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

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

Program Committee Meeting
October 20, 2026
10:00 am

I. **DECLARATION OF QUORUM**

II. **PUBLIC COMMENTS**

III. **APPROVAL OF MINUTES**

A. Minutes of the Board of Trustees Program Committee Held on Tuesday, September 15, 2026
(EXHIBIT P-1)

IV. **REVIEW AND RECOMMEND ACTION**

A. IDD-PAC Recommendation No. 445R
(EXHIBIT P-2 Evanthe Collins)

B. IDD-PAC Recommendations No 446R
(EXHIBIT P-3 Evanthe Collins)

C. Recommendations No 447R: IDD-PAC Advocate Membership App. from Jeesoo Lee
(EXHIBIT P-4 Evanthe Collins)

D. Recommendation No 448R: IDD-PAC Org. Membership App. from Easter Seals of Greater Houston
(EXHIBIT P-5 Evanthe Collins)

E. Recommendation No. 449R: IDD-PAC org. Membership App. from Hearts & Habits Horizon
(EXHIBIT P-6 Evanthe Collins)

V. **REVIEW AND COMMENT**

A. IDD Service Division Update
(EXHIBIT P-7 Evanthe Collins)

VI. **EXECUTIVE SESSION –**

* **As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at any time during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.**

VII. **RECONVENE INTO OPEN SESSION**

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

IX. **INFORMATION ONLY**

A. IDD 90th Session Toolkit
(EXHIBIT P-8)

X. **ADJOURN**

Veronica Franco

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

EXHIBIT P-1

BOARD OF TRUSTEES
The HARRIS CENTER *for*
Mental Health *and* IDD
PROGRAM COMMITTEE MEETING
TUESDAY, SEPTEMBER 15, 2026
MINUTES

Dr. M. Miller, Jr., Chair, called the meeting to order at 10:06 a.m. in Room 109 of the 9401 Southwest Freeway location, noting a quorum of the Committee was present.

RECORD OF ATTENDANCE

Committee Members in Attendance: Dr. R. Gearing, Dr. M. Miller Jr, Dr. K. Bacon
BG (Ret) E. Grantham-videoconference

Committee Member in Absence: Dr. J. Lankford

Other Board Members in Attendance: Dr. Q. Moore

1. **CALL TO ORDER**
   The meeting was called to order at 10:06 a.m.

2. **DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS**
   Dr. Miller, Jr. designated Dr. Lankford as voting members.

3. **DECLARATION OF QUORUM**
   Dr. Miller, Jr. declared a quorum of the committee was present.

4. **PUBLIC COMMENTS**
   There were no Public Comments.

5. **Approve the Minutes of the Board of Trustees Program Committee Meeting Held on Tuesday, August 18, 2026.**

   MOTION BY: LANKFORD SECOND BY: BACON
   With unanimous affirmative votes

   BE IT RESOLVED that the Minutes of the Board of Trustees Program Committee meeting held on Tuesday, August 18, 2026 under Exhibit P-1, are approved and recommended to the Full Board for acceptance.

DRAFT

6. CONSIDER AND RECOMMEND ACTION

A. Director Appointment to 811 Board

MOTION BY: GEARING SECOND BY: BACON
With unanimous affirmative votes

BE IT RESOLVED Exhibit P-2, are approved and recommended to the Full Board for acceptance.

7. REVIEW AND COMMENT

A. Forensic MH Services Division A Year in Review-Sean McElroy, Dr. Kristin Holmes and Sanuel Means presented the Forensic MH Services Division A Year in Review to the Program Committee.

8. EXECUTIVE SESSION

No Executive Session was needed.

9. RECONVENE INTO OPEN SESSION

10. ADJOURN

There being no further business, the meeting adjourned at 11:04 am.

MOTION BY: MILLER, JR. SECOND BY: GRANTHAM

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

DRAFT

EXHIBIT P-2

Docusign Envelope ID: 7A0B9535-5193-8530-813A-11CD9AEE51BF

EXCERPT FROM THE MINUTES FROM THE HARRIS CENTER INTELLECTUAL AND DEVELOPMENTAL DISABILITIES PLANNING ADVISORY COUNCIL

Prepared by: The Office of the Vice President for Intellectual Disabilities Services Division

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This is an official record of The Harris Center Intellectual and Developmental Disabilities Planning Advisory Council.

MEMBERS IN ATTENDANCE: LaVette Allen (Advocate); Judy Blake (Advocate); Dory Cayten (Advocate); Jenny Cheng (Advocate); Sharon Cheng (Light & Salt Association); Charles Davis (Harris County Psychiatric Center); Jeff Furrh (Waller Independent School District); Naila Ibrahim (Dar-us-Sakina); Kennitha Jenkins (Consumer Advocate); Norma Medrano for Angel Ponce (Mayor's Office for People w/ Disabilities); Dr. Deborah Pearson (McGovern Medical School, UT Health Science Center – Houston, Dept. Psychiatry); Angela Reagan (Region 4 Education Service Center); Michael Roberts (Down Syndrome Association of Houston); Kayla Rosenthal for Damien Harris (The Center for Pursuit); Dr. Bill Schnapp (Community Member); Kyla Singleton (Harris County Resources for Children and Adults); Janniece Sleigh (The Arc of Harris County); Shelley Townsend (University of Houston); Mary Jane Williams (Advocate); Albert Williamson (Spring Independent School District);

MEMBERS ABSENT: Mercedes Alejandro (Advocate); Ellen Goudeau (Advocate); Elworth Lusk (Advocate); Dr. Olivia McGill (Harris County Juvenile Probation Department); Stephen Vetrano (Vita-Living); VACANT (Community Care Services Eligibility – HHSC); VACANT (Houston Independent School District); VACANT (Humble Independent School District); VACANT (Richmond State Supported Living Center); VACANT (Texas Workforce Solutions – Vocational Rehabilitation Services); VACANT (Avondale House);

OTHERS IN ATTENDANCE:
The Harris Center Staff: Maddison Adimora; Crystal Almaguer; Dr. Evanthe Collins; Annie Cuba; Ericka Degracia; Randi Garza; Daniel German; Kristi Gertson; Cindy Hernandez; Francisco Hernandez; Cassanda Johnson; Kenyonika Johnson; Amanda Jones; Consuelo Martinez; Alejandra McKinney; Keena Pace; Samor Sherrod-Haynes; Katrina Amanda Willis

Public Attendees: Kizzey Demease; Curt Harrison (Easter Seals Greater Houston); Roger Liau (Light & Salt Association); Jeesoo Lee; Ana Perez (Pasadena Independent School District); Kelly Pillow (Pasadena Independent School District); Jonai Tellison (Texas Department of Family and Protective Services)

RECOMMENDATION NUMBER 445R

October 6, 2026

The meeting of The Harris Center Intellectual and Developmental Disabilities Planning Advisory Council (IDD-PAC) was called to order on October 6, 2026 at 10:03 a.m. by Co-Chair Mary Jane William, with a quorum present.

MOTION BY: Dr. Deborah Pearson
SECOND BY: Dr Bill Schnapp

RECOMMENDATION

The Intellectual and Developmental Disabilities Planning Advisory Council (IDD-PAC) recommends that the attached Board Legislative Talking Points for use by Board members and other advocates when communicating with legislators regarding legislative priorities affecting individuals with intellectual and developmental disabilities.

CERTIFICATION

I, Alicia Cindy Hernandez, Recording Secretary for The Harris Center Intellectual and Developmental Disabilities Planning Advisory Council, hereby certify that Recommendation No. 445R was presented, discussed, and approved during its regularly scheduled meeting held on October 6, 2026, with a quorum present.

Signed by:
Alicia Hernandez
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Alicia Cindy Hernandez, Recording Secretary
Intellectual and Developmental Disabilities Planning Advisory Council
The Harris Center for Mental Health and IDD

10/8/2026
Date

Docusign Envelope ID: 7A0B9535-5193-8530-813A-11CD9AEE51BF

The HARRIS CENTER for Mental Health and IDD

Transforming Lives

EXECUTIVE SUMMARY

IDD Planning Advisory Council Recommendations for the 90th Texas Legislative Session

On September 1, 2026, The Harris Center's Intellectual and Developmental Disabilities Planning Advisory Council (IDD-PAC) convened to identify priority issues and recommendations in preparation for the 90th Texas Legislative Session. The meeting included the IDD-PAC Board of Trustees' liaison and representation from the Texas Council of Community Centers' Local Authority Workgroup. Additional community representation included independent school districts, private community-based providers, individuals with intellectual and developmental disabilities (IDD), family members, advocates, Harris County Guardianship, Harris County Juvenile Probation, UT Medical School, and the Mayor's Office for Persons with Disabilities.

The collective group examined gaps in care and support for people with IDD at the local, state, and federal levels. Members divided into smaller workgroups and discussed predetermined questions designed to identify unmet needs, system barriers, and opportunities to strengthen the continuum of care.

