary care, mobile outreach, and others [1, 2]. Community psychiatry programs disproportionately serve under- or uninsured individuals spanning across urban and rural settings. Programs are largely funded by public dollars (through grants or Medicaid waiver programs).

Public sector mental health settings across the nation have long struggled with workforce shortages, particularly in their ability to recruit and retain capable, well-trained psychiatrists interested in public psychiatry careers [3, 4]. This challenge is compounded by the fact that, compared to other medical specialties, fewer psychiatrists accept insurance, instead preferring cash payments. As a result, access to mental health care is further reduced, especially in certain states and rural areas [5, 6].

Numerous strategies have been proposed, including resource allocation, academic-public partnerships, and leadership development focus in public sector training programs [7, 8]. At the federal level, programs such as the Substance Abuse and Mental Health Services Administration (SAMHSA)'s Behavioral Health Workforce Education and Training Program (BHWET) and Health Research and Services Administration (HRSA)'s Behavioral Health Workforce Development Technical Assistance Center have emerged as national strategies to guide behavioral health

workforce development. In addition, state-level policies have yielded localized projects and programs for workforce development in behavioral health, in both small and large states [4, 9].

In psychiatry, public psychiatry fellowships and related residency training tracks in community psychiatry have emerged as a strategy for developing psychiatrists oriented to practice in public sector settings [7, 10]. Public psychiatry fellowships provide an additional year of non-accredited, specialized public psychiatry curricula with community clinical experiences and administrative leadership opportunities [11, 12]. In addition, specialized tracks for residency training focused on community psychiatry have been developed and reported [13]. However, the current educational strategies have not yet addressed the full extent of community psychiatry workforce shortages, and more descriptions of innovative educational approaches are needed.

In this educational case study, we describe the practical application of a community psychiatry rotation for post-graduate year (PGY)–3 residents implemented across two distinct academic psychiatry programs at a single community mental health site. The goal of the program has been to train future community psychiatrists to work effectively in these settings.

Needs Assessment and Community Psychiatry Rotation Development

In Texas, workforce assessments in public mental health have demonstrated the need to build a pipeline of mental health providers [14]. The extreme majority (98%) of 254 Texas counties are considered mental health professional shortage areas, with 15.8 million (approximately 51.8%) of Texas's population living in these areas. Sixty-six percent of counties do not have any licensed psychiatrists [14].

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One-sixth of the state's population (4.7 million people) live in rural areas. [15]. In a white paper in 2017, a collaborative, state-wide meeting was held to conduct a workforce assessment and the role of training programs on workforce development. During the meeting, 76 individuals participated, representing 18 institutions across Texas. Key barriers were identified, and recommendations provided for building the community psychiatry workforce and thereby addressing known shortages [16].

Since 2017, three of the organizations that participated in the initial needs assessment and workforce development white paper recommendations partnered to formalize an educational pilot that addressed the opportunities as well as the barriers that were previously described. The organizations included two different Accreditation Council for Graduate Medical Education (ACGME)-accredited psychiatry residencies, Baylor College of Medicine and UTHealth Houston, with a total of 49–64 residents each, as well as the county local mental health authority, The Harris Center for Mental Health and IDD. In partnership, the three organizations developed a longitudinal curriculum and community psychiatry rotation in a large urban area in Texas.

Rotation Structuring

The rotation was structured using the needs assessment and the core components of a high-quality community psychiatry curriculum, as outlined by the American Association for Community Psychiatry (AACP) [17]. Leadership stakeholders from the three organizations conceptualized a year-long

longitudinal PGY-3 rotation for psychiatry residents in a community-based public psychiatry setting. The involved stakeholders included two residency program directors and two clinical leaders of the local mental health authority (Chief Medical Officer, Vice President of Medical Mental Health Services). The organizations supported one another in creating the newly formed community psychiatry rotation. The timeline for creating the rotation included sequential steps of development, implementation, piloting, and sustainability. Table 1 describes details.

Gaining support from key stakeholders was crucial for growing the program. Internal leaders, including the Chief Executive Officer, Chief Operating Officer, clinical administration, and legal teams, were engaged throughout the process. External partners such as state funders, residency program directors, and residents also played important roles. The program took an active approach to managing risks and making the most of its potential value, while paying close attention to any challenges that arose. Previous educational programs already in place at the Harris Center had built a strong reputation and created a reliable foundation. Existing contracts and academic agreements with residents, fellows, and medical students provided clear guidelines for working together. Funding from the state, made possible by workforce development laws, provided sustainable funding for programs. Partnerships with the state hospital system and initiatives like the Community Psychiatry Workforce Expansion (CPWE) for child and adolescent psychiatrists added more support.

