



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

REVISED
Full Board Meeting
January 28, 2025
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, November 19, 2024
(*EXHIBIT F-1*)
- IV. BOARD CHAIR'S REPORT**
- V. CHIEF EXECUTIVE OFFICER'S REPORT**
- VI. COMMITTEE REPORTS AND ACTIONS**
 - A. The Harris Center Foundation Update
(*N. Hurtado, Chair*)
- VII. REVIEW AND TAKE ACTION**
 - A. FY'25 Year-to-Date Budget Report-November/December
(*EXHIBIT F-2 Stanley Adams*)
 - B. External Audit Review
(*EXHIBIT F-3 Whitely Penn*)
 - C. January 2025 New Contracts Over 250K
(*EXHIBIT F-4 Ernest Savoy*)
 - D. January 2025 Renewals Over 250K
(*EXHIBIT F-5 Ernest Savoy*)
 - E. January 2025 Interlocal Agreement
(*EXHIBIT F-6 Ernest Savoy*)
 - F. Continuing Employee Communication and Engagement Policy
(*EXHIBIT F-7 Wayne Young*)
- VIII. REVIEW AND COMMENT**
 - A. FY24 Financial Statements Update
(*EXHIBIT F-8 Stanley Adams*)
 - B. ReCenter Update
(*Wayne Young*)
 - C. Legislative Update
(*Amanda Jones*)
- IX. EXECUTIVE SESSION**

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

• In accordance with §§551.071 and 551.074 of the Texas Government Code, discussion of Governance and personnel matters. Kendra Thomas, General Counsel and Wayne Young, CEO

• In accordance with §§551.071 and 551.074 of the Texas Government Code, discussion of a personnel matter and contemplated litigation in Case 202485210 Latresa Washington v. The Harris Center for Mental Health & IDD. Kendra Thomas, General Counsel and Bijul Enaohwo, Assistant General Counsel-Legal Services

• In accordance with §§551.071 and 551.074 of the Texas Government Code, discussion of a personnel matter and contemplated litigation EEOC Charge No. 460-2024-01023, Kathryn Guthrie. Kendra Thomas, General Counsel

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

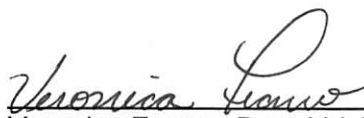
• In accordance with §§551.071 and 551.072 of the Texas Government Code, to consult with attorney about the legal obligations related to the acquisition of New Market Tax Credit real property to deliver behavioral health services to low-income housing residents. Wayne Young, CEO, Stanley Adams, CFO and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

• In accordance with §§551.071 and 551.072 of the Texas Government Code, to consult with attorney related to the lease, purchase, or acquisition of real property for a youth residential treatment program. Wayne Young, CEO and Ernest Savoy, Assistant General Counsel-Contract Services & Real Estate

- X. RECONVENE INTO OPEN SESSION
- XI. CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION
- XII. INFORMATION ONLY

- A. January 2025 New Contracts 100K-250K
(EXHIBIT F-9)
- B. January 2025 Renewals 100K-250K
(EXHIBIT F-10)
- C. January 2025 Amendments 100K-250K
(EXHIBIT F-11)
- D. January 2025 New Contracts Under 100K
(EXHIBIT F-12)
- E. January 2025 Renewals Under 100K
(EXHIBIT F-13)
- F. January 2025 Affiliation Agreements, Grants, MOU's and Revenues
Info Only
(EXHIBIT F-14)
- G. Supplier Diversity Report Q1
(EXHIBIT F-15)
- H. Financials by Clinic + NPC Q1FYTD FY2025
(EXHIBIT F-16)
- I. Revenue Management Metrics
(EXHIBIT F-17)
- J. MDI Medical Directors Education: CCBHC Medical Directors and
Quality Measurement-Key Insights and Practical Examples, CQI Plan,
and Link to Payment Presentation
(EXHIBIT F-18)
- K. CCBHC Performance Measures: What Does This Mean for the
Medical Director? Presentation
(EXHIBIT F-19)
- L. Texas Children's Behavioral Health Strategic Plan
(EXHIBIT F-20)

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: November 19, 2024

TRUSTEES

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

TRUSTEES ABSENT: Natali Hurtado, Sheriff Gonzalez

I. Declaration of Quorum

Dr. Robin Gearing, Chair, called the meeting to order at 8:31 a.m. noting that a quorum of the Board was in attendance.

II. Public Comments-

Kenya Coffman, Sheronica Watson, Zoe Clark, Alma Castillo, Seth Hutchinson and Judy Blake requested the Board Members to consider a new policy proposal that was shared with the Board of Trustees.

III. Approval of Minutes

MOTION BY: LYKES SECOND: MILLER, JR.

With unanimous affirmative votes

BE IT RESOLVED the Minutes of the Regular Board of Trustees meeting held on Thursday, October 22, 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 November 12, 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 November 12, 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 November 12, 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 November 12, 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'25 Year-to-Date Budget Report-October

MOTION: LYKES SECOND: MILLER, JR.

With unanimous affirmative votes

BE IT RESOLVED the FY'25 Year-to-Date Budget Report-October as presented under Exhibit F-2, are approved.

B. November 2024 New Contracts Over 250K

MOTION BY: LYKES SECOND: MILLER, JR.

With unanimous affirmative votes

BE IT RESOLVED the November 2024 New Contracts Over 250K as presented under Exhibit F-3, are approved.

C. November 2024 Interlocal Agreement

Dr. Lankford and Dr. Fernandez-Wische recused themselves from the discussion and vote on the following Interlocal Agreement due to conflict of interests.

MOTION BY: WOMACK SECOND: LYKES

With unanimous affirmative votes

BE IT RESOLVED the November 2024 Interlocal Agreement as presented under Exhibit F-4, are approved.

D. 6168 Apartment Furniture RFP

MOTION BY: LYKES SECOND: MILLER, JR.

With unanimous affirmative votes

BE IT RESOLVED the 6168 Apartment Furniture RFP as presented under Exhibit F-5, are approved.

E. TMC Parking

MOTION BY: LYKES SECOND: MILLER, JR.

With unanimous affirmative votes

BE IT RESOLVED the TMC Parking as presented under Exhibit F-6, are approved.

F. Adding and Receiving Equipment

MOTION BY: LYKES SECOND: MILLER, JR.

With unanimous affirmative votes

BE IT RESOLVED the Adding and Receiving Equipment under Exhibit F-7, are approved.

G. Asset Tracking and Depreciation

MOTION BY: LYKES SECOND: MILLER, JR.

With unanimous affirmative votes

BE IT RESOLVED the Asset Tracking and Depreciation as presented under Exhibit F-8, are approved.

H. Business Associate and Subcontractor

MOTION BY: LYKES SECOND: MILLER, JR.

With unanimous affirmative votes

BE IT RESOLVED the Business Associate and Subcontractor as presented under Exhibit F-9, are approved.

I. Communication with the Media and other Entities

MOTION BY: LYKES SECOND: MILLER, JR.

With unanimous affirmative votes

BE IT RESOLVED the Communication with the Media and other Entities as presented under Exhibit F-10, are approved.

J. Faxing and Emailing Patient Identifying Information

MOTION BY: LYKES SECOND: MILLER, JR.

With unanimous affirmative votes

BE IT RESOLVED the Faxing and Emailing Patient Identifying Information as presented under Exhibit F-11, are approved.

K. IDD-PAC Bylaws

MOTION BY: LYKES SECOND: MILLER, JR.

With unanimous affirmative votes

BE IT RESOLVED the IDD-PAC Bylaws as presented under Exhibit F-12, are approved.

L. Medication Administration

MOTION BY: LYKES

SECOND: MILLER, JR.

With unanimous affirmative votes

BE IT RESOLVED the Medication Administration as presented under Exhibit F-13, are approved.

M. Patient-Individual Records Administration

MOTION BY: LYKES

SECOND: MILLER, JR.

With unanimous affirmative votes

BE IT RESOLVED the Patient-Individual Records Administration as presented under Exhibit F-14, are approved.

N. Return to In-Patient Care of Furloughed Patient

MOTION BY: LYKES

SECOND: MILLER, JR.

With unanimous affirmative votes

BE IT RESOLVED the Return to In-Patient Care of Furloughed Patient as presented under Exhibit F-15, are approved.

O. Screening and Assessment for Mental Health, Substance Use, and Intellectual and Development Disabilities

MOTION BY: LYKES

SECOND: MILLER, JR.

With unanimous affirmative votes

BE IT RESOLVED the Screening and Assessment for Mental Health, Substance Use, and Intellectual and Development Disabilities as presented under Exhibit F-16, are approved.

P. Student Internship Program

MOTION BY: LYKES

SECOND: MILLER, JR.

With unanimous affirmative votes

BE IT RESOLVED the Student Internship Program as presented under Exhibit F-17, are approved.

Q. Subpoenas

MOTION BY: LYKES

SECOND: MILLER, JR.

With unanimous affirmative votes

BE IT RESOLVED the Subpoenas as presented under Exhibit F-18, are approved.

R. Pharmacy Medication Therapy Management (MTM) and Outcome

MOTION BY: LYKES

SECOND: MILLER, JR.

With unanimous affirmative votes

BE IT RESOLVED the Pharmacy Medication Therapy Management (MTM) and Outcome as presented under Exhibit F-19, are approved.

S. Safety and Security Escort: Employee and Consumer

MOTION BY: LYKES **SECOND: MILLER, JR.**

With unanimous affirmative votes

BE IT RESOLVED the Safety and Security Escort: Employee and Consumer as presented under Exhibit F-20, are approved.

T. Accessibility Plan

MOTION BY: LYKES **SECOND: MILLER, JR.**

With unanimous affirmative votes

BE IT RESOLVED the Accessibility Plan as presented under Exhibit F-21, are approved.

VIII. Entered into executive session-Board Chair Dr. Gearing announced the Board would convene an Executive Session at 9:26 am for the following reasons:

- In accordance with §§551.071 and 551.074 of the Texas Government Code, discussion of Governance and personnel matters. 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
- In accordance with §551.074 of the Texas Government Code, Discussion of Personnel Matters related to the Nomination of Individual Board members as Board Officers and the 2025 Slate of Officers. 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 Personnel Matters related to the Nomination of a Board Member(s) to the Audit Committee. 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 11:05 am.

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

- In accordance with §551.074 of the Texas Government Code, Discussion of Personnel Matters related to the Nomination of a Board Member(s) to the Audit Committee. Mr. James Lykes, Chair of Governance Committee; Dr. R. Gearing, Chair of the Harris Center Board of Trustees

MOTION: Dr. Gearing moved to nominate Dr. Bacon, Dr. Fernandez, Mr. Lykes and Mr. Womack to be official Audit Committee members discussed during Executive Session.

SECOND: Miller, Jr.

With unanimous affirmative votes the motion is approved

- In accordance with §551.074 of the Texas Government Code, Discussion of Personnel Matters related to the Nomination of Individual Board members as Board Officers and the 2025 Slate of Officers. Mr. James Lykes, Chair of Governance Committee; Dr. R. Gearing, Chair of the Harris Center Board of Trustees

MOTION: Dr. Lankford moved to nominate Slate of Officers 2025

- Dr. Gearing-Board Chair
- Dr. Miller, Jr. -Vice Chair
- Mr. Lykes-Vice Chair
- Mr. Womack-Secretary

SECOND: Mr. Fernandez

With unanimous affirmative votes the motion is approved.

- 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.