Purpose

The September 1st discussion had a dual purpose:

1. **Legislative Advocacy:** Identify recommendations for The Harris Center Board of Trustees to use as talking points in discussions with legislators and policymakers in preparation for the 90th Texas Legislative Session.
2. **Organizational Improvement:** Identify recommendations for the Board of Trustees and The Harris Center executive leadership to consider for internal, systemwide improvements and potential inclusion in the next iteration of the agency's strategic plan.

Following the workgroup discussions, feedback was consolidated into a comprehensive set of recommendations. IDD-PAC voting members were subsequently provided an opportunity to rank and modify the recommendations, allowing the final priorities to reflect the collective input and areas of greatest consensus among voting members.

Legislative Priorities

The final legislative recommendations identify eight priority areas for consideration:

Top 3 (listed by rank)

1. **Expand specialized services for children and youth (ages 3 to 18 yrs)** with IDD, particularly those with co-occurring behavioral health needs
2. **Strengthen the transition to adulthood** through increased community-based safety-net services (ages 18+ yrs) and restore state vocational apprenticeship funding
3. **Establish sustainable compensation for the direct-care workforce,** including increased Medicaid-supported wages and fringe benefits

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Other Legislative Issues Identified

4. Increase Medicaid reimbursement rates
5. Increase IDD-Specific Jail Deflection and Diversion Options
6. Expand Access to Early Childhood Intervention
7. Expand Community-Based Psychiatric Care for People with IDD
8. Advance Greater Equity in IDD Funding

Given the limited time typically available during meetings with legislators and legislative staff, the top three priorities are emphasized and explored in greater detail. The accompanying document provides additional background, rationale, and recommendations for these three areas.

For transparency and to preserve the breadth of the IDD-PAC's work, the full list of recommendations is included. The complete list represents the range of issues identified by the diverse stakeholders participating in the September 1st discussion, while the ranking identifies those priorities the voting members determined should receive the greatest emphasis.

Continued Collaboration

The IDD-PAC recognizes that meaningful progress requires collaboration among policymakers, providers, individuals with IDD, families, advocates, and community partners. The IDD-PAC Executive Leadership Team is available to meet with The Harris Center Board of Trustees and Executive Leadership to further discuss these recommendations, provide additional context, or share information regarding the identified gaps and potential solutions.

These recommendations are presented as an opportunity to strengthen advocacy for individuals with IDD and their families while also identifying opportunities for The Harris Center to continue improving its own systems, services, partnerships, and strategic direction.

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The HARRIS CENTER for Mental Health and IDD

Transforming Lives

IDD Planning Advisory Council
90th Legislative Session Workgroup Summary

BOARD LEGISLATIVE TALKING POINTS

Recommended top 3 priorities identified by the IDD-PAC to be emphasized in discussions with legislators *(listed by voted rank)*.

1. **Expand specialized services for children and youth (ages 3 to 18 yrs) with IDD, particularly those with co-occurring behavioral health needs.**

   Issue

   Based on Texas Health and Human Services, approximately 54% to 58% of children who age out of Early Childhood Intervention (ECI/IDEA Part C) services at age three continue to need ongoing support or transition into preschool special education (IDEA Part B) services. Under IDEA Part B, public school districts must provide a Free Appropriate Public Education (FAPE) to eligible children ages 3 through 21. While schools provide a robust array of specialized instructions and therapies to help a child access their education, these services are bound to educational necessity, not medical or holistic need. Because of this, families frequently need to supplement school programs with community-based supports.

IDEA Part B School Service	Scope in the School Setting	Why Families Supplement in the Community
Speech-Language Therapy	Focuses on communication skills that support educational access, including classroom speech needs, peer interaction, and school-based communication goals. Pragmatic (social) speech often receives limited attention, and services are frequently delivered in groups, making individualized intervention more challenging.	To access more individualized, one-on-one therapy, particularly for social speech, intensive articulation, feeding therapy, or swallowing disorders that may not be adequately addressed through school-based services.
Occupational Therapy (OT)	Targets fine motor skills needed for school tasks (holding pencils, using scissors, buttoning coats).	Sensory gyms and private OTs address broader sensory processing disorders, emotional regulation, and home life routines.
Physical Therapy (PT)	Focuses on school mobility, navigating hallways, and safely using playground equipment.	Private pediatric PTs work on overall physical milestones, core strength, gait training, and adaptive recreational sports.
Behavioral & Mental Health Support	Provides school counseling, crisis intervention, and Behavior Intervention Plans (BIPs) to address behavioral and emotional needs. Elementary students may have greater access to counselors and social or behavioral supports. Most districts also have Licensed Specialists in School Psychology (LSSPs) and behavioral	Private ABA therapy, pediatric psychologists, and family counseling address complex behavioral needs, clinical anxiety, and behaviors that extend beyond the school setting. However, access to external autism and behavioral programs is often

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	support teams, but direct student interaction, particularly at the high school level, is often limited, with LSSPs primarily involved in evaluations and testing. Although behavioral support teams may assist in severe cases, paraprofessionals are often responsible for implementing behavior plans on campus. Plans that lack sufficient detail or individualized strategies can make consistent implementation difficult.	limited, with many programs ending during elementary or middle school and few options available for adolescents, particularly those over age 12. Access to private services is also heavily influenced by a family's financial resources. When school-based supports are insufficient and affordable community services are unavailable, individuals with significant behavioral needs may experience escalating crises, increasing the risk of emergency interventions, school exclusion, or justice system involvement.
Assistive Technology (AT)	Provides access to speech-generating devices, communication software, and other assistive technology to support educational participation. Devices may be sent home for continued use, allowing students to communicate across school and home environments. However, when a student exits the school system, retaining the device may require a written transfer agreement approved by the district. Depending on the device's cost and district policies, the equipment may instead remain district property.	Families may need to pursue community-based programs, private insurance, or other funding sources to obtain personal, permanent assistive technology devices for consistent use at home and in the community, particularly when school-owned equipment cannot be transferred upon graduation or exit from the school system.

CRITICAL PILLARS STATE GENERAL REVENUE CAN SUPPORT THROUGH LOCAL IDD AUTHORITIES

Therapeutic Continuity
Schools operate on a 180-day calendar with significant breaks. If a child requires year-round, intensive therapeutic intervention to prevent regression, families must use community outpatient clinics that accept health insurance or Medicaid.

Socialization and Recreational Programs
IDEA Part B requires school districts to provide students with disabilities an equal opportunity to participate in school-sponsored nonacademic and extracurricular activities, including clubs and recreational activities, in addition to, appropriate supplementary aids and services as determined by the student's IEP team. These requirements apply to school-based activities, but do not extend to specialized community recreation programs or ongoing recreational support outside the school setting. Families may therefore supplement school-based opportunities with community adaptive programs, such as Special Olympics, therapeutic horseback riding (hippotherapy), and sensory-friendly community centers.

Long-Term Care and Case Management
School districts do not manage a child's life outside of school hours. To get help with long-term financial planning, home care, or adult transition planning, families rely on state and local entities. In Texas, this includes navigating the complex Medicaid Waiver Programs (such as Home and Community-based services), or encountering extensive waitlists, in some cases exceeding 15 years (according to HHSC, as of August 2026, there are 199,471 Texans waiting among 6 Medicaid waiver programs).

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Children who do not qualify for Medicaid waiver programs or cannot afford private services may have few options for continued community-based support. Unmet needs can contribute to developmental regression, escalating behavioral or mental health concerns, increased family stress, and greater reliance on crisis-oriented services later in childhood.

Recommendation

- *Advocate to strengthen specialized therapies and behavioral supports funded by community-based, state general revenue for children and youth ages 3–18 who age out of ECI but continue to require developmental, behavioral, or mental health supports.*

  Note: *Services should complement, not duplicate, supports provided through the education system, thereby creating a continuum of support that extends beyond the ECI years and addresses needs that may not be fully met through educational services alone.*

2. **Strengthen the transition to adulthood through increased community-based safety-net services (ages 18+ yrs) and restore state vocational apprenticeship funding.**

Issue

The Post-Graduation "Cliff"

While students are in school, federal and state education requirements provide a structured system of individualized supports, albeit limited to educational necessity. Once a student graduates or ages out of the school system, many of those supports end or change substantially.

IDD young adults and their families typically encounter a fragmented adult-service system in which eligibility requirements, waiting lists, funding limitations, and gaps between programs make it difficult to maintain the progress achieved during the school years. Most will experience elongated wait times to access structured, comprehensive supports via a Medicaid waiver, 15+ years (according to HHSC, as of August 2026, there are 199,471 Texans waiting among 6 Medicaid waiver programs). This can result in extended periods at home without meaningful daytime activities, loss of skills, reduced opportunities for employment and community participation, increased caregiver demands, and social isolation. For individuals with behavioral health needs, the absence of appropriate post-graduation supports can also contribute to preventable crises and justice involvement.

Critical Importance of Safety-Net Supports

Community safety net services are programs funded by state general revenue and administered by local IDD authorities (LIDDAs), including respite, adaptive behavioral supports, pre-employment training, job coaching (received post-employment), psychosocial training, psychological services, and day habilitation.

