



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

Full Board Meeting
October 22, 2024
8:30 am

- I. DECLARATION OF QUORUM**
- II. PUBLIC COMMENTS**
- III. APPROVAL OF MINUTES**
 - A. Approve Minutes of the Board of Trustees Meeting Held on Tuesday, September 24, 2024
(*EXHIBIT F-1*)
- IV. BOARD CHAIR'S REPORT**
- V. CHIEF EXECUTIVE OFFICER'S REPORT**
- VI. COMMITTEE REPORTS AND ACTIONS**
 - A. Audit Committee Reports and/or Action
(*J. Lykes, Chair*)
 - B. Resource Committee Report and/or Action
(*G. Wornack, Chair*)
 - C. Program Committee Report and/or Action
(*M. Miller, Jr., Chair*)
 - D. Quality Committee Report and/or Action
(*L. Fernandez-Wische, Chair*)
 - E. Foundation Report and/or Action
(*N. Hurtado, Chair*)
- VII. CONSENT AGENDA**
 - A. FY'25 Year-to-Date Budget Report-September
(*EXHIBIT F-2 Stanley Adams*)
 - B. Board Resolution -Signature Authorization and Delegation Authority for Certain Items
(*EXHIBIT F-3 Stanley Adams*)
 - C. October 2024 Contracts Amendments Over 250K
(*EXHIBIT F-4 Ernest Savoy*)
 - D. October 2024 Interlocal Agreement
(*EXHIBIT F-5 Ernest Savoy*)
- VIII. REVIEW AND TAKE ACTION**
 - A. Resolution of the Board of Trustees Authorizing the Issuance of Bonds
(*Wayne Young/Stanley Adams*)
 - B. Board's Letter to Legislative Leadership
(*Amanda Jones*)

C. 2025 Board of Trustees Calendar
(EXHIBIT F-6 Wayne Young)

IX. REVIEW AND COMMENT

A. HR Update
(EXHIBIT F-7 Joseph Gorczyca/Ninfa Escobar)

X. EXECUTIVE SESSION

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

• As authorized by § 551.074 of the Texas Government Code, performance evaluation of CEO. Mr. James Lykes, Chair of Governance Committee & Dr. R. Gearing, Chair of the Harris Center Board of Trustees

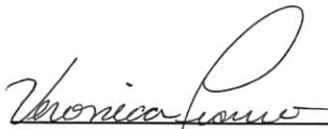
• In accordance with §551.074 of the Texas government Code, discussion of a personnel matter. Kendra Thomas, General Counsel and Wayne Young, CEO

• In accordance with §§551.071 and 551.072 of the Texas Government Code, to consult with attorney about the due diligence related to the potential acquisition of real property to deliver behavioral health services at low-income housing residents. Wayne Young, CEO, Stanley Adams, CFO and Kendra Thomas, General Counsel

XI. RECONVENE INTO OPEN SESSION

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

XIII. ADJOURN



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: September 24, 2024

**TRUSTEES
IN ATTENDANCE:** Dr. Robin Gearing, PhD-Chair
Jim Lykes, Vice Chairperson
Gerald Womack
Dr. Max Miller, Jr.
Dr. Luis Fernandez-Wische
Natali Hurtado
Dr. Jeremy Lankford
Resha Thomas
Dr. Katherine Bacon

TRUSTEES ABSENT: Sheriff Gonzalez

I. Declaration of Quorum

Dr. Robin Gearing, Chair, called the meeting to order at 9:01 a.m. noting that a quorum of the Board was in attendance.

II. Public Comments-

Zoe Clark and Seth Hutchinson provided public comments urging the Board Members to approve a pay raise and to consider and adopt the Consultation Policy that was originally put forward.

III. Approval of Minutes

MOTION BY: HURTADO SECOND: LYKES

With unanimous affirmative votes

BE IT RESOLVED the Minutes of the Regular Board of Trustees meeting held on Thursday, August 27, 2024 as presented under Exhibit F-1, are approved.

IV. Board Chair’s Report

V. Chief Executive Officer’s Report was provided by CEO Wayne Young
Mr. Young provided a Chief Executive Officer report to the Board.

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

- A. Governance Committee Report and/or Action-J. Lykes
Mr. Lykes provided an overview of the topics discussed and the decisions made at the Governance Committee meeting on September 17, 2024.
- B. Resource Committee Report and/or Action-G. Womack, Chair
Mr. Womack provided an overview of the topics discussed and the decisions made at the Resource Committee meeting on September 17, 2024.
- C. Program Committee Report and/or Action-M. Miller, Jr., Chair
Dr. Miller, Jr. provided an overview of the topics discussed and the decisions made at the Program Committee meeting on September 17, 2024.
- D. Quality Committee Report and/or Action-L. Fernandez-Wische, Chair
Dr. Fernandez-Wische provided an overview of the topics discussed and the decisions made at the Quality Committee meeting on September 17, 2024.
- E. Foundation Report and/or Action-N. Hurtado, Chair
Mrs. Hurtado provided an overview of the topics discussed and the decisions made at the Foundation Committee meeting.

VII. Consent Agenda

A. FY’24 Year-to-Date Budget Report-August

MOTION: WOMACK SECOND: HURTADO

With unanimous affirmative votes

BE IT RESOLVED the FY’24 Year-to-Date Budget Report-August as presented under Exhibit F-2, are approved.

B. FQHC Co-Application

MOTION BY: WOMACK SECOND: HURTADO

With unanimous affirmative votes

BE IT RESOLVED the FQHC Co-Application as presented under Exhibit F-3, are approved.

C. Harris Center Integrated Care Bylaws

MOTION BY: WOMACK SECOND: HURTADO

With unanimous affirmative votes

BE IT RESOLVED the Harris Center Integrated Care Bylaws as presented under Exhibit F-4, are approved.

D. Harris Center Integrated Care Articles of Incorporation

MOTION BY: WOMACK SECOND: HURTADO

With unanimous affirmative votes

BE IT RESOLVED the Harris Center Integrated Care Articles of Incorporation as presented under Exhibit F-5, are approved.

E. HCIC Annual Operating Budget

MOTION BY: WOMACK SECOND: HURTADO

With unanimous affirmative votes

BE IT RESOLVED the HCIC Annual Operating Budget as presented under Exhibit F-6, are approved.

F. September 2024 Contracts Amendments Over 250K

MOTION BY: WOMACK SECOND: HURTADO

With unanimous affirmative votes

BE IT RESOLVED the September 2024 Contracts Amendments Over 250K as presented under Exhibit F-7, are approved.

G. September 2024 Interlocal Agreement

MOTION BY: WOMACK SECOND: MILLER

Dr. Gearing and Dr. Bacon abstained from the discussion and vote on the following Interlocal Agreements due to conflict of interests.

With unanimous affirmative votes

BE IT RESOLVED the September 2024 Interlocal Agreement as presented under Exhibit F-8, are approved.

H. Authorization to create FY25 PO to pay Employee Parking at Texas Medical Center

MOTION BY: WOMACK SECOND: HURTADO

With unanimous affirmative votes

BE IT RESOLVED the Authorization to create FY25 PO to pay Employee Parking at Texas Medical Center as presented under Exhibit F-9, are approved.