MOTION: Dr. Miller read the Resolution Authorizing Appointment of Members to the Recenter’s New Market Tax Credit Borrower Board of Directors and moved that to fulfill the obligations of the Real Estate Acquisition agreement, the Harris Center Board of Trustees authorize the Board Chair and the Chief Executive Officer to select and appoint the following persons to serve on the NMTC Borrower Board of Directors until the completion of the sale of the property located at 3809 Main Street and the dissolution of the NMTC Borrower Board of Directors:

- Judge Bonnie Hellums
- Dr. Lois Morre
- Mr. Shaukat Zakaria
- Mr. Jim Lykes
- Dr. Robin Gearing

SECOND: Dr. Fernandez

With unanimous affirmative votes, the motion is approved.
{Resolution attached}

XV. ADJOURN

MOTION: BACON SECOND: WOMACK

Motion passed with unanimous affirmative votes.

The meeting was adjourned at 11:08 AM

Respectfully submitted,

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



Transforming Lives

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

AUTHORIZING APPOINTMENT OF MEMBERS TO RECENTER'S NEW MARKET TAX CREDIT BORROWER BOARD OF DIRECTORS

The Board of Trustees of the Harris Center for Mental Health and IDD met in a regularly scheduled meeting on **Tuesday, November 19, 2024**, and adopted the following resolution(s) in regards to the assignment of assets and obligations from the Men's Center, Incorporated d/b/a Recenter to the HARRIS CENTER for Mental Health and IDD ("HARRIS CENTER", "the Harris Center").

WHEREAS:

1. On July 23, 2024, the Board of Trustees of the HARRIS CENTER authorized and empowered the Chief Executive Officer to negotiate and execute a Real Estate Acquisition and any other contracts and documents, in the name and on behalf of the HARRIS CENTER, and perform all of its obligations under the agreement that shall be legally necessary to effectuate and complete the Harris Center's acquisition of the following Properties of the Recenter (hereafter, "Properties"):

3809 Main Street, Houston, TX 77002
1104 Alabama, Houston, TX 77004
3801 Fannin, Houston, TX 77004
3810 Fannin, Houston, TX 77004
3816 Fannin, Houston, TX 77004
3813 Fannin, Houston, TX 77004
3812 Fannin Houston, TX 77004

2. On November 5, 2024, the Harris Center and the Recenter executed a Real Estate Acquisition agreement; and,

3. On June 21, 2018, the Recenter borrowed cash using the government grants as security to create an investment fund to attract New Market Tax Credits (NMTC). The Community Development Entities released the investment funds to Hope Harbor, a Qualified Active Low-Income Community Business (QALICB) fully owned by the Recenter, for the construction of 3809 Main Street Houston, TX; and,

4. The Hope Harbor QALICB, a Texas nonprofit corporation and the NMTC Borrower; and,

5. The loans were 30-year loans but were limited to interest only payments in the first seven (7) years. The "interest-only" seven-year loan timeframe is due June 2025; and,

6. Pursuant to the fully executed Real Estate Acquisition agreement, the Harris Center will assume from the Recenter all the rights and obligations under the NMTC Obligations subject to the approvals from the NMTC Investor and NMTC Lenders; and



Transforming Lives

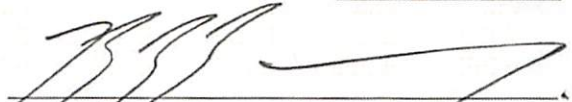
7. Prior to and as a condition to Closing, the Recenter must obtain and deliver to the Harris Center at Closing, a duly executed resolution from the NMTC Borrower Board of Directors approving the appointment of Board Officers approved by the Harris Center as replacement Board members of the NMTC Borrower effective as of the Closing Date with written consent of the NMTC Investor and the NMTC Lenders.

BE IT RESOLVED:

To fulfill the Closing Obligations of the Real Estate Acquisition agreement, the HARRIS CENTER Board of Trustees authorizes the Board Chair and the Chief Executive Officer to select and appoint the following persons to serve on the NMTC Borrower Board of Directors until the completion of the sale of the property located at 3809 Main Street and the dissolution of the NMTC Borrower Board of Directors:

JUDGE BONNIE HELLMAS MR. JIM LYKES
DR. LOUIS MOSES DR. ROBIN GEARING
MR. SHAUKAT ZAKARIA

ALL OF THE FOREGOING SHALL BE EFFECTIVE
November 19, 2024

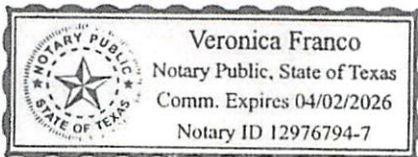


Dr. Robin Gearing, Board Chair
The Harris Center for Mental Health & IDD
Board of Trustees

THE STATE OF TEXAS §
 §
COUNTY OF HARRIS §

BEFORE ME, a Notary Public, on this day personally appeared, **DR. ROBIN GEARING** 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 19th day of November, 2024.





Notary Public, State of Texas

EXHIBIT F-2

The Harris Center for Mental Health and IDD

**Results of Financial Operations and Comparison to Original Budget
November 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

November 30, 2024

Non-GAAP / Budgetary-Basis Reporting

Unaudited - Subject to Change

	For the Month Ended		
	Original Budget	Actual	Variance
Revenues	\$ 31,244,089	\$ 31,169,319	\$ (74,770)
Expenditures	31,160,756	29,101,756	2,059,000
Excess (Deficiency) of revenues over expenditures	\$ 83,333	\$ 2,067,563	\$ 1,984,230
Other Sources (Uses)			
Debt Service	\$ (83,333)	\$ (963,092)	\$ (879,759)
Capital Outlay	-	(209,827)	(209,827)
Revenue Bonds Issued	-	24,745,000	24,745,000
Other Sources (Uses)	-	9,655	9,655
Change in Fund Balance/Net Position	\$ -	\$ 25,649,299	\$ 25,649,299

	Fiscal Year to Date		
	Original Budget	Actual	Variance
Revenues	\$ 93,732,267	\$ 90,994,212	\$ (2,738,055)
Expenditures	93,482,268	88,988,142	4,494,126
Excess (Deficiency) of revenues over expenditures	\$ 249,999	\$ 2,006,070	\$ 1,756,071
Other Sources (Uses)			
Debt Service	\$ (249,999)	\$ (963,092)	\$ (713,093)
Capital Outlay	-	(412,592)	(412,592)
Revenue Bonds Issued	-	24,745,000	24,745,000
Other Sources (Uses)	-	33,552	33,552
Change in Fund Balance/Net Position	\$ -	\$ 25,408,938	\$ 25,408,938

The Harris Center for Mental Health and IDD
Results of Financial Operations and Comparison to Original Budget
November 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	\$ 11,054,955	\$ 11,054,909	(46)	0%	\$ 33,164,865	\$ 33,164,696	(169)	0%
Harris County and Local	4,452,047	4,863,521	411,474	9%	13,356,141	13,033,300	(322,841)	-2% A
Federal Contracts and Grants	5,098,793	5,245,780	146,987	3%	15,296,379	15,191,597	(104,782)	-1% B
State Contract and Grants	1,900,240	1,751,926	(148,314)	-8%	5,700,720	4,103,816	(1,596,904)	-28% C
Third Party Billing	3,585,863	3,022,076	(563,787)	-16%	10,757,589	9,727,997	(1,029,592)	-10%
Charity Care Pool	3,340,350	3,340,328	(22)	0%	10,021,050	10,021,239	189	0%
Directed Payment Programs	659,258	548,054	(111,204)	-17%	1,977,774	1,660,733	(317,041)	-16% D
Patient Assistance Program (PAP)	852,441	1,110,825	258,384	30%	2,557,323	3,266,237	708,914	28%
Interest Income	300,142	231,900	(68,242)	-23%	900,426	824,597	(75,829)	-8%
Operating Revenue, total	\$ 31,244,089	\$ 31,169,319	(74,770)	0%	\$ 93,732,267	90,994,212	(2,738,055)	-3%
Operating Expenditures								
Salaries and Fringe Benefits	\$ 21,116,034	\$ 19,307,539	1,808,495	9%	\$ 63,348,102	\$ 60,970,652	2,377,450	4%
Contracts and Consultants	1,379,371	1,055,951	323,420	23%	4,138,113	2,724,631	1,413,482	34%
Contracts and Consultants-HCPC	3,913,250	3,833,236	80,014	2%	11,739,750	11,499,708	240,042	2%
Supplies	354,237	221,040	133,197	38%	1,062,711	500,184	562,527	53%
Drugs	1,995,664	2,399,024	(403,360)	-20%	5,986,992	7,123,094	(1,136,102)	-19% E
Purchases, Repairs and Maintenance of:								
Equipment	99,778	129,247	(29,469)	-30%	299,334	500,527	(201,193)	-67%
Building	177,679	411,241	(233,562)	-131%	533,037	533,480	(443)	0% F
Vehicle	86,851	82,642	4,209	5%	260,553	243,255	17,298	7%
Software	358,400	386,990	(28,590)	-8%	1,075,200	887,625	187,575	17%
Telephone and Utilities	304,496	337,965	(33,469)	-11%	913,488	869,354	44,134	5%
Insurance, Legal and Audit	184,268	184,811	(543)	0%	552,804	570,492	(17,688)	-3%
Travel & Training	251,089	218,302	32,787	13%	753,267	436,108	317,159	42%
Dues & Subscriptions	555,682	217,855	337,827	61%	1,667,046	787,580	879,466	53% G
Other Expenditures	383,957	315,913	68,044	18%	1,151,871	1,341,452	(189,581)	-16% H
Operating Expenditures, total	\$ 31,160,756	\$ 29,101,756	\$ 2,059,000	7%	\$ 93,482,268	\$ 88,988,142	\$ 4,494,126	5%
Excess (Deficiency) of revenues over expenditures	\$ 83,333	\$ 2,067,563	1,984,230		\$ 249,999	\$ 2,006,070	1,756,071	
Other Sources (Uses)								
Debt Service	(83,333)	\$ (963,092)	\$ (879,759)		(249,999)	\$ (963,092)	\$ (713,093)	I
Capital outlay	-	(209,827)	(209,827)		-	(412,592)	(412,592)	
Revenue Bonds Issued	-	24,745,000	24,745,000		-	24,745,000	24,745,000	J
Insurance proceeds	-	-	-		-	1,648	1,648	
Proceeds from Sale of Assets	-	9,655	9,655		-	31,904	31,904	
Change in Fund Balance/Net Position	\$ -	\$ 25,649,299	\$ 25,649,299		\$ -	\$ 25,408,938	\$ 25,408,938	

The Harris Center for Mental Health and IDD
Notes to Statements Presented
Non-GAAP / Budgetary-Basis reporting
November 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 incurring related expenditures. We are monitoring contract progress for potential impacts on the budget.

B Federal Contract and grants

The primary driver of the unfavorable budget variance is related to low expenditures/billings for the month causing a timing difference of when revenue will be earned.

C State Contract and Grants

The primary driver of the unfavorable variance is attributed to contracts budgeted during current fiscal year, prior to related contract approvals resulting in low expenditures/billings for the month. In addition, for new contracts, variance is primarily attributed to a timing difference until personnel is hired.

D Directed Payment Programs

DPP revenue shortfall is due to reduced DPP-related claim throughput. The annual estimates provided by Texas Council for FY 2025 are expected to be received in mid-May 2025 at that time, we will update our accounting records.

E Drugs

The primary driver of the net unfavorable variance in Drugs is the increase in retail drug pharmacy purchases, which is offset by revenue earned on the billing program. On a YTD basis the Pharmacy billing program revenue exceeds budget by \$135K and the billing program expense exceeds budget by (\$360K).

F Building (purchase, repair and maintenance)

Unfavorable budget variance for the current month is primarily driven by current month janitorial services increase from prior month (\$28K to \$244K) and other service maintenance services increase from prior month (\$20K to \$82K).