Access to these preventive supports allow persons with IDD to maintain skills, develop greater independence, participate in meaningful activities, pursue employment, and remain connected to their families and communities, while decreasing the likelihood of reliance on more costly, more restrictive, and less humane emergency services, psychiatric hospitalization, and involvement with law enforcement or the criminal justice system.

Vocational Apprenticeship Program (VAP)

HHSC's Vocational Apprenticeship Program (VAP) was a paid, 15-week training initiative designed to promote employment success without relying on traditional long-term state funding. Funded through an HHSC grant, the program provided apprentice salaries throughout the training period and the remainder of the project. Apprentices received formalized classroom instruction in essential workplace skills, including social skills, team building, interview preparation, problem-solving, and personal

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responsibility. They gained hands-on work experience in integrated community employment settings alongside peers without disabilities and received dedicated, on-site job coaching, with coaches working side-by-side with apprentices until they could perform their job responsibilities independently. Upon completion of the project, some participating employers chose to offer apprentices long-term employment opportunities.

Overall, VAP was a highly successful pilot and proof-of-concept project providing IDD individuals with a direct pathway to competitive, integrated employment after high school graduation. Funding for this program ended in 2024.

Cost of Safety-Net Prevention vs. Crisis
Community-based safety-net services can provide relatively low-cost interventions that help people remain stable, engaged, and safely supported in their homes and communities.

Based on estimated daily costs, the difference can be significant:

Setting/Service	Estimated Daily Cost
IDD community-based safety-net services funded with General Revenue	< $100
HCS services	~$155
ICF-IID	~$175
Specialized IDD care in jail	~$300
Private psychiatric hospitalization	~$700–$900+
SSLC	~$946

These estimates illustrate an important principle: providing appropriate supports early and in the community can cost substantially less than responding after a person's needs have escalated.

This not to suggest that every individual will require or avoid a particular level of care. Rather, Texas should ensure that people have access to the least restrictive, most appropriate supports necessary to maintain stability and independence before more intensive interventions become necessary.
This is particularly important following high school graduation when a young adult loses school-based structure.

Recommendation

- *Advocate for increasing state General Revenue funding for community-based IDD safety-net services to strengthen community stabilization for individuals with IDD following graduation from the education system.*

- *Advocate for the restoration of statewide funding for IDD vocational apprenticeship programs that provide opportunities to develop employment skills, gain work experience, and pursue meaningful careers.*

3. **Establish sustainable compensation for the direct-care workforce, including increased Medicaid-supported wages and fringe benefits.**

Issue
Direct-care work is skilled, demanding, and highly personal. Every day, direct service professionals (DSPs) assist individuals with activities that many take for granted, including bathing and showering, toileting and changing diapers, dressing, eating and meal preparation, medication administration and monitoring, mobility and transfers, personal hygiene, communication, behavioral support,

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transportation, and participation in community activities. They are also responsible for recognizing changes in an individual's physical or behavioral condition, implementing individualized support plans, documenting services, communicating with families and other professionals, and responding to emergencies within a 24/7 residential operation.

For individuals with more complex needs, DSPs can provide support across virtually every aspect of daily life. The work requires patience, judgment, consistency, specialized knowledge, and the ability to build trusting relationships with people who may have significant communication, medical, behavioral, or physical support needs. Yet the compensation available for this essential workforce remains significantly below wages available for many less specialized positions and below comparable entry-level healthcare roles.

Texas has taken steps to increase the minimum compensation for direct service providers:

- House Bill 1, Rider 30(a), effective September 1, 2023, established a minimum pay rate of $10.60 per hour for direct service providers, with no minimum fringe-benefit requirement.
- Senate Bill 1, Rider 23, effective September 1, 2025, increased the minimum pay rate to $13.00 per hour and established a 14% minimum fringe-benefit requirement.

While the 2025 increase represented progress, the $13.00 minimum remains difficult to reconcile with the responsibilities of the work and the broader labor market. For comparison, reported wage ranges include approximately:

Position/Employer	Approximate Hourly Wage
Amazon	$18.50–$20.00+
Walmart	$18.50–$20.75+
Target	$18.50+
Buc-ee's	$18.00–$21.00
Certified Nursing Assistant Nursing/Skilled Nursing Facilities	$17.90–$18.85
Patient Care Technician Acute Care Hospitals/Emergency Departments	$17.23–$18.27+
State Supported Living Centers	$17.50-$26.00+
IDD Direct Service Provider–Medicaid reimbursement rate	*$13.00*

An individual considering employment may reasonably choose a position offering higher wages, potentially fewer personal-care responsibilities, and different working conditions rather than providing intensive, hands-on support to people with IDD.

The direct-care workforce is the infrastructure that makes community living possible. When providers cannot recruit and retain sufficient staff, the consequences extend beyond staffing vacancies. Individuals may experience reduced access to services, fewer opportunities for community participation, disrupted routines, and greater caregiver burden. Providers may be forced to limit admissions or services, while families may struggle to find adequate support. This makes adequate DSP compensation more than a workforce issue. It is a prevention strategy and a critical component of the IDD safety net.

Recommendation

- *Advocate to increase Medicaid reimbursement rates to support a sustainable direct-care workforce from $13 to a minimum of $20 per hour.*

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OTHER LEGISLATIVE ISSUES IDENTIFIED
(Listed by voted rank)

4. **Increase Medicaid reimbursement rates**

   Recommendation
   - Advocate to increase Medicaid reimbursement rates across IDD services to strengthen the community-based provider network, including rates for targeted case management and other Medicaid waiver services to support provider sustainability.

5. **Increase IDD-Specific Jail Deflection and Diversion Options**

   Recommendation
   - Advocate to establish dedicated funding for IDD-specific deflection and diversion programs, separate from crisis respite funding, to provide alternatives to unnecessary criminal justice involvement.

   - Advocate to expand funding for IDD specific outpatient competency restoration as a jail-diversion strategy.

   - Advocate to support an HHSC study that examines the human and system costs associated with the Medicaid waiver waitlist and gaps in community-based services, including the potential consequences of individuals entering hospitals, jails, or experiencing homelessness when appropriate supports are unavailable.

6. **Expand Access to Early Childhood Intervention**

   Recommendation
   - Advocate to expand state-supported early intervention services for infants and toddlers who do not meet current traditional Health and Human Services Commission (HHSC) Early Childhood Intervention (ECI) eligibility criteria.

   - Fund and incorporate certified family partners into the HHSC ECI service model.

7. **Expand Community-Based Psychiatric Care for People with IDD**

   Recommendation
   - Advocate to improve coordination between the HHSC's IDD and Behavioral Health departments to address the needs of individuals with co-occurring IDD and mental health conditions in an effort to develop a continuum of community-based options, including inpatient, step-down, and long-term outpatient services.

8. **Advance Greater Equity in IDD Funding**

   Recommendation
   - Advocate the legislature to require HHSC to conduct a statewide analysis of the lifetime cost of IDD care and current funding levels. The analysis should identify funding gaps and inform strategies to achieve greater equity in the allocation of resources for populations requiring long-term and intensive supports.
     Note: *The IDD-PAC specifically identified a need to understand the gap between the lifetime cost of IDD care and current funding allocations, including comparisons with funding provided for mental health services.*

EXHIBIT P-3

Docusign Envelope ID: 7A0B9535-5193-8530-813A-11CD9AEE51BF

EXCERPT FROM THE MINUTES FROM THE HARRIS CENTER INTELLECTUAL AND DEVELOPMENTAL DISABILITIES PLANNING ADVISORY COUNCIL

Prepared by: The Office of the Vice President for Intellectual Disabilities Services Division

This is an official record of The Harris Center Intellectual and Developmental Disabilities Planning Advisory Council.

MEMBERS IN ATTENDANCE: LaVette Allen (Advocate); Judy Blake (Advocate); Dory Cayten (Advocate); Jenny Cheng (Advocate); Sharon Cheng (Light & Salt Association); Charles Davis (Harris County Psychiatric Center); Jeff Furrh (Waller Independent School District); Naila Ibrahim (Dar-us-Sakina); Kennitha Jenkins (Consumer Advocate); Norma Medrano for Angel Ponce (Mayor's Office for People w/ Disabilities); Dr. Deborah Pearson (McGovern Medical School, UT Health Science Center – Houston, Dept. Psychiatry); Angela Reagan (Region 4 Education Service Center); Michael Roberts (Down Syndrome Association of Houston); Kayla Rosenthal for Damien Harris (The Center for Pursuit); Dr. Bill Schnapp (Community Member); Kyla Singleton (Harris County Resources for Children and Adults); Janniece Sleigh (The Arc of Harris County); Shelley Townsend (University of Houston); Mary Jane Williams (Advocate); Albert Williamson (Spring Independent School District);

MEMBERS ABSENT: Mercedes Alejandro (Advocate); Ellen Goudeau (Advocate); Elworth Lusk (Advocate); Dr. Olivia McGill (Harris County Juvenile Probation Department); Stephen Vetrano (Vita-Living); VACANT (Community Care Services Eligibility – HHSC); VACANT (Houston Independent School District); VACANT (Humble Independent School District); VACANT (Richmond State Supported Living Center); VACANT (Texas Workforce Solutions – Vocational Rehabilitation Services); VACANT (Avondale House);

OTHERS IN ATTENDANCE:
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Public Attendees: Kizzey Demease; Curt Harrison (Easter Seals Greater Houston); Roger Liau (Light & Salt Association); Jeesoo Lee; Ana Perez (Pasadena Independent School District); Kelly Pillow (Pasadena Independent School District); Jonai Tellison (Texas Department of Family and Protective Services)

RECOMMENDATION NUMBER 446R

October 6, 2026

The meeting of The Harris Center Intellectual and Developmental Disabilities Planning Advisory Council (IDD-PAC) was called to order on October 6, 2026 at 10:03 a.m. by Co-Chair Mary Jane William, with a quorum present.