I. IDD Medication Storage, Maintenance and Disposal
Item agenda I is excluded because it is a procedure

- J. Pharmacy Staff Training Policy
- K. Prescription Monitory Program (PMP) Policy
- L. Behavioral Crisis Safety and Intervention
- M. Code of Ethics Policy
- N. Declaration of Mental Health Treatment
- O. Employee Referral Bonus Program
- P. Harris Center Advisory Committee
- Q. Pharmaceutical or Patient Assistance Programs (PAP)
- R. Shift Differential
- S. Purchasing Card
- T. Medication Storage, Preparation and Administration Areas Policy
- U. Transfers-Promotions-Demotions

MOTION BY: WOMACK

SECOND: HURTADO

With unanimous affirmative votes

BE IT RESOLVED the Consent Agenda items J-U as presented are approved.

VII. Review and Take Action

- A. FY’24 Strategic Plan Update

Mr. Young provided an update on the FY24 Strategic Plan.

- B. FQHC Application Board Resolution

MOTION BY: WOMACK

SECOND: MILLER, JR.

With unanimous affirmative votes

BE IT RESOLVED the FY’24 Strategic Plan Update as presented under Exhibit F-23, are approved.

- C. **PI Plan 2025**

MOTION BY: FERNANDEZ

SECOND: LANKFORD

With unanimous affirmative votes

BE IT RESOLVED the PI Plan 2025 as presented under Exhibit F-24, are approved.

XI. Review and Comment

A. Human Resources Update-Joseph Gorczyca and Dr. Ninfa Escobar presented the Human Resources Update to the Full Board.

B. RDLR NE Community Clinic-Denise Yee from RDLR presented the RDLR NE Community Clinic update to the Full Board.

XII. Entered into executive session-Board Chair Dr. Gearing announced the Board would convene an Executive Session at 11:40 am for the following reasons:

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

As authorized by § 551.074 of the Texas Government Code, performance evaluation of CEO. Mr. James Lykes, Chair of Governance Committee & Dr. R. Gearing, Chair of the Harris Center Board of Trustees

XIII. Reconvene into Open Session

Dr. Gearing reconvened the meeting into Open Session at 11:50 am.

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

No action was taken.

XV. ADJOURN

MOTION: WOMACK SECOND: MILLER, JR.

Motion passed with unanimous affirmative votes.

The meeting was adjourned at 11:50 AM

Respectfully submitted,

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

EXHIBIT F-2

The Harris Center for Mental Health and IDD

**Results of Financial Operations and Comparison to Original Budget
September 30, 2024**

Fiscal Year 2025

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
Results of Financial Operations and Comparison to Original Budget
September 30, 2024
Non-GAAP / Budgetary-Basis Reporting
Unaudited - Subject to Change

	For the Month Ended		
	Original Budget	Actual	Variance
Revenues	\$ 31,244,088	\$ 29,964,639	\$ (1,279,449)
Expenditures	31,160,755	29,189,489	1,971,266
Excess (Deficiency) of revenues over expenditures	\$ 83,333	\$ 775,150	\$ 691,817
Other Sources (Uses)			
Debt payment	\$ (83,333)	\$ -	\$ 83,333
Capital Outlay	-	(77,962)	(77,962)
Other Sources (Uses)	-	6,079	6,079
Change in Fund Balance/Net Position	\$ -	\$ 703,267	\$ 703,267

	Fiscal Year to Date		
	Original Budget	Actual	Variance
Revenues	\$ 31,244,088	\$ 29,964,639	\$ (1,279,449)
Expenditures	31,160,755	29,189,489	1,971,266
Excess (Deficiency) of revenues over expenditures	\$ 83,333	\$ 775,150	\$ 691,817
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The Harris Center for Mental Health and IDD
Results of Financial Operations and Comparison to Original Budget
September 30, 2024
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 \$	%
Operating Revenue								
State General Revenue	\$ 11,054,954	\$ 11,054,882	(72)	0%	\$ 11,054,954	\$ 11,054,882	(72)	0%
Harris County and Local	4,452,049	4,004,503	(447,546)	-10%	4,452,049	4,004,503	(447,546)	-10% A
Federal Contracts and Grants	5,098,792	5,174,129	75,337	1%	5,098,792	5,174,129	75,337	1%
State Contract and Grants	1,900,240	1,373,527	(526,713)	-28%	1,900,240	1,373,527	(526,713)	-28% B
Third Party Billing	3,585,862	3,224,079	(361,783)	-10%	3,585,862	3,224,079	(361,783)	-10%
Charity Care Pool	3,340,350	3,340,436	86	0%	3,340,350	3,340,436	86	0%
Directed Payment Programs	659,258	548,476	(110,782)	-17%	659,258	548,476	(110,782)	-17%
Patient Assistance Program (PAP)	852,441	965,875	113,434	13%	852,441	965,875	113,434	13%
Interest Income	300,142	278,732	(21,410)	-7%	300,142	278,732	(21,410)	-7%
Operating Revenue, total	\$ 31,244,088	\$ 29,964,639	(1,279,449)	-4%	\$ 31,244,088	29,964,639	(1,279,449)	-4%
Operating Expenditures								
Salaries and Fringe Benefits	\$ 21,116,028	\$ 20,409,546	706,482	3%	\$ 21,116,028	\$ 20,409,546	706,482	3% C
Contracts and Consultants	1,356,504	557,252	799,252	59%	1,356,504	557,252	799,252	59%
Contracts and Consultants-HCPC	3,913,250	3,833,236	80,014	2%	3,913,250	3,833,236	80,014	2%
Supplies	354,238	68,426	285,812	81%	354,238	68,426	285,812	81% D
Drugs	1,995,664	2,170,495	(174,831)	-9%	1,995,664	2,170,495	(174,831)	-9%
Purchases, Repairs and Maintenance of:								
Equipment	99,777	248,436	(148,659)	-149%	99,777	248,436	(148,659)	-149%
Building	177,680	12,483	165,197	93%	177,680	12,483	165,197	93%
Vehicle	86,851	82,130	4,721	5%	86,851	82,130	4,721	5%
Software	358,400	273,349	85,051	24%	358,400	273,349	85,051	24%
Telephone and Utilities	304,496	311,265	(6,769)	-2%	304,496	311,265	(6,769)	-2%
Insurance, Legal and Audit	184,268	172,744	11,524	6%	184,268	172,744	11,524	6%
Travel & Training	251,089	34,660	216,429	86%	251,089	34,660	216,429	86%
Dues & Subscriptions	555,682	301,193	254,489	46%	555,682	301,193	254,489	46% E
Other Expenditures	406,828	714,274	(307,446)	-76%	406,828	714,274	(307,446)	-76%
Operating Expenditures, total	\$ 31,160,755	\$ 29,189,489	\$ 1,971,266	6%	\$ 31,160,755	\$ 29,189,489	\$ 1,971,266	6%
Excess (Deficiency) of revenues over expenditures	\$ 83,333	\$ 775,150	691,817		\$ 83,333	\$ 775,150	691,817	
Other Sources (Uses)								
Debt Service	\$ (83,333)	\$ -	\$ 83,333		\$ (83,333)	\$ -	\$ 83,333	
Capital outlay	-	(77,962)	(77,962)		-	(77,962)	(77,962)	
Insurance proceeds	-	-	-		-	-	-	
Proceeds from Sale of Assets	-	6,079	6,079		-	6,079	6,079	
Change in Fund Balance/Net Position	\$ -	\$ 703,267	\$ 703,267		\$ -	\$ 703,267	\$ 703,267	

The Harris Center for Mental Health and IDD
Notes to Statements Presented
Non-GAAP / Budgetary-Basis reporting
September 30, 2024

Results of Financial Operations and Comparison to Original Budget

A Harris County and Local Revenue

Unfavorable budget variance is attributed to revenue budgeted for the current fiscal year prior to contract extensions approved by Commissioners Court, while actual revenues are aligned with expectations under contracts in effect. We are monitoring contract progress for potential impacts on the budget.