G Dues & Subscriptions

IT related Dues & Subscriptions total \$183K for the current month and \$575K fiscal year to date.

H Other expenditures

YTD unfavorable budget variance for this line item is primarily related to ReCenter's operational & program expenditures exceeding YTD budget by approx. \$98K; in addition YTD postage expenses exceed YTD budget by approx. \$108K. These variances are slightly offset by favorable YTD budget variances in other accounts.

I Debt Service

Debt service expenditures are related to the bond issuance costs & underwriter's discount of Revenue Bond Series 2024.

J Bond Proceeds

Revenue Bond 2024 proceeds during the current month, presented as other financing sources.

The Harris Center for Mental Health and IDD

Balance Sheet

November 30, 2024

Non-GAAP / Budgetary-Basis Reporting

Unaudited - Subject to Change

	October - 2024	November - 2024	Change
Assets			
Current Assets			
Cash and Cash Equivalents			
Cash and Petty Cash	\$ 21,803,683	\$ 13,371,366	\$ (8,432,317)
Cash Equivalents	56,480,784	41,194,541	(15,286,243)
Cash and Cash Equivalents, total	78,284,467	54,565,907	(23,718,560) AA
Inventories, Deposits & Prepaids	11,558,974	10,609,493	\$ (949,481)
Accounts Receivable:			
Patient A/R, net of allowance	1,640,322	1,544,905	(95,417)
A/R from other governments	34,992,135	45,830,225	10,838,090 BB
Other A/R	1,664,394	1,839,722	175,328
Current Assets, total	\$ 128,140,292	\$ 114,390,252	\$ (13,750,040)
Restricted Cash and Cash Equivalents	-	19,911,737	19,911,737 CC
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	8,254,332	(131,885)
Construction in Progress	5,794,164	5,794,164	-
Accumulated Depreciation/Amortization	(35,692,400)	(35,560,515)	131,885
Capital Assets, net total	\$ 46,548,048	\$ 46,548,048	\$ -
Total Assets	\$ 174,688,340	\$ 180,850,037	\$ 6,161,697
Liabilities & Fund Balance/Net Position			
Liabilities			
Accounts Payable and Accrued Liabilities	\$ 15,377,188	\$ 7,103,583	\$ (8,273,605) DD
Unearned Revenues	27,136,418	15,628,318	(11,508,100) EE
Noncurrent liabilities:			
Due within one year	909,061	1,584,061	675,000 FF
Due in more than one year	9,326,822	33,690,925	24,364,103 FF
Liabilities, total	\$ 52,749,489	\$ 58,006,887	\$ 5,257,398
Fund Balance/Net Position			
Net Investment in Capital Assets	46,548,048	46,548,048	-
Restricted for Capital Projects	-	19,911,737	19,911,737 CC
Nonspendable	11,558,974	10,609,493	(949,481)
Assigned	66,514,014	66,514,014	-
Unassigned/Unrestricted	(2,441,824)	(46,149,080)	(43,707,256) GG
Change in fund balance/net position	(240,361)	25,408,938	25,649,299
Fund Balance/Net Position, Total	\$ 121,938,851	\$ 122,843,150	\$ 904,299
Total Liabilities & Fund Balance/Net Position	\$ 174,688,340	\$ 180,850,037	\$ 6,161,697

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

Balance Sheet**AA Cash and Investments**

The decrease in cash and cash equivalents is primarily driven by the three payroll periods paid during November (approx. \$23.2M), the requirement to make the second half of Year 4 (SFY25) IGT payment for approx. \$2.7M, and the timing of when funds are received from the various revenue sources vs when funds are spent.

During the month of November, we received a reimbursement of incurred project expenses from the new bond issuance of approx. \$3.9M.

BB A/R from Other Governments

The increase is primarily attributable to additional receivables from multiple grants including: Charity Care Pool (CCP) funding of \$3.3M, Harris County allocation funding of \$1.9M, Sheriff's department of \$1.5M, and other federal & state grants receivables with net effect of \$4.1M.

CC Restricted Cash & Restricted Net Position for Capital Projects

Cash related to the Revenue Bond Series 2024. This cash is restricted for use for the financing of the approved capital projects; as such the corresponding net position is restricted for capital projects.

DD Accounts Payable and Accrued Liabilities

The decrease in Accounts Payable and Accrued Liabilities is due to the regular timing of payments; in addition, due to a decrease in salary accrual in comparison to the prior month salary accrual related to the timing on when the respective months payroll periods were paid.

EE Unearned Revenues

Unearned income decreased due to use of funds provided through state and federal revenue allocations received in advance of performance of related obligations.

FF Noncurrent liabilities

With the revenue bond issue, it is now necessary to continue our alignment to financial reporting requirements.

Liabilities	As presented	Revised presentation	Net change
	October - 2024	October - 2024	
Accounts Payable and Accrued Liabilities	\$ 16,286,249	\$ 15,377,188	\$ (909,061)
Unearned Revenues	27,136,418	27,136,418	-
Long term Liabilities	9,326,822	-	(9,326,822)
Noncurrent liabilities:			
Due within one year		909,061	909,061
Due in more than one year		9,326,822	9,326,822
Total Liabilities	<u>\$ 52,749,489</u>	<u>\$ 52,749,489</u>	<u>\$ -</u>

Amount Due within one year presented in November 2024 is the portion of the Revenue Bond 2024 due 11/01/2025

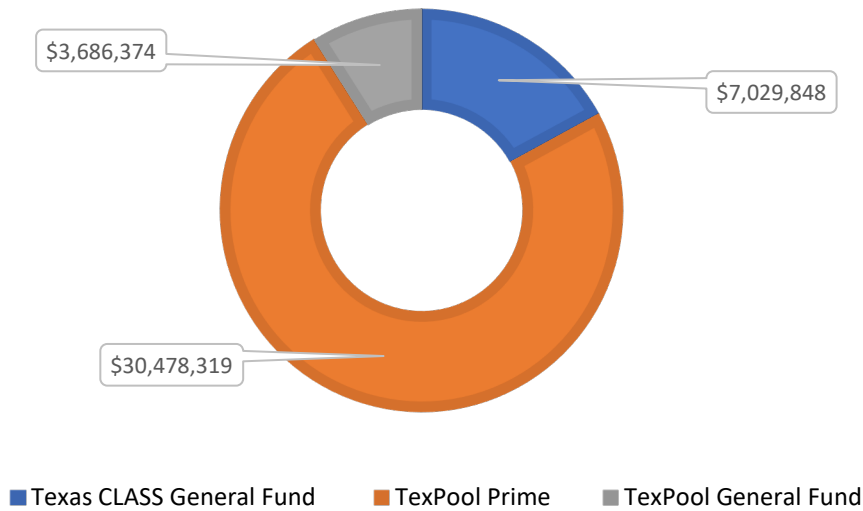
GG Unassigned Fund Balance

The temporary deficit is primarily driven by the upcoming release of approx. \$51M in assigned fund balance that will increase this unassigned fund balance line item.

The Harris Center for Mental Health and IDD
Investment Portfolio
November 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	\$ 7,001,769	\$ -	\$ -	\$ 28,079	\$ 7,029,848	17.06%	4.88%
<i>TexPool</i>							
TexPool Prime	45,806,918	-	(15,490,828)	162,229	30,478,319	73.99%	4.83%
TexPool General Fund	3,672,097	-	-	14,277	3,686,374	8.95%	4.73%
<i>TexPool Sub-Total</i>	49,479,015	-	(15,490,828)	176,506	34,164,693	82.94%	4.82%
Total Investments	\$ 56,480,784	\$ -	\$ (15,490,828)	\$ 204,585	\$ 41,194,541	100.00%	4.83%
	Additional Interest on Checking Accounts			27,315			
	Total Interest Earned during the current month			<u>\$ 231,900</u>			

Investment Portfolio Weight



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	5.03%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)	4.62%
Interest Rate - Chase Hybrid Checking	3.10%
ECR - Chase	3.20%

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

Vendor	Description	Monthly Not-To-Exceed ⁽¹⁾	Nov-24	Fiscal Year to Date Total
Lincoln Financial Group (LFG) ⁽²⁾	Retirement Funds (401a, 403b, 457)	\$3,650,000	\$2,052,736	\$5,407,820
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,300,000	\$2,431,117	\$7,392,266
UNUM	Life Insurance	\$310,000	\$203,072	\$612,688

Notes:

⁽¹⁾ As established by the Board Resolution approved October 22, 2024: Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items effective September 24, 2024.

⁽²⁾ LFG payments include 11A & 11B

The Harris Center for Mental Health and IDD

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

December 31, 2024

Non-GAAP / Budgetary-Basis Reporting

Unaudited - Subject to Change

	For the Month Ended		
	Original Budget	Actual	Variance
Revenues	\$ 31,244,089	\$ 30,468,548	\$ (775,541)
Expenditures	31,160,756	32,343,085	(1,182,329)
Excess (Deficiency) of revenues over expenditures	\$ 83,333	\$ (1,874,537)	\$ (1,957,870)
Other Sources (Uses)			
Debt Service	\$ (83,333)	\$ -	\$ 83,333
Capital Outlay	-	(4,427,055)	(4,427,055)
Other Sources (Uses)	-	895,421	895,421
Change in Fund Balance/Net Position	\$ -	\$ (5,406,171)	\$ (5,406,171)

	Fiscal Year to Date		
	Original Budget	Actual	Variance
Revenues	\$ 124,976,356	\$ 121,462,760	\$ (3,513,596)
Expenditures	124,643,024	121,331,227	3,311,797
Excess (Deficiency) of revenues over expenditures	\$ 333,332	\$ 131,533	\$ (201,799)
Other Sources (Uses)			
Debt Service	\$ (333,332)	\$ (963,092)	\$ (629,760)
Capital Outlay	-	(4,839,647)	(4,839,647)
Revenue Bonds Issued	-	24,745,000	24,745,000
Other Sources (Uses)	-	928,973	928,973
Change in Fund Balance/Net Position	\$ -	\$ 20,002,767	\$ 20,002,767