The new community psychiatry rotation established an initial pilot year of three residents (one from Baylor and two from UTHealth), which then expanded to four residents

Table 1 Planning and implementing new community psychiatry rotation timeline (sequential process)

Time required	Development phase	Pre-implementation phase	Implementation phase (administration of longitudinal rotation pilot)	Sustainability phase
	3 months	3 months	12 months	12–24 months
Operations	Curricular design Engaging residents/ faculty on new rotation model	Finding clinic space and developing clinic workflows	Implement curriculum (didactic and experiential) Track templates and clinical operations	Review rotation data and evaluations Work on continuous quality improvement of rotation
Business and financial	Business plan development and leadership approval	Approval of additional clinical staff (as needed) Early engagement and planning for external funding sources	Solidify external funding through state grants and/or other institutional funding sources	Utilize external funding to continue/ expand rotation Establish bilateral contracts on fund flow
HR and onboarding	Brainstorm faculty job descriptions	Hire faculty Create in-depth orientation process Train/on-board new hires (can use experienced staff temporarily if hiring takes longer)	Obtain adjunct faculty appointments Provide supervision to faculty (as needed)	Create a sustainable cadre of physician educators in the community mental health setting to bolster the capacity for ongoing medical education activities

(two from Baylor and two from UTHealth) by year 2. The rotation included longitudinal clinic for 3 full days (24 clinical hours), and elective time which incorporated 4 h of child psychiatry, or 8 h of psychotherapy, depending on the training program. The full-time equivalent (FTE) was 60% outpatient clinic and 20% psychotherapy clinic for a total of 80% FTE Baylor, and 10% child clinic for a total of 70% for UTHealth. External time included 20% FTE (1 day per week) of didactics at the home institution for both programs, and 10% longitudinal psychotherapy (offsite) for UTHealth. The residents primarily received supervision from 1 teaching attending psychiatrist with extensive training and experience in community psychiatry. In addition, the rotation was led and cross-covered by back-up attendings with medical education administration and community psychiatry leadership roles.

The clinical model for the community psychiatry training track was team-based, with a caseload goal of 500 patients. Each team included one Clinical Team Lead who oversaw and managed patients and schedules, one teaching psychiatrist who was a new hire with established adjunct faculty status with both institutions, and three to four residents in the teaching service. Each resident handled a target caseload of 100–120 patients. Additionally, there were three caseworkers assigned to assist with daily clinic and patient needs. The clinical schedule was structured so that residents from UTHealth had 4 days of clinic and 1 day allotted for therapy, while residents from Baylor had 4 days of clinic with half a day per week allotted to the Child Clinic located at the same site. The rotation configuration accounted for variation in curricular needs in PGY3 across the two programs.

The clinical template included seeing 10 patients per day, with one new psychiatric evaluation (90 min) and nine medication management follow-up visits (30 min) each day. As the caseload gradually built up, new intakes were limited to two per week, and follow-up appointments were set at eight per day. The therapy sessions had a caseload of 10 patients, with each session lasting 60 min. The logistics and operations were managed using the Epic EHR system, with private office space, a team room for teaching and staffing, and operational flow managed by the Clinical Team Lead. Adjustments to the clinical load were made throughout the PGY-3 year based on caseload, no-shows, and availability of appointments. The average no-show rate for the resident clinic was 20–25%. Biweekly clinical team staffing meetings provide an opportunity for residents to serve a leadership role in team management and treatment planning. Residents worked with care coordinators and other team members to triage complex patients and determine appropriate management plans. An example resident clinic template is available from the corresponding author on request.

Due to the length of visits, there was typically sufficient time during attending supervision for brief education. In addition to direct patient staffing, another opportunity for education was the daily 8:00–8:30 am slot, blocked for education time; during this block, the residents would meet with the attending and discuss challenging cases, lead topic discussions on a rotating basis, or participate in a biweekly book club. There was also time for education during biweekly 1-h staffing meetings which included the clinic caseworkers, and that same 4:00–5:00 pm slot was blocked daily for charting or additional education as necessary. The multi-institutional community psychiatry rotation also included several innovative educational components, including the Chief Medical Officer (CMO) Roundtable, the Clinical Transformation Continuing Medical Education (CME) Learning Series, biweekly clinical team staffing, and monthly half-day experiential site visits.