B State Contract and Grants

The primary driver of the variance is two new contracts starting in the current fiscal year, which has resulted in low expenditures/billings for September. Personnel are being hired and, as the contracts start, the variance is primarily attributed to a timing difference.

C Salaries and Fringe Benefits

The salaries and fringe benefits expenditures include 1/12th of the accrual for planned merit increases for the current fiscal year. The favorable variance is primarily due to vacancies in budgeted positions.

D Supplies

The favorable budget variance in supplies expenditures is expected in the first month of the year with fewer supply purchases during the month compared to the rest of the year.

E Dues & Subscriptions

IT related Dues & Subscriptions total \$231K for the current month.

The Harris Center for Mental Health and IDD

Balance Sheet

September 30, 2024

Non-GAAP / Budgetary-Basis Reporting

Unaudited - Subject to Change

	August - 2024	September - 2024	Change	
ASSETS				
Current Assets				
Cash and Cash Equivalents				
Cash and Petty Cash	\$ 13,356,823	\$ 61,592,913	\$ 48,236,090	
Cash Equivalents	55,497,114	36,278,230	(19,218,884)	
Cash and Cash Equivalents, total	68,853,937	97,871,143	29,017,206	AA
Inventories, Deposits & Prepaids	5,938,541	\$ 6,973,998	\$ 1,035,457	
Accounts Receivable:				
Other A/R	1,974,092	1,491,173	(482,919)	
A/R from other governments	29,668,580	34,821,027	5,152,447	BB
Patient A/R, net of allowance	1,531,659	1,522,590	(9,069)	
Current Assets, total	\$ 107,966,809	\$ 142,679,931	\$ 34,713,122	BB
Capital Assets				
Land	12,709,144	12,709,144	-	
Building and Improvements	52,910,858	52,910,858	-	
Right-to-use assets (Leases & SBITA)	2,440,065	2,440,065	-	
Furniture, Equipment and Vehicles	8,386,217	8,386,217	-	
Construction in Progress	5,794,164	5,794,164	-	
Accumulated Depreciation	(35,692,400)	(35,692,400)	-	
Capital Assets, net total	\$ 46,548,048	\$ 46,548,048	\$ -	CC
Total Assets	\$ 154,514,857	\$ 189,227,979	\$ 34,713,122	
LIABILITIES & FUND BALANCE/NET POSITION				
Liabilities				
Unearned Revenues	\$ 7,878,196	\$ 40,600,655	\$ 32,722,459	DD
Accounts Payable and Accrued Liabilities	15,288,774	16,425,168	1,136,394	
Long term Liabilities	9,168,675	9,319,677	151,002	
Liabilities, total	\$ 32,335,645	\$ 66,345,500	\$ 34,009,855	
Fund Balance/Net Position				
Net Investment in Capital Assets	46,548,048	46,548,048	-	
Nonspendable	5,938,541	6,973,998	1,035,457	
Assigned	66,514,014	66,514,014	-	
Unassigned/Unrestricted	5,390,144	4,354,687	(1,035,457)	
Change in fund balance/net position	(2,211,535)	(1,508,268)	703,267	
Fund Balance/Net Position, Total	\$ 122,179,212	\$ 122,882,479	\$ 703,267	
Total Liabilities & Fund Balance/Net Position	\$ 154,514,857	\$ 189,227,979	\$ 34,713,122	

*prior to period 13 AJEs & Audit AJEs

The Harris Center for Mental Health and IDD
Notes to Statements Presented
Non-GAAP / Budgetary-Basis reporting
September 30, 2024

Balance Sheet

AA Cash and Investments

The increase in cash and cash equivalents is due to the receipt of the first quarterly payment of the performance contracts for FY 2025, approx. \$43M.

BB Accounts receivable

Starting FY 2025 we are presenting a different category "A/R from other governments" to show all A/R related to contracts and grants as opposed to a general category of "Other A/R". This revised presentation follows proper financial statement presentation and allows to perform better financial statement analysis going forward.

BB A/R from Other Governments

The increase is primarily attributable to additional receivables of Charity Care Pool (CCP) funding of \$3.3M and Harris County allocation funding of \$1.9M.

CC Capital assets, net

Starting FY 2025 we are presenting a different category "Right-to-use assets (Leases & SBITA)" to further categorize items included in "Furniture, Equipment and Vehicles". This revised presentation follows proper financial statement presentation and allows to perform better financial statement analysis going forward.

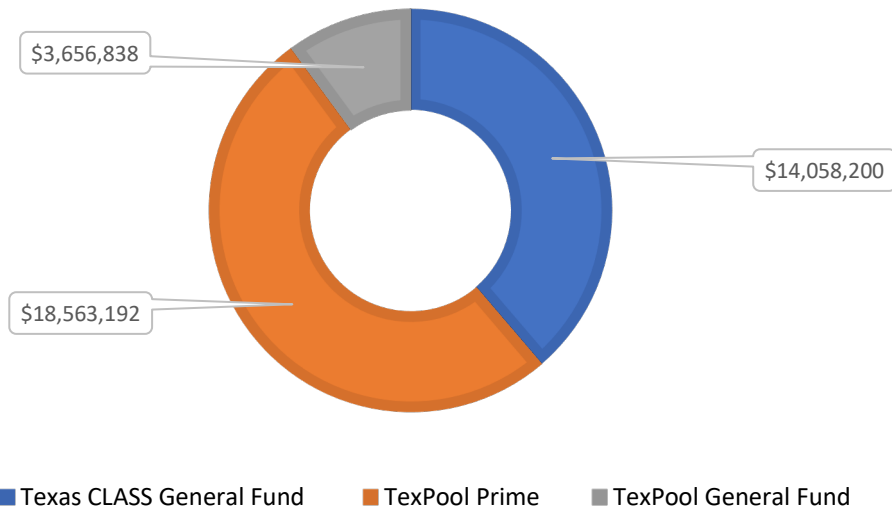
DD Unearned Revenues

As we start FY 2025, unearned revenue shows an increase from the prior month for any funds we receive at the beginning of the fiscal year for our state & federal grants & contracts to be recognized as the year progresses.