MOTION BY: Dr. Bill Scnhapp
SECOND BY: LaVette Allen

RECOMMENDATION

The Intellectual and Developmental Disabilities Planning Advisory Council (IDD-PAC) recommends that The Harris Center Board of Trustees consider and incorporate the seven attached Harris Center-specific planning process. These priorities are intended to guide future planning, program development, and operational improvements to better address the needs of individuals with intellectual and developmental disabilities and their families.

CERTIFICATION

I, Alicia Cindy Hernandez, Recording Secretary for The Harris Center Intellectual and Developmental Disabilities Planning Advisory Council, hereby certify that Recommendation No. 446R was presented, discussed, and approved during its regularly scheduled meeting held on October 6, 2026, with a quorum present.

Signed by:
Alicia Hernandez
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Alicia Cindy Hernandez, Recording Secretary
Intellectual and Developmental Disabilities Planning Advisory Council
The Harris Center for Mental Health and IDD

10/8/2026
Date

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The HARRIS CENTER for Mental Health and IDD

Transforming Lives

EXECUTIVE SUMMARY

IDD Planning Advisory Council Recommendations for the 90th Texas Legislative Session

On September 1, 2026, The Harris Center's Intellectual and Developmental Disabilities Planning Advisory Council (IDD-PAC) convened to identify priority issues and recommendations in preparation for the 90th Texas Legislative Session. The meeting included the IDD-PAC Board of Trustees' liaison and representation from the Texas Council of Community Centers' Local Authority Workgroup. Additional community representation included independent school districts, private community-based providers, individuals with intellectual and developmental disabilities (IDD), family members, advocates, Harris County Guardianship, Harris County Juvenile Probation, UT Medical School, and the Mayor's Office for Persons with Disabilities.

The collective group examined gaps in care and support for people with IDD at the local, state, and federal levels. Members divided into smaller workgroups and discussed predetermined questions designed to identify unmet needs, system barriers, and opportunities to strengthen the continuum of care.

Purpose

The September 1st discussion had a dual purpose:

1. **Legislative Advocacy:** Identify recommendations for The Harris Center Board of Trustees to use as talking points in discussions with legislators and policymakers in preparation for the 90th Texas Legislative Session.
2. **Organizational Improvement:** Identify recommendations for the Board of Trustees and The Harris Center executive leadership to consider for internal, systemwide improvements and potential inclusion in the next iteration of the agency's strategic plan.

Development and Prioritization of Recommendations

Following the workgroup discussions, feedback was consolidated into a comprehensive set of recommendations. IDD-PAC voting members were subsequently provided an opportunity to rank and modify the recommendations. The resulting seven recommendations reflect the collective input of the PAC *(listed by rank)*:

1. Develop life-stage-based resource education for individuals and families
2. Improve coordination and streamline access between IDD and Behavioral Health programs
3. Expand specialized youth and psychiatric services for individuals with co-occurring IDD and behavioral health needs
4. Strengthen IDD-specific law enforcement and crisis-response training
5. Expand vocational exploration and post-secondary partnerships
6. Increase community education and awareness of IDD and dual diagnosis
7. Build IDD competency across Behavioral Health services

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Unlike the legislative recommendations, where a limited number of priorities were identified for focused discussion due to the time constraints associated with legislative meetings, all seven organizational recommendations are presented for consideration by The Harris Center Board of Trustees and executive leadership.

The recommendations are intended to serve as a framework for discussion rather than a prescriptive action plan. They provide opportunities for leadership to evaluate current practices, identify potential gaps, consider resource and operational implications, and determine which recommendations may be appropriate for incorporation into future organizational priorities and strategic planning. Several recommendations may be addressed through existing programs and resources, while others may require new partnerships, additional resources, changes in service delivery, or collaboration with external stakeholders.

The recommendations also reflect the IDD-PAC's broader perspective that improving outcomes for people with IDD requires an approach that extends beyond individual programs and considers the full continuum of care across the lifespan.

Continued Collaboration

The IDD-PAC recognizes that meaningful progress requires collaboration among policymakers, providers, individuals with IDD, families, advocates, and community partners. The IDD-PAC Executive Leadership Team is available to meet with The Harris Center Board of Trustees and Executive Leadership to further discuss these recommendations, provide additional context, or share information regarding the identified gaps and potential solutions.

These recommendations are presented as an opportunity to strengthen advocacy for individuals with IDD and their families while also identifying opportunities for The Harris Center to continue improving its own systems, services, partnerships, and strategic direction.

Docusign Envelope ID: 7A0B9535-5193-8530-813A-11CD9AEE51BF

The HARRIS CENTER for Mental Health and IDD

Transforming Lives

IDD Planning Advisory Council
90th Legislative Session Workgroup Summary

THE HARRIS CENTER EXECUTIVE OPERATIONAL RECOMMENDATIONS

Recommended priorities identified by the IDD-PAC to be considered for implementation to address service needs *(listed by voted rank)*.

1. **Develop life-stage-based resource education for individuals and families.**
   Recommendation
   - Create education and information benchmarks organized around key stages of life, including early childhood, adolescence, adulthood, and older adulthood that provide individuals and families with information about available services and resources such as housing, guardianship, transportation, and other supports.

2. **Improve coordination and streamline access between IDD and Behavioral Health programs.**
   Recommendation
   - Explore opportunities to streamline intake, referral, and care coordination for individuals receiving services from both the IDD and Behavioral Health Divisions.
   - Review current Harris Center behavioral health programs to identify and address barriers that may prevent individuals with IDD and a behavioral health diagnosis from accessing the full range of appropriate services.

3. **Expand specialized youth and psychiatric services for individuals with co-occurring IDD and behavioral health needs.**
   Recommendation
   - Explore opportunities to expand contracts with local psychiatrists who have experience treating individuals with IDD and co-occurring mental health conditions. Assess opportunities to expand NPC/HCPC/Dunn capacity to include dedicated beds for individuals with co-occurring IDD and behavioral health conditions.

4. **Strengthen IDD-specific law enforcement and crisis-response training.**
   Recommendation
   - Expand training opportunities for law enforcement personnel focused on recognizing IDD, understanding how disability may affect communication and behavior, and identifying appropriate community-based resources and alternatives to arrest.
   - Expand the IDD knowledge base, training, and competency of Harris Center CORE clinicians to strengthen their ability to identify and respond appropriately to individuals with IDD experiencing behavioral health or crisis-related needs.

     **Clinician and Officer Remote Evaluation (CORE) connects law enforcement officers in the field with a licensed master's-level clinician from The Harris Center through a secure tablet-based*

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video connection. This allows the clinician to conduct a real-time mental health crisis assessment and provide clinical guidance for individuals experiencing a behavioral health crisis.

5. **Expand vocational exploration and post-secondary partnerships.**
   Recommendation
   - Develop opportunities that expose individuals with IDD to a broader range of occupations and career pathways, including emerging fields such as information technology, marketing, and design.
   - Explore partnerships with colleges, universities, technical schools, and other post-secondary institutions to expand educational, vocational, and workforce-development opportunities for individuals with IDD.

6. **Increase community education and awareness of IDD and dual diagnosis.**
   Recommendation
   - Strengthen The Harris Center's social media and community education strategies to increase awareness of developmental milestones, the importance of early intervention, and available ECI resources.
   - Particular attention should be given to communication platforms commonly used by adults ages 18–35 to reach younger parents, caregivers, and community members.
   - Develop educational initiatives that increase awareness of dual diagnosis and help families, community organizations, and professionals better understand the intersection of IDD and behavioral health.

7. **Build IDD competency across Behavioral Health services**
   Recommendation
   - Increase the knowledge and competency of Licensed Practitioner of the Healing Arts (LPHA) staff within the four mental health outpatient clinics regarding the assessment, engagement, and treatment of individuals with IDD and co-occurring behavioral health conditions.