Learner Evaluation Methods

Qualitative and quantitative questions were collected to assess rotation effectiveness. Residents also evaluated the rotation by providing direct feedback to program directors and site supervisors using a cumulative de-identified rotation questionnaire administered at the end of the year-long rotation. The questions used in the rotation evaluation questionnaire are available from the corresponding author on request. A Likert rating (1–5) was used to assess supervision quality, learner autonomy, diagnostic variety, and educational value.

Resident feedback was collected formally and informally throughout all three cohorts involved in the program to date, and additional educational initiatives were implemented based on this feedback, as well as contributions from other team members and administrators. These initiatives included a daily resident-led topic discussion, biweekly psychiatry book club, resident-led quality improvement (QI) initiative, and, most recently, weekly clinical consultations and educational lectures by a clinical pharmacy specialist in psychiatry. The supervising faculty member provided resident evaluations to both programs on a quarterly basis per the ACGME program requirements.

Outcomes

Outcomes tracked included financial sustainability, resident educational value, and career decisions by trainees. Diversity of funding mechanisms is a primary driver in the variability of structures among public psychiatry training programs [18].

The initial financial modeling and projections for the community psychiatry training track involved several key components. Start-up costs were covered by using existing staffing vacancies for resident salary lines and teaching attending costs. By filling current staffing vacancies instead of creating new positions, the program effectively expanded the workforce using resources already in place. Clinical volume calculations were modeled to ensure an optimal training experience, considering factors such as anticipated no-shows and vacation weeks. Teaching time and cost offsets were incorporated through external dollars from existing programs and contracts. Funding sources were reviewed from multiple avenues, including state funds from the Texas Health and Human Services (TX HHS), the Texas Higher Education Coordinating Board (THECB), and federal funds from the Health Resources and Services Administration (HRSA). The pilot year (2022–2023) was funded by the host institution, with external funding from the state (TX HHS) starting in 2023.

In the 2 years of implementation, a detailed evaluation was conducted to better understand the impact of the rotation on the first seven residents who rotated across two academic programs, and additional data is being collected from the third cohort presently rotating. Residents highlighted the value of the program, including positive experiences regarding supervision, autonomy, and independence with the rotation, as well as the ability to see varied patient diagnoses, levels of care, and hierarchy of needs. In fact, the quantitative evaluations improved from high marks with the first cohort to even higher marks with the second. The aggregate scores of the first yearlong cohort ($N=3$) were (out of a possible score of 5), a 5 in level of supervision, 4.75 in autonomy and independence, 4.75 in variety, and 4.75 in educational value. In the second yearlong cohort ($N=4$), the aggregate scores increased to 5 out of 5 in the same four areas. In their qualitative feedback, the residents emphasized the interdisciplinary collaboration, consistency and continuity of training, fulfilling patient population, and especially the quality of supervision. Multiple residents noted the importance of clinical supervision occurring with every patient encounter, noting how this facilitated a comfortable dynamic with the supervisor, one resident even noting this was the most important benefit of the program.

The residents provided specific feedback on positive interactions with field staff, neuropsychology consultants, primary care referrals, clinicians, and therapists, as well as clinic leadership and supervising attendings. One of the residents in the first cohort later took a teaching role at the community site, and most residents shared that the rotation made them more likely to pursue a career in community psychiatry.

Additional outcome variables included successful rotation fill, career decisions, educational collaborations and work products, and financial investments. In the first two completed cohort years, the residency program directors facilitated the initial selection of resident rotators, and the rotation filled in both years. Program directors did not observe any impact of shifting residents to the community site, with no observed additional workload nor impact on existing residents. Prior to the third year of the program, residents self-organized the selection processes as there were more interested residents to join the community rotation than spots available. Furthermore, the community rotation has been embedded in residency recruitment efforts and will likely increase the selection of interested residents interested in community psychiatry within new residency cohorts.

Educational collaborations and work products include a national presentation at AADPRT about the rotation. In addition, both Baylor and UTHealth have embedded the Harris Center's faculty and medical leaders in the recruitment process and utilize the community rotation as an offering to highlight local expertise in public sector leadership. As previously mentioned, one of the residents in the first cohort later took a teaching role at the Harris Center and is now an adjunct professor at both Baylor and UTHealth, facilitating current and future collaboration.