The Harris Center for Mental Health and IDD
Investment Portfolio
September 30, 2024

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	\$ 33,372,746	\$ -	\$ (19,400,000)	\$ 85,454	\$ 14,058,200	38.75%	5.29%
<i>TexPool</i>							
TexPool Prime	18,482,985	-	-	80,207	18,563,192	51.17%	5.28%
TexPool General Fund	1,108,380	2,533,003	-	15,455	3,656,838	10.08%	5.16%
TexPool Internal Service Fund	2,533,003	-	(2,533,003)	-	-	0.00%	5.16%
<i>TexPool Sub-Total</i>	<u>22,124,368</u>	<u>2,533,003</u>	<u>(2,533,003)</u>	<u>95,662</u>	<u>22,220,030</u>	<u>61.25%</u>	<u>5.26%</u>
Total Investments	\$ 55,497,114	\$ 2,533,003	\$ (21,933,003)	\$ 181,116	\$ 36,278,230	100.00%	5.27%
				Additional Interest on Checking Accounts	<u>97,616</u>		
				Total Interest Earned during the current month	<u><u>\$ 278,732</u></u>		

Investment Portfolio Weight



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	5.38%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)	5.07%
Interest Rate - Chase Hybrid Checking	3.30%
ECR - Chase	3.40%

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of September 30, 2024, 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:

Thania D. Gonzalez

Thania D. Gonzalez

Controller

The Harris Center for Mental Health and IDD
Monthly Report of Financial Transactions Related to Payments of Liabilities for Employee Benefits
September 30, 2024

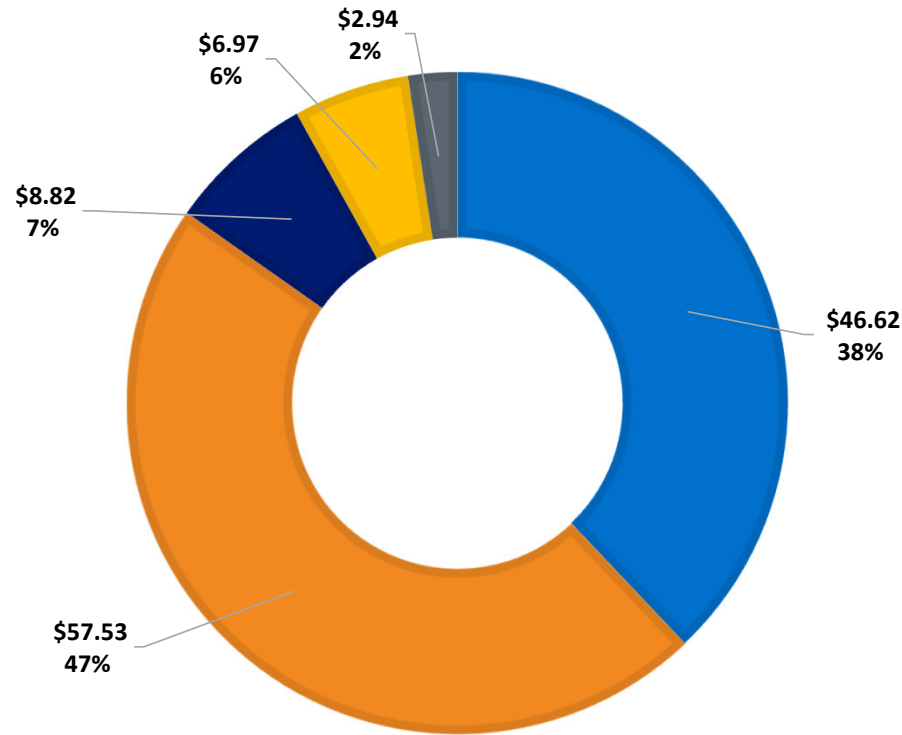
Vendor	Description	Monthly Not-To-Exceed ⁽¹⁾	Sep-24	Fiscal Year to Date Total
Lincoln Financial Group (LFG) ⁽²⁾	Retirement Funds (401a, 403b, 457)	\$3,500,000	\$1,919,612	\$1,919,612
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,200,000	\$2,485,804	\$2,485,804
UNUM	Life Insurance	\$300,000	\$204,581	\$204,581

Notes:

⁽¹⁾ As established by the Board Resolution: Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items effective May 23, 2023.

⁽²⁾ LFG payments include PP 09A & 09B

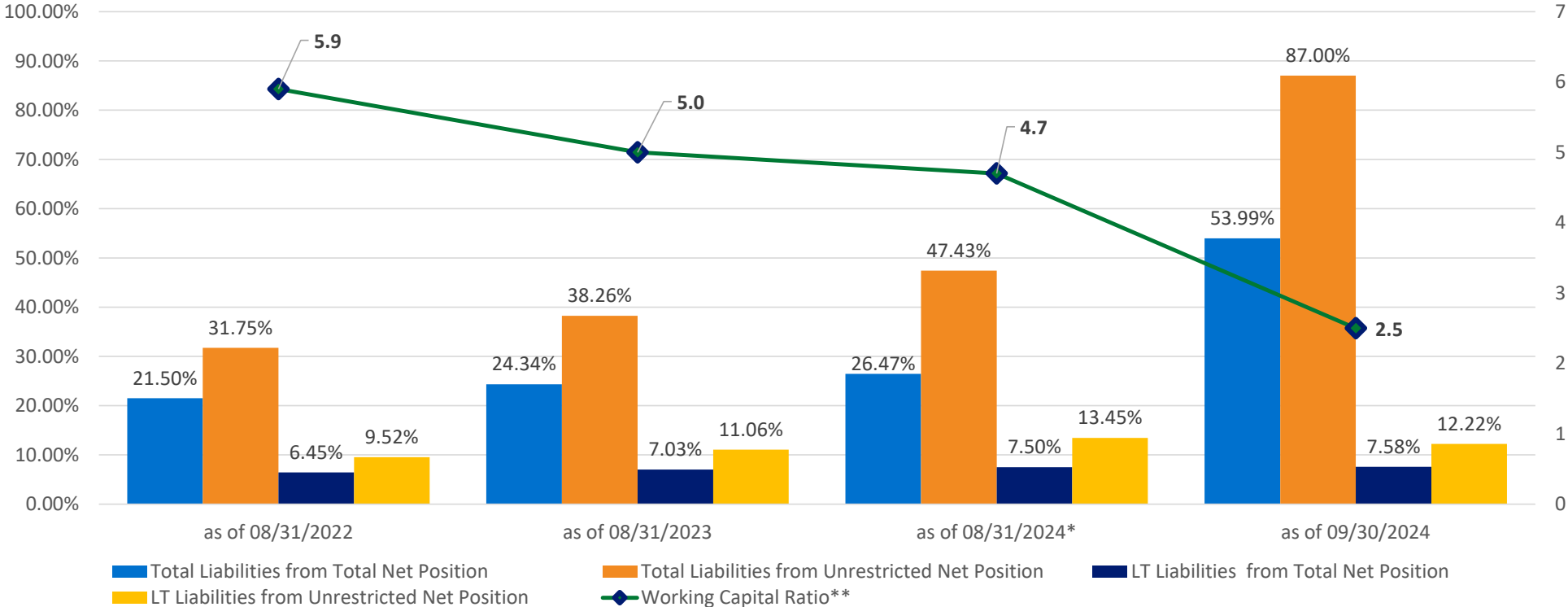
Available Resources (in Millions) – as of 09/30/2024



■ Invested in Capital Assets ■ Liabilities (other than C/A) ■ Compensated Absences ■ Nonspendable ■ Unrestricted/Assigned

