

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

Full Board Meeting
September 22, 2026
8:30 am

I. DECLARATION OF QUORUM

II. MISSION MOMENT

III. PUBLIC COMMENTS

IV. APPROVAL OF MINUTES

- A. Minutes of the Board of Trustees Meeting Held on Tuesday, August 25, 2026
(*EXHIBIT F-1*)
- B. Minutes of the Annual Training Meeting Held on Tuesday, August 25, 2026
(*EXHIBIT F-2*)

V. CHIEF EXECUTIVE OFFICER'S REPORT

VI. COMMITTEE REPORTS AND ACTIONS

- A. Resource Committee Report and/or Action
(*G. Womack, Chair*)
- B. Program Committee Report and/or Action
(*M. Miller, Jr., Chair*)
- C. Quality Committee Report and/or Action
(*J. Lankford, Chair*)

VII. CONSENT AGENDA

- A. FY'26 Year-to-Date Budget Report- August
(*EXHIBIT F-3*)
- B. September 2026 Interlocal Agreements
(*EXHIBIT F-4*)
- C. FY27 Open PO to pay Employee Parking at Texas Medical Center
(*EXHIBIT F-5*)
- D. Board appointment to 811
(*EXHIBIT F-6*)
- E. Performance Improvement Plan FY 2027
(*EXHIBIT F-7*)

VIII. REVIEW AND RECOMMEND ACTION

- A. New Contract over 250K
(*EXHIBIT F-8 Ernest Savoy*)
- B. Harris Center for Integrated Care Co-Applicant New Access Point
(*EXHIBIT F-9 Stanley Williams*)

IX. REVIEW AND COMMENT

A. Legislative Priorities
(EXHIBIT F-10 Amanda Jones)

X. BOARD CHAIR'S REPORT

XI. 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 551.074 of the Texas Government Code, consultation with attorney and deliberations about personnel matters. Keena Pace, Chief Executive Officer and Kendra Thomas, Chief Legal Officer

XII. RECONVENE INTO OPEN SESSION

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

XIV. INFORMATION ONLY

A. Harris Center for Integrated Care Information Only
(EXHIBIT F-11)

XV. 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: August 25, 2026

**TRUSTEES
IN ATTENDANCE:**

Dr. Robin Gearing, PhD-Chair
Jim Lykes, Vice Chairperson
Dr. Max Miller, Jr-Vice Chairperson
Gerald Womack-Secretary
Dr. Katherine Bacon
Dr. Quianta Moore -videoconference
General Edwin “Buddy” Grantham

TRUSTEES ABSENT:

Resha Thomas
Dr. Jeremy Lankford
Sheriff Ed Gonzalez

I. Declaration of Quorum

Dr. Robin Gearing-Chairperson, called the meeting to order at 8:36 a.m. noting that a quorum of the Board was in attendance.

II. Mission Moment-

Keena Pace presented the Mission Moment to 419 Emancipation staff and leadership.

III. Public Comments-

Ashley Semien made a public comment regarding concerns regarding standard of care and Judy Blake made a public comment regarding IDD.

IV. A. Approval of Minutes -Tuesday, July 28, 2026

MOTION BY: BACON

SECOND: LYKES

With unanimous affirmative votes

BE IT RESOLVED the Minutes of the Regular Board of Trustees meeting held on Tuesday, July 28, 2026 as presented under Exhibit F-1, are approved.

V. Chief Executive Officer's Report was provided by CEO Wayne Young

Keena Pace provided a Chief Executive Officer report to the Board.

VI. 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

VII. CONSENT AGENDA

- A. FY'26 Year-To-Date Budget Report-July
- B. August 2026 Contracts Amendments over 250K
- C. August 2026 Contract Renewals over 250K
- D. August 2026 Interlocal Agreements
- E. Agency Wide Moving and Storage Services RFP
- F. Agency Wide Clinical Laboratory Services RFP
- G. Agency Abbreviations Policy
- H. Breach Notification Policy
- I. Burglaries of Theft Policy
- J. Bylaws of The Professional Review Committee of The Harris Center for Mental Health and IDD with Signature.
- K. Clinician Peer Review Policy
- L. Code of Ethics Policy
- M. Coordination of Care Policy
- N. Declaration of Mental Health Treatment Policy
- O. Delegation and Supervision of Certain Nursing Acts Policy
- P. Emergency Medical Care for Consumers, Employees and Volunteers Policy
- Q. Fee Schedule/Standard Charge Policy
- R. Harris Center Advisory Committee Policy
- S. Infection Control and Prevention Policy
- T. IT Investigation Requests related to Personnel Access and Data Policy
- U. Linguistic Competence Services Policy
- V. Nurse Staffing Advisory Committee Policy
- W. Nursing Services Policy
- X. Performance Reporting and Monitoring of Service Contracts Policy
- Y. Pharmacy Hazardous Drugs Policy
- Z. Pharmacy Medication Destruction Policy
- AA. Pharmacy Peer Review Policy
- AB. Pharmacy Personal Safety Policy
- AC. Pharmacy Staff Training Policy
- AD. Pharmacy Third Party Insurance Billing Policy
- AE. Physician Assistant, Advanced Practice Registered Nurse, Pharmacist Delegation Policy
- AF. Professional Practice Evaluation Policy
- AG. Professional Review Committee Policy
- AH. Referral, Transition, and Discharge Policy
- AI. Resilience In Stressful Events (We RISE) Program Policy

AJ. Search Warrant Policy
 AK. Solicitation of/and Acceptance of Donations (Money, Goods or Services) Policy
 AL. Standardized Patient Record Form Policy
 AM. State Service Contract Monitoring and Performance Reporting Policy
 AN. Third Party Participation in Patient Services Policy
 AO. Workplace Bullying Policy
 AP. Writing Off Self Pay Balances Policy
 AQ. Delegations in the Absence of the Chief Executive Officer (CEO) Policy
 AR. Disinfection of Glucometer, Electrocardiogram, and Blood Pressure Cuff
 Equipment Policy
 AS. Litigation Hold Policy
 AT. 90 Day Probation Period Policy
 AU. Sentinel Event and Root Cause Analysis (RCA) Policy
 AW. Dental Services for Intermediate Care Facilities for IDD (ICF IID) Policy
 AV. Utilization of Security Officer Services Policy
 AW. Travel Policy
 AY. Shift Differential Policy
 AZ. Religious Accommodations Policy
 BA. Credentialing Policy
 BB. No Solicitation Policy
 BC. Social Media Use Policy
 BD. Incident Reporting Policy
 BE. Intellectual and Developmental Disabilities Division Intermediate Care Facilities
 (ICF/IID) Policy
 BF. Pharmacy and Therapeutic Committee Policy
 BG. Medical Services Policy
 BH. Closed Record Review Committee Policy
 BI. Pharmacy Dispensary of Hope (DoH) Program Policy
 BJ. Pharmacy After Hours Service Policy
 BK. Pharmacy Copay Assistance Policy
 BL. Pharmacy Data and Record Retention Policy
 BM. Pharmacy Staffing Policy
 BN. Pharmacy Prescription Dispensing and Counseling Policy
 BO. Privacy Officer Policy
 BP. Medication Storage, Preparation and Administration Areas Policy
 BQ. Narcan (Naloxone) Policy
 BR. Reporting Allegations of Abuse, Neglect and Exploitation of Children, Elderly,
 Persons and Persons with Disabilities Policy

MOTION: BACON SECOND: MILLER, JR.

With unanimous affirmative votes

BE IT RESOLVED Consent Agenda items A-BR, Exhibit F-2-F71 as presented is approved with an amendment to Exhibit F-51 Travel Policy to include the Harris Center covering baggage fees for employees.

VIII. REVIEW AND RECOMMENDATION ACTION

A. FY27 Budget Approval

MOTION: WOMACK SECOND: BACON

With unanimous affirmative votes

BE IT RESOLVED Consent Agenda items A, Exhibit F-72 as presented is approved.

B. 2027 Benefits

MOTION: BACON SECOND: MILLER, JR.

With unanimous affirmative votes

BE IT RESOLVED Consent Agenda items B, Exhibit F-73 as presented is approved.

C. FY27 Capital Budget

MOTION: WOMACK SECOND: BACON

With unanimous affirmative votes

BE IT RESOLVED Consent Agenda items C, Exhibit F-74 as presented is approved.

D. Insurance Final Approval

MOTION: WOMACK SECOND: BACON

With unanimous affirmative votes

BE IT RESOLVED Consent Agenda items B, Exhibit F-75 as presented is approved.

IX. Executive Session- The Board entered Executive Session at 10:09 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.
- In accordance with §§551.072 of the Texas Government Code, to consult with attorney and deliberate the purchase, exchange, lease or value of real property. Ernest Savoy, Senior Assistant General Counsel-Contract Services & Real Estate
- In accordance with §§551.0761 and 551.089 of the Texas Government Code, deliberations regarding cybersecurity measures, security assessments, and security audits. Wes Farris, Director of Information Security and Enterprise Architect

VII. Reconvene into Open Session-The Board reconvened into open session at 10:47 am.

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

IX. ADJOURN

MOTION: BACON SECOND: MILLER, JR.

Motion passed with unanimous affirmative votes.

The meeting was adjourned at 10:48 AM

Respectfully submitted,

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

DRAFT

EXHIBIT F-2

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

MINUTES OF THE ANNUAL BOARD TRAINING

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: Annual Board Training

DATE: August 25, 2026

**TRUSTEES
IN ATTENDANCE:**

Dr. Robin Gearing, PhD-Chair
Jim Lykes, Vice Chairperson
Dr. Max Miller, Jr-Vice Chairperson
Gerald Womack-Secretary
Dr. Katherine Bacon
Dr. Quianta Moore -videoconference
General Edwin “Buddy” Grantham

TRUSTEES ABSENT:

Resha Thomas
Dr. Jeremy Lankford
Sheriff Ed Gonzalez

I. Declaration of Quorum

Dr. Robin Gearing-Chairperson, called the meeting to order at 10:48 a.m. noting that a quorum of the Board was in attendance.

II. Public Comments-

No public comments

III. REVIEW AND COMMENT

- A. Roles and Responsibilities of Trustees-**Pamela L. Beach-TCRMF General Counsel presented the Roles and Responsibilities of Trustees to the Board of Trustees.

IV. Executive Session- No Executive Session needed.

VII. Reconvene into Open Session

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

IX. ADJOURN

MOTION: GEARING

SECOND: BACON

Motion passed with unanimous affirmative votes.

The meeting was adjourned at 11:40 AM

Respectfully submitted,

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

DRAFT

EXHIBIT F-3

The Harris Center for Mental Health and IDD

**Results of Financial Operations and Comparison to Original Budget
August 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
August 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	\$ 10,740,679	\$ (404,949)	-4%	\$ 133,747,536	\$ 133,854,638	\$ 107,102	0%
Harris County and Local	4,683,587	4,468,676	(214,911)	-5%	56,203,044	55,545,770	(657,274)	-1%
Federal Contracts and Grants	4,466,048	3,337,457	(1,128,591)	-25%	53,592,576	49,267,062	(4,325,514)	-8%
State Contract and Grants	1,993,454	1,941,927	(51,527)	-3%	23,921,448	22,136,764	(1,784,684)	-7%
Third Party Billing	3,465,049	3,570,457	105,408	3%	41,580,588	39,755,251	(1,825,337)	-4%
Charity Care Pool	3,590,350	4,045,836	455,486	13%	43,084,200	48,548,882	5,464,682	13%
Directed Payment Programs	450,000	361,988	(88,012)	-20%	5,400,000	4,915,955	(484,045)	-9%
Patient Assistance Program (PAP)	1,098,200	1,249,740	151,540	14%	13,178,400	16,157,186	2,978,786	23%
Interest Income	277,083	710,456	433,373	156%	3,324,996	3,034,492	(290,504)	-9%
Revenues, total	\$ 31,169,399	\$ 30,427,216	\$ (742,183)	-2%	\$ 374,032,788	\$ 373,216,000	\$ (816,788)	0%
Expenditures								
Salaries and Fringe Benefits	\$ 20,480,600	\$ 20,689,860	\$ (209,260)	-1%	\$ 245,767,200	\$ 250,047,856	\$ (4,280,656)	-2%
Contracts and Consultants	1,260,282	1,052,763	207,519	16%	15,123,384	11,079,767	4,043,617	27%
Contracts and Consultants-HCPC	3,960,586	4,097,800	(137,214)	-3%	47,527,032	48,510,197	(983,165)	-2%
Supplies	354,213	394,368	(40,155)	-11%	4,250,556	4,658,095	(407,539)	-10%
Drugs	2,310,715	2,613,848	(303,133)	-13%	27,728,580	31,935,866	(4,207,286)	-15%
Purchases, Repairs and Maintenance of:								
Equipment	156,054	213,295	(57,241)	-37%	1,872,648	2,174,763	(302,115)	-16%
Building	281,354	307,867	(26,513)	-9%	3,376,248	3,369,449	6,799	0%
Vehicle	90,602	131,167	(40,565)	-45%	1,087,224	1,002,866	84,358	8%
Software	346,270	214,352	131,918	38%	4,155,240	3,241,993	913,247	22%
Telephone and Utilities	318,602	310,073	8,529	3%	3,823,224	3,781,676	41,548	1%
Insurance, Legal and Audit	209,827	362,282	(152,455)	-73%	2,517,924	2,762,395	(244,471)	-10%
Travel & Training	252,185	296,899	(44,714)	-18%	3,026,220	2,857,391	168,829	6%
Dues & Subscriptions	630,342	751,437	(121,095)	-19%	7,564,104	6,484,192	1,079,912	14%
Other Expenditures	371,551	778,738	(407,187)	-110%	4,458,612	6,671,090	(2,212,478)	-50%
Expenditures, total	\$ 31,023,183	\$ 32,214,749	\$ (1,191,566)	-4%	\$ 372,278,196	\$ 378,577,596	\$ (6,299,400)	-2%
Excess (Deficiency) of Operating Revenues over Expenditures	\$ 146,216	\$ (1,787,533)	\$ (1,933,749)		\$ 1,754,592	\$ (5,361,596)	\$ (7,116,188)	
Capital Outlay & Debt Service Activities								
Debt Service	146,216	30,088	116,128		1,754,592	1,784,675	(30,083)	
Capital outlay	-	684,438	(684,438)		-	13,597,926	(13,597,926)	
Other Financing Sources (Uses)								
Revenue Bonds Issued	-	-	-		-	-	-	
Insurance proceeds	-	13,312	13,312		-	187,217	187,217	
Sale of Capital Assets	-	901,749	901,749		-	1,181,564	1,181,564	
Transfers In/Out	-	-	-		-	-	-	
Capital Contributions	-	-	-		-	10,832,482	10,832,482	
Other Financing Sources	-	(470,461)	(470,461)		-	250,165	250,165	
Other Sources (Uses) of Funds, total	\$ (146,216)	\$ (269,926)	\$ (123,710)		\$ (1,754,592)	\$ (2,931,173)	\$ (1,176,581)	
Change in Fund Balance/Net Position	\$ -	\$ (2,057,459)	\$ (2,057,459)		\$ -	\$ (8,292,769)	\$ (8,292,769)	