EXHIBIT P-4

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THE HARRIS CENTER
9401 Southwest Freeway
Houston, TX 77074

INFORMATION FORM FOR INDIVIDUAL NOMINEES TO THE

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

Please Print:

Name: Jeesoo Lee

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

Mailing Address: [redacted]

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

Telephone: Home _____ Work _____ Cell 832-696-1798

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

Occupation: Family Advocate

Employed by: _____

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

I am being nominated by: Judy Blake

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

Why do you want to be a member of the IDD-PAC?
I want to serve on the IDD-PAC to help strengthen how Harris County supports individuals with IDD and their families by bringing lived experience from the families into policy and program decisions.

What special interests, talents, or experience do you feel you bring to the IDD-PAC?
As an Asian parent, I understand how language and cultural barriers affect families trying to access services. My background in sales operations gives me skills in organizing information and analyzing processes to develop practical, workable solutions.

* 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.

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

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

☒ Yes ☐ No If no, please explain: _____

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

member

PBMAT (The Deaf-Blind Multihandicapped Association of Texas)

DPA (Houston Dicability Parent Association)

CEC (Council for Exceptional Children)

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

Jeegoo Lee
(SIGNATURE)

5/18/2026
(DATE)

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

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

EXHIBIT P-5

Docusign Envelope ID: 2D353502-157A-8341-832E-8FE8A59F47FF

THE HARRIS CENTER
9401 Southwest Freeway
Houston, TX 77074

INFORMATION FORM FOR ORGANIZATION NOMINEES TO THE

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

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

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

PART I

Organization Name: Easter Seals of Greater Houston

Mailing Address: 4888 Loop Central, Suite 200

City: Houston State: TX Zip code: _____

Telephone: 838.9050x306 Fax No.: _____

E-mail Address: charrison@eastersealshouston.org

Relationship to The Harris Center: _____

We were referred to The Harris Center by: Dr. Evanthe Collins

Who will represent your organization on the Advisory Council? Curt Harrison, CEO

(Name and Position in Organization)

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

Easter Seals provides a wide range of services to both children and adults with disabilities as well as to veteran's and their families.

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

Docusign Envelope ID: 2D353502-157A-8341-832E-8FE8A59F47FF

PART II

Name: Curt Harrison

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

Mailing Address: 4888 Loop Central, Suite 200

City: Houston State: TX Zip code: 77081

Telephone: Home: _____ Work: 713.838.9050x306 Cell: 404.399.9848

E-Mail Address: charrison@eastersealshouston.org

Fax No.: _____ Occupation: CEO

Name of Company/Agency: Easter Seals of Greater Houston

Business Address: SAME AS MAILING ADDRESS

City: _____ State: _____ Zip code: _____

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

I am being nominated by: Easter Seals Greater Houston
(Organization Name)

Organization Authorization: Curt Harrison, CEO
(Signature of Officer Making Nomination/Title)

Why do you want to be a member of the Advisory Council?
To help support the work of advocacy, planning, and delivery services to those with IDD in our community.

What special interests, talents, or experience do you feel you bring to the Advisory Council?
I have worked in the field for over 30 years. In my current role as CEO of Easter Seals, I lead an organization that provides services each year to nearly 15,000 children and adults with disabilities.

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

☒ Yes ☐ No If no, please explain: _____

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

Docusign Envelope ID: 2D353502-157A-8341-832E-8FE8A59F47FF

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

_____

_____

_____

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

Organization Authorization: _____

(Signature of Officer Making Application/Title)

9/17/2026

(Date)

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

Attachments:

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

EXHIBIT P-6

Docusign Envelope ID: 2BCD1835-61D7-824F-82E8-95B44AC196FD

THE HARRIS CENTER
9401 Southwest Freeway
Houston, TX 77074

INFORMATION FORM FOR ORGANIZATION NOMINEES TO THE

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

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

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

PART I

Organization Name: Hearts & Habits Horizon

Mailing Address: 5959 West Loop S. Suite 500

City: Bellaire State: Texas Zip code: 77401

Telephone: 832-707-8072 Fax No.: _____

E-mail Address: kevinkheartsandhabits@outlook.com

Relationship to The Harris Center: I have been a PAC member for two other organizations for the last 10+ years

We were referred to The Harris Center by: Former PAC Member

Who will represent your organization on the Advisory Council? Kevin Kern, Founder/ CEO

(Name and Position in Organization)

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

Hearts & Habits Horizon is a licensed ISS provider with a focus on building independence in the areas of employment, independent living and social skill building.

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

We are brand new, just opening up in August, however the Founder/ CEO has been involved on various committees and boards in the field.

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PART II

Name: Kevin Kem

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

Mailing Address: 5959 West Loop S. Suite 500

City: Bellaire State: Texas Zip code: 77401

Telephone: Home: 832-707-8072 Work: 832-707-8072 Cell: 832-707-8072

E-Mail Address: kevinkheartsandhabits@outlook.com

Fax No.: _____ Occupation: Founder/ CEO

Name of Company/Agency: Hearts & Habits Horizon

Business Address: 5959 West Loop S. Suite 500

City: Bellaire State: Texas Zip code: 77401

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

I am being nominated by: Hearts & Habits Horizon, LLC
(Organization Name)

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

Why do you want to be a member of the Advisory Council?
I have worked with the IDD population for almost 30 years and I am passionate about advocating and creating programs and services that assist with helping them reach maximum independence.

What special interests, talents, or experience do you feel you bring to the Advisory Council?
I have almost 30 years of experience as a private provider and have worked at organizations in both Texas as well as Pennsylvania. I have worked for large providers as well as very small. I have also founded my current organization Hearts & Habits Horizon, as I saw a gap in services for those that wanted a focus on building real world independence. I want to share my knowledge and work with others.

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

☒ Yes ☐ No If no, please explain: _____

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

PAGE 3 OF 3

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

I am not currently a member in any other organizations, however I plan to rejoin the Private Providers Association of Texas in this next calender year.

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

Organization Authorization: bba05481-7a11-4750-ac31-671b68fa56c3 Digitally signed by bba05481-7a11-4750-ac31-671b68fa56c3 Date: 2026.10.08 15:21:08 -05'00'

(Signature of Officer Making Application/Title)

10/8/2026

(Date)

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

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- Copy of The Harris Center Code of Ethics
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- Voluntary Disclosure Statement

EXHIBIT P-7



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iddteam ELITE



OUT OF MANY, ONE

Dr. Evanthe Collins
Vice President, IDD Service Division/Agency Grants & State Contracts

The HARRIS CENTER for Mental Health and IDD

IDD LEGISLATIVE PRIORITIES

The HARRIS CENTER for Mental Health and IDD

- Expand specialized services for children and youth (ages 3 to 18 yrs) with IDD, particularly those with co-occurring behavioral health needs.

- Strengthen the transition to adulthood through increased community-based safety-net services (ages 18+ yrs) and restore state vocational apprenticeship funding.

- Establish sustainable compensation for the direct-care workforce, including increased Medicaid-supported wages and fringe benefits.





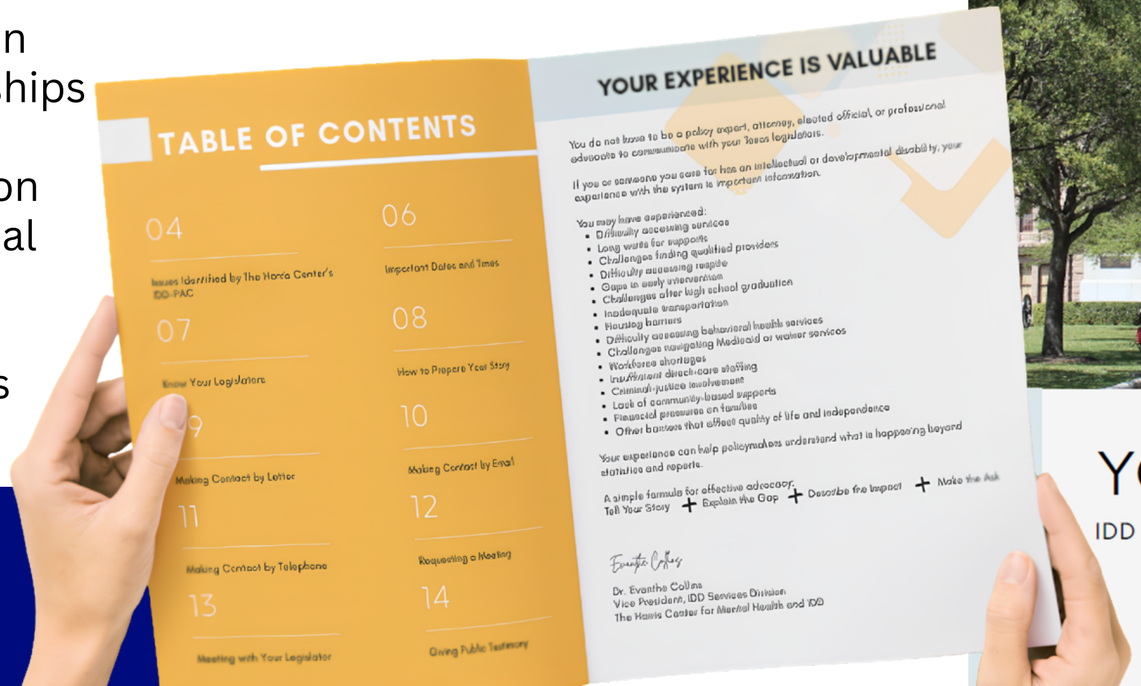


IDD STRATEGIC PRIORITIES

The HARRIS CENTER for Mental Health and IDD

- Develop life-stage-based resource education for individuals and families
- Improve coordination and streamline access between IDD and Behavioral Health programs
- Expand specialized youth and psychiatric services for individuals with co-occurring IDD and behavioral health needs
- Strengthen IDD-specific law enforcement and crisis-response training
- Expand vocational exploration and post-secondary partnerships
- Increase community education and awareness of IDD and dual diagnosis
- Build IDD competency across Behavioral Health services





YOUR VOICE MATTERS

IDD Advocacy Toolkit for the 90th Texas Legislative Session

2026-2027

TELL YOUR STORY. BE HEARD.