*pending 2024 Period 13 AJEs & 2024 Audit AJEs

Ratios – as of 09/30/2024

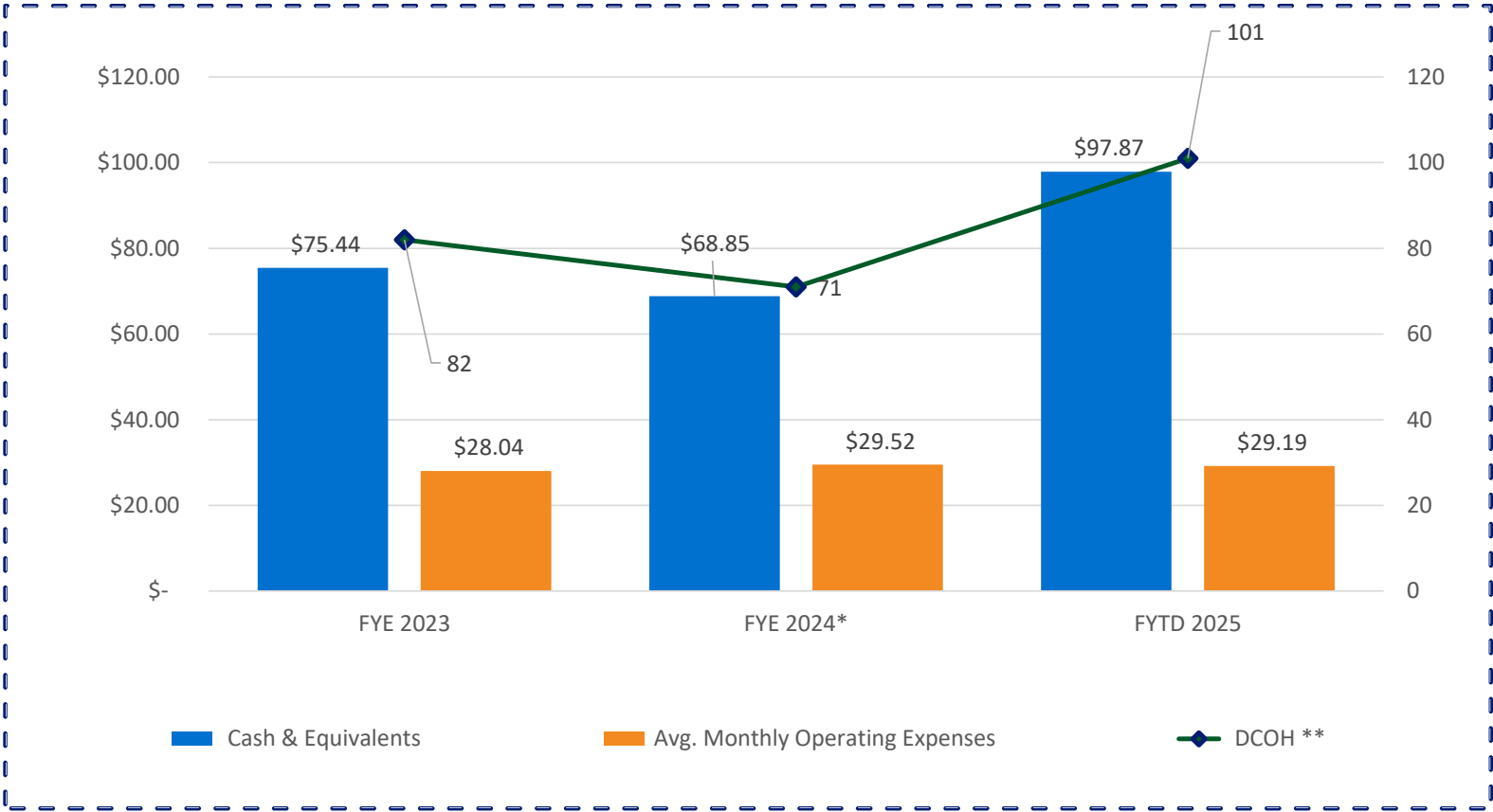


LT Liabilities Included in Calculation:		as of 09/30/2024
Accrued Compensated absences	\$	8,565,878
Leases Liability - LT portion		722,722
Subscription-Based IT Arrangements Liability		31,077
	\$	<u>9,319,677</u>

*pending 2024 Period 13 AJEs & 2024 Audit AJEs
 **Working Capital Ratio = Current Assets/Current Liabilities

Days-Cash-On-Hand (DCOH)– as of 09/30/2024

(amounts in millions)



*pending 2024 Period 13 AJEs & 2024 Audit AJEs
**DCOH = Cash & Equivalents @ Month End divided by Daily Operating Expenses

EXHIBIT F-3



Transforming Lives

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD BOARD OF TRUSTEES RESOLUTION

Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items

WHEREAS, The Harris Center Board of Trustees (the "Board") has determined that for the business operations of the Harris Center to function in a proper and efficient manner, it is necessary and prudent for this Board to delegate certain powers and control over the Harris Center's affairs to designated officers at The Harris Center.

RESOLVED, for purposes of this resolution, the Chief Executive Officer and the Chief Financial Officer shall each be considered an "Authorized Officer," individually, and collectively, the "Authorized Officers".

RESOLVED, that the following actions authorizing payment or transfer in the name and on behalf of the Harris Center, without Board signature approval, for certain items was approved by the Board of Trustees on this date:

- The Board resolves that the Authorized Officers, collectively, are empowered, authorized and directed to authorize payment in the name and on behalf of the Harris Center, without Board signature approval, the below liabilities for employee benefits with stated monthly not-to-exceed amounts. Approval and authorization by each Authorized Officer, or designee, is required to initiate and complete the payment or transfer of liabilities for employee benefits. Each Authorized Officer must affix his or her own signature (physical or electronic, as permitted) to any foregoing payment or transfer to conclusively establish authority and approval to carry out this resolution:

Vendor	Description	Monthly Not-to-Exceed
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$3,650,000
Blue Cross Blue Shield of TX	Health, Dental, and Life Insurance	\$3,300,000
UNUM Life Insurance Co.	Life Insurance	\$310,000

- The Chief Financial Officer shall prepare a monthly report of all financial transactions related to the payment of the liabilities for employee benefits and submit the report to the Harris Center Board of Trustees Resource Committee. The Chief Financial Officer shall



Transforming Lives

ensure all supporting documentation sufficient to demonstrate the business purpose of the transaction(s), its occurrence and the accuracy of the amount are retained and available upon request by the Harris Center Board of Trustees.

ALL OF THE FOREGOING SHALL BE EFFECTIVE
September 24, 2024

Dr. Robin Gearing, Chair
The Harris Center for Mental health and IDD
Board of Trustees

THE STATE OF TEXAS §
 §
COUNTY OF HARRIS §

BEFORE ME, a Notary Public, on this day personally appeared, _____ known to me to be the person whose name is subscribed to the foregoing instrument, and having been sworn, upon his oath stated that he is the Chairperson of the Board of Trustees of The HARRIS CENTER for Mental Health and IDD; that he is authorized to execute such instrument pursuant to Board of Trustees bylaws and that said instrument is executed as the free and voluntary act and deed of such governmental unit for the purposes expressed therein.

Subscribed and sworn to before me this _____ day of _____, 2024.