A

B

C

D

E

F

G

B

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

Results of Financial Operations and Comparison to Original Budget

A Federal Contract and Grants

We continue to monitor the programs with operating deficiencies and have adjusted the FY27 budget accordingly. The impact of these programs in August was \$286K (\$70K CDBG CCHP COVID - 19, \$141K ARPA County YDC, \$20K ARPA County Independent Living, and \$54K THL Waiver). Additionally, the ECI Respite budget exhausted in June resulting in an over \$800K unfavorable impact in August.

B Interest Income

We made an adjustment to reclass \$470K from Unrealized Gain/Loss within **Other Financing Sources** to Interest Income.

C Drugs

Drug expense consistently trended unfavorable to budget throughout the fiscal year, however, revenue from the Pharmacy Patient Assistance Program and the Pharmacy portion of Third Party Billing continues to trend favorably. The PAP variance (\$150K) and Pharmacy Third Party Billing (\$334K) offset August's unfavorable Drugs variance.

D Insurance, Legal and Audit

August included a \$152K payment to Frost for property insurance.

E Other Expenditures

Other Expenditures generally include expenses from our Supportive Housing and Respite Projects as well as security, lab, postage, and other miscellaneous items. The unfavorable variance in August is directly attributable to Respite which is budgeted in Contracts and Consultants (\$170K), Harris County Sheriff's Office for security at Emancipation (\$135K), and pending Pcard expenses that will be appropriately reclassified in a subsequent period (\$41K)

F Capital Outlay

August includes a \$630K invoice to FlintCo for construction at our Northeast Clinic. The Texas Parks and Wildlife award has been fully exhausted, therefore, this most recent invoice will be included in the next bond drawdown.

G Sale of Capital Assets

Amount represents proceeds from the sale of the property at Branard street.

The Harris Center for Mental Health and IDD

Balance Sheet

August 31, 2026

Non-GAAP / Budgetary-Basis Reporting

Unaudited - Subject to Change

	July - 2026	August - 2026	Monthly Change
Assets			
Current Assets			
Cash and Cash Equivalents			
Cash and Petty Cash	\$ 9,312,562	\$ 9,625,305	\$ 312,743
Cash Equivalents	60,757,479	47,625,819	(13,131,660) AA
Cash and Cash Equivalents, total	\$ 70,070,041	\$ 57,251,124	\$ (12,818,917)
Inventories, Deposits & Prepaids	8,498,953	4,792,174	(3,706,779)
Accounts Receivable:			
Patient A/R, Net of Allowance	1,589,850	1,811,737	221,887
A/R from Other Governments - Local	12,642,998	12,317,975	(325,023)
A/R from Other Governments - Federal	11,454,006	11,439,009	(14,997)
A/R from Other Governments - State	5,708,905	4,729,785	(979,120)
Other A/R	982,327	881,459	(100,868)
Current Assets, total	\$ 110,947,080	\$ 93,223,263	\$ (17,723,817)
Restricted Cash and Cash Equivalents	19,973,558	19,973,558	-
Capital Assets:			
Land	21,064,529	21,047,347	(17,182)
Building and Improvements	81,657,701	81,630,556	(27,145)
Right-to-use Assets (Leases & SBITA)	5,265,206	5,265,206	-
Furniture, Equipment and Vehicles	8,202,069	8,202,069	-
Construction in Progress	11,960,561	11,960,561	-
Accumulated Depreciation/Amortization	(41,546,075)	(41,518,930)	27,145
Capital Assets, net total	\$ 86,603,991	\$ 86,586,809	\$ (17,182)
Total Assets	\$ 217,524,629	\$ 199,783,630	\$ (17,740,999)
Liabilities & Fund Balance/Net Position			
Liabilities			
Accounts Payable	\$ 2,228,878	\$ 2,552,808	\$ 323,930
Accrued Liabilities	11,231,606	12,427,100	1,195,494
Unearned Revenues	25,900,391	8,587,101	(17,313,290) BB
Noncurrent Liabilities:			
Due within one year	14,640,369	13,711,603	(928,766)
Due in more than one year	28,961,526	30,370,112	1,408,586
Forgivable Long-Term Obligations	13,627,499	13,627,499	-
Liabilities, total	\$ 96,590,269	\$ 81,276,223	\$ (15,314,046)
Fund Balance/Net Position			
Net Investment in Capital Assets	66,378,211	66,361,029	(17,182)
Restricted for Capital Projects	19,973,558	19,973,558	-
Nonspendable	8,498,953	4,792,174	(3,706,779) CC
Assigned	23,799,443	24,279,262	479,819
Unassigned/Unrestricted	8,519,506	11,394,154	2,874,648
Change in Fund Balance/Net Position	(6,235,310)	(8,292,769)	(2,057,459)
Fund Balance/Net Position, Total	\$ 120,934,360	\$ 118,507,407	\$ (2,426,953)
Total Liabilities & Fund Balance/Net Position	\$ 217,524,629	\$ 199,783,630	\$ (17,740,999)

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

Balance Sheet

AA Cash and Cash Equivalents

Cashflow has been impacted by Emancipation and this year's capital projects.

BB Unearned Revenues

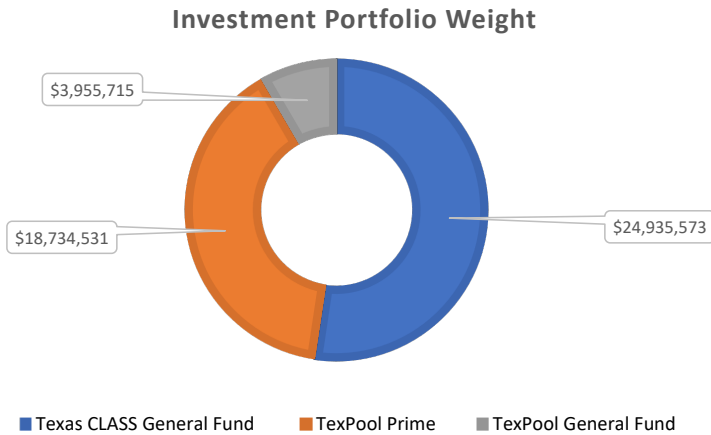
The decrease in Unearned Revenue is consistent with month over month revenue allocations.

CC Nonspendable

Fund balance reclass for nonspendable items including inventory and prepaids.

The Harris Center for Mental Health and IDD
Investment Portfolio
August 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	24,854,504	\$ -	\$ -	\$ 81,069	\$ 24,935,573	52.36%	3.83%
<i>TexPool</i>							
TexPool Prime	31,959,576	600,000	(13,900,000)	74,955	18,734,531	39.34%	3.82%
TexPool General Fund	3,943,399	-	-	12,317	3,955,715	8.31%	3.68%
<i>TexPool Sub-Total</i>	35,902,974	600,000	(13,900,000)	87,272	22,690,246	47.65%	3.80%
Total Investments	\$ 60,757,479	\$ 600,000	\$ (13,900,000)	\$ 168,341	\$ 47,625,819	100.01%	3.82%
Additional Interest on Checking Accounts				12,596			
Additional Interest on Bond Funds				529,077			
Additional Interest on PROMPT PMT				442			
Total Interest Earned during the current month				<u>\$ 710,455</u>			



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	3.77%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)	3.62%
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 August 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:

Stanley Adams
Stanley Adams
CFO

Roxanne Carr
Roxanne Carr
Controller

The Harris Center for Mental Health and IDD
Monthly Report of Financial Transactions
August 31, 2026

Payment of Liabilities for Employee Benefits				
Vendor	Description	Monthly Not-To-Exceed ⁽¹⁾	Aug-26	Fiscal Year to Date Total
Lincoln Financial Group (LFG)	Retirement Funds (401a, 403b, 457)	\$3,650,000	\$2,115,685	\$26,964,163
BCBS/Cigna ⁽²⁾	Health and Dental Insurance	\$3,300,000	\$2,622,019	\$30,863,360
UNUM	Life Insurance	\$310,000	\$260,805	\$2,618,932

Local Government Investment Pool Transfers				
From	To	Date	Amount	Approval
TexPool Prime	JP Morgan Chase	8/6/2026	\$ 7,000,000	CFO
TexPool Prime	JP Morgan Chase	8/19/2026	\$ 6,900,000	CFO
JP Morgan Chase	TexPool Prime	8/26/2026	\$ 600,000	CFO

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.

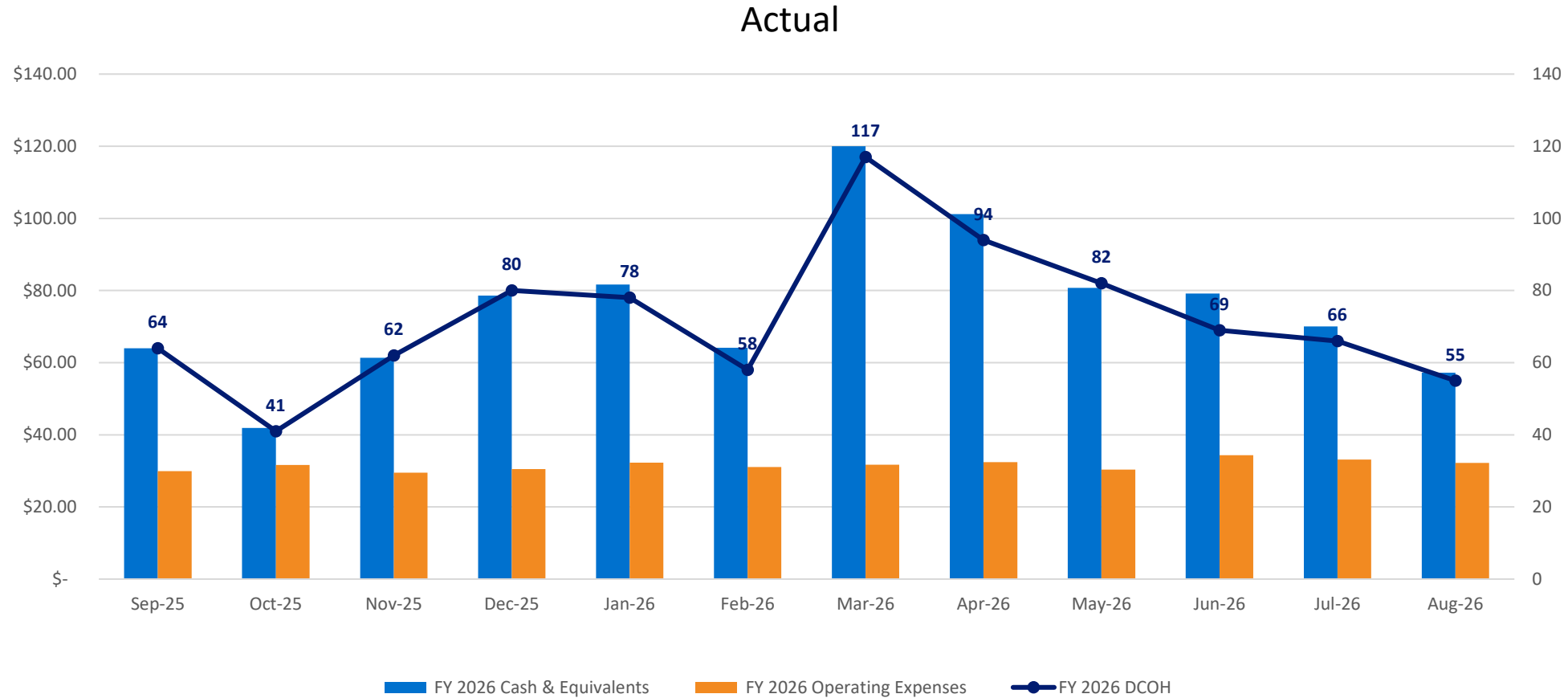
⁽²⁾ BCBS/Cigna - the invoices for FEB26 and MAR26 premiums were paid in March. The second payment was approved by the Board of Trustees.