The HARRIS CENTER for Mental Health and IDD

Available Online

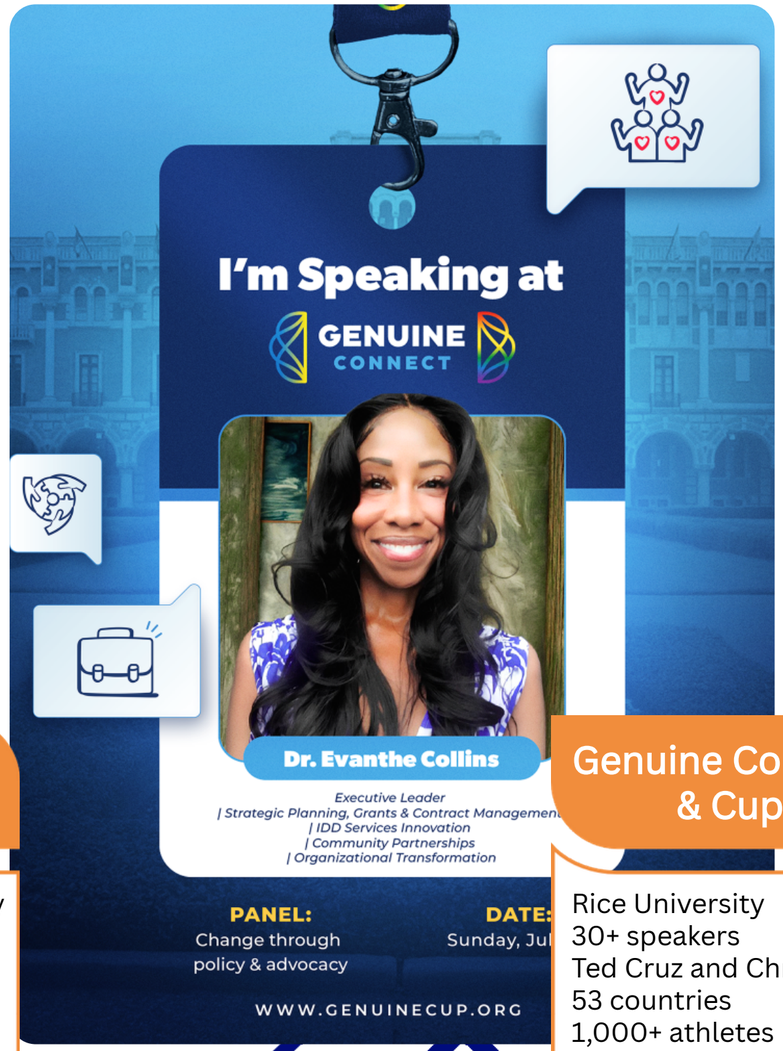
COLLABORATIONS

The HARRIS CENTER for Mental Health and IDD



Nourish Culinary Medicine

Interdisciplinary culinary medicine initiative combining nutrition science, cooking skills, and clinical application to prevent and manage chronic diseases.



Genuine Connent & Cup

Rice University
30+ speakers
Ted Cruz and Chris Nikic
53 countries
1,000+ athletes

Video



Harris County Early Childhood

Educate/expand access to high-quality, affordable childcare and support family and educator wellbeing.

Video

ON A FINAL NOTE

The HARRIS CENTER for Mental Health and IDD

UTHealth

The HARRIS CENTER for Mental Health and IDD

Transforming Lives

15 Interns
12 weeks









LAUNCHING! TO ADULTHOOD INTERNSHIP 2026

UTHEALTH HOUSTON + THE HARRIS CENTER

EXHIBIT P-8



YOUR VOICE MATTERS

IDD Advocacy Toolkit for the 90th Texas Legislative Session

2026-2027

TELL YOUR STORY. BE HEARD.

The HARRIS CENTER for Mental Health and IDD

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YOUR EXPERIENCE IS VALUABLE

You do not have to be a policy expert, attorney, elected official, or professional advocate to communicate with your Texas legislators.

If you or someone you care for has an intellectual or developmental disability, your experience with the system is important information.

You may have experienced:

- Difficulty accessing services
- Long waits for supports
- Challenges finding qualified providers
- Difficulty accessing respite
- Gaps in early intervention
- Challenges after high school graduation
- Inadequate transportation
- Housing barriers
- Difficulty accessing behavioral health services
- Challenges navigating Medicaid or waiver services
- Workforce shortages
- Insufficient direct-care staffing
- Criminal-justice involvement
- Lack of community-based supports
- Financial pressures on families
- Other barriers that affect quality of life and independence

Your experience can help policymakers understand what is happening beyond statistics and reports.

A simple formula for effective advocacy:
Tell Your Story + Explain the Gap + Describe the Impact + Make the Ask

Evanthe Collins

Dr. Evanthe Collins
Vice President, IDD Services Division
The Harris Center for Mental Health and IDD

ISSUES YOU IDENTIFIED

Below are issues identified by The Harris Center's IDD Planning Advisory Council in preparation for Texas' 90th Legislative Session. You may choose to advocate for additional or different supports.

Expand Access to Early Childhood Intervention

Recommendation

- Expand state-supported early intervention services for infants and toddlers who do not meet traditional Health and Human Services Commission (HHSC) Early Childhood Intervention (ECI) eligibility criteria.
- Fund and incorporate certified family partners into the HHSC ECI service model.

Increase Community-Based Safety-Net Services Following Graduation

Recommendation

- Increase state General Revenue funding for community-based IDD safety-net services to strengthen community stabilization and expand access to employment, psychosocial, behavioral health, and other community-based supports for individuals with IDD following graduation from the education system.
- Restore statewide funding for IDD vocational apprenticeship programs that provide opportunities to develop employment skills, gain work experience, and pursue meaningful careers.

Expand Specialized Services for Children and Youth with IDD

Recommendation

- Strengthen specialized therapies and behavioral supports for children and youth ages 3-18 who age out of ECI but continue to require developmental, behavioral, or mental health supports. *Services should complement—not duplicate—services provided through the education system, creating a continuum of support that extends beyond the ECI years and addresses needs that may not be fully met through educational services alone.*



Expand Community-Based Psychiatric Care for People with IDD

Recommendation

- Improve coordination between the HHSC's IDD and Behavioral Health systems to address the needs of individuals with co-occurring IDD and mental health conditions to develop a continuum of community-based options, including inpatient, step-down, and long-term outpatient services.

ISSUES YOU IDENTIFIED

Increase IDD-Specific Jail Deflection and Diversion Options

Recommendation

- Establish dedicated funding for IDD-specific deflection and diversion programs, separate from crisis respite funding, to provide alternatives to unnecessary criminal justice involvement.
- Expand funding for IDD specific outpatient competency restoration as a jail-diversion strategy.
- Support and HHSC study that examines the human and system costs associated with the Medicaid waiver waitlist and gaps in community-based services, including the potential consequences of individuals entering hospitals, jails, or experiencing homelessness when appropriate supports are unavailable.

Establish Sustainable Compensation for the Direct-Care Workforce

Recommendation

- Increase Medicaid reimbursement rates to support a sustainable direct-care workforce from $13 to $20 per hour.
- Increase the minimum fringe-benefit allocation for direct-care services from 14% to 20% to strengthen compensation packages and support recruitment and retention of the direct-care workforce.

Increase Medicaid Service Rates for Providers

Recommendation

- Increase Medicaid reimbursement rates across IDD services to strengthen the community-based provider network, including rates for targeted case management and other Medicaid waiver services to support provider sustainability and workforce capacity.

Advance Greater Equity in IDD Funding

Recommendation

- Conduct a statewide analysis of the lifetime cost of IDD care and current funding levels. The analysis should identify funding gaps and inform strategies to achieve greater equity in the allocation of resources for populations requiring long-term and intensive supports.