The Harris Center for Mental Health and IDD
Results of Financial Operations and Comparison to Original Budget
December 31, 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	\$ 11,054,955	\$ 11,054,920	(35)	0%	\$ 44,219,820	\$ 44,219,616	(204)	0%
Harris County and Local	4,452,047	4,348,096	(103,951)	-2%	17,808,188	17,381,396	(426,792)	-2%
Federal Contracts and Grants	5,112,180	5,329,821	217,641	4%	20,448,720	20,584,229	135,509	1%
State Contract and Grants	1,886,853	1,554,862	(331,991)	-18%	7,547,412	5,595,867	(1,951,545)	-26% A
Third Party Billing	3,585,863	2,962,890	(622,973)	-17%	14,343,452	12,690,887	(1,652,565)	-12% B
Charity Care Pool	3,340,350	3,340,328	(22)	0%	13,361,400	13,361,567	167	0%
Directed Payment Programs	659,258	554,862	(104,396)	-16%	2,637,032	2,215,595	(421,437)	-16%
Patient Assistance Program (PAP)	852,441	1,031,219	178,778	21%	3,409,764	4,297,456	887,692	26%
Interest Income	300,142	291,550	(8,592)	-3%	1,200,568	1,116,147	(84,421)	-7%
Operating Revenue, total	\$ 31,244,089	\$ 30,468,548	(775,541)	-2%	\$ 124,976,356	121,462,760	(3,513,596)	-3%
Operating Expenditures								
Salaries and Fringe Benefits	\$ 21,116,034	\$ 21,611,899	(495,865)	-2%	\$ 84,464,136	\$ 82,582,552	1,881,584	2%
Contracts and Consultants	1,379,371	1,248,617	130,754	9%	5,517,484	3,973,248	1,544,236	28%
Contracts and Consultants-HCPC	3,913,250	3,335,536	577,714	15%	15,653,000	14,835,244	817,756	5%
Supplies	354,237	206,352	147,885	42%	1,416,948	706,535	710,413	50%
Drugs	1,995,664	2,251,201	(255,537)	-13%	7,982,656	9,374,294	(1,391,638)	-17% C
Purchases, Repairs and Maintenance of:					-			
Equipment	99,778	216,975	(117,197)	-117%	399,112	717,502	(318,390)	-80%
Building	177,679	173,401	4,278	2%	710,716	706,881	3,835	1%
Vehicle	86,851	73,899	12,952	15%	347,404	317,155	30,249	9%
Software	358,400	522,845	(164,445)	-46%	1,433,600	1,410,471	23,129	2%
Telephone and Utilities	304,496	311,066	(6,570)	-2%	1,217,984	1,180,420	37,564	3%
Insurance, Legal and Audit	184,268	217,275	(33,007)	-18%	737,072	787,767	(50,695)	-7%
Travel & Training	251,089	231,214	19,875	8%	1,004,356	667,322	337,034	34%
Dues & Subscriptions	555,682	1,556,129	(1,000,447)	-180%	2,222,728	2,343,709	(120,981)	-5% D
Other Expenditures	383,957	386,676	(2,719)	-1%	1,535,828	1,728,127	(192,299)	-13% E
Operating Expenditures, total	\$ 31,160,756	\$ 32,343,085	\$ (1,182,329)	-4%	\$ 124,643,024	\$ 121,331,227	\$ 3,311,797	3%
Excess (Deficiency) of revenues over expenditures	\$ 83,333	\$ (1,874,537)	(1,957,870)		\$ 333,332	\$ 131,533	(201,799)	
Other Sources (Uses)								
Debt Service	(83,333)	\$ -	\$ 83,333		(333,332)	\$ (963,092)	\$ (629,760)	
Capital outlay	-	(4,427,055)	(4,427,055)		-	(4,839,647)	(4,839,647)	F
Revenue Bonds Issued	-	-	-		-	24,745,000	24,745,000	
Insurance proceeds	-	2,488	2,488		-	4,136	4,136	
Proceeds from Sale of Assets	-	-	-		-	31,904	31,904	
Other Financing Sources	-	892,933	892,933		-	892,933	892,933	G
Change in Fund Balance/Net Position	\$ -	\$ (5,406,171)	\$ (5,406,171)		\$ -	\$ 20,002,767	\$ 20,002,767	

The Harris Center for Mental Health and IDD
Notes to Statements Presented
Non-GAAP / Budgetary-Basis reporting
December 31, 2024

Results of Financial Operations and Comparison to Original Budget

A State Contract and Grants

The primary driver of the unfavorable variance is attributed to contracts budgeted during current fiscal year, prior to related contract approvals resulting in low expenditures/billings for the month. In addition, for new contracts, variance is primarily attributed to a timing difference until personnel is hired. \$1M Revenue contract was not renewed and will not be realized in the current year.

B Third party billing

In reviewing our payor mix and particularly the Third Party charges, excluding Pharmacy, we are seeing an increase in both our ACA and Commercial categories, however also an increase month over month in our self-pay book of business. Overall when reviewing our Third Party charges our increase year over year through the first 4 months of FY25 is minimal and averaging \$3.2M per month which is the same figure that we experienced in FY24.

C Drugs

The primary driver of the net unfavorable variance in Drugs is the increase in retail drug pharmacy purchases, which is offset by revenue earned on the billing program. On a YTD basis the Pharmacy billing program revenue exceeds budget by \$209K and the billing program expense exceeds budget by (\$514K).

D Dues & Subscriptions

IT related Dues & Subscriptions total \$1.5M for the current month and \$2.1M fiscal year to date. Current month expenditures include \$1.2M of YTD expenditures for the EPIC annual subscription invoice received during the month of December.

E Other expenditures

YTD unfavorable budget variance for this line item is primarily related to ReCenter's operational & program expenditures exceeding YTD budget by approx. \$263K; this variance is slightly offset by favorable YTD budget variances in other accounts.

F Capital Outlay

Capital Outlay for the current month consists of approx. \$1.9M settlement payment related to the purchase of real estate (ReCenter agreement) and approx. \$2.4M in construction costs for the 6168 Apartments.

G Other Financing Sources

Draw down of funds from the City of Houston forgivable loan going towards the construction of the 6168 Apartments.

The Harris Center for Mental Health and IDD
Balance Sheet
December 31, 2024
Non-GAAP / Budgetary-Basis Reporting
Unaudited - Subject to Change

	November - 2024	December - 2024	Change
Assets			
Current Assets			
Cash and Cash Equivalents			
Cash and Petty Cash	\$ 13,371,366	\$ 16,585,800	\$ 3,214,434
Cash Equivalents	41,194,541	84,541,672	43,347,131
Cash and Cash Equivalents, total	54,565,907	101,127,472	46,561,565 AA
Inventories, Deposits & Prepaids	10,609,493	8,632,514	\$ (1,976,979) BB
Accounts Receivable:			
Patient A/R, net of allowance	1,544,905	1,534,587	(10,318)
A/R from other governments	45,830,225	45,779,869	(50,356)
Other A/R	1,839,722	1,917,302	77,580
Current Assets, total	\$ 114,390,252	\$ 158,991,744	\$ 44,601,492
Restricted Cash and Cash Equivalents	19,911,737	20,350,034	438,297 CC
Capital Assets			
Land	12,709,144	12,709,144	-
Building and Improvements	52,910,858	54,858,877	1,948,019 DD
Right-to-use assets (Leases & SBITA)	2,440,065	2,440,065	-
Furniture, Equipment and Vehicles	8,254,332	8,254,332	-
Construction in Progress	5,794,164	5,794,164	-
Accumulated Depreciation/Amortization	(35,560,515)	(35,560,515)	-
Capital Assets, net total	\$ 46,548,048	\$ 48,496,067	\$ 1,948,019
Total Assets	\$ 180,850,037	\$ 227,837,845	\$ 46,987,808
Liabilities & Fund Balance/Net Position			
Liabilities			
Accounts Payable and Accrued Liabilities	\$ 7,103,583	\$ 10,227,450	\$ 3,123,867
Unearned Revenues	15,628,318	62,984,961	47,356,643 EE
Noncurrent liabilities:			
Due within one year	1,584,061	1,584,061	-
Due in more than one year	33,690,925	34,549,307	858,382 FF
Liabilities, total	\$ 58,006,887	\$ 109,345,779	\$ 51,338,892
Fund Balance/Net Position			
Net Investment in Capital Assets	46,548,048	46,548,048	-
Restricted for Capital Projects	19,911,737	20,350,034	438,297 CC
Nonspendable	10,609,493	8,632,514	(1,976,979)
Assigned	66,514,014	66,514,014	-
Unassigned/Unrestricted	(46,149,080)	(43,555,312)	2,593,768 GG
Change in fund balance/net position	25,408,938	20,002,767	(5,406,171)
Fund Balance/Net Position, Total	\$ 122,843,150	\$ 118,492,065	\$ (4,351,085)
Total Liabilities & Fund Balance/Net Position	\$ 180,850,037	\$ 227,837,844	\$ 46,987,807

The Harris Center for Mental Health and IDD
Notes to Statements Presented
Non-GAAP / Budgetary-Basis reporting
December 31, 2024

Balance Sheet

AA Cash and Investments

The increase in cash and cash equivalents is primarily driven by the receipt of the quarterly payment of the performance contracts of approx. \$40.5M, and the County allocation of approx. \$24.1M; the increase is reduced by monthly payment of operating expenses and a \$1.9M settlement payment related to the purchase of real estate (ReCenter agreement).

BB Inventories, Deposits & Prepays

Decrease related to the use of the prepaid benefit of \$1.8MM related to HCPC bed days.

CC Restricted Cash & Restricted Net Position for Capital Projects

Increase related to the Quarterly payment to the Trustee to be used to pay principal and interest on the Bond Series 2024 when due, as set forth in the Bond 2024 official statement. This cash is restricted for use for the financing of the approved capital projects and for the payment of principal and interest when due; as such the corresponding net position is restricted for capital projects.

DD Building & Improvements

Increase in Building & improvements reflects the \$1.9M settlement payment related to the purchase of real estate (ReCenter agreement). Additional adjustments related to the purchase are expected to be recorded during the upcoming months.

EE Unearned Revenues

Unearned revenues increased due to funds provided through state and federal revenue allocations received in advance of performance of related obligations.

FF Noncurrent liabilities

Amount due in more than one year increased due to recognition of the liability related to the drawdown of funds from the City of Houston forgivable loan going towards the construction of the 6168 Apartments.

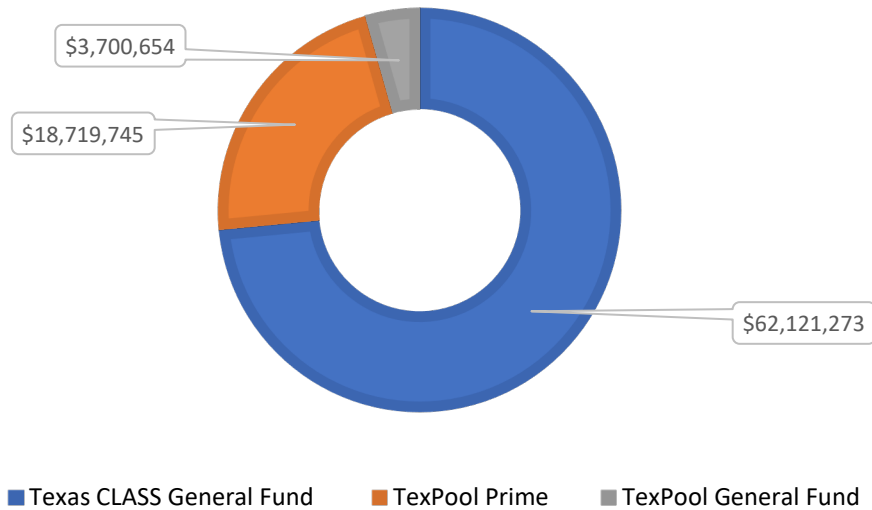
GG Unassigned Fund Balance

The temporary deficit is primarily driven by the upcoming release of approx. \$51M in assigned fund balance that will increase this unassigned fund balance line item.

The Harris Center for Mental Health and IDD
Investment Portfolio
December 31, 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	\$ 7,029,848	\$ 55,000,000	\$ -	\$ 91,425	\$ 62,121,273	73.48%	4.75%
<i>TexPool</i>							
TexPool Prime	30,478,319	-	(11,848,019)	89,445	18,719,745	22.14%	4.69%
TexPool General Fund	3,686,374	-	-	14,280	3,700,654	4.38%	4.56%
<i>TexPool Sub-Total</i>	34,164,693	-	(11,848,019)	103,725	22,420,399	26.52%	4.67%
Total Investments	\$ 41,194,541	\$ 55,000,000	\$ (11,848,019)	\$ 195,150	\$ 84,541,672	100.00%	4.73%
	Additional Interest on Checking Accounts			96,400			
	Total Interest Earned during the current month			<u>\$ 291,550</u>			

Investment Portfolio Weight



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	4.85%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)	4.45%
Interest Rate - Chase Hybrid Checking	2.90%
ECR - Chase	3.00%

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of December 31, 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
December 31, 2024

Vendor	Description	Monthly Not-To-Exceed⁽¹⁾	Dec-24	Fiscal Year to Date Total
Lincoln Financial Group (LFG) ⁽²⁾	Retirement Funds (401a, 403b, 457)	\$3,650,000	\$2,995,502	\$8,403,322
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,300,000	\$2,470,809	\$9,863,076
UNUM	Life Insurance	\$310,000	\$204,528	\$817,216

Notes:

⁽¹⁾ As established by the Board Resolution approved October 22, 2024: Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items effective September 24, 2024.