Additional Analysis – AUGUST 2026

Days-Cash-On-Hand (DCOH)– as of 08/31/2026

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

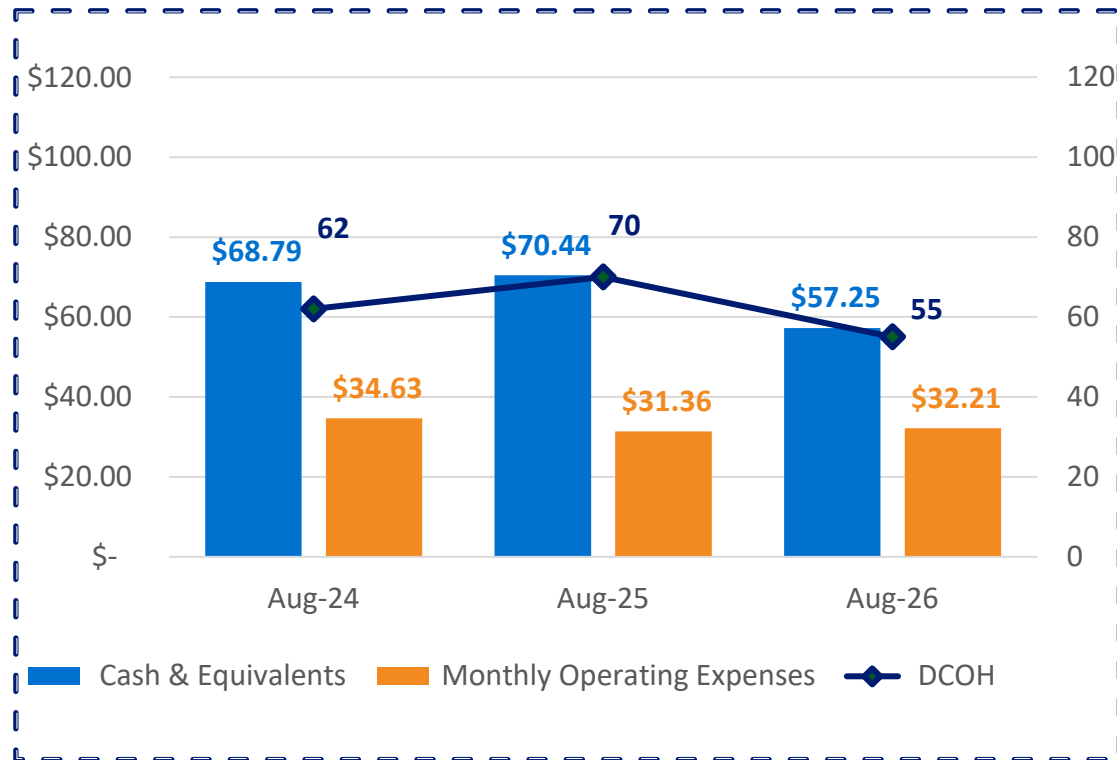


DCOH = Cash & Equivalents @ Month End divided by Daily Operating Expenses
Months in FY 2026 after current Month are based on projections

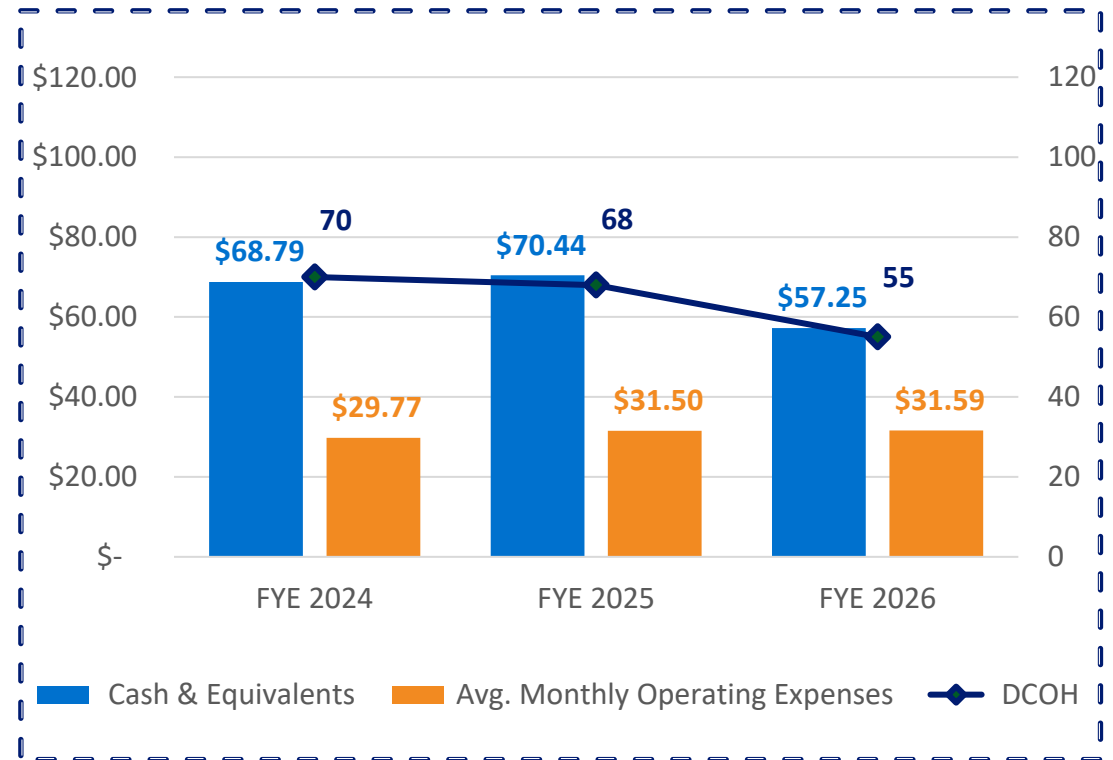
Days-Cash-On-Hand (DCOH)

Year-over-year ("YoY") (\$ amounts in millions)

For the Month Ending 8/31



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

2026 Average DCOH is 72

Capital Outlay – as of 08/31/2026

Project/Funding Source	Year-to-date Total
Equipment Purchase	13,314
Fund Balance	13,314
Facilities Capital Projects	\$ 460,111
Fund Balance	460,111
IT Capital Projects	\$ 48,925
Fund Balance	48,925
6168 Apartments	\$ 924,671
CHC Grant (9271)	674,506
COH Loan (9272)	250,165
Northeast Clinic Design and Construction	\$ 11,894,020
Bond Series 2024	1,093,752
TPWD Grant (4781)	5,300,268
TPWD Grant (4782)	5,500,000
NPC Renovation	\$ 95,983
Bond Series 2024	95,983
SW Foundation Repair	\$ 6,234
Bond Series 2024	6,234
SB30 3809 Main Street 1 (1501)	\$ 24,542
SB30 (150x)	24,542
SB30 Burnett Bayland Park (CWOP) (1503)	\$ 93,302
SB30 (150x)	93,302
SB30 NPC/Ben Taub (NPC) (1504)	\$ 15,560
SB30 (150x)	15,560
SB30 Dennis Street (1505)	\$ 21,264
SB30 (150x)	21,264
Grand Total	\$ 13,597,926

Funding Source/Project	Year-to-date Total
Bond Series 2024	\$ 1,195,969
Northeast Clinic Design and Construction	1,093,752
NPC Renovation	95,983
SW Foundation Repair	6,234
CHC Grant (9271)	\$ 674,506
6168 Apartments	674,506
COH Loan (9272)	\$ 250,165
6168 Apartments	250,165
Fund Balance	\$ 522,350
Equipment Purchase	\$ 13,314
Facilities Capital Projects	460,111
IT Capital Projects	48,925
SB30 (150x)	\$ 154,668
SB30 3809 Main Street 1 (1501)	24,542
SB30 Burnett Bayland Park (CWOP) (1503)	93,302
SB30 NPC/Ben Taub (NPC) (1504)	15,560
SB30 Dennis Street (1505)	21,264
TPWD Grant (4781)	\$ 5,300,268
Northeast Clinic Design and Construction	5,300,268
TPWD Grant (4782)	\$ 5,500,000
Northeast Clinic Design and Construction	5,500,000
Grand Total	\$ 13,597,926

EXHIBIT F-4

SEPTEMBER 2026 INTERLOCAL AGREEMENTS

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY

INTERLOCALS

SEPTEMBER 2026
FISCAL YEAR 2027

[illegible]



Executive Contract Summary

Contract Section

Contractor*

Harris County District Attorney's Office - Office on Violence Against Women (OVW)

Contract ID #*

NA

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

9/15/2026

Parties* (?)

District Attorney's Office - Office on Violence Against Women (OVW) 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 | ☐ Competitive Proposal |
| ☐ Request for Proposal | ☐ Sole Source |
| ☐ Request for Application | ☐ Request for Qualification |
| ☐ Request for Quote | ☐ Tag-On |
| ☒ Interlocal | ☐ Consumer Driven |
| ☐ Not Applicable (If there are no funds required) | ☐ Other |

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

- ☐ Yes ☒ No

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

- ☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

Funding Information*

- ☒ New Contract ☐ Amendment

Contract Term Start Date* (?)

9/1/2026

Contract Term End Date* (?)

8/31/2027

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

2027

Fiscal Year* (?)

2028

Fiscal Year* (?)

2029

Funding Source*

County

Contract Description / Type* (?)☐ Personal/Professional Services☐ Consultant☐ Consumer Driven Contract☐ New Contract/Agreement☒ Memorandum of Understanding☐ Amendment to Existing Contract☐ Affiliation or Preceptor☐ Service/Maintenance☐ BAA/DUA☐ IT/Software License Agreement☐ Pooled Contract☐ Lease☐ Renewal of Existing Contract☐ Other**Justification/Purpose of Contract/Description of Services Being Provided* (?)**

The Harris Center for Mental Health and IDD to provide trauma informed mental health services for victims, witnesses, and their families impacted by criminal acts. This collaboration is to strengthen victim support by improving access to appropriate behavioral health services, clinical resources, and community-based referrals.

Director: Sarah Strang

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 (?)**

Victim Survivor Mental Health treatment objectives and goals.docx	28.9KB
Victim Services and The Harris Center MCOT Team Collaboration One Pager in Written Format.docx	21.95KB
MOU ICJR.docx	186.57KB
Proposal Narrative GY27 ICJR.docx	25.22KB
Email HCDOA Grant Collaboration.pdf	687.91KB

Vendor/Contractor Contact Person

Name *

Kevin Le, Finance Assistant Director

Address *

Street Address

1201 Franklin Street

Address Line 2

City

Houston

Postal / Zip Code

77002

State / Province / Region

TX

Country

US

Phone Number *

832-209-6930

Email *

le_kevin@dao.hctx.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9208	\$ 73,000.00	540000
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

8/6/2026

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

8/6/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

KIMBERLY KORNMEYER

Approval Date

8/6/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/14/2026



Executive Contract Summary

Contract Section

Contractor*

Harris County Hospital District d/b/a ("Harris Health")

Contract ID #*

N/A

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

9/15/2026

Parties* (?)

Harris Health, The Harris Center, City of Houston, Harris County, Community Health Choice

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

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

*

☐ Yes ☒ No

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

Funding Information*

☒ New Contract ☐ Amendment

Contract Term Start Date* (?)

9/1/2026

Contract Term End Date* (?)

8/31/2031

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

2027

Amount* (?)

\$ 66,200.00

Fiscal Year* (?)

2028

Amount* (?)

\$ 2,800.00

Fiscal Year* (?)

2029

Amount* (?)

\$ 2,800.00

Fiscal Year* (?)

2030

Amount* (?)

\$ 2,800.00

Fiscal Year* (?)

2031

Amount* (?)

\$ 2,800.00

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* (?)

The purpose of this Agreement is to establish a high-level framework governing the participation of Parties in the Harris Collaborative, including baseline principles relating to membership, governance, and operations, and to outline the roles and responsibilities each Party will have to facilitate the goals and carry out the activities of the Harris Collaborative. The Parties acknowledge that the Harris Collaborative is an evolving initiative, and that specific roles, responsibilities, workflow

Contract Owner*

Stanley Adams

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY21 - Current

EPIC, Services at HC Jail

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

Yes No Unknown

Please provide an explanation*

N/A

Community Partnership * (?)

☒ Yes ☐ No ☐ Unknown

Specify Name *

Harris Health, City of Houston, Harris County, Community Health Choice

Supporting Documentation Upload (?)

Harris_Collaborative_14.pdf	137.08KB
image.png	113.89KB
Harris Collaborative Member Agreement - 7.8.26 ECS.docx	69.19KB

Vendor/Contractor Contact Person**Name ***

Lily Ngo

Address ***Street Address**

4800 Fournace Place

Address Line 2**City**

Bellaire

State / Province / Region

Texas

Postal / Zip Code

77401

Country

USA

Phone Number *

346-426-1361

Email *

lily.ngo@harrishealth.org

Budget Section**Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1101	\$ 66,200.00	553002

Budget Manager

Campbell, Ricardo

Secondary Budget Manager

Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable * (?)

See attached

Project WBS (Work Breakdown Structure) * (?)