The IDD-PAC specifically identified a need to understand the gap between the lifetime cost of IDD care and current funding allocations, including comparisons with funding provided for mental health services.

IMPORTANT DATES & TIMELINES

The 90th Texas Legislature will convene in regular session on: **January 12, 2027**
The regular session is scheduled to conclude: **May 31, 2027**

ADVOCACY TIMELINE

2026

Summer - Fall 2026

Build your foundation

- ☐ Identify your legislators
- ☐ Identify your top issues
- ☐ Collect personal stories
- ☐ Gather relevant data
- ☐ Develop specific legislative requests
- ☐ Begin communicating with legislative offices
- ☐ Request meetings when appropriate
- ☐ Connect with other families and organizations

Late 2026

Prepare for the session

Bills may be filed before the regular session begins. Texas Legislative Reference Library states that regular-session bill filing begins on the first Monday after the general election before the session.
(Texas Legislative Reference Library)

- ☐ Monitor bills being filed
- ☐ Identify bills related to your issue
- ☐ Prepare one-page fact sheets
- ☐ Prepare testimony

2027

January 12, 2027

Session Begins

- ☐ Continue communicating with legislators
- ☐ Monitor legislation
- ☐ Watch committee assignments
- ☐ Identify relevant committees
- ☐ Follow committee hearings

Spring 2027

Advocacy becomes especially important

- ☐ Monitor committee hearings
- ☐ Testify when appropriate
- ☐ Communicate with committee members
- ☐ Continue communicating with your own legislators
- ☐ Track amendments and bill movement
- ☐ Monitor budget discussions

January - March 2027

Bills and Committees

- ☐ Track legislation
- ☐ Contact legislators about specific bills
- ☐ Monitor committee hearings
- ☐ Prepare testimony
- ☐ Attend hearings when appropriate

Texas law allows bills on any topic to be introduced during the first 60 calendar days of a regular session, subject to constitutional exceptions. Check the official legislative calendar for current deadlines. (Texas Legislative Reference Library)

May 31, 2027

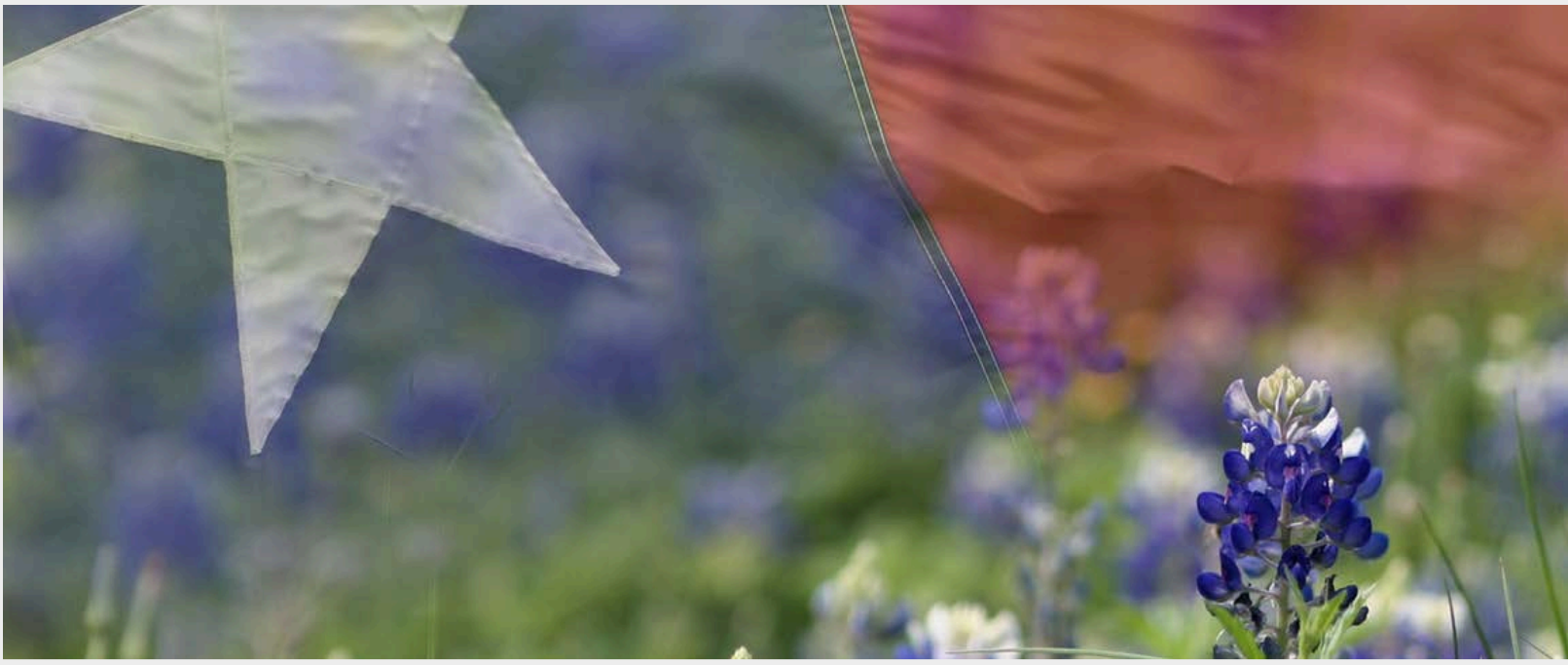
Session Ends

But advocacy doesn't necessarily end here.
Bills may still require implementation, and state agencies may need to carry out legislation passed during the session.

IMPORTANT REMINDER

Legislative deadlines can change from session to session.
Always verify dates, committee schedules, hearing requirements, and filing deadlines using official Texas legislative resources.

KNOW YOUR LEGISLATORS



Texas has a Texas House of Representatives and a Texas Senate.

Your first step should be identifying the legislators who represent your home address.

Texas Legislature Online provides a "Who Represents Me?" tool that allows Texans to enter an address, city, or ZIP code to identify their legislators and districts. Use the link below to access this tool.

FIND MY LEGISLATORS
Texas Legislature Online - Who Represents Me?

MY LEGISLATIVE CONTACTS

TEXAS **HOUSE REPRESENTATIVE**	TEXAS **SENATE REPRESENTATIVE**
NAME: _____	NAME: _____
DISTRICT: _____	DISTRICT: _____
DISTRICT OFFICE: _____	DISTRICT OFFICE: _____
CAPITOL OFFICE: _____	CAPITOL OFFICE: _____
PHONE: _____	PHONE: _____
WEBSITE: _____	WEBSITE: _____
EMAIL/CONTACT FORM: _____	EMAIL/CONTACT FORM: _____

HOW TO PREPARE YOUR STORY

A personal story helps a legislator understand the human impact of a policy issue.
You do not have to share every detail. Choose one experience that illustrates the problem clearly.

Use the 5-part story building technique:

1. **Who are you?**
   "My name is _____, and I live in _____ County."
2. **What is your connection to IDD?**
   "I am the parent of..."
   "I am a person with..."
   "I provide services to..."
3. **What happened?**
   "When we tried to access..."
4. **What was the result?**
   "Because of this..."
5. **What do you want the Legislature to consider?**
   "I am asking the Legislature to..."



Example

"My daughter is 22 and has an intellectual disability. When she graduated from high school, our family had difficulty finding community-based services that could help her maintain the skills she developed in school. Without those supports, her independence declined and our family had to provide additional care. I am asking the Legislature to consider policies and funding that expand access to community-based supports for adults with IDD after graduation."

MAKE A SPECIFIC ASK

Don't just identify the problem. Explain what you are asking for.

Compare:
"Families need more help."

with:
"I am asking the Legislature to consider additional funding for community-based respite services so families caring for individuals with IDD can access temporary support."

The second statement gives the policymaker something specific to consider.

EXAMPLES OF LEGISLATIVE REQUESTS

- **FUNDING** *"Increase funding for..."*
- **REIMBURSEMENT** *"Review or increase reimbursement rates for..."*
- **LEGISLATION** *"Support legislation that would..."*
- **PROGRAM EXPANSION** *"Expand access to..."*
- **WORKFORCE** *"Provide funding to support recruitment and retention of..."*
- **AGENCY OVERSIGHT** *"Request that HHSC evaluate..."*
- **STUDY OR ASSESSMENT** *"Direct an examination of..."*
- **CONSTITUENT ASSISTANCE** *"Help our family understand how to access..."*

MAKING CONTACT BY LETTER

A letter can be particularly useful when you have a personal story, detailed concern, or specific request.



Keep your letter clear, respectful, personal, specific and concise. You may chose to include a photo to help your legislator connect to your story.

Dear Representative/Senator [LAST NAME]:

My name is [NAME], and I live in [CITY/COUNTY]. I am writing as a [person with IDD/family member/caregiver/provider/community member] to share my experience with [ISSUE].

[Briefly describe the problem or gap.]

This issue affects [ME/MY FAMILY/PEOPLE WITH IDD IN MY COMMUNITY] because [DESCRIBE IMPACT].