Notary Public, State of Texas

EXHIBIT F-4

OCTOBER 2024 AMENDMENTS OVER 250k



Executive Contract Summary

Contract Section

Contractor*

P - FOREIGN & SIGN LANGUAGE

Contract ID #*

2023-0793

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/20/2024

Parties* (?)

The Harris Center, GLOBO Holdings I LLC dba Globo Language Solutions, Idea Language Services LLC dba Idea Translations, INGCO International, Interpreters Unlimited, Inc., Language Line Services dba Language Line Solutions, MasterWord Services, Inc., Nightingale Interpreting Services, Inc., Translation & Interpretation Network LLC, Universe Technical Translation Inc., Visual Language Professionals LLC, Volatia Language Network Inc., Worlwide Language & Communications LLC

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2024

Contract Term End Date* (?)

8/31/2025

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

Current Contract Amount*

\$ 413,368.00

Increase Not to Exceed*

\$ 3,000.00

Revised Total Not to Exceed (NTE)*

\$ 416,368.00

Fiscal Year* (?)

2025

Amount* (?)

\$ 416,368.00

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* (?)

Adding two CPEP units (2250 & 9263) and funds requested by budget manager

Contract Owner*

Demetria Lockett

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

New contract began 12/1/2024 with in person, over the phone, video/virtual, translation services and language competency testing.

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

FY25 Allocation - GL 543018.xlsx

11.83KB

Vendor/Contractor Contact Person



Name*

Daniel Poma

Address *

Street Address

One Lower Ragsdale Dr.

Address Line 2

Bldg. 2

City

Monterey

Postal / Zip Code

93940

State / Province / Region

CA

Country

USA

Phone Number *

831-648-5404

Email *

dpoma@languageline.com

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1102	\$ 500.00	543018
Budget Manager Campbell, Ricardo		Secondary Budget Manager Campbell, Ricardo
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2200	\$ 14,000.00	543018
Budget Manager Shelby, Debbie		Secondary Budget Manager Hooper Jr., Michael
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2212	\$ 20,000.00	543018
Budget Manager Shelby, Debbie		Secondary Budget Manager Hooper Jr., Michael
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2213	\$ 5,160.00	543018
Budget Manager Shelby, Debbie		Secondary Budget Manager Hooper Jr., Michael
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2214	\$ 27,000.00	543018
Budget Manager Shelby, Debbie		Secondary Budget Manager Hooper Jr., Michael
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2215	\$ 6,000.00	543018
Budget Manager Shelby, Debbie		Secondary Budget Manager Hooper Jr., Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2250	\$ 1,500.00	543018
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2299	\$ 2,660.00	543018
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2301	\$ 7,100.00	543018
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2802	\$ 1,000.00	543018
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3350	\$ 47,423.00	543018
Budget Manager	Secondary Budget Manager	
Johnson, Kenyonika	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3360	\$ 68,000.00	543018
Budget Manager	Secondary Budget Manager	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4160	\$ 5,000.00	543018
Budget Manager	Secondary Budget Manager	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4323	\$ 40,000.00	543018
Budget Manager	Secondary Budget Manager	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4325	\$ 6,000.00	543018
Budget Manager	Secondary Budget Manager	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4736	\$ 16,000.00	543018
Budget Manager	Secondary Budget Manager	
Smith, Janai	Hooper Jr., Michael	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4780	\$ 5,000.00	543018
Budget Manager	Secondary Budget Manager	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4913	\$ 15,000.00	543018
Budget Manager	Secondary Budget Manager	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6201	\$ 200.00	543018
Budget Manager	Secondary Budget Manager	
Williams-Wesley, Sheenia	Jiles, Monalisa	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6204	\$ 300.00	543018
Budget Manager	Secondary Budget Manager	
Williams-Wesley, Sheenia	Jiles, Monalisa	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6205	\$ 3,500.00	543018
Budget Manager	Secondary Budget Manager	
Williams-Wesley, Sheenia	Jiles, Monalisa	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6302	\$ 2,000.00	543018
Budget Manager	Secondary Budget Manager	
Williams-Wesley, Sheenia	Jiles, Monalisa	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6401	\$ 1,000.00	543018
Budget Manager	Secondary Budget Manager	
Williams-Wesley, Sheenia	Jiles, Monalisa	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6500	\$ 2,500.00	543018
Budget Manager	Secondary Budget Manager	
Williams-Wesley, Sheenia	Adams, Betty	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6601	\$ 7,536.00	543018
Budget Manager	Secondary Budget Manager	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 24,500.00	543018
Budget Manager	Secondary Budget Manager	
Ilejay, Kevin	Campbell, Ricardo	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7011	\$ 5,000.00	543018
Budget Manager	Secondary Budget Manager	
Ilejay, Kevin	Campbell, Ricardo	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7110	\$ 5,000.00	543018
Budget Manager	Secondary Budget Manager	
Ilejay, Kevin	Campbell, Ricardo	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 8,500.00	543018
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 9,000.00	543018
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 1,500.00	543018
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 900.00	543018
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9228	\$ 1,200.00	543018
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9238	\$ 1,500.00	543018
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9244	\$ 560.00	543018
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Oshman, Jodel	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9247	\$ 500.00	543018
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 600.00	543018
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puente, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9263	\$ 1,500.00	543018
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 3,752.00	543018
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puente, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9405	\$ 2,997.00	543018
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puente, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9407	\$ 2,000.00	543018
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puente, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9501	\$ 120.00	543018
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puente, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 500.00	543018
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puente, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9504	\$ 360.00	543018
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puente, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 7,000.00	543018
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 35,000.00	543018
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

See contract for rates as rates vary by vendor, year and mode of interpretation.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

MacKinney, Eggl

Submission Date

8/15/2024

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Approval Date

8/15/2024

Approved by

Debbie Chambers Stelby

Approval Date

8/15/2024

Approved by

Jodel Osman

Approval Date

8/15/2024

Approved by

Kenyonika Johnson

Approval Date

8/16/2024

Approved by

Tanai Lynnette Smith

Approval Date

8/16/2024

Approved by

Shenica Williams-Wesley

Approval Date

8/21/2024

Approved by

Priscilla M. Ramirez

Approval Date

9/4/2024

Procurement Approval



File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

Demetria D. Lockett

Approval Date

9/5/2024

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

9/5/2024



Executive Contract Summary

Contract Section



Contractor*

OSC Holdings, LLC dba/O'Donnell/Snider Construction, LLC

Contract ID #*

2022-0428

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/15/2024

Parties* (?)

The Harris Center for MH & IDD and OSC Holdings, LLC dba/O'Donnell/Snider Construction, LLC

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2024

Contract Term End Date* (?)

2/28/2025

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

Current Contract Amount*

\$ 268,557.38

Increase Not to Exceed*

\$ 280,000.00

Revised Total Not to Exceed (NTE)*

\$ 548,557.38

Fiscal Year* (?)
2025

Amount* (?)
\$ 548,557.38

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* (?)