N/A

Requester Name

Hurst, Richard

Submission Date

8/24/2026

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

8/24/2026

Procurement Approval



File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

Stanley Adams

Approval Date

8/25/2026

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

8/25/2026

Executive Contract Summary

Contract Section

Contractor*

Health and Human Services Commission

Contract ID #*

HHS001718600004

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

9/15/2026

Parties* (?)

THC and HHSC

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

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

*

- ☐ Yes ☒ No

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

- ☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

Funding Information*

- ☒ New Contract ☐ Amendment

Contract Term Start Date* (?)

9/1/2026

Contract Term End Date* (?)

8/31/2031

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

Fiscal Year* (?)

2027

Funding Source*

State Grant

Contract Description / Type* (?)

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

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

Medical Education Program

Contract Owner*

Danyalle Evans

Previous History of Contracting with Vendor/Contractor*

☒ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided *

2021-2026 Medical Education Funding

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

☐ Yes ☒ No ☐ Unknown

Please provide an explanation *

NA

Community Partnership* (?)

☐ Yes ☐ No ☒ Unknown

Supporting Documentation Upload (?)

Attachment A - SOW PRSP HHS001718600004 Harris COv.5.docx	46.86KB
Attachment B - Annual Budget PRSP Harris Center.pdf	562.07KB
Attachment C - Uniform Terms and Conditions.pdf	999.56KB
Attachment D - Data Use Agreement.pdf	6.72MB
Attachment E - Acceptable Use Agreement signature page.pdf	249.65KB
Attachment E - Acceptable Use Agreement.pdf	805.02KB
Signature_Document_-_Interlocal_PSRP HHS001718600004.v5.docx	35.54KB
Signature_Document_-_Interlocal_PSRP HHS001718600004.v5.pdf	289.28KB

Vendor/Contractor Contact Person



Name *

Health and Human Services Commission

Address *

Street Address

701 West 51st Street

Address Line 2

City

Austin

State / Province / Region

TX

Postal / Zip Code

78751

Country

US

Phone Number *

3614198436

Email *

Ruperto.lujan@hhs.texas.gov

Budget Section**Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2208	\$ 450,000.00	421019

Budget Manager

Smith, Janai

Secondary Budget Manager

Shelby, Debbie

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Evans, Danyalle

Submission Date

8/20/2026

Budget Manager Approval(s)**Approved by***Janai Lynnette Smith***Approval Date**

8/31/2026

Procurement Approval**File Upload (?)****Approved by**

Sign

Approval Date**Contract Owner Approval**

Approved by

Danyalle Evans

Approval Date

8/31/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/31/2026

Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID#*

7605

Contractor Name*

North Texas Behavioral Health Authority

Service Provided* (?)

Crisis Intervention Helpline Services

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

Contract Description / Type

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

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

- ☐ Yes
- ☐ No
- ☒ Unknown

Contract NTE* (?)

\$ 186,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

7001

G/L Code(s)*

420015

Current Fiscal Year Purchase Order Number*

0

Contract Requestor*

Janice Cote

Contract Owner*

Jennifer Battle

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?*

It supports Crisis Line functions that help increase access to MH care.

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

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.*
7001	\$ 185,000.00	420015
Budget Manager*		Secondary Budget Manager*
Ilejay, Kevin		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

\$16 per call.

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)

2027

Amount* (?)

\$ 185,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

Private Pay Source

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

Jennifer Battle

Budget Manager Approval(s)

Approved by

Kevin DeJary

Contract Owner Approval

Approved by

Jennifer Battle

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/14/2026

EXHIBIT F-5



**Authorization to create FY27 Open PO to pay for
CPEP/HCPI/Admin Employee Surface Parking at the Texas Medical Center**

The Harris Center's Purchasing Department is requesting approval of an Open PO to cover staff parking fees for a NTE amount of **\$277,672.00**

Vendor	Service Description	FY 2027 NTE \$Amount	Funding	Comments
Texas Medical Center/LAZ	Employee Parking Fees NPC	\$190,788.00	FY 2027 Budget	Funds are required to cover Employee Parking Expense for the following units: 9206-\$136,000.00 9209-\$25,000.00 9211-\$10,500.00 9810-\$8,640.00 1108-\$5,348.00 1135-\$5,300.00
Texas Medical Center/LAZ	MH Admin Employee Parking Fees	\$85,084.00	FY 2027 Budget	1131-\$23,236.00 2180-\$61,848.00
Texas Medical Center/LAZ	IDD	\$1,800.00	FY 2027 Budget	3352-\$1,800.00

Surface and Garage Parking: Direct pay to Texas Medical Center (TMC/LAZ Parking) for staff parking at NPC. This pays for contract parking for staff that park at NPC. NPC staff park at the SMITH LANDS Lot and Garage 4.

Parking Reimbursement: Pays for individuals who work at NPC but choose to get reimbursed for their parking. They may choose to ride the bus or Uber but get reimbursed at the same rate as if the agency paid directly for their parking.

Projected cost includes 10% increase in costs for anticipated rate increase in January.

Submitted By:

DocuSigned by:
Sharon Brauner
258C3C5A0EF9#18...
Sharon Brauner, C.P.M., A.P.P.
Purchasing Manager

Recommended By:

DocuSigned by:
Stanley Adams
E750EDD6B6F64D3...
Stanley Adams, MBA
Chief Financial Officer

EXHIBIT F-6

THE HARRIS CENTER
9401 Southwest Freeway
Houston, TX 77074

INFORMATION FORM FOR INDIVIDUAL NOMINEES TO THE

811 Housing Board
of
VILLAS AT BAYOU PARK, INC.,
ACRES HOME GARDEN, INC.,
PECAN VILLAGE, INC., and
PEAR GROVE, INC.
(Severally and together, the "Company")

Please Print:

Name: **Hillary Mai Dang**

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

Mailing Address: **XXXXXXXXXXXXXX**

City: **Houston** State: **Texas** Zip Code: **77027**

Telephone: Home **XXXXXXXXXXXXXX** Work **XXXXXXXXXXXXXX** Cell **XXXXXXXXXX**

Fax No.: **N/A** E-mail Address: **XXXXXXXXXXXXXX**

Occupation: **IT Process Improvement Analyst**

Employed by: **The Harris Center for Mental Health and IDD**

I am seeking appointment as a Board Member of VILLAS AT BAYOU PARK, INC., ACRES HOME GARDEN, INC., PECAN VILLAGE, INC., and PEAR GROVE, INC.

I am being nominated by: **Maria Richardson**

[Yourself or person who recommended you]

Why do you want to be a member of the Housing Board?

I want to serve because I believe in safe and supportive housing is essential to helping individuals with behavioral health and IDD.

As a non-voting director supporting the Housing Board alongside Maria Richardson, I look forward to contributing to the board's mission and programs.

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

I bring experience coordinating projects, engaging stakeholders, reviewing data, and communicating information clearly across diverse

audiences. Combined with my behavioral health and public health background, these skills will help me serve effectively as a non-voting director

and support the Board's mission.

INDIVIDUAL APPLICATION TO 811 Housing Board

The Housing Board will meet at least annually. Are you available to attend this annual meeting on a regular basis?

☒ Yes ☐ No If no, please explain:

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

Member of Women in Healthcare

Member of American College of Healthcare Executives

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

(SIGNATURE)



08/31/2026

(DATE)

Please email the completed application form to maria.richardson@theharriscenter.org, Maria Richardson, Director of Project Management, The Harris Center, 9401 Southwest Freeway, Houston, Texas 77074.

Attachments: The Harris Center Board By-Laws Regarding Advisory Councils
Copy of The Harris Center Code of Ethics
Certification of Compliance with Code of Ethics
Conflict of Interest Declaration
Voluntary Disclosure Statement

**THE HARRIS CENTER INDIVIDUAL MEMBER OF
811 HOUSING BOARD COMPLIANCE
THE HARRIS CENTER'S CODE OF ETHICS**

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



(Signature)

08/31/2026

(Date)

**THE HARRIS CENTER CONFLICT OF INTEREST DECLARATION
FOR INDIVIDUAL MEMBER OF THE COMPANY BOARD OF DIRECTORS**

I own no interest in any business, company, or firm which contracts with or sells merchandise or services to VILLAS AT BAYOU PARK, INC., ACRES HOME GARDEN, INC., PECAN VILLAGE, INC., and PEAR GROVE, INC., nor does any member of my immediate family.*

EXCEPTION:

I am not employed by a business, company, or firm which has a contract with VILLAS AT BAYOU PARK, INC., ACRES HOME GARDEN, INC., PECAN VILLAGE, INC., and PEAR GROVE, INC., or sells its merchandise or services nor is any member of my immediate family*.

EXCEPTION:

I receive no income or payment of any kind from VILLAS AT BAYOU PARK, INC., ACRES HOME GARDEN, INC., PECAN VILLAGE, INC., and PEAR GROVE, INC., nor does any member of my immediate family*.

EXCEPTION:

I am not employed by VILLAS AT BAYOU PARK, INC., ACRES HOME GARDEN, INC., PECAN VILLAGE, INC., and PEAR GROVE, INC., nor is any member of my immediate family*.

EXCEPTION:

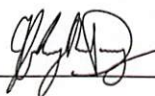
I have no other conflict of interest which would make it undesirable for me to serve on these Board, nor does any member of my immediate family*.

EXCEPTION:

VILLAS AT BAYOU PARK, INC., ACRES HOME GARDEN, INC., PECAN VILLAGE, INC., and PEAR GROVE, INC., BOARD OF DIRECTORS

Print Your Name: Hillary Mai Dang

Signature: _____



Date: 08/31/2026

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

The Harris Center
VILLAS AT BAYOU PARK, INC.,
ACRES HOME GARDEN, INC.,
PECAN VILLAGE, INC., and
PEAR GROVE, INC.
 (Severally and together, the "Company")
BOARD OF DIRECTORS

Voluntary Disclosure Statement

Hillary Mai Dang

(Name)

Please check one:

- ☐ **Consumer** (I consider myself to be a person who has or has had a mental illness or an intellectual disability having been diagnosed at some point in my life as having an intellectual disability.)
- ☐ **Family Member** (I consider myself to be a family member, as I have a person who has been diagnosed with a mental illness or an intellectual disability in my immediate family – mother, father, brother, sister, son, daughter, husband, wife, grandmother, grandfather.)
- ☐ **Legally Authorized Representative** (I consider myself to be a person who represents a person who has been diagnosed with a mental illness or an intellectual disability.)
- ☒ **I an Employee of The Harris Center** and work to assist persons who have been diagnosed with a mental illness or an Intellectual disability.

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

08/31/2026

(Date)


 (Signature)

EXHIBIT F-7

The Harris Center System Quality, Safety and Experience Performance Improvement Plan FY 2027

Introduction

The Harris Center System Quality, Safety and Experience Performance Improvement Plan FY 2027 Introduction The Quality, Safety, and Experience Plan is established in accordance with The Harris Center's mission to transform the lives of people with behavioral health and IDD needs. The center's vision is to empower people with behavioral health and IDD needs to improve their lives through an accessible, integrated, and comprehensive recovery-oriented system of care. Our values as a center include collaboration, compassion, excellence, integrity, leadership, quality, responsiveness, and safety. The Quality, Safety and Experience Plan has been established to embrace the principles of transparency of measures and outcomes, accurate measurement and data reporting, and personal and collective accountability for excellent outcomes consistent with Certified Community Behavioral Health Clinic standards and the Commission on Accreditation of Rehabilitation Facilities requirements.

Vision

Our vision is to create a learning health system focused on a culture of continuous quality improvement and safety at The Harris Center to help people live their healthiest lives possible, and to become a national leader in quality and safety in the behavioral healthcare space as it influences dissemination of evidence-based practices.

Mission

We aim to improve quality, efficiency, and access to care and associated behavioral health and IDD services by delivering education, providing technical support, generating, and disseminating evidence, and conducting evaluation of outcomes in support of operational and service excellence and process management across The Harris Center and with external partners.

FY 2027 Goals

- Continue to build upon a learning health system focused on continuous quality improvement, patient safety, improving processes and outcomes.
- Transition the Change + Transformation Institute (CTI) from a successful pilot to a sustainable leadership development program embedded within The Harris Center. Building on the FY26 launch, FY27 will focus on establishing CTI as an ongoing investment in our workforce, strengthening leadership development, succession planning, and staff retention.
- Partner with Organizational Development to enhance educational offerings focused on quality and safety education with all new employee orientation (High Reliability, Just Care Culture, Advanced Quality Improvement methodology, etc.).
- Hardwire a process for continuous readiness activities that comply with all legislative regulations and accrediting agencies' standards (e.g., CARF, CCBHC).
- Use transparent, simplified meaningful measures to champion the delivery of high-quality evidence-based care and service to our patients and their families and assure that it is safe, effective, timely, efficient, equitable, and patient centered care.
- Refine and enhance data management governance strategy to support a transparent environment to provide accessible, accurate, and credible data about the quality and equity of care delivered.
- Develop, integrate, and align quality initiatives and cross-functional approaches throughout

The Harris Center organization, including all entities. Enhance current committee structure to cover broad quality and safety work through the System Quality, Safety and Experience Committee. Develop a Quality Forum that

reaches frontline performance improvement (PI) and Health Analytics/Data staff to provide education and tools to lead PI initiatives at their local sites. Develop and strengthen internal learning collaborative process to align with the Harris Center strategic plan for care pathways. IDD Care Pathway.