For example, [SHARE ONE SPECIFIC EXPERIENCE OR STORY].

I am asking you to [SPECIFIC REQUEST].

Addressing this issue would help [DESCRIBE THE BENEFIT TO INDIVIDUALS, FAMILIES, OR THE COMMUNITY].

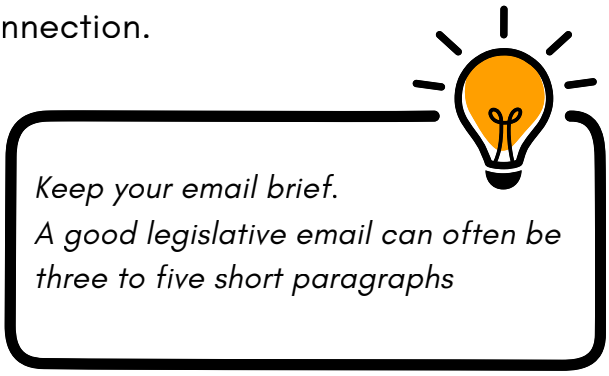
Thank you for your service to our community and for taking the time to consider the experiences of Texans with intellectual and developmental disabilities.
I would welcome the opportunity to discuss this issue further with you or your staff.

Sincerely,

[NAME]
[CITY/COUNTY]
[PHONE]
[EMAIL]

MAKING CONTACT BY EMAIL

Email is often the easiest way to make an initial connection.



Choose a clear subject line.

Examples:

Constituent Request: IDD Services in [COUNTY]
Family Experience With [ISSUE]
Request to Discuss IDD Service Gaps
Legislative Request: [SPECIFIC ISSUE]

Dear Representative/Senator [LAST NAME]:

My name is [NAME], and I am a constituent from [CITY/COUNTY].

I am writing to share a concern regarding [ISSUE] and its impact on individuals with intellectual and developmental disabilities and their families.

[Briefly describe your experience or the service gap.]

I am asking you to [SPECIFIC REQUEST]. Addressing this issue would help [DESCRIBE IMPACT OR BENEFIT].

Thank you for taking the time to hear from constituents and to consider the needs of Texans with IDD. I would welcome the opportunity to discuss this issue with you or your staff.

Sincerely,

[NAME]
[CITY/COUNTY]
[PHONE]
[EMAIL]

MAKING CONTACT BY TELEPHONE

You do not have to make a long phone call. A 60-second call can be enough.



Legislative staff receive and organize constituent communications. A short, clear, respectful message can be more useful than a long speech.

When the office answers:
"Hello. My name is _____, and I live in _____. I am calling about an issue affecting Texans with intellectual and developmental disabilities."

Then explain the issue:
"I'm concerned about..."

Your experience:
"My family/organization has experienced..."

Your request:
"I am asking Representative/Senator _____ to consider..."

Close:
"I would appreciate it if you could share my concern with the legislator and let me know if there is an opportunity to discuss this further. Thank you."

Example

"Hello, my name is ___, and I live in Harris County. I'm calling because I'm concerned about the lack of appropriate alternatives to incarceration for people with intellectual and developmental disabilities who come into contact with the criminal justice system.

My son has an intellectual disability, and during a behavioral crisis he had an outburst that resulted in his arrest and incarceration. His behavior was related to his disability and the crisis he was experiencing, but instead of receiving therapeutic intervention, he was taken to jail. The experience was extremely difficult for him and our family, and we learned there are few diversion options for people who have both a mental illness and a developmental disability.

I'm asking Representative [Last Name] to support funding and policies that expand IDD-specific jail deflection and diversion programs so that law enforcement has appropriate alternatives when someone with an IDD-related behavioral crisis comes into contact with the justice system. I would appreciate it if you could share my concern with the Representative and let me know if I can provide additional information. Thank you for your time."

Telephone Tips



DO:
- Identify yourself
- Say where you live
- Explain the issue
- State your request
- Be respectful
- Ask for the staff member's name
- Thank them



DON'T:
- Expect an immediate answer
- Argue with staff
- Leave a long message
- Use insults or threats

REQUESTING A MEETING

Meeting with a legislator or legislative staff member gives you an opportunity to explain an issue in greater detail.

You can request:

- A district-office meeting
- A Capitol meeting
- A virtual meeting
- A meeting with legislative staff

Dear Representative/Senator [LAST NAME] or [STAFF NAME]:

My name is [NAME], and I am a constituent from [CITY/COUNTY]. I am reaching out to request a brief meeting with you or a member of your staff to discuss [ISSUE] and its impact on Texans with intellectual and developmental disabilities in our community.

We would appreciate the opportunity to share what we are seeing, provide information about the needs of individuals and families, and discuss potential solutions as the 90th Texas Legislative Session approaches.

We are available [PROVIDE 2-3 DATES/TIMES] and are happy to meet at your district office, virtually, or at another convenient location.

Thank you for your consideration. I look forward to the opportunity to connect.

Sincerely,

[NAME]
[TITLE/ORGANIZATION, IF APPLICABLE]
[CITY/COUNTY]
[PHONE]
[EMAIL]

MEETING WITH YOUR LEGISLATOR

BEFORE

Create a one-page handout that answers:

The problem
What is happening?

Who is affected?
Who experiences the problem?

The impact
What happens because of the gap?

The data
What information demonstrates the scope?

The ask
What specific action are you requesting?

Contact
Who can the legislative office contact for additional information?

DURING

Start with your connection
"Thank you for meeting with us. I'm a constituent and the parent of..."

Explain the issue
"The issue we are seeing is..."

Tell your story
"Our family experienced..."

Explain the broader impact
"This isn't only affecting our family. We are seeing..."

Make the request
"We are asking you to consider..."

Ask for questions
"What questions can we answer?"

Close with appreciation
"Thank you for taking the time to hear from us."

AFTER

- Send a brief thank-you message.
- If the legislator or staff requests additional information **send it promptly.**

If you don't know an answer respond with:
"I don't have that information today, but I will follow up."
It is better to provide accurate information later than to guess.

GIVING PUBLIC TESTIMONY

Public testimony gives Texans an opportunity to speak directly to a legislative committee about legislation or another matter before the committee.

Texas Legislature Online provides committee schedules, hearing notices, witness lists, committee membership, and related information. (Texas Legislature Online)

For House committee hearings, electronic witness registration is required for providing testimony, and registration availability is determined by the committee clerk. (Texas House of Representatives)

THE 3-MINUTE TESTIMONY FRAMEWORK

Your testimony may be subject to a specific time limit set by the committee.

30 Seconds

Chair [LAST NAME] and Members of the Committee:
My name is [NAME], and I am from [CITY/COUNTY]. I am here today as a [person with IDD/family member/caregiver/provider/advocate].

60 Seconds

I am speaking about [BILL/ISSUE].
In my experience, [BRIEF PERSONAL STORY OR EXAMPLE].

60 Seconds

This matters because [IMPACT ON INDIVIDUALS, FAMILIES, PROVIDERS, OR COMMUNITIES].

30 Seconds

I respectfully ask the Committee to [SPECIFIC REQUEST].
Thank you for the opportunity to share my experience and for your consideration of the needs of Texans with intellectual and developmental disabilities.



DO:

- Practice out loud
- Bring your written remarks
- Speak from your experience
- Use credible information
- Respect the committee
- Follow given time limits



DON'T:

- Read a 20-minute speech when given three minutes
- Attack individuals
- Exaggerate
- Present speculation as fact
- Assume everyone knows the issue

REMINDERS

The strongest advocacy is specific.

Instead of:
"IDD services need more funding."
Try:
"Families in our community are experiencing difficulty accessing _____. I am asking the Legislature to consider _____ so that _____."

Instead of:
"There aren't enough providers."
Explain:
"Families are experiencing _____ because providers are having difficulty _____. This affects _____. I am asking the Legislature to consider _____."

Instead of:
"The system needs to change."
Explain:
"The current process creates this specific barrier: _____. A potential solution is _____."



IDD?

Don't assume everyone knows what this means.

Legislators hear from constituents about many different issues and may not understand what IDD means or how it affects individuals and families. Take a moment to explain it in everyday language.

Example:
"When I say my son has an intellectual and developmental disability, I'm talking about a lifelong disability that affects how he learns, communicates, processes information, and manages everyday activities. Every person with IDD is different, and the level of support they need can vary."

Then make it personal. You don't have to give a textbook definition of IDD. Explain what it means for your family.

Example:
"For my daughter, her disability means she needs additional time to understand information and needs help communicating when she is overwhelmed."
or:
"My son can do many things independently, but he needs support with decision-making, managing his emotions, and navigating unfamiliar situations."

That personal explanation can help connect the diagnosis, support need, service gap, and impact on the individual or family.

BE INFORMED. BE PREPARED. BE HEARD.
90th Texas Legislative Session
January 12 – May 31, 2027
Learn. Connect. Share. Advocate.

My Legislative Tracking List

Bill	Issue	House/Senate Committee	My Notes



The HARRIS CENTER for Mental Health and IDD