FY25 funding requested due to project delays and extension of contract \$268,557.38 and \$280,000 increase for change orders associated with the project

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

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

- Yes
- No
- Unknown

Please provide an explanation*

does not qualify

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Cory Burkhalter

Address*

Street Address

1900 West Loop South

Address Line 2

Suite 500

City

Houston

Postal / Zip Code

77027-3214

State / Province / Region

TX

Country

US

Phone Number*

713-554-4811

Email*

cburkhalter@odonnellshider.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 548,557.38	900040
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)
per contract

Project WBS (Work Breakdown Structure)* (?)
FM21.1126.02

Requester Name	Submission Date
Cantu-Espinoza, Lisa	8/30/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

8/30/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Todd McCorquodale

Approval Date

9/3/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

9/19/2024

EXHIBIT F-5

OCTOBER 2024 INTERLOCAL AGREEMENTS



Executive Contract Summary

Contract Section



Contractor*

Channel View ISD

Contract ID #*

0000

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/15/2024

Parties* (?)

The Harris Center for Mental Health and IDD and Channel View ISD.

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/17/2024

Contract Term End Date* (?)

8/31/2025

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

CVISD would like to attend an instructor training hosted by the Harris Center. They would like to submit a purchase order to pay for registraion.

Fiscal Year* (?)

2025

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 Harris Center for Mental Health and IDD is hosting a TOT October 28-30 and CVISD would like to submit payment for registration with a purchase order.

Contract Owner*

Jennifer Battle

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 (?)

Fw_ T4T Invoice Channelview - vendor forms .zip 353.09KB

Vendor/Contractor Contact Person

Name*

Channelview ISD Purchasing Department

Address*

Street Address

828 Sheldon Road

Address Line 2

City

Channelview

Postal / Zip Code

77530

State / Province / Region

Texas

Country

United States

Phone Number*

281-452-8070

Email*

j.carnathan@cvisd.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7003	\$ 0.00	543058

Budget Manager	Secondary Budget Manager
Ilejay, Kevin	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)
 It's fee for service and they will be paying us for the training.

Project WBS (Work Breakdown Structure)* (?)
 NA

Requester Name	Submission Date
Prasad, Carroll	9/17/2024

Budget Manager Approval(s) ^

Approved by	Approval Date
	9/18/2024

Procurement Approval ^

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval ^

Approved by	Approval Date
	9/18/2024

Contracts Approval

Approve*

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

Approved by*	Approval Date*
	9/18/2024



Executive Contract Summary

Contract Section



Contractor*

Galveston ISD

Contract ID #*

0000

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/15/2024

Parties* (?)

The Harris Center for Mental Health and IDD and Galveston ISD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/23/2024

Contract Term End Date* (?)

8/31/2025

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

Galveston ISD wants to attend the Instructor Training hosted at The Harris Center October 28-30, 2024

Fiscal Year* (?)

2025

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 Harris Center for Mental Health and IDD is hosting a YMHFA instructor training. Galveston ISD would like to attend and pay with a purchase order. To do this they will need to become vendors.

Contract Owner*

Jennifer Battle

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 (?)

GISD Vendor Packet- Revised 5.31.23 (1).pdf 732.31KB

Vendor/Contractor Contact Person

Name*

Gabrielle Maxwell

Address*

Street Address

3904 Avenue T

Address Line 2

City

Galveston

Postal / Zip Code

77550

State / Province / Region

Texas

Country

United States

Phone Number*

409-766-5158

Email*

GabrielleMaxwell@gisd.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7003	\$ 0.00	543058

Budget Manager	Secondary Budget Manager
Ilejay, Kevin	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

They will pay us the registration fee of \$1875.00

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Prasad, Carroll	9/17/2024

Budget Manager Approval(s) ^

Approved by	Approval Date
	9/18/2024

Procurement Approval ^

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval ^

Approved by	Approval Date
	9/18/2024

Contracts Approval

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

Approved by*	Approval Date*
	9/18/2024



Executive Contract Summary

Contract Section



Select Header For This Contract*

Interlocal

Contractor*

Harris County Hospital District d/b/a Harris Health System

Contract ID #*

NEW

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/15/2024

Parties* (?)

Harris Health and The Harris Center for Integrated Care

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/10/2024

Contract Term End Date* (?)

9/10/2029

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 0.00

Funding Source*

Federal

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*

Stanley Williams

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 (?)

FQHC - Harris Health MOU and The Harris Center for Integrated Health.docx 18.3KB

Vendor/Contractor Contact Person

Name*

Harris Health- Monica Carbajal

Address*

Street Address

4800 Fournace Place

Address Line 2

E516

City

Bellaire

Postal / Zip Code

77401

State / Province / Region

TX

Country

USA

Phone Number*

346.426.1519

Email*

monica.carbajal@harrishealth.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2801	\$ 0.00	0

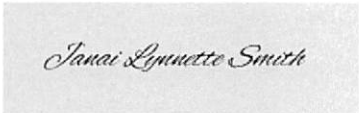
Budget Manager	Secondary Budget Manager
Smith, Janai	Shelby, Debbie

Provide Rate and Rate Descriptions if applicable* (?)
No funding associated with this MOU.

Project WBS (Work Breakdown Structure)* (?)
N/A

Requester Name	Submission Date
Martinez, Janeth	9/6/2024

Budget Manager Approval(s) 

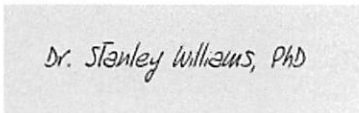
Approved by	Approval Date
	9/10/2024

Procurement Approval 

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval 

Approved by	Approval Date
	9/11/2024

Contracts Approval 

Approved by	Approval Date
	9/11/2024

Final Board Report Comments 

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

Point of Contact for this MOU is Amanda Jones.

Amanda.Jones@TheHarrisCenter.org

713-970-7921

With a proposal to enhance and expand access to comprehensive primary health care and related services through New Access Point funding for community health centers, the Harris Center will serve all lifecycles of the population with the greatest barriers to care: adult men and women, children, adolescents, and seniors of low or very low-income living within the service area. The Harris Center offers holistic care that addresses patients' physical, emotional and social wellbeing: primary health screening, behavioral health services, health education and counseling, coordinated specialty care, chronic health condition education and management, pharmacy services, reproductive healthcare, women's health, and enabling services such as: eligibility assistance, translation, and case management/connection with services to address social determinants of health. The mobile unit provides primary care through a Nurse Practitioner, health screening, evaluation of chronic diseases, injections/medication, and other preventive services. Through partnerships with other entities serving the community such as the Harris Health System, and neighboring health centers, the Harris Center will provide access to oral health, vision, specialty, and other required services not offered directly.

This contract is necessary to refer patients to Harris Health for access to specialty services.

Product/Service Description

New MOU



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2025

Contract ID# *

2022-0515

Contractor Name *

Harris County Resources for Children and Adults

Service Provided* (?)

Comprehensive Mental Health Services for youth and their families.

Renewal Term Start Date *

10/1/2024

Renewal Term End Date *

9/30/2025

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

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

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 392,374.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Sheenia Williams-Wesley

Contract Owner*

Monalisa Jiles

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

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

Yes 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.*
6702	\$ 392,374.00	540000

Budget Manager*	Secondary Budget Manager*
Williams-Wesley, Sheenia	Jiles, Monalisa

Provide Rate and Rate Descriptions if applicable* (?)
n/a

Project WBS (Work Breakdown Structure)* (?)
n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 392,374.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
County

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
Monalisa Jiles

Budget Manager Approval(s)

Approved by

Shemica Williams-Wesley

Contract Owner Approval



Approved by

Monalisa Jiles

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

9/18/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2025

Contract ID#*

2023-0738

Contractor Name*

Houston Community College System

Service Provided* (?)