⁽²⁾ LFG payments include transactions related to pay periods: 11C, 12A & 12B

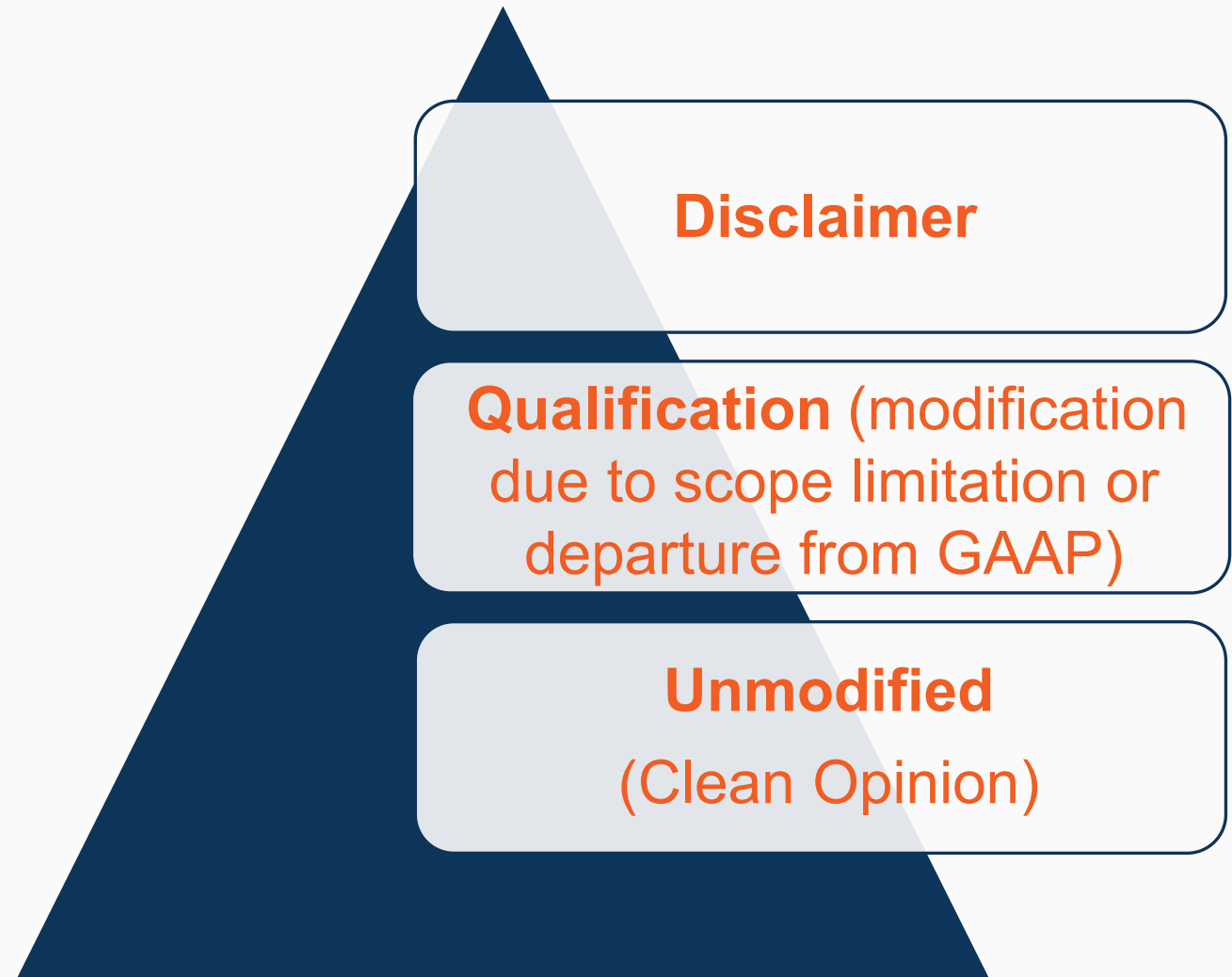
EXHIBIT F-3

The Harris Center for Mental Health and IDD



THE OPINION ON THE REPORT

PURPOSE OF THE AUDIT



THE AUDIT PROCESS



Planning
(August 2024)

1



Internal
Controls
(September 2024)

2



Understanding
&
Identifying Key
Controls &
Testing
Controls
(September 2024)

3



Substantive
Testing
(December 2024)

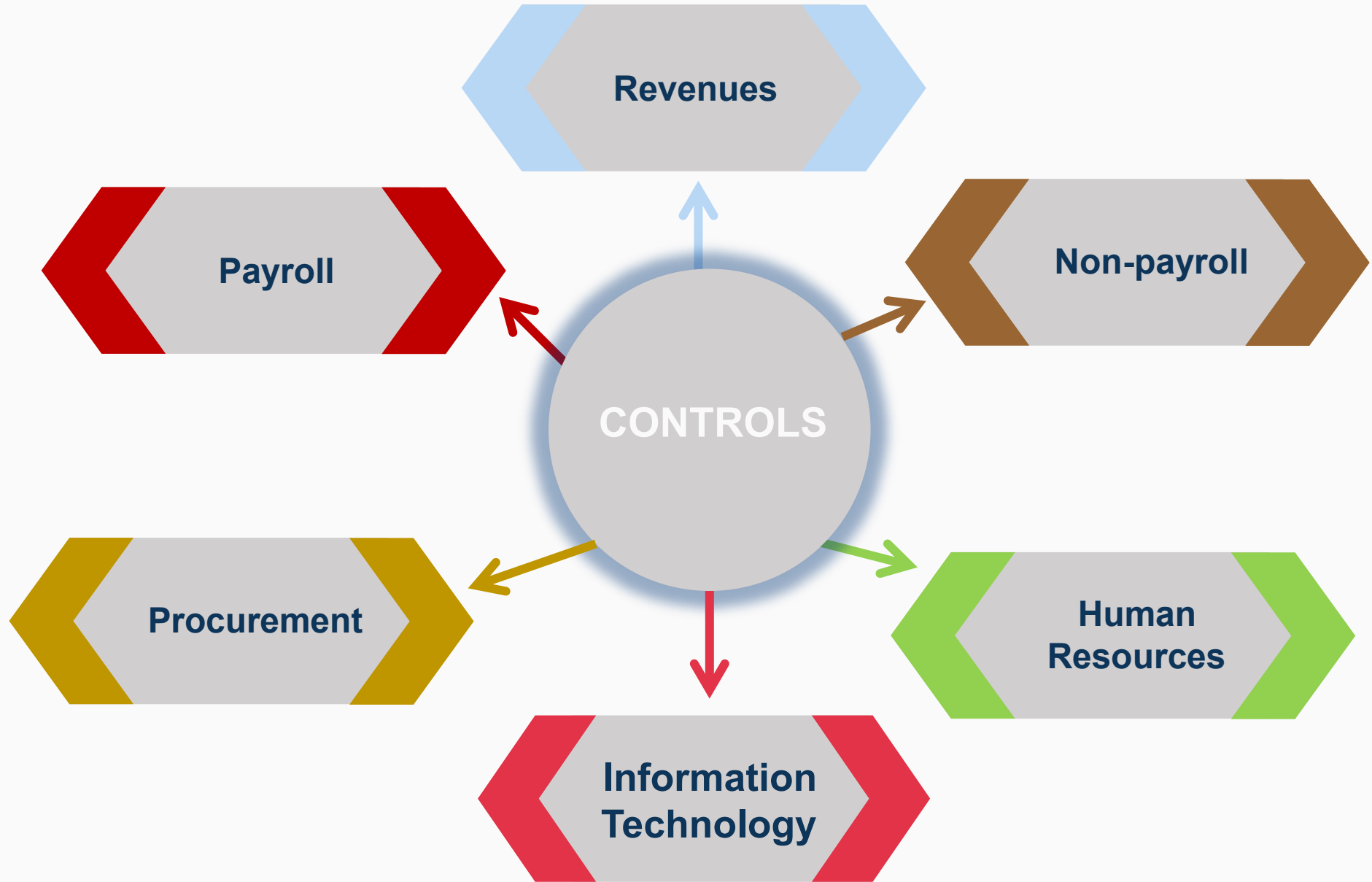
4



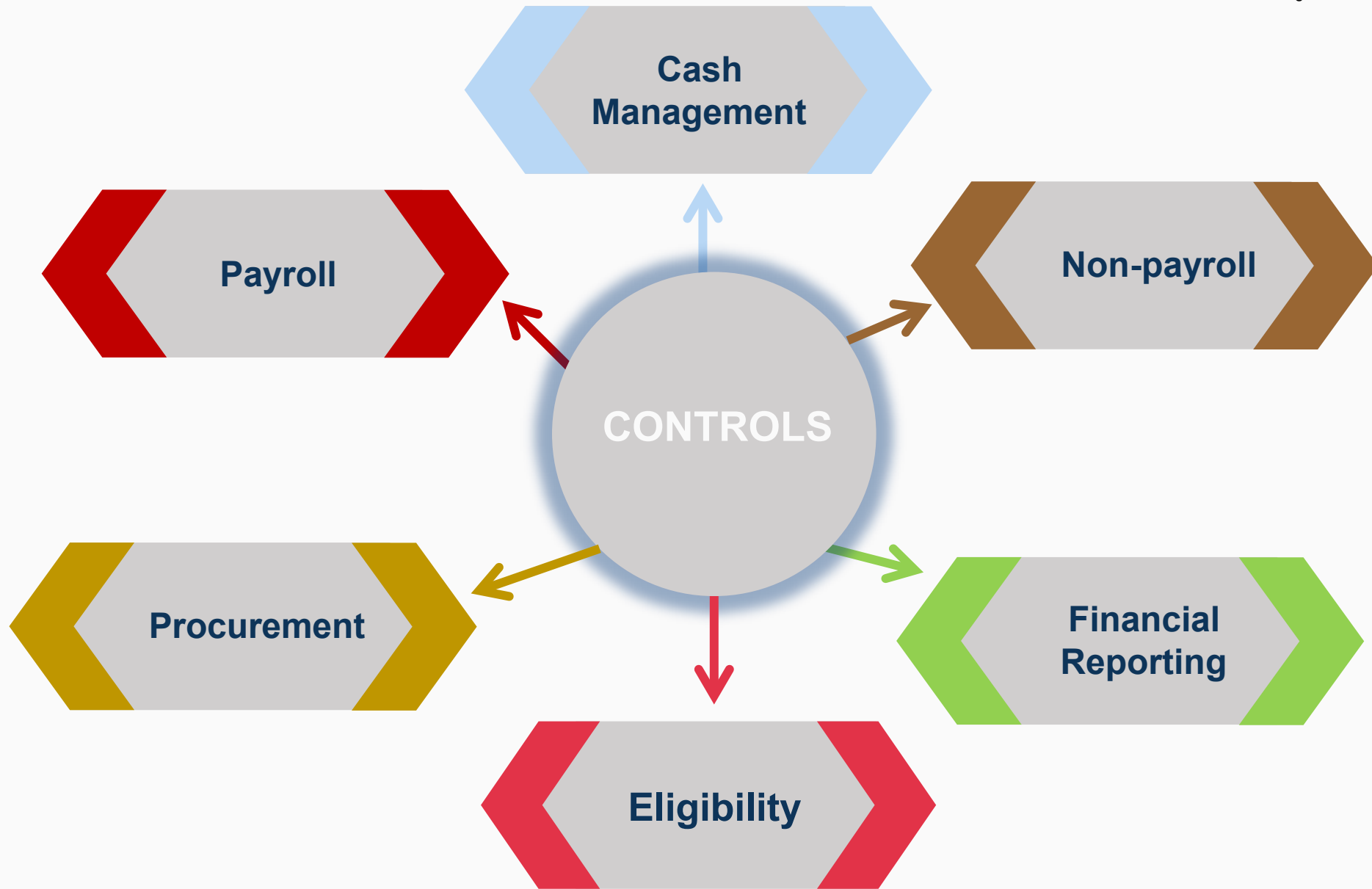
Opinion &
Report
Issuance
January 28, 2025