To ensure alignment with survey readiness as a Certified Community Behavioral Health Clinic (CCBHC) and Commission on Accreditation of Rehabilitation Facilities (CARF), the System Quality, Safety and Experience plan focuses on indicators related to improving behavioral and physical health outcomes and takes actions to demonstrate improved patterns of care delivery, such as reductions in emergency department use, rehospitalization, and repeated crisis episodes. The Plan incorporates continuous quality improvement (CQI) processes to review known significant events.

The Harris Center CQI process is systematic and data-informed, fostering continuous learning and sustainable improvements across programs. The following steps are core to our quality infrastructure and are actively applied in alignment with the SQSE Plan:

Identify Areas for Improvement (Monthly): Regular analysis of performance measures and outcome data highlights targeted opportunities for improvement.

Root Cause Analysis (RCA): Structured RCA is conducted to uncover systemic or process-level gaps that contribute to performance shortfalls.

Action Plan Development: Multi-disciplinary teams create specific, measurable, and time-bound action plans to address root causes.

Implementation via PDSA Cycle: We employ Plan-Do-Study-Act (PDSA) cycles to test, adapt, and spread interventions.

Monitor and Adjust: Ongoing data collection and performance monitoring ensure responsiveness in quality improvement.

Documentation and Knowledge Transfer: Key learnings and outcomes are documented to support organizational learning and replication.

Transparent Communication: Findings and progress are communicated monthly with leadership and front-line teams to promote a culture of accountability and shared ownership.

FY2027 SQSE Priority Initiatives

The SQSE Plan focuses on initiatives that directly contribute to measurable improvements across key health domains. Highlights include:

- Enhanced Workforce Training: Trainings in suicide screening, de-escalation, trauma-informed care, and care management protocols.
- Standardized Clinical Pathways: Development and implementation of clinical care pathways to ensure best practice adherence.
- ~~Substance Use Program Development: Expansion of treatment capacity and integrated support for substance use disorders.~~
- Law Enforcement Collaboration: Joint training and engagement initiatives focused on identifying and referring individuals with IDD and/or ASD.
- Strengthen the Major Depressive Disorder (MDD) Remission Program by advancing a consistent, outcomes-driven approach to improving depression care. FY27 will focus on increasing remission outcomes through standardized measurement, timely clinical follow-up, and data-driven improvement, supporting The Harris Center's commitment to quality, accountability, and better outcomes for the people we serve.

MDD

Performance Monitoring and Outcomes:

Progress is tracked using established clinical and operational indicators, with monthly reviews conducted by senior leadership. The SQSE goals support the agency's strategic vision and long-term goals through FY2027, including:

- Zero preventable serious safety events
- Reduction in harm events
- Increased access and improved health outcomes
- Enhanced staff and provider engagement
- Improved patient satisfaction (response rates and top-box scores)
- Equity in service delivery

Key Performance Measures: T-CCBHC Selected Quality Measures

- I-Serv- Time to Service
- DEP-REM-6- Depression Remission at Six Months
- Unhealthy Alcohol Use: Screening & Brief Counseling
- Screening for Non-Medical Drivers of Health
- Adult Follow-up After Hospitalization for Mental Illness
- Controlling High Blood Pressure
- Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence
- Follow-up After Emergency Department Visit for Mental Health

The integrated Continuous Quality Improvement (CQI) and System, Quality, Safety, and Experience (SQSE) Plan reflect our unwavering commitment to delivering exceptional care. This comprehensive framework not only ensures alignment with regulatory requirements but also drives measurable improvements in clinical outcomes, patient experience, and population health. It empowers teams across the organization to continuously enhance care quality and safety, supports frontline innovation, and fosters a culture of excellence. By ensuring that all improvement efforts are data-driven and patient-centered, the plan serves as a vital tool in advancing our mission and sustaining high performance.

To ensure these goals are met, the System Quality, Safety and Experience Committee will:

- Establish a Rigorous Review Process: Implement a systematic review of CQI outcomes to identify areas for improvement and make necessary adjustments to staffing, services, and availability.
- Close the Loop on CQI Data: Every quarter, review CQI outcomes against targets, name the gaps, and assign owners and deadlines for the staffing, service, and scheduling fixes that follow.

-
- Focus on Key Performance Indicators: Prioritize indicators related to behavioral and physical health outcomes, emergency department use, rehospitalization rates, and crisis episode frequency.
- Involve Medical Leadership: Engage the Medical Director in overseeing the quality of medical care, ensuring effective coordination and integration with primary care services.
- Address Significant Events: Develop protocols to review and respond to critical incidents, including suicides, overdoses, all-cause mortality, and 30-day hospital readmissions.
- Utilize Data-Driven Strategies: Leverage both quantitative and qualitative data to inform CQI activities, with a particular focus on addressing health disparities among minority populations.
- Implement Continuous Monitoring and Reporting: Establish mechanisms for ongoing monitoring, evaluation, and reporting of CQI activities and outcomes to relevant stakeholders and accreditation bodies.
- Adapt and Improve: Use feedback and data analysis to continuously refine and enhance the CQI plan, ensuring it remains responsive to emerging issues and effective in improving overall performance.

Governing Body

The Harris Center for Mental Health and IDD Board of Trustees is responsible for ensuring a planned, system-wide approach to designing quality goals and measures; collecting, aggregating, analyzing data; and improving quality and safety. The Board of Trustees shall have the final authority and responsibility to allocate adequate resources for assessing and improving the organization's clinical performance. The Board shall receive, consider, and act upon recommendations emanating from the quality improvement activities described in this Plan. The Board has established a standing committee, Quality Committee of the Board of Trustees, to assess and promote patient safety and quality healthcare. The Committee provides oversight of all areas of clinical risk and clinical improvement to patients, employees, and medical staff.

Leadership

The Harris Center leadership is delegated the authority, via the Board of Trustees, and accountability for executing and managing the organization's quality improvement initiatives. Quality leadership provides the framework for planning, directing, coordinating, and delivering the improvement of healthcare services that are responsive to both community and patient needs that improve healthcare outcomes. The Harris Center leaders encourage involvement and participation from staff at all levels within all entities in quality initiatives and provide the stimulus, vision, and resources necessary to execute quality initiatives.

The Executive Session of the Quality Committee of the Board is the forum for presenting closed record case reviews, urgent case reviews, pharmacy dashboard report including medication errors, and the Professional Review Committee report.

Professional Review Committee (PRC)

The Chief Medical Officer (CMO) is delegated the oversight, via the Board of Trustees, to evaluate the quality of medical care and is accountable to the Board of Trustees for the ongoing evaluation and improvement of the quality of patient care at The Harris Center and of the professional practice of licensed providers. The PRC will act as the authorizing committee for professional peer review and system quality committees (Exhibit A). The committee will also ensure that licensing boards of professional health care staff are properly notified of any reportable conduct or finding when indicated. The Professional Review Committee has oversight of the following peer protected processes and committees:

- Medical Peer Review
- Pharmacy Peer Review
- Nursing Peer Review
- Licensed Professional Review
- Closed Record Review
- Internal Review Board

System Quality, Safety and Experience Committee Membership:

- Chief Executive Officer (Ex-Officio)
- Chief Medical Officer
- Chief Operating Officer
- Chief Nursing Officer (Co-chair)
- Chief Administrative Officer
- Legal Counsel
- Divisional VPs (CPEP, MH, IDD)
- VP, Clinical Transformation and Quality (Chair)
- Director Risk Management/ERM
- Director of Pharmacy Programs
- Director of Quality Assurance and PI
- Director of Behavioral Health

- Director of Children and Adolescents
- Ad Hoc members as needed

System Quality, Safety and Experience Committee

The Quality Committee of the Board of Trustees has established a standing committee, The System Quality, Safety and Experience Committee to evaluate, prioritize, provide general oversight and alignment, and remove any significant barriers for implementation for quality, safety, and experience initiatives across Harris Center programs. The Committee is composed of Harris Center leadership, including operational and medical staff. The Committee will approve annual system-wide quality and safety goals and review progress. The patient safety dashboard and all serious patient safety events are reviewed. Root Cause Analysis, Apparent Cause Analysis, Failure Modes and Effects Analysis, quality education projects, are formal processes used by the Committee to evaluate the quality and safety of mental projects through The Harris Center's quality training program or other performance improvement training programs are privileged and confidential as part of the Quality, Safety & Experience Committee efforts. The Committee also seeks to ensure that all The Harris Center entities achieve standards set forth by the Commission on Accreditation and Rehabilitation Facilities (CARF) and Certified Community Behavioral Health Clinic (CCBHC).

The System Quality, Safety and Experience Committee has oversight of the following committees, subcommittees and/or processes: (Appendix A)

- Pharmacy and Therapeutics Committee
- Infection Prevention
- System Accreditation
- All PI Councils and internal learning collaboratives (e.g., Zero Suicide, Substance Use Disorders)
- Approval of Care Pathways
- Patient Experience / Satisfaction Subcommittee
- Director of Quality Assurance and PI Director of Adult MH
- Director of Children and Adolescent Services Lead PI specialist
- Southwest Practice Manager Southeast Practice Manager Northeast Practice Manager
- Northwest Practice Manager
- Health Analytics
- IDD Representative
- Risk Management Representative
- Nursing Representative
- Ad Hoc members as needed

The criteria listed below provide a framework for the identification of improvements that affect health outcomes, patient safety, and quality of care, which move the organization to our mission of providing the finest possible patient care. The criteria drive strategic planning and the establishment of short and long-term goals for quality initiatives and are utilized to prioritize quality improvement and safety initiatives.

- High-risk, high-volume, or problem-prone practices, processes, or procedures
- Identified risk to patient safety and medical/healthcare errors
- Identified in The Harris Center Strategic Plan
- Identified as Evidenced Based or "Best Practice"
- Required by regulatory agency or contract requirements Methodologies
- The Model for Improvement (Appendix B) and other quality frameworks (e.g., Lean, Six Sigma) are used to guide quality improvement efforts and projects
- A Root Cause Analysis (RCA) is conducted in response to serious or sentinelevents
- Failure Mode and EffectsAnalysis (FMEA) is a proactive tool performed for analysis of a high risk process/procedure performed on an as needed basis (at least annually)

- Data Management Approach and Analysis

Data is used to guide quality improvement initiatives throughout the organization to improve safety, treatment, and services for our patients. The initial phase of a project focuses on obtaining baseline data to develop the aim and scope of the project. Evidence-based measures are developed as a part of the quality improvement initiative when the evidence exists. Data is collected as frequently as necessary for various reasons, such as monitoring the process, tracking balancing measures, observing interventions, and evaluating the project. Data sources vary according to the aim of the quality improvement project, examples include the medical record, patient satisfaction surveys, patient safety data, financial data.

Benchmarking data supports the internal review and analysis to identify variation and improve performance. Reports are generated and reviewed with the quality improvement team. Ongoing review of organization wide performance measures are reported to committees described in the Quality, Safety and Experience governance structure.

Reporting

Quality, Safety and Experience metrics are routinely reported to the System Quality, Safety and Experience Committee. System Quality, Safety and Experience Committee is notified if an issue is identified. Roll up reporting to the Quality Board of Trustees on a quarterly basis and more frequently as indicated.

Evaluation and Review

At least annually, the Quality, Safety and Experience leadership shall evaluate the overall effectiveness of the Quality, Safety and Experience Plan and program. Components of the plan met, and this document is maintained to reflect an accurate description of the Quality, Safety and Experience program.

The Model for Improvement¹

Forming the Team:

Including the right people on a process improvement team is critical to a successful improvement effort. Teams vary in size and composition. Each organization builds teams to suit their own needs.

Setting Aims:

Improvement requires setting aims. The aim should be time-specific and measurable; it should also define the specific population of patients that will be affected.

Establishing Measures:

Teams use quantitative measures to determine if a specific change leads to an improvement.

Selecting Changes

All improvements require making changes, but not all changes result in improvement. Organizations therefore must identify the changes that are most likely to result in improvement.

¹ Sources:

Langley GL, Nolan KM, Nolan TW, Norman CL, Provost LP. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance.

The Plan-Do-Study-Act (PDSA) cycle was originally developed by Walter A. Shewhart as the Plan-Do-Check-Act (PDCA) cycle. W. Edwards Deming modified Shewhart's cycle to PDSA, replacing "Check" with "Study." [See Deming WE. The New Economics for Industry, Government, and Education. Cambridge, MA: The MIT Press; 2000.]

Testing Changes

The Plan-do-Study-Act (PDSA) cycle is shorthand for testing a change in the real work setting – by planning it, trying it, observing the results, and acting on what is learned. This is the scientific method used for action-oriented learning.

Implementing Changes:

After testing a change on a small scale, learning from each test, and refining the change through several PDSA cycles, the team can implement the change on a broader scale — for example, for an entire pilot population or on an entire unit.

Spreading Changes:

After successful implementation of a change or package of changes for a pilot population or an entire unit, the team can spread the changes to other parts of the organization or in other organizations.

Root Cause Analysis (RCA):

The key to solving a problem is to first truly understand it. Often, our focus shifts too quickly from the problem to the solution, and we try to solve a problem before comprehending its root cause. What we think is the cause, however, is sometimes just another symptom. One way to identify the root cause of a problem is to ask "Why?" five times. When a problem presents itself, ask "Why did this happen?" Then, don't stop at the answer to this first question. Ask "Why?" again and again until you reach the root cause.