Lease of Space located at 3200 Main Street, Houston, TX.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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

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

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 321,689.00

Rate(s)/Rate(s) Description

\$22,392.42 per month, \$3,415.00 per month for parking and
\$1,000.00 per month estimate for overtime AC

Unit(s) Served*

0000

G/L Code(s)*

126000

Current Fiscal Year Purchase Order Number*

CT143090

Contract Requestor*

Priscilla Ramirez

Contract Owner*

Kim Kornmayer

File Upload (?)**Evaluation of Current Fiscal Year Performance**

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Please Explain*

Property had numerous improvements needed after lease execution before move in.

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Please Explain*

No, move in was delayed by months.

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

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

 Yes 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.*
9208	\$ 109,723.00	555000

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9278	\$ 2,239.00	555000

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9248	\$ 100,766.00	555000

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9244	\$ 43,105.00	555000

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Oshman, Jodel

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9245	\$ 12,876.00	555000

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Oshman, Jodel

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 21,360.00	544005

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9278	\$ 420.00	544005

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9248	\$ 15,000.00	544005

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9244	\$ 3,360.00	544005
Budget Manager*		Secondary Budget Manager*
Ramirez, Priscilla		Oshman, Jodel
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9245	\$ 840.00	544005
Budget Manager*		Secondary Budget Manager*
Ramirez, Priscilla		Oshman, Jodel
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 6,600.00	595000
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9248	\$ 6,600.00	595000
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)
 Rates as outlined in lease agreement

Project WBS (Work Breakdown Structure)* (?)
 n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 322,889.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
 State Grant

Contract Content Changes 

- Are there any required changes to the contract language?* (?)**
 Yes No
- Will the scope of the Services change?***
 Yes No
- Is the payment deadline different than net (45)?***
 Yes No
- Are there any changes in the Performance Targets?***
 Yes No
- Are there any changes to the Submission deadlines for notes or supporting documentation?***
 Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Jedidiah Ostman

Approved by

Priscilla M. Ramirez

Contract Owner Approval

Approved by

KIM KORNMEYER

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

9/13/2024

EXHIBIT F-6

*The HARRIS CENTER for
Mental Health and IDD*
Board of Trustees Meetings
DRAFT
2025

<u>JANUARY</u>	<u>FEBRUARY</u>	<u>MARCH</u>	<u>APRIL</u>	<u>MAY</u>	<u>JUNE</u>
<p><i>Committee</i> 21 – Audit 21 – Resource 21 – Program 21 – Quality</p> <p><i>Board of Trustees</i> 28 – Board</p>	<p><i>Committee</i> 18 - Governance 18 – Resource 18 – Program 18 – Quality</p> <p><i>Board of Trustees</i> 25 – Board</p>	<p><i>Committee</i> 18 – Governance 18 – Resource 18 – Program 18 – Quality</p> <p><i>Board of Trustees</i> 25 – Board</p>	<p><i>Committee</i> 15 – Audit 15 – Resource 15 – Program 15 – Quality</p> <p><i>Board of Trustees</i> 22 – Board</p>	<p><i>Committee</i> 20 – Governance 20 – Resource 20 – Program 20 – Quality</p> <p><i>Board of Trustees</i> 27 – Board</p>	<p><i>Committee</i> 17 – Governance 17 – Resource 17 – Program 17 – Quality</p> <p><i>Board of Trustees</i> 24 – Board</p>
<u>JULY</u>	<u>AUGUST</u>	<u>SEPTEMBER</u>	<u>OCTOBER</u>	<u>NOVEMBER</u>	<u>DECEMBER</u>
<p><i>Committee</i> 15 – Audit 15 – Resource 15 – Program 15 – Quality</p> <p><i>Board of Trustees</i> 22 – Board 28 – Budget</p>	<p><i>Committee</i> 19 – Governance 19 – Resource 19 – Program 19 – Quality</p> <p><i>Board of Trustees</i> 26 – Board</p>	<p><i>Committee</i> 16– Governance 16 – Resource 16 – Program 16 – Quality</p> <p><i>Board of Trustees</i> 23 – Board</p>	<p><i>Committee</i> 21 – Audit 21 – Resource 21 – Program 21 – Quality</p> <p><i>Board of Trustees</i> 21 – Board 21 – Annual Board Training</p>	<p><i>Committee*</i> 11 – Governance 11 – Resource 11 – Program 11 – Quality</p> <p><i>Board of Trustees</i> 18 – Board Meeting*</p>	<p><i>Board of Trustees</i> 16- Full Board ** (as needed)</p>

- The Audit Committee Meetings are normally held at 8:30 a.m. (January, April, July, and October)
- The Governance Committee Meetings are twice a quarter alternating with the Audit Committee at 8:30 am.
- The Resource Committee Meetings are normally held at 9:00 a.m.
- The Program Committee Meetings are normally held at 10:00 a.m.
- The Quality Committee Meetings are normally held at 11:00 a.m. on the 3rd Tuesday
- Full Board Meetings are normally held on the 4th Tuesday of each month at 8:30 a.m.
- *The November Committees and Board and the December Board Meeting are usually moved up early due to the Holidays.
Meetings held in the Board Room (109) at 9401 Southwest Freeway

EXHIBIT F-7



HR Update FLSA Changes

Ninfa Escobar

October 2024

Overview of FLSA Changes

The Fair Labor Standards Act (FLSA) governs how employers may classify employees as exempt from overtime rules, primarily through duties tests and salary.

In general, overtime rules require that employees be paid at least 1.5 times their standard rate for hours worked over 40 hours in a standard workweek.

The Department of Labor (DOL), the Federal agency tasked with administering the FLSA periodically updates these regulations to ensure they align with current standards.

On April 23, 2024, the DOL announced a final rule that prompted a review of our classifications.

We conducted a review in compliance with the FLSA, leading to updated classifications effective 07/01/2024 and 01/01/2025.

These changes are crucial to remain compliant with federal regulations and reflect our dedication to fairness.

Impact on Our Teams

There are approximately 34 positions transitioning to non-exempt status, meaning that they would qualify for overtime, that will correspond to approximately 750 employees.

These changes will be effective from 12/22/2024, to ensure compliance by 01/01/2025.

80% of the impact is in very few titles, listed below (please note that this is not an exhaustive list:

Title	# of Employees
Care Coordinators (all levels)	409
Service Coordinators (all levels)	150
LCDC	24
Wraparound Facilitators	19
Employment Specialists	14

Timeline

Date:	Activity:
October	<ul style="list-style-type: none"> • Discuss changes with Chiefs and VPs • Send Leader Notification to impacted leaders • Ask HR Session via Teams for impacted leaders hosted by HR
November	<ul style="list-style-type: none"> • Send updated leader notification to impacted leaders (including FAQs from HR session) • Notification to impacted employees about the transition to non-exempt status • Various Pre-Change Q&A sessions for impacted employees
December	<ul style="list-style-type: none"> • To ensure compliance, impacted employees would start clocking in/out as of 12/22/2024
January	<ul style="list-style-type: none"> • Various Post-Change Q&A session for impacted employees, hosted by HR • 01/10/25: First paycheck reflecting the transition to non-exempt status.



Thank You!