5

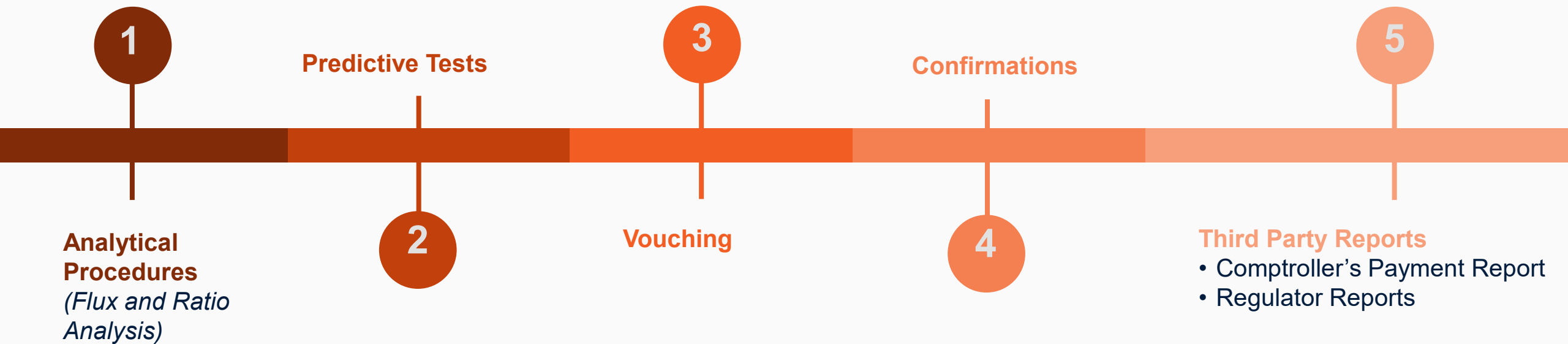
FINANCIAL INTERNAL CONTROLS



FEDERAL AND STATE MAJOR PROGRAM INTERNAL CONTROLS



SUBSTANTIVE PROCEDURES



RESULTS

**Audit in accordance with
GAAS and GAGAS
(Yellow Book)**

**Unmodified Opinion over
financial statements**

**No significant
deficiencies or material
weaknesses over internal
controls**

**No findings related to
compliance**

**Time sheet approval
recommendation**



MAJOR FEDERAL AND STATE PROGRAMS

2024 Major Federal Programs (SEFA Total:\$60M)	2023 Major Federal Programs
Coronavirus State and Local Fiscal Recovery Funds Various Programs (ALN 21.027)*	Coronavirus State and Local Fiscal Recovery Funds Various Programs (ALN 21.027)*
Medicaid Cluster (ALN 93.778)*	Medicaid Cluster (ALN 93.778)*
Substance Abuse Prevention & Treatment Block Grant (ALN 93.959)	Lifeline, Be Well Connected Program (ALN 93.243)
Community-wide COVID Housing Program (ALN 21.023)*	
Early Childhood Intervention (ALN 84.181)	
2024 Major State Programs (SESA Total: \$149M)	2023 Major State Programs
General revenue – Mental Health, Psychiatric Hospitals and Intervention, and Permanency Planning	General revenue – Mental Health, Psychiatric Hospitals and Intervention, and Permanency Planning
General Revenue Intellectual or Developmental Disabilities	General Revenue Intellectual or Developmental Disabilities
Health Community Collaborative	
Harris County Jail Diversion	
Early Childhood Intervention	

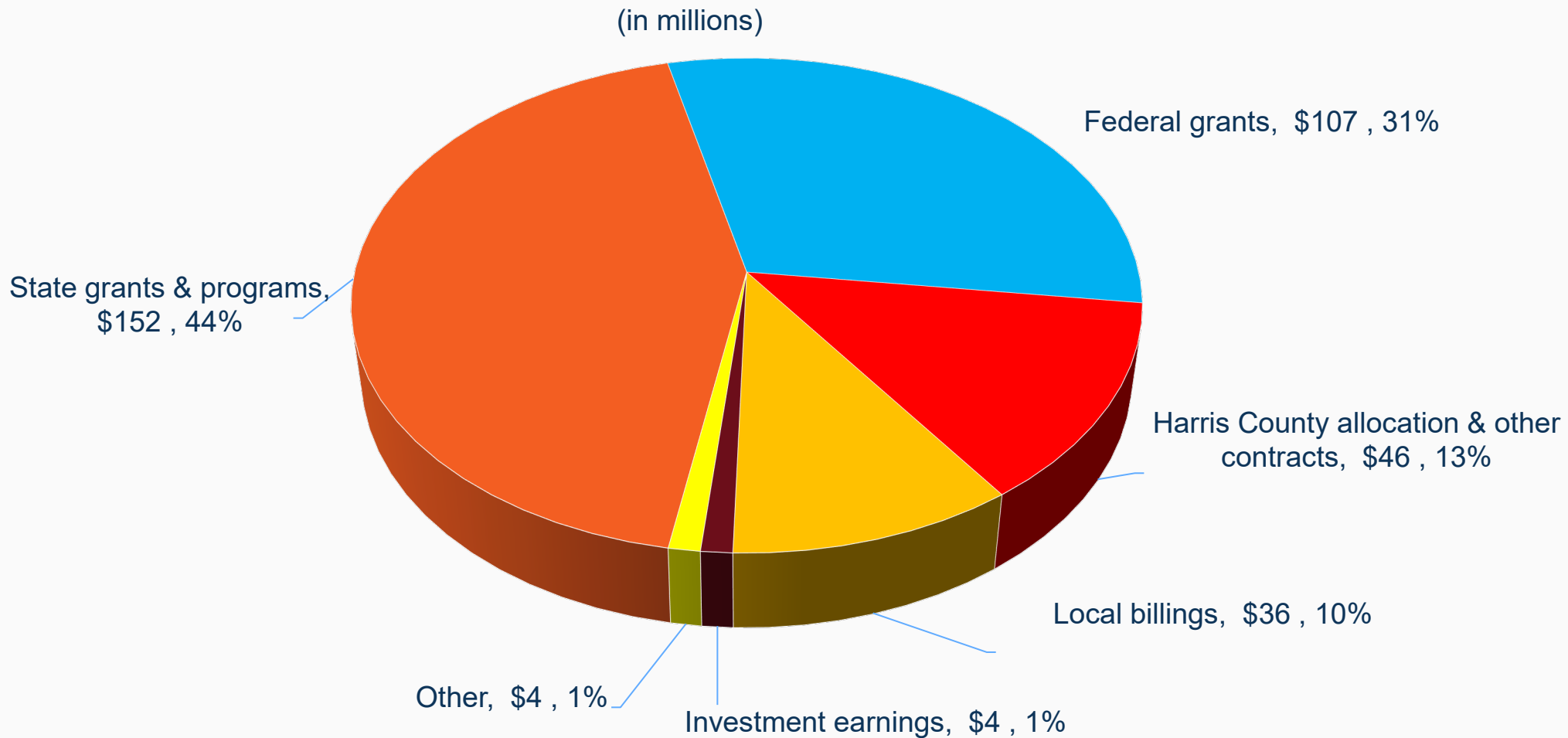
Statement of Net Position (Net Worth) Highlights

- ❖ Total Assets - \$161 Million
 - ❖ Cash and investments - \$69 million
 - ❖ Capital assets - \$53 million
 - ❖ Accounts receivable - \$35 million
- ❖ Total Liabilities - \$40 million
 - ❖ Accounts Payable - \$8 million
 - ❖ Accrued liabilities - \$12 million
 - ❖ Unearned revenue - \$8 million
 - ❖ Long-term liabilities (compensated absences, leases, SBITAs) - \$12 million
- ❖ Net Position - \$121 million

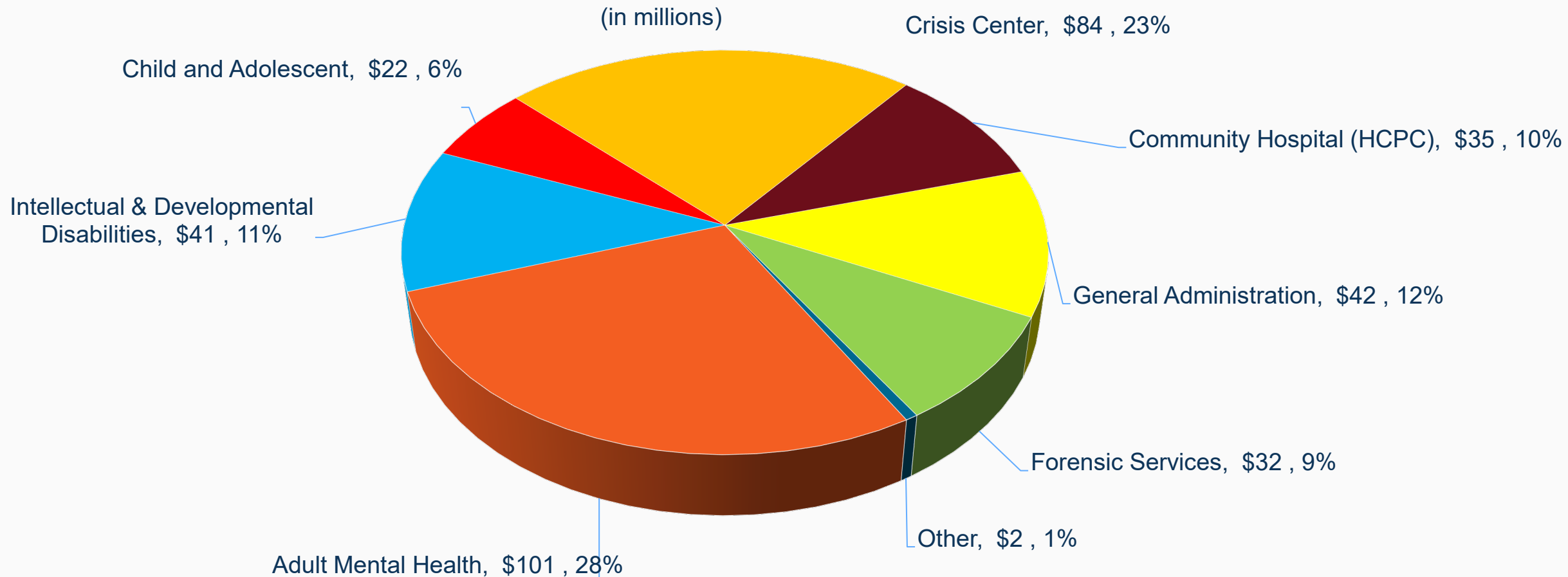
GENERAL FUND HIGHLIGHTS

- ❖ Beginning Fund Balance - \$87 million
- ❖ Total revenues - \$349 million
- ❖ Total expenditures - \$359 million
- ❖ Other Financing Sources - \$3 million
- ❖ Change in fund balance - \$(7 million)
- ❖ Ending Fund Balance - \$80 million
 - ❖ Unassigned fund balance - \$61 million
 - ❖ Assigned - \$15 million
 - ❖ Non-spendable - \$4 million

GENERAL FUND REVENUES (\$349 M)



GENERAL FUND EXPENDITURES (\$359 M)



QUESTIONS ?