Lessons Learned

Throughout the collaborative process of building and implementing a multi-institutional community psychiatry rotation, there were several lessons learned. These include practical considerations, as well as structural and operational barriers that were addressed. The collaborating organizations met regularly to identify and problem-solve key barriers that would impact implementing a resident rotation. Table 2 captures the key barriers and solutions related to the established community psychiatry rotation.

Once the rotation was launched, two lessons became apparent regarding the impact of the values of those involved. In their feedback, multiple residents noted the importance of the supervising psychiatrist's care for their well-being, interest in their learning and professional development, and experience with varied populations including in community psychiatry, demonstrating the critical relevance of the supervisor's values and experience. Second, the emphasis on developing residents' interest in community psychiatry served as an efficient and lasting return on investment given the retention of one rotating resident and an interest in retention voiced by several current residents.

Table 2 Key barriers and solutions

	Barriers	Solutions
Residency programs		
Impact on other sites	New community rotation would impact other sites who are competing for resident time	<ol style="list-style-type: none"> 1. Stagger the number of residents to rotate in new clinical site (up to 1–2 from each program) 2. Start with a small total number of residents to not be disruptive to others
Rotation alignment across programs	Slight variations in training templates across two different Accreditation Council for Graduate Medical Education (ACGME)-accredited psychiatry residency programs	<ol style="list-style-type: none"> 1. Describe similarities and differences in training templates 2. Configure the PGY3 rotation for protected didactic time, elective time, and outpatient longitudinal time
Encouraging resident interest and commitment	Limited knowledge about vision for new rotation, and perceived risk in spending entire PGY3 with a new clinical site being established	<ol style="list-style-type: none"> 1. Encourage transparent conversations about new community rotation 2. Clearly describe the rotation and specific experiences through hosting presentations and orientation sessions 3. Highlight key skills and learning in the domain of community psychiatry
Community site		
Financial investment	Lack of stable funding to develop community psychiatry resident rotation	<ol style="list-style-type: none"> 1. Create business plan to convert vacant staff psychiatry positions for pilot year funding 2. Utilize pilot year to demonstrate program value and evaluate outcomes 3. Work with state funders to sustain program through external funding
Clinic operations	Need for additional staff and space for residents' clinic	<ol style="list-style-type: none"> 1. Partner with key leaders to inform and describe vision for residents' clinic 2. Develop plan to hire support staff with dedicated time to the residents' clinic 3. Obtain administrative support to provide adequate clinical space for the residents' clinic
Adequate supervision	Lack of supervisors who inspire and model in community psychiatry settings	<ol style="list-style-type: none"> 1. Utilized experienced psychiatrists who can commit to educating the residents until permanent psychiatrist, who is a physician educator with expertise in community settings can be hired 2. Hire specialized seasoned education faculty with experience in community settings 3. Incorporate protected administrative time (up to at least 0.2 FTE) for curriculum development 4. Provide adjunct faculty roles across institutions to support the educational and professional development of the physician educator

Limitations and Future Directions

As the rotation was developed in a single urban community site, there are limitations on generalizability to other contexts and locations (rural, another state, different host institution). Limitations also include selection bias by residents self-identified as having an interest in community psychiatry.

Future directions will include expanding the rotation to new sites across the state and nationally assessing generalizability across contexts and locations. In addition, tracking graduation career choices to practice in community settings and in Texas will be needed. Furthermore, rotation exposure will include specialized experiences such as jail-based and

forensic settings as well as innovative community programs. Finally, more detailed outcomes metrics including cost analysis, employment outcomes, and clinical impacts should be evaluated longitudinally.

Conclusion

A collaborative, multi-institutional community psychiatry training rotation can be a strategic opportunity to invest in pipeline building for public psychiatry. Leaders of public mental health settings and residency program directors can partner closely to establish and sustain creative, collaborative approaches to training.

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Data Availability This manuscript did not use a publicly available dataset as it described a small participant size tracking residents across two academic years. Participant data tracked through the program evaluation is available by Open Records Request through the Texas Health and Human Services Commission.

Declarations

Disclosures On behalf of all authors, the corresponding author states that there is no conflict of interest.