Failure Modes and Effects Analysis (FMEA):

FMEA is a tool for conducting a systematic, proactive analysis of a process in which harm may occur. In an FMEA, a team representing all areas of the process under review convenes to predict and record where, how, and to what extent the system might fail. Then, team members with appropriate expertise work together to devise improvements to prevent those failures — especially failures that are likely to occur or would cause severe harm to patients or staff. The FMEA tool prompts teams to review, evaluate, and record the following:

Steps in the process

Failure modes (What could go wrong?)

Failure causes (Why would the failure happen?)

Failure effects (What would be the consequences of each failure?)

Teams use FMEA to evaluate processes for possible failures and to prevent them by correcting the processes proactively rather than reacting to adverse events after failures have occurred. This emphasis on prevention may reduce the risk of harm to both patients and staff. FMEA is particularly useful in evaluating a new process prior to implementation and in assessing the impact of a proposed change to an existing process.

EXHIBIT F-8



Executive Contract Summary

Contract Section

Select Header For This Contract *

Administration

Contractor *

UKG Kronos Systems, LLC

Contract ID # *

N/A

Presented To *

- ☐ Resource Committee
☒ Full Board

Date Presented *

9/22/2026

Parties * (?)

UKG 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

- | | |
|--|--|
| ☐ Competitive Bid | ☐ Competitive Proposal |
| ☐ Request for Proposal | ☒ Sole Source |
| ☐ Request for Application | ☐ Request for Qualification |
| ☐ Request for Quote | ☒ Tag-On |
| ☐ Interlocal | ☐ Consumer Driven |
| ☐ Not Applicable (If there are no funds required) | ☒ Other Omnia Partners Cooperative # 6140328 |

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 * (?)

1/1/2027

Contract Term End Date * (?)

12/31/2027

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

Jan 01 2027 - Dec 31, 2027

Fiscal Year* (?)

2027

Amount* (?)

\$ 200,096.00

Fiscal Year* (?)

2028

Amount* (?)

\$ 100,048.00

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

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

☒ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided*

FY2014 - FY2026 - Employee Platform

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

☐ Yes ☒ No ☐ Unknown

Please provide an explanation*

N/A

Community Partnership* (?)

☐ Yes ☒ No ☐ Unknown

Supporting Documentation Upload (?)

Q-424867-THC- Managed Services-7282026.pdf

273.77KB

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

N/A

Vendor/Contractor Contact Person



Name*

Michael Sherburne

Address*

Street Address

3040 Route 22 West

Address Line 2

Suite 200

City

Branchburg

Postal / Zip Code

08876

State / Province / Region

NJ

Country

US

Phone Number*

401-269-1800

Email*

mike.sherburne@ukg.com

Budget Section**Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 300,144.00	553002

Budget Manager

Campbell, Ricardo

Secondary Budget Manager

Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

See Attached

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hurst, Richard

Submission Date

9/9/2026

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

9/9/2026

Procurement Approval

File Upload (?)

Approved by

Nina Cook

Approval Date

9/10/2026

Contract Owner Approval

Approved by

Mustafa Cechinnala

Approval Date

9/10/2026

Contracts Approval



Approved by

Belinda Stude

Approval Date

9/14/2026

EXHIBIT F-9

The Harris Center for Integrated Care

Co-Applicant New Access Point for Harris Center for Mental Health and IDD

Overview

Dr. Stanley Williams, PHD

Congratulations

New Access Point (NAP) Award Recipients!

NAP is a grant from Department of Health & Human Services, through Health Resources and Services Administration (HRSA)

The awards represent the first major expansion of the Health Center Program since 2019, supporting 158 new and existing health centers to establish 415 new sites and expand access to comprehensive primary care for individuals nationwide.

HHS Announces Historic Investment to Expand Health Center Program, Bringing Primary Care to Nearly 1 Million More Americans

HRSA
Health Resources & Services Administration

 *The* **HARRIS**
CENTER *for*
Integrated Care

Review Why: Individuals with serious mental illness (SMI) experience a 15–25-year reduced life expectancy due to untreated or undertreated chronic health conditions



Individuals with serious mental illness (SMI) experience a 15–25-year reduced life expectancy when compared to the general population that is due, in part, to poor health behaviors.



Yet, in spite of the development of health promotion and self-management interventions designed for people with SMI to promote health behavior change, **the mortality gap has increased**, suggesting that relevant factors are not being addressed.

APA PsycArticles: Journal Article: [Risk and protective factors in relation to early mortality among people with serious mental illness: Perspectives of peer support specialists and service users.](#)

Sippel, L. M., Myers, A. L., Brooks, J. M., Storm, M., Mois, G., & Fortuna, K. L. (2022). Risk and protective factors in relation to early mortality among people with serious mental illness: Perspectives of peer support specialists and service users. *Psychiatric Rehabilitation Journal*, 45(4), 343–351. <https://doi.org/10.1037/prj0000522>

Why: Patient Experiences with SMI in Primary Care

Primary care is a first point of contact and continuing point of care for many individuals with mental health and/or substance use issues. Yet, **individuals with SMI reported poorer access to and lower quality of the primary care received relative to those without mental health conditions**



1. Benjamin-Johnson R, Moore A, Gilmore J, Watkins K. Access to medical care, use of preventive services, and chronic conditions among adults in substance abuse treatment. *Psychiatr Serv.* 2009;60:1676-9.
2. Kilbourne AM, McCarthy JF, Post EP, Welsh D, Pincus HA, Bauer MS, et al. Access to and satisfaction with care – comparing patients with and without serious mental illness. *Int J Psychiatry Med.* 2006;36:38399.

What are Federally Qualified Health Centers – New Access Point (NAP)

HRSA NAP - designated health centers that provide comprehensive, culturally competent, high-quality primary health care services while meeting all Health Center Program requirements, they are non-competitive; but they don't receive federal award funding.

FQHCs are safety net providers that provide services in an outpatient clinic setting.

- A health center must be a public entity or a private nonprofit organization.
- Provide a set of comprehensive, high-quality primary care and preventive services regardless of patients' ability to pay.
- Employ interdisciplinary teams and patient-centric approaches.
- Deliver care coordination and other enabling services that facilitate access to care.
- Collaborate with other providers and programs to improve access to care and community resources.
- Are community-based and patient-directed.
- **FQHCs are certified and regulated by the Health Resources and Services Administration (HRSA).**

Governance : Co-Application Agreement

1. The HARRIS CENTER as a Public Agency. In accordance with the HRSA Programmatic Requirements, the HARRIS CENTER and the HCIC recognize that the HARRIS CENTER as a public agency is constrained by law in the delegation of certain government functions to other entities, and thus the HARRIS CENTER is permitted to retain authority over certain policies for the operation of the Community Health Center. Specifically, the HARRIS CENTER as a public agency center shall retain authority for the establishment of the following types of general policies for the Community Health Center project:
 - a. Fiscal Policies
 - i. Internal control procedures to ensure sound financial management procedures.
 - ii. Purchasing policies and standards.
 - b. Personnel Policies
 - i. Employee selection, performance review/evaluations and dismissal procedures.
 - ii. Employee compensation, including wage and salary scales and benefit packages.
 - iii. Position descriptions and classification.
 - iv. Employee grievance procedures.
 - v. Equal opportunity practices
2. Collaborative Exercise of Authority. While the HARRIS CENTER, a public agency, shall be the recipient of the HRSA Health Center Program grant and accountable for carrying out the approved Community Health Center scope of project, the term "co-applicant" is used to reflect that the HARRIS CENTER, as a public agency, would not qualify on its own as meeting all the Health Center Program governance requirements. Both the HARRIS CENTER and the co-applicant HCIC collectively carry out the Health Center Program project. The HCIC Board of Directors, however, retains the ultimate decision-making on duties and authorities beyond the general types of fiscal and personnel policies described above. The co-applicant arrangement allows for the HCIC and the HARRIS CENTER to work collaboratively in the exercise of governance responsibilities.
3. Adoption of Policies. Subject to the HARRIS CENTER's fiscal and personnel policies, the HCIC shall adopt the Community Health Center's policies concerning: (i) hours of operation; (ii) health services provided; (iii) quality-of-care audit procedures; (iv) in the event of relocation or redevelopment of the physical plant, the locations of the service site(s); (v) the sliding fee discount program and billing/collections policies; and (vi) quality improvement/assurance;
4. Chief Executive Officer. The HARRIS CENTER's Chief Executive Officer shall serve as the Chief Executive Officer of the Community Health Center project. Subject to the Harris Center's personnel policies, the Harris Center's Board of Trustees shall have final authority to select, remove and evaluate the Chief Executive Officer of the Community Health Center. The Chief Executive Officer of the community health center project shall be distinct from the Harris Center Integrated Care Director of Operations, who shall serve as the Project Director, as described below in Section c1.
5. Approval of the Annual Budgets. Subject to the HARRIS CENTER's fiscal policies, the HCIC shall have authority to approve the Community Health Center's annual operating and capital budget, consistent with this Agreement.
6. Financial Management Protocol. Subject to and consistent with this Agreement, the HCIC and the HARRIS CENTER Board of Trustees shall establish a written protocol

A FQHC Co-Applicant Agreement is a legally binding document between a public agency (e.g., The Harris Center) and a community-based board (the co-applicant - HCIC) that together operate a Federally Qualified

Health Center. This structure allows public entities to meet HRSA's statutory requirements for community-based governance. The Harris Center is the Applicant for the NAP FQHC and The Harris Center for Integrated Care is the co-applicant.

A FQHC Co-Applicant Agreement is a legally binding document between the applicant, a public agency (**The Harris Center**) and a community-based board (**co-applicant – the Harris Center for Integrated Care**) that together operate a Federally Qualified Health Center.

This structure allows public entities (The Harris Center) to meet HRSA's statutory requirements for community-based governance. The Harris Center is the Applicant for the FQHC-LA or New Access Point and The Harris Center for Integrated Care is the co-applicant

Delegation of Authority

Delegation of Authority: The public agency (The Harris Center) delegates to the Co-Applicant Board the authority for governance and oversight of the Health Center Program.

Roles & Responsibilities:

The Public Agency (The Harris Center) is the Applicant for HRSA – NAP FQHC and is accountable and in control for hiring, facilities, human resources, personnel, personnel matters, budget, financial systems, quality management, statistical data, HRSA UDS and other Reporting and clinical operations and policies, patient records. All Staff & Facilities are considered under The public entity and the only person that reports to the HCIC Board is the CEO of the FQHC The CEO of the Public Agency is also the CEO of the NAP

The Co-Applicant (The Harris Center for Integrated Care) provides review and oversight of the Health Center Compliance with HRSA Requirements: The agreement ensures compliance with Section 330 of the Public Health Service Act, as outlined in the HRSA Compliance

This structure allows public entities (The Harris Center) to meet HRSA's statutory requirements for community-based governance and have the designation of FQHC

FQHC Clinic Locations

Northeast Harris Center Integrated Primary Care
Clinic 7200 North Loop
East Freeway, Houston,
TX 77028 Phone: 713-970- 7000
In a MUA/P: Yes

Service Area Name: Central East Houston

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

Southeast Harris Center Integrated Primary Care Clinic
5901 Long Drive,
Houston, TX 77087
Phone: 713-970-4300
In a MUA/P: Yes

Service Area Name: Houston - South

Designation Type:
Medically Underserved Area
Designation Date:
09/06/2019



Mobile Wellness Services

Preventive physicals

Depression Screenings & Physical Wellness Screens

Women's Wellness checks

Preventive Medicine

Screenings for Depression, Blood Pressure, Diabetes, Obesity, Coordinated Lab Tests

Mental Health Tx. For Underserved populations with –Poor Access to Care –

Follow-up treatment for Harris Center Psychiatric Treatment and Medication Management

Health Fairs and Neighborhood and Community Events Involving Health & Wellness



WHAT CAN WE
DO FOR YOU

Harris Center
Mobile FQHC
Clinic

Health Center Compliance



BUREAU OF PRIMARY HEALTH CARE

Health Center Program Compliance Manual

Last updated: August 20, 2018

Technical Revision: November 20, 2025

Key Compliance Chapters

- Chapter 1: Health Center Program Eligibility
- Chapter 2: Health Center Program Oversight
- Chapter 3: Needs Assessment
- Chapter 4: Required and Additional Health Services
- Chapter 5: Clinical Staffing
- Chapter 6: Accessible Locations and Hours of Operation
- Chapter 7: Coverage for Medical Emergencies
- Chapter 8: Continuity of Care and Hospital Admitting
- Chapter 9: Sliding Fee Discount Program
- Chapter 10: Quality Improvement/Quality Assurance (QI/QA)
- Chapter 11: Credentialing and Privileging
- Chapter 12: Governing Board
- Chapter 13: Conflict of Interest
- Chapter 14: Financial Management and Accounting Systems
- Chapter 15: Budget
- Chapter 16: Billing and Collections
- Chapter 17: Federal Interest in Property and Equipment
- Chapter 18: Procurements
- Chapter 19: Contractual/Consultant Agreements
- Chapter 20: Program Data Reporting
- Chapter 21: Site Visit Compliance (and Look-alike specifics)

<https://bphc.hrsa.gov/compliance/compliance-manua>

Core Community Health Center Team

Role	Name	Lead Entity	Responsibilities
Director (Application Lead)	Dr. Stanley Williams	Integrated Care	Overall coordination, HRSA alignment, submission
Program Start-Development Lead	Jeanne Wallace	Integrated Care	Site visit - 19 Program Requirements, policy mapping
Governance & Board Liaison	Kendra/Veronica Franco	Integrated Care	Board compliance, bylaws, minutes
Finance Director	Roxanne Carr	Integrated Care	Budget, cost report, financial viability
Medical Director QI/QA	Dr. Luming, Trudy Leidich	Integrated Care	Scope of services, QI/QA, credentialing
IT / Data Lead	Mustafa Cochinwala and Jennifer Martin	Integrated Care	EHR, UDS readiness, registries
Legal / Intergovernmental Lead	Kendra Thomas	Public Entity	Co-applicant agreement, public entity compliance
HR Lead	Toby Hicks	Integrated Care	Staffing plan, credentialing, FTCA readiness



That's all Folks!