Thank you!



EXHIBIT F-4

**JANUARY 2025
NEW CONTRACTS
OVER 250k**



Executive Contract Summary

Contract Section



Contractor*

Career & Recovery Resources, Inc.

Contract ID #*

TBD

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/21/2025

Parties* (?)

The Harris Center for Mental Health & IDD and Career & Recovery Resources, Inc.

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

2/1/2025

Contract Term End Date* (?)

8/31/2025

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 432,360.00

Funding Source*

County

Contract Description / Type* (?)

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

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

The Harris Center is proposing to partner with Career and Recovery Resources, Inc (CRR) under the UpRise Enterprise program at the new 3809 Main Street campus (formerly Recenter) to support operational services (i.e. janitorial and kitchen staff) for residents. CRR established UpRise Enterprise, a social enterprise focused on helping people with high barriers to employment earn income and get on a path to stability.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Basic Contract Terms - THC CRR.docx 15.93KB

Vendor/Contractor Contact Person

Name*

Nkechi "Nikki" Agwuenu

Address*

Street Address

2525 San Jacinto Street

Address Line 2

City

Houston

Postal / Zip Code

77002

State / Province / Region

TX

Country

USA

Phone Number*

713-754-7083

Email*

nkechi.agwuenu@careerandrecovery.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9273	\$ 432,360.00	543053

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Provide Rate and Rate Descriptions if applicable* (?)

\$16.25 per hour per staff for an estimated 23 FTEs, maximum, plus Supervisor oversight costs (20% of total monthly staff wages) and flat rate of janitorial supply costs at \$300 per month.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Ramirez, Priscilla	1/14/2025

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Approval Date

1/14/2025

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

1/14/2025

Contract Owner Approval

Approved by

KIM KOPNMEYER

Approval Date

1/14/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/14/2025

EXHIBIT F-5

JANUARY 2025 RENEWALS OVER 250k

Current Fiscal Year Contract Information **Current Fiscal Year**

2025

Contract ID#*

2022-0597

Contractor Name*

CyberOne, LLC (Okta)

Service Provided* (?)

Identity and Access Management Software, Licensing, Implementation and Support Services (Okta IT Products) needed to help ensure user and patient data is kept secure.

Renewal Term Start Date*

2/1/2025

Renewal Term End Date*

1/31/2026

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 checked="" 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"/> |

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* (?)

\$ 270,637.87

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

CT143552

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Cyber One - Q-33339-The Harris Center for Mental Health - Okta RNL 1 Yr - DIR-CPO-4851.pdf 25.44KB

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

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

This software provides security and protections to our infrastructure and data so that The Harris Center can provided uninterrupted services to our clients.

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. *
1130	\$ 275,000.00	553002
Budget Manager *	Secondary Budget Manager *	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable * (?)

Per User

Project WBS (Work Breakdown Structure) * (?)

N/A

Fiscal Year * (?)	Amount * (?)
2025	\$ 275,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

N/A

Contract Funding Source *

General Revenue (GR)

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

Mustafa Cochinwala

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/21/2025

EXHIBIT F-6

JANUARY 2025 INTERLOCAL AGREEMENTS

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
1	Aldine Independent School District	New MOU	New Contract	12/6/2024 - 8/31/2025	General Revenue (GR)	New MOU for the SMART program to collaborate with Aldine ISD to provide Behavioral Health services to students in their families in Aldine ISD.
2	City of Houston Department of Health and Human Services	Annual Renewal	Renewal	2/1/2025 - 1/31/2026	State Grant	Annual renewal of lease Agreement. [FY25/26 NTE: \$3,076.20].
3	Harris County	New Interlocal Agreement	Amendment	9/30/2024 - 9/29/2025	Federal Grant	New Agreement for year 2 for the AWARE Harris Project through 9/29/2025 with three (3) additional renewal options. [Revenue FY25 NTE: \$721,180.00].
4	Harris County Sheriff Office IDD and MH Clinical Services	MH and IDD Services for Inmates in Harris County Detention Facilities including Psychological and Psychiatric services.	Amendment	10/1/2024 - 9/30/2025	County	Amendment to revise the fringe rate specified in the agreement and budget.
5	Harris County Sheriff's Office	Renewal for Treatment and Discharge Planning Services	Renewal	12/19/2024 - 12/19/2025	County	Annual renewal of Interlocal Agreement for Treatment and Discharge Planning for Harris County Inmates. [Revenue NTE: \$1,138,132.00].
6	Houston Downtown Management District ("HDMD")	Provision of Intensive Case Management and Care Coordination Services for those Experiencing Chronic Homelessness.	Renewal	1/1/2025 - 12/31/2025	Private Grant	Annual renewal of ILA for Intensive Case Management and Care Coordination Services for those Experiencing Chronic Homelessness. [FY25 Revenue: \$281,484.84].
7	Permia Care	New Interlocal Agreement	New Contract	9/1/2024 - 8/31/2025	State Grant	Interlocal Agreement for sharing of funds for MHFA classes.
8	Texas Tech University Health Sciences Center	New Affiliation Agreement	New Contract	1/6/2025 - 12/31/2029	General Revenue (GR)	New Affiliation Agreement will allow students enrolled in Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program to complete clinical field placements as part of their degree requirements.
9	University of Houston Downtown	New Affiliation Agreement	New Contract	2/24/2025 - 2/24/2025	General Revenue (GR)	New Affiliation Agreement will allow students enrolled in University of Houston Downtown College of Humanities and Social Sciences to complete clinical field placements as part of their Social Work degree requirements.
10	University of Texas at Rio Grande Valley School of Social Work	New Affiliation Agreement	New Contract	12/2/2024 - 11/30/2029	General Revenue (GR)	New Affiliation Agreement will allow students enrolled in University of Texas at Rio Grande Valley School of Social Work to complete clinical field placements as part of their degree requirements.



Executive Contract Summary

Contract Section

Contractor*

Aldine Independent School District

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

12/17/2024

Parties* (?)

Aldine Independent School District and The Harris Center for Mental Health and IDD.

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

12/6/2024

Contract Term End Date* (?)

8/31/2025

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

The purpose of the contract is for SMART program to collaborate with Aldine ISD to provide Behavioral Health services to students in their families in Aldine ISD. The prevention services may include skills building, problem solving, conflict resolution, healthy parenting, peer support groups, parent education groups, zero suicide awareness, and healthy lifestyle promotion.

Contract Owner*

Tiffanie Williams-Brooks

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Specify Name*

Aldine Independent School District

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Abel Garza

Address*

Street Address

2520 West West Thorne Boulevard

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77073-3406

Country

US

Phone Number*

2819856203

Email*

agarza2@aldineisd.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4150	\$ 0.00	000000

Budget Manager	Secondary Budget Manager
Smith, Janai	Shelby, Debbie

Provide Rate and Rate Descriptions if applicable* (?)
0.00

Project WBS (Work Breakdown Structure)* (?)
0.00

Requester Name	Submission Date
Bowser, Mohagony	12/10/2024

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

12/11/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Esther Williams Brooks, M.A., L.P.C., S

Approval Date

12/11/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

12/13/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2025

Contract ID#*

6186

Contractor Name*

City of Houston (Acres Homes)

Service Provided* (?)

City of Houston Acres Home Multi Service Center located at 6719 W. Montgomery, Houston, TX.

Renewal Term Start Date*

2/1/2025

Renewal Term End Date*

1/31/2026

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* (?)

\$ 3,076.20

Rate(s)/Rate(s) Description

Unit(s) Served*

0000 (Unit on PO) and 4736 (Charged Unit)

G/L Code(s)*

126006

Current Fiscal Year Purchase Order Number*

FY25 PO CT144079

Contract Requestor*

Chekesha Govan

Contract Owner*

Lance Britt

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

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

By provided space for services to take place.

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.*
4736	\$ 3,076.20	126006

Budget Manager*	Secondary Budget Manager*
Smith, Janai	Shelby, Debbie

Provide Rate and Rate Descriptions if applicable* (?)

0.00

Project WBS (Work Breakdown Structure)* (?)

0.00

Fiscal Year* (?)	Amount* (?)
2025	\$ 3,076.20

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

Lance Britt

Budget Manager Approval(s)



Approved by

Janae Lynnette Smith

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

12/16/2024



Executive Contract Summary

Contract Section



Contractor*

Harris County

Contract ID #*

2023-0804

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/21/2025

Parties* (?)

Harris County and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/30/2024

Contract Term End Date* (?)

9/29/2025

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

Federal fiscal year

Fiscal Year* (?)

2025

Funding Source*

Federal Grant

Contract Description / Type* (?)

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

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

This is renewal for year 2 of already existing contract for this program. Program contract is a 5-year agreement through 9/29/2028.

Contract Owner*

Tiffanie Williams-Brooks

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

The agency has multiple contracts with Harris County.

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

Yes No Unknown

Please provide an explanation*

Federal funding source

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

24GEN2658_Agreement_The Harris Center for Mental Health and IDD_AWARE.pdf	189.06KB
BNF - THC - FY25.pdf.pdf	3MB
5H79SM088049-02-Noa.pdf	190.39KB

Vendor/Contractor Contact Person ▲

Name*

Gulsah Langan

Address*

Street Address

2525 Murworth Drive

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77054-1623

Country

US

Phone Number*

8329276356

Email*

gulsah.langan@harriscountytexas.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4110	\$ 0.00	435031

Budget Manager

Smith, Janai

Secondary Budget Manager

Shelby, Debbie

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Bowser, Mohagony

Submission Date

11/11/2024

Budget Manager Approval(s)

Approved by

Janai Lynnette Smith

Approval Date

11/11/2024

Contract Owner Approval

Approved by

William Williams Brink, M.A., CSP, CAS

Approval Date

11/11/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

11/11/2024



Executive Contract Summary

Contract Section



Contractor*

Harris County Sheriff Office IDD and MH Clinical Services

Contract ID #*

2023-0661

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/21/2025

Parties* (?)

The Harris Center for MH and IDD Services and Harris County Sheriff Office

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 Amendment to fringe percentage

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 |

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

10/1/2024

Contract Term End Date* (?)

9/30/2025

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

County fiscal year

Current Contract Amount*

\$ 10,000,000.00

Increase Not to Exceed*

\$ 0.00

Revised Total Not to Exceed (NTE)*

\$ 10,000,000.00

Fiscal Year* (?)	Amount* (?)
2025	\$ 9,166,666.67

Fiscal Year* (?)	Amount* (?)
2026	\$ 833,333.33

Funding Source*

County

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 checked="" 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 type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

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

To provide the Services in the Detention Facilities including, but not limited to: Psychological services, Psychiatric services, Other mental health care and IDD services as appropriate. Amendment regarding fringe rate not to exceed 32.57%

Contract Owner*

Sean McElroy

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

10/1/23 - 09/30/24 services for inmates with HCSO

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Harris County

Supporting Documentation Upload (?)

First Amendment_HCSO_Fringe.docx	40.45KB
----------------------------------	---------

Vendor/Contractor Contact Person



Name*

Michael Lanham

Address*

Street Address

1200 Baker Street

Address Line 2

City

Houston

Postal / Zip Code

77002-1206

State / Province / Region

TX

Country

United States

Phone Number*

3462861620

Email*

micheal.lanham@sheriff.hctx.net

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6201	\$ 1,275,466.00	540000

Budget Manager	Secondary Budget Manager
Williams-Wesley, Sheenia	Reyes, Elizabeth

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6202	\$ 2,371,228.00	540000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6203	\$ 2,326,297.00	540000

Budget Manager	Secondary Budget Manager
Williams-Wesley, Sheenia	Reyes, Elizabeth

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6204	\$ 4,027,009.00	540000

Budget Manager	Secondary Budget Manager
Williams-Wesley, Sheenia	Reyes, Elizabeth

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name	Submission Date
Williams-Wesley, Sheenia	12/6/2024

Budget Manager Approval(s)



Approved by

Sherenia Williams-Wesley

Approval Date

12/6/2024

Contract Owner Approval



Approved by

Sean McElroy

Approval Date

12/9/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

12/10/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2025

Contract ID#*

2023-0783

Contractor Name*

Harris County Sheriff's Office

Service Provided* (?)