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EXHIBIT F-10

CECE Meeting Agenda 04/09/2026
 March 24th meeting with CEO rescheduled to this date

1. Old Business

a. CECE Policy Proposals

- i. Access to all employees including NEO, wellness events, agency events - Wayne says he does not support the union's presence in agency events and speaking to new employees during their breaks while in NEO. He thinks that that is not what the board will support. Wayne states that he and the board do not interpret the CECE policy as we (UWHC) do.
- ii. Leafletting at employee entrances - Wayne says he does not support. Wayne says we are not to leaflet, he says we have leafletted recently. Wayne states we are violating policy and he will limit our access to HC locations completely should it happen again. UWHC advised of the importance of leafletting for organizing and how common the use amongst unions. UWHC advised that Harris Center employees have a lot of different schedules, modes of service (field workers, part-time, relief, rotations). Not all employees are in the office all day, take lunch breaks at the same time and the union has to try and access, provide info to all.
- iii. Tabling schedule, 48 hours email responses from management- During UWHC week of action (March 30-April 3), we requested access (using established process, one month ahead) to 6160 SE LOOP on 4/1 and it was cancelled Monday 3/31 with the explanation that PNC Bank would be using that room from now on Wednesdays. UWHC explained the efforts in planning and resources that were wasted due to cancellation and management was not willing to permit use of another space in the building for that date. Wayne states that he thinks UWHC uses up space in buildings for too long and too often. He suggests half days of tabling, vs full days. Not three weeks to get clear yes or no on tabling availability- Toby referenced there was a no call no show by UWHC in last week. Sheronica, UWHC CWA rep had a medical emergency. Wayne says that he will try to find us another room at the same location if a room is canceled. Toby says that we will have to be moved out if something takes priority. Toby says we can ask early so the first week or two of following

- month will be included, not held (ie. during week of action March 30-April 4). Wayne states 48 response time from management is reasonable
- iv. What is the process unit bulletin board installation - Email Wayne/Toby a list of locations. Wayne doesn't know how bulletin board location is selected or who selects it. But he will figure it out.
 - v. UWHC verbal and written report at board meetings to follow CEO - Wayne says not what was agreed upon and he does not agree with making this change. CEO states that the verbal report suggestion was discussed at length upon developing the original CECE policy. He states that current policy already has a process by which we can present to the board four times a year for 10 minutes. He also commented that UWHC can provide public comment at board meetings to speak to the Board. UWHC does not think that this gives adequate voice to members in board meetings as CEO is able to describe verbally to the board what he thinks is "not correct" about UWHC meeting notes and UWHC unable to respond.
 - vi. Including additional executives to the CECE meeting - Wayne says no. Management will direct employees activities and don't think it should be a policy directive from the Board. CEO states he is the only person who responds to board directives. UWHC can request an exec to attend but he cannot guarantee they will be attend. Wayne states that *some people* already think that his meeting with union is bordering negotiations which is not allowed.
 - vii. Wayne says we are reopening the CECE policy for revisions, which he advised against since it took so long to establish in the first place. He has decided to submit his own recommendations. He could not discuss the current meeting and says he will let UWHC know what his recommendations will be. . Board of Trustees will review CECE policy at the May 19 Governance Meeting, UWHC presentation materials are due on May 11, when they will be finalized and put on the agenda.
- b. Retroactive PTO to employees that moved from 100% to 90%- Going to retro the group that was just changed, all .9 workers will get full time PTO status but Wayne is exploring can HC/should HC retro these folks and others whose status

were changed. Wayne states that could be possible but a lot of HR/legal matters to consider. Toby thinks the PTO status correction and some retro has already been done, but not certain. Toby will advise.

- c. A \$10,000 pay raise for all Harris Center workers, with a \$22.50/hour minimum - Wayne says there are no funds to cover what raise would cost. \$30,000,000. He states that if UWHC can find the money he would be glad to give a raise. CEO states that funding HC has recently received has specific spending requirements and cannot be used for salaries. UWHC asked about funds for the NE clinic. Wayne advised that TX Wildlife Comm funding received for NE clinic building are ARPA funds. Legislature is where Wayne says where raise money should come from. Wayne is looking to try to put in a pay raise. UWHC brought up significant turnover related to no raise and burn out. Wayne says 11% turnover is the most recent stat, he believes. Wayne says look at Board meeting reports. Wayne can get a turnover report, but not by classification. Wayne states HC currently is 1.8 million ahead of budget but does not expect that to remain the case.
 - d. Schedule April's meeting- will be conducted on regular schedule time 4/28 at 2pm
2. Member suggestions - **To be addressed in future meeting**
- a. Hazard Pay for jail workers
 - b. Making time clocks more accessible for employees
 - c. Clear promotion and transfer processes
 - d. Grievance appeal process
 - e. Payroll issues
 - f. Electronic communications, email, digital boards Viva Engage