EXHIBIT F-10

Transforming Lives



90th Regular Session of the Legislature:

A Discussion



Presented By: Amanda Jones, JD

Director of Government and Public Affairs

Political Landscape

- A new federal law requires Texas to pay a larger share (\$826 M or more) of Supplemental Nutrition Assistance Program (SNAP) based upon increased state share of administrative costs and the State's error rate penalty.
- The Legislative Budget Board has asked for 3% reduction in budget requests across state agencies
- Revenue estimate
 - Oil and Gas Price Volatility
 - Property Tax Relief and Caps
 - Slowing Sales Tax Growth



Health and Human Services Commission (HHSC): Legislative Appropriations Request

- To achieve 3% Biennial Cuts HHSC identified potential cuts to Community Mental Health (\$5M), Mental Health 1st Aid (\$4.8), Healthy Communities Collaboratives (\$5M) , Special Needs Offenders (\$2M) and eliminating GR funded Autism (\$13M).
- Exceptional Items requests totaled \$6.2B. Some of the items in the exceptional item requests include:
 - Operational inpatient capacity investments
 - Reduce Interest lists
 - Strengthen Forensic Continuum of Care
 - Ensure Early Childhood Intervention Sustainability
 - Support Individuals with IDD and high behavioral health or medical needs
 - Placeholder Children's Mental Health



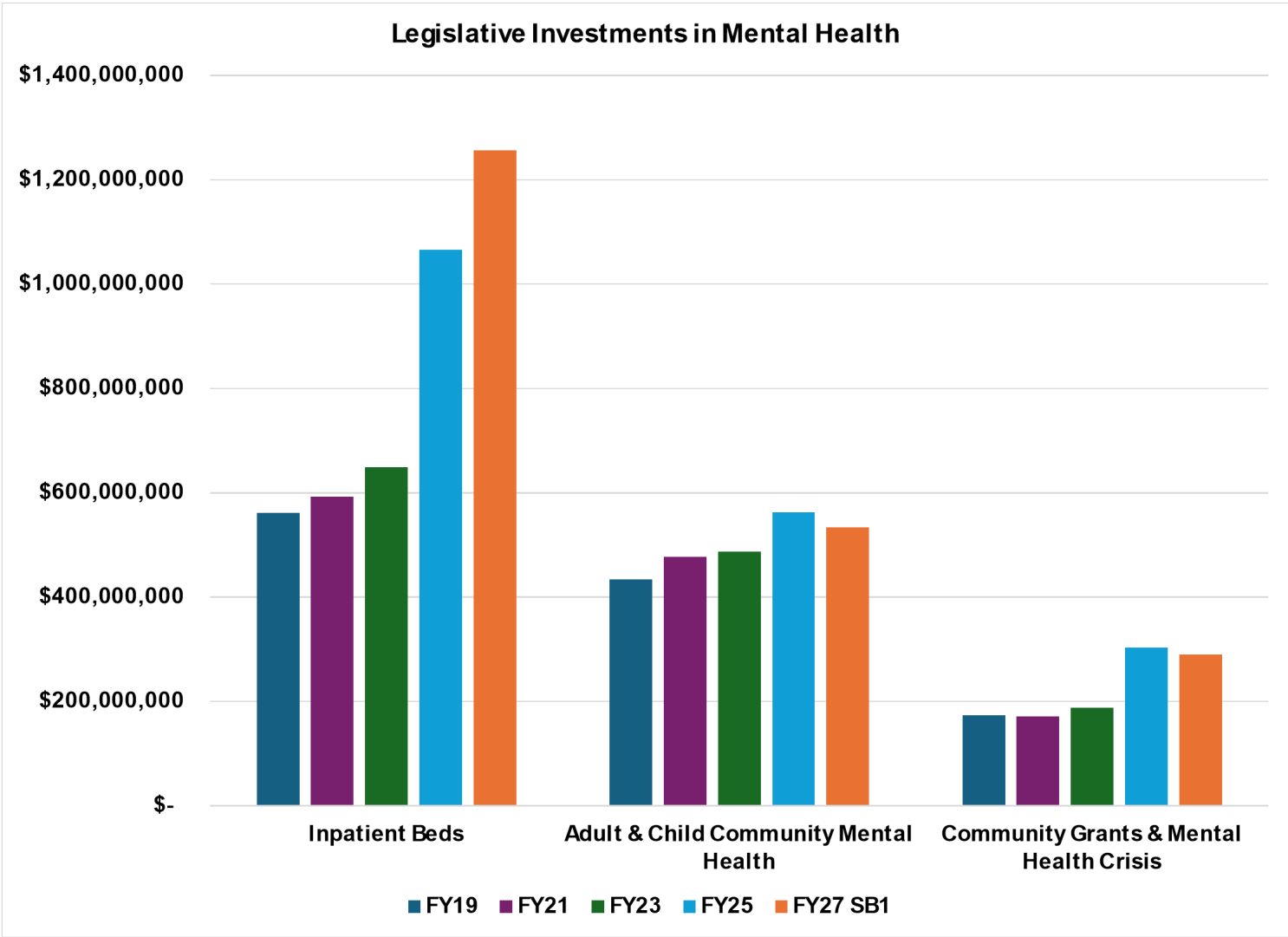
TEXAS
Health and Human
Services

Access: IDD Interest Lists and Community Services

- **Increase funding for IDD Community Services, including inflationary increase**
- **Reduction of IDD Interest Lists, especially Home and Community-based Services (HCS) and Texas Home Living**
 - Almost 375K people are on all six of the IDD interest lists for community-based services. (July 2026)
 - More than 134K people were on the Home & Community Services (HCS) interest list.
 - More than 117K people were on the Texas Home Living (TxMHL) interest list.
 - 42% of persons on the HCS interest list, and 33% of TxHML interest list have waiting for more than 10 years. (June 2024)



Legislative Investments:
General Appropriations
Act FY19 –
FY27



Source: Texas Council

Increasing Access

- * Increase behavioral health services, including inflationary adjustments
- * Fund the 988 Trust Fund



Acuity

Increased demand
for more intensive
behavioral health
services



Inflation

Increased costs to
deliver services



Population Growth and Increased Number of Uninsured

Housing and Supports

- Harris County and the City of Houston have programs that support people who are unhoused transition into a more appropriate levels of care. These programs are considered models in the country.
- Legislation that provides for a providing for county homelessness hubs is expected to be introduced
- Legislation is needed that provides Medicaid coverage for medical respite
- Healthy Communities Collaboratives is an important funding stream.



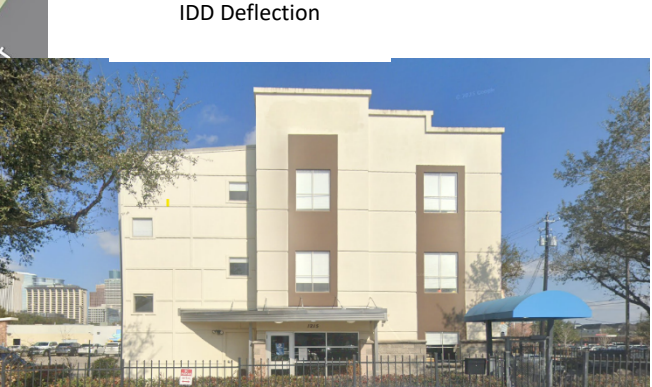
Operational funding for SB 30 Projects

Project	Est Project Completion
---------	------------------------

Main St Clinic; 2d Jail Diversion Drop off	Fall 2028
Youth Respite	Spring 2028
Neuropsychiatric Center	Spring 2028
IDD Respite	Spring 2028



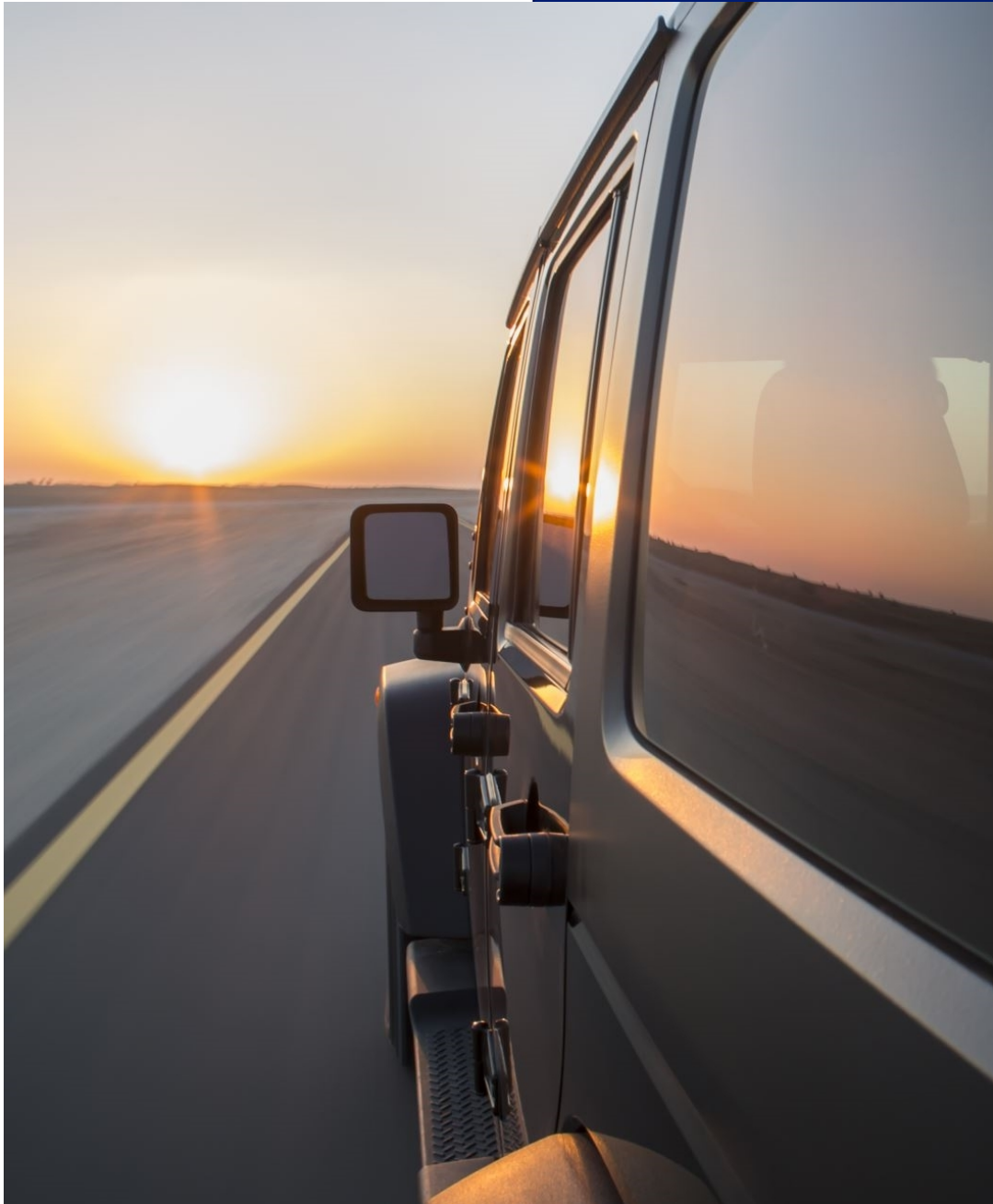
Main Street Clinic



IDD Deflection



Youth Respite



Sunset of HHSC

- Every state agency undergoes a systematic legislative review every 12 years to eliminate waste, duplication, and inefficiency
- HHSC is under review.
- Sunset Commission staff report – Oct 2026
- Public hearings
- Sunset bill will be filed during the Legislative Session

EXHIBIT F-11

The Harris Center for Integrated Care

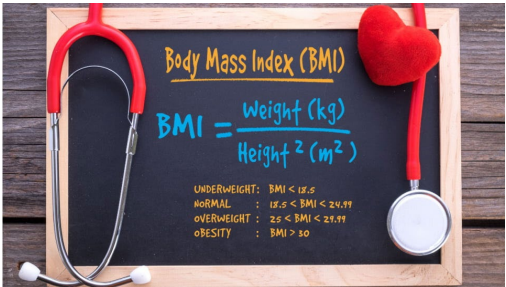
Co-Applicant New Access Point

Informational

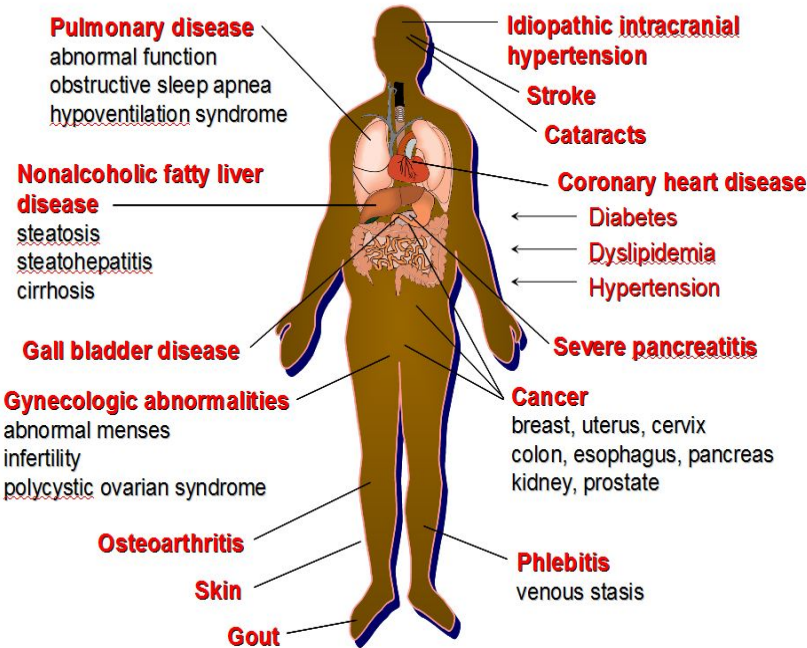
The Harris Center Population Health: BMI

Health Analytics & Research Department The Harris Center for Mental Health & IDD

Snapshot Harris Center Clients served during 2024



Medical Complications of Obesity

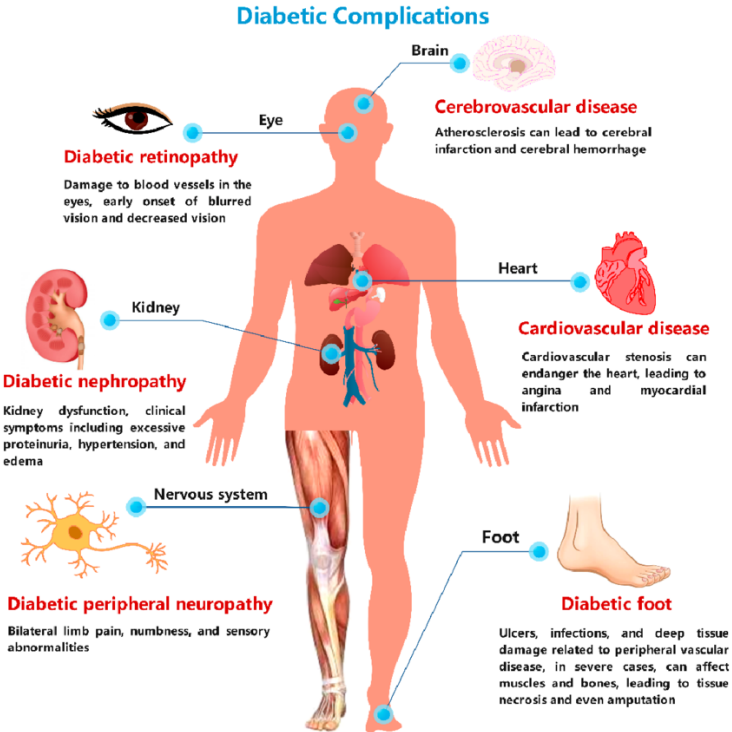
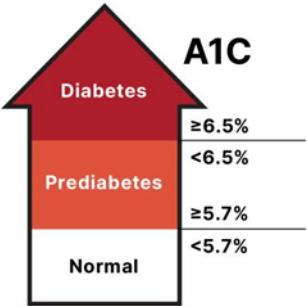


Race_Ethnicity * MostRecent_BMI_Category Crosstabulation

			MostRecent_BMI_Category				
			Underweight	Normal weight	Overweight	Obesity	Total
Race_Ethnicity	American Indian or Alaska Native	Count	0	8	11	18	37
		% within Race_Ethnicity	0.0%	21.6%	29.7%	48.6%	100.0%
	Asian	Count	19	169	133	122	443
		% within Race_Ethnicity	4.3%	38.1%	30.0%	27.5%	100.0%
	Black or African American	Count	177	2175	2228	4244	8824
		% within Race_Ethnicity	2.0%	24.6%	25.2%	48.1%	100.0%
	Native Hawaiian or other Pacific Islander	Count	0	5	2	9	16
		% within Race_Ethnicity	0.0%	31.3%	12.5%	56.3%	100.0%
	Hispanic/Latino	Count	78	1068	1544	2996	5686
		% within Race_Ethnicity	1.4%	18.8%	27.2%	52.7%	100.0%
	White/Caucasian	Count	102	1017	1208	1810	4137
		% within Race_Ethnicity	2.5%	24.6%	29.2%	43.8%	100.0%
	Unknown or not collected	Count	12	107	142	245	506
		% within Race_Ethnicity	2.4%	21.1%	28.1%	48.4%	100.0%
Total	Count	388	4549	5268	9444	19649	
	% within Race_Ethnicity	2.0%	23.2%	26.8%	48.1%	100.0%	

The Harris Center Population Health: HbA1c

Health Analytics & Research Department The Harris Center for Mental Health & IDD



Race_Ethnicity * MostRecent_HBA1C_Category Crosstabulation

		MostRecent_HBA1C_Category			Total
		Normal_HBA1C	Prediabetes	Diabetes	
Race_Ethnicity	American Indian or Alaska Native	Count	9	4	22
		% within Race_Ethnicity	40.9%	18.2%	100.0%
Asian		Count	112	39	234
		% within Race_Ethnicity	47.9%	16.7%	100.0%
Black or African American		Count	2358	489	4516
		% within Race_Ethnicity	52.2%	10.8%	100.0%
Native Hawaiian or other Pacific Islander		Count	6	1	11
		% within Race_Ethnicity	54.5%	9.1%	100.0%
Hispanic/Latino		Count	1848	333	3052
		% within Race_Ethnicity	60.6%	10.9%	100.0%
White/Caucasian		Count	1417	165	2087
		% within Race_Ethnicity	67.9%	7.9%	100.0%
Unknown or not collected		Count	120	39	234
		% within Race_Ethnicity	51.3%	16.7%	100.0%
Total		Count	5870	1070	10156
		% within Race_Ethnicity	57.8%	10.5%	100.0%

Calculating Risk

Ask your healthcare provider to calculate your 10-year risk, or, armed with a recent blood pressure reading and results from a standard lipid panel blood test, you can calculate your own risk at tools.acc.org/ldl/ascvd_risk_estimator/. Just be sure to talk to your healthcare provider to personalize your results.

Risk	Risk Percentage	What to Do
LOW	0 to 4.9	Adhering to a healthy dietary pattern, not smoking, being physically active, getting enough sleep, not smoking, and managing stress will help keep your risk low. Medication is not recommended unless your LDL cholesterol is greater than or equal to 190.
BORDERLINE	5 to 7.4	In addition to robust lifestyle changes, use of a statin medication may be recommended under certain circumstances. Your healthcare provider can help determine if you have any personal or family history that enhances your risk.
INTERMEDIATE	7.5 to 20	In addition to robust lifestyle changes, moderate- to high-intensity statin therapy should be considered, as well as blood pressure medications, if necessary.
HIGH	Greater than 20	In addition to robust lifestyle changes, consider high-intensity statin therapy and use of medications to control blood pressure.

What Goes Into an ASCVD Risk Score?

The calculator looks at your full risk profile, not just one heart-health number.



Age

Risk often rises over time



Cholesterol

Total cholesterol and HDL matter



Blood Pressure

Especially systolic pressure



Diabetes

Blood sugar history affects risk



Smoking

Nicotine exposure raises risk



Medications and Other Factors

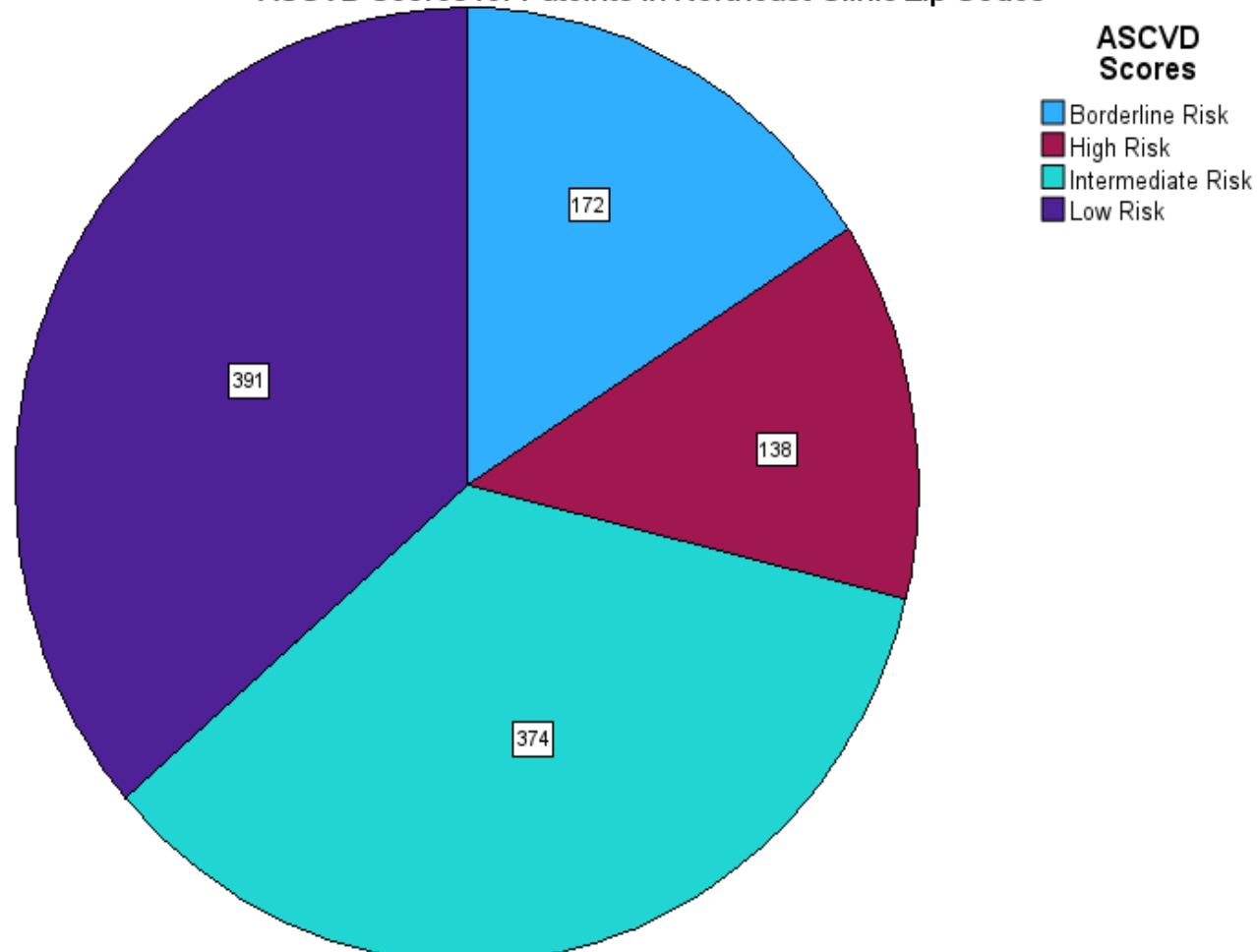
Treatment history can change the estimate

An ASCVD score estimates future risk. It does not diagnose symptoms happening right now.

"This is not a diagnosis. For educational purposes only."

ASCVD stands for Atherosclerotic Cardiovascular Disease. It is an umbrella term for conditions caused by **plaque buildup** in the arteries, a process known as atherosclerosis.

ASCVD Scores for Patients In Northeast Clinic Zip Codes



High Cost of Healthcare for People with Mental Health Conditions

Healthcare use/costs twice as high in diabetes and heart disease patients with depression¹

	Annual Cost – those without MH condition	Annual Cost – those with MH condition
Heart Condition	\$4,697	\$6,919
High Blood Pressure	\$3,481	\$5,492
Asthma	\$2,908	\$4,028
Diabetes	\$4,172	\$5,559

Untreated mental disorders in chronic illness is projected to cost commercial and Medicare purchasers between \$130 and \$350 billion annually²

Approximately 217 million days of work are lost annually to related mental illness and substance use disorders (costing employers \$17 billion/year)²

1. Original source data is the U.S. Dept of HHS the 2002 and 2003 MEPS. AHRQ as cited in Petterson et al. "Why there must be room for mentalhealth in the medical home (Graham Center One-Pager)

2.Hertz RP, Baker CL. The impact of mental disorders on work. Pfizer Outcomes Research. Publication No P0002981. Pfizer; 2002.

Who is HRSA



- The Health Resources and Services Administration (HRSA) is a federal agency. It operates as an agency of the U.S. Department of Health and Human Services (HHS).
- Key details about HRSA:
 - Purpose: HRSA is the primary federal agency responsible for improving health care access for people who are uninsured, isolated, or medically vulnerable.
 - Focus Areas: It supports community health centers, HIV/AIDS care (Ryan White Program), maternal and child health, the health workforce, and rural health services.
 - Role: HRSA provides grants and financial support to over 3,000 organizations, including health departments, hospitals, and community-based organizations
- Website: www.hrsa.gov/about