Services for Treatment and Discharge Planning for Harris County Inmates.

Renewal Term Start Date*

12/19/2024

Renewal Term End Date*

12/19/2025

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 |

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 |

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 1,138,132.00

Rate(s)/Rate(s) Description

Varies

Unit(s) Served*

6206

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

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

N/A

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.*
6206	\$ 1,138,132.00	540000

Budget Manager*	Secondary Budget Manager*
Williams-Wesley, Sheenia	Reyes, Elizabeth

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 853,599.00

Fiscal Year* (?)	Amount* (?)
2026	\$ 284,533.00

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

Sean McElroy

Budget Manager Approval(s)



Approved by

Sheena Williams-Wesley

Contract Owner Approval



Approved by

Sean McElroy

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

12/16/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2025

Contract ID# *

7089

Contractor Name *

Houston Downtown Management District ("HDMD")

Service Provided* (?)

Provision of Intensive Case Management and Care Coordination Services for those Experiencing Chronic Homelessness.

Renewal Term Start Date *

1/21/2025

Renewal Term End Date *

12/31/2025

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 |

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 |

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 270,500.00

Rate(s)/Rate(s) Description

Varies

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Amber Honsinger

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

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

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

Provides access to services and connection to housing support for the homeless population.

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.*
9238	\$ 270,500.00	540000
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 281,484.84

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

Private 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

Jodel Ostman

Contract Owner Approval



Approved by

KIM KOPNMAVER

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

1/6/2025



Executive Contract Summary

Contract Section



Contractor*

Permia Care

Contract ID #*

2024-0985

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/21/2025

Parties* (?)

This is between Permia Care and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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 (?)

Fiscal Year* (?)

2025

Amount* (?)

\$ 9,000.00

Funding Source*

State Grant

Contract Description / Type* (?)

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

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

We will be sharing funds with Permia Care by purchasing 3 MHFA class rosters.

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 (?)

MOU share funds.docx 36.48KB

Vendor/Contractor Contact Person

Name*

Dalia Ramirez

Address*

Street Address

401 East Illinois

Address Line 2

City

Midland

Postal / Zip Code

79701

State / Province / Region

Texas

Country

United States

Phone Number*

(432)570-3322

Email*

daliaramirez@permiacare.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*

7110

Amount Charged to Unit*

\$ 9,000.00

Expense/GL Code No.*

543058

Budget Manager

Ilejay, Kevin

Secondary Budget Manager

Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

Thirty signatures per roster. Each signature is worth 100 dollars and we are requesting 90 signatures for \$9,000

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Prasad, Carroll

Submission Date

12/3/2024

Budget Manager Approval(s)

Approved by

Kevin Ilejay

Approval Date

12/4/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Jennifer Battle

Approval Date

12/4/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

12/5/2024



Executive Contract Summary

Contract Section

**Contractor***

Texas Tech University Health Sciences Center

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/21/2025

Parties* (?)

Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

1/6/2025

Contract Term End Date* (?)

12/31/2029

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This agreement will allow students enrolled in Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Specify Name*

Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Abby Cain

Address*

Street Address

3601 4th Street

Address Line 2

City

Lubbock

Postal / Zip Code

79430

State / Province / Region

TX

Country

USA

Phone Number*

(806) 743-1553

Email*

abby.cain@ttuhsc.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

Budget Manager Campbell, Ricardo	Secondary Budget Manager Campbell, Ricardo
--	--

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name Daswani, Bianca	Submission Date 12/17/2024
--	--------------------------------------

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

12/18/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

12/18/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

12/19/2024



Executive Contract Summary

Contract Section



Contractor*

University of Houston Downtown College of Humanities and Social Sciences

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

12/31/2024

Parties* (?)

The Harris Center for Mental Health and IDD & University of Houston Downtown College of Humanities and Social Sciences

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* (?)

2/24/2025

Contract Term End Date* (?)

2/24/2025

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This agreement will allow students enrolled in University of Houston Downtown College of Humanities and Social Sciences to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

University of Houston Downtown College of Humanities and Social Sciences

Supporting Documentation Upload (?)

ID 7641 UHD - FY20 Affil Agreement - fully executed.pdf	888.34KB
UHD Collg of Hum and Soc Sciences Grad Handbook 2024 - 2025.pdf	537.22KB
UHD Social Work field practicum handbook.pdf	1.38MB

Vendor/Contractor Contact Person

Name*

Angela Parrish, MBA

Address*

Street Address

1 West Main Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77002

Country

US

Phone Number*

713-221-8647

Email*

parrisha@uhd.edu

Budget Section



Budget Units and Amounts Charged to each Budget Unit

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

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Daswani, Bianca	12/10/2024

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Approval Date

12/10/2024

Procurement Approval



File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

Ninfa Escobar

Approval Date

12/11/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

12/11/2024



Executive Contract Summary

Contract Section



Select Header For This Contract*

Interlocal

Contractor*

University of Texas at Rio Grande Valley School of Social Work

Contract ID #*

MA

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/21/2025

Parties* (?)

University of Texas at Rio Grande Valley School of Social Work and The Harris center for mental health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

12/2/2024

Contract Term End Date* (?)

11/30/2029

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

University of Texas at Rio Grande Valley School of Social Work-

Supporting Documentation Upload (?)

Agency-Organization Data Sheet.pdf	205.4KB
BSW-MSSW Field Instructor Data Sheet.pdf	191.49KB
Task Supervisor Data Sheet.pdf	342.85KB

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

engagement

Vendor/Contractor Contact Person

Name*

Arely Alfaro

Address*

Street Address

1201 W University Dr

Address Line 2

City

Edinburg

Postal / Zip Code

78539-2909

State / Province / Region

TX

Country

US

Phone Number*

956-665-3578

Email*

arely.alfaro01@utrgv.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Daswani, Bianca	11/25/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

11/26/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mirya Escobar

Approval Date

11/26/2024

Contracts Approval

Approved by

Ernest A. Savoy

Approval Date

12/2/2024

Final Board Report Comments

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

This agreement will allow students enrolled in University of Texas at Rio Grande Valley School of Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

Product/Service Description

New Affiliation Agreement

EXHIBIT F-7

Status **Draft** PolicyStat ID **17346796**

Origination	07/2024
Last Approved	N/A
Effective	N/A
Last Revised	N/A
Next Review	N/A

Owner	Joseph Gorczyca
Area	Human Resources
Document Type	Agency Policy

HR.A.36 Continuing Employee Communication and Engagement

1. PURPOSE:

The purpose of this policy is to develop a strategic framework for enhancing all employees' voices and engagement across the organization. The goal of this policy is to establish an equitable and fair process for every employee to have opportunities to influence, to build trust and to contribute to a positive work environment.

2. DEFINITIONS:

The following definitions shall apply:

- "Board" shall mean the Board of Trustees of the Harris Center.
- "CEO" shall mean the Chief Executive Officer of the Harris Center.
- "Employee labor organization" shall be defined consistent with TEX. GOV'T CODE §617.001, that is, any organization in which employees participate and that exists in whole or in part, to deal with Harris Center concerning grievances, labor disputes, wages, hours of employment, working conditions and that does not claim the right to strike.
- "Employee representatives" shall mean the representatives of the employee labor organizations.
- "Employee Communication Plan" refers to all the measures and methods employed by Harris Center Executive Management to engage with front-line employees, solicit feedback, encourage good morale and staff retention, and improve working conditions and relationships.

3. POLICY:

It is the policy of The Harris Center to develop and implement ongoing processes and programs that promote each employee's engagement and improve each employee's experience. The Harris Center has a workforce comprised of employees who utilize their skills and talents to deliver quality behavioral healthcare and IDD services to Harris County residents. The Harris Center values all employees and is committed to continue to develop a work environment in which every employee's voice, suggestions and views are respected and sought out without fear of reprisal.

The Harris Center leadership shall work collaboratively with all employees and utilize their collective experiences and feedback to improve retention, employee satisfaction, performance, patient care and the overall employee experience. The Harris Center shall establish robust mechanisms for soliciting each employee's voice and feedback to ensure the Harris Center aligns its policies, practices and priorities with the evolving needs and expectations of the workforce.

A. COMMITMENT TO EMPLOYEE ENGAGEMENT

Crucial components of incorporating each employee's' voice and perspectives into the Harris Center's policies, practices, priorities and other continuous improvement initiatives include, but are not limited to:

- Developing an Employee Communication Plan
- Evaluate the ongoing impact of the Employee Communication Plan
- Annual employee surveys soliciting anonymous feedback
- Routine meetings with Employee groups
- Regular Townhall meetings at various Harris Center locations
- Regular employee forums to have dialogue with the CEO and/or other members of the Harris Center leadership team
- Employee Suggestion program for the improvement and implementation of new ideas
- Team building exercises through collaborative workshops and retreats
- Celebrate festive events and occasions, such as Employee Appreciation Day
- Establishing a regular recurring meeting with Employee Labor Organization(s)

1. MONITORING AND COMPLIANCE

The development, implementation, evaluation and monitoring of the Employee Communication Plan and related initiatives shall be the responsibility of the Vice President of Human Resources.

2. COMMUNICATION SCHEDULE

Routine updates at Board meetings, including employee engagement activities, updates from meetings with employee labor organizations, the level of employee engagement and policy proposals, will be provided by the CEO and Vice President of Human Resources. Also, Harris Center staff will receive regular communication via CEO videos, the Harris Center newsletter and Intranet about employee engagement initiatives and opportunities for employees to provide feedback. Communication will be

provided to inform employees of updates from suggestions and opportunities identified. These communications will be done consistent with employee feedback about preferred types, style and means of communication.

Updates from meetings with employee labor organizations will be provided to the Board by the CEO at the next Board meeting. Updates will include any recommendations to the Board and an account of the discussions that have taken place in the meetings with employee labor organizations. In addition to Public Comment opportunities and the CEO's report, employee labor organization representatives shall have an opportunity to provide a written report related to wages, hours and conditions of employment and the notes from the employee labor organization meetings to the Board in the Board packet. Employee labor organizations are responsible for adhering to all Harris Center Board meeting submission deadlines.

[PENDING BOARD APPROVAL] Also, employee labor organizations shall have the opportunity to present at four (4) Board meetings per year provided that they submit a written request to the Board Chair and CEO at least nine (9) calendar days prior to the Board meeting. All topics and presentations must be related to wages, hours, and conditions of employment and matters covered by personnel policies. The written request must include a brief description and summary of the topic. All supporting documents and presentation materials must accompany the written request. All reports shall be limited to ten (10) minutes unless the Board approves additional time. Employee labor organizations may request additional opportunities to report to the Board outside of the four (4) opportunities already allotted per year by the Board. Written requests for additional opportunities to report to the Board are subject to approval of the Board Chair.

B. HARRIS CENTER EMPLOYEE LABOR ORGANIZATIONS OR UNIONS

The Harris Center's Executive leadership and the Board of Trustees support employees' right to form and/or join a union without facing retaliation or disciplinary action. As a public entity, the Harris Center is legally prohibited from collective bargaining that involves a process in which the Harris Center and its Board conducts negotiations with representatives of a union with a goal towards reaching a binding, enforceable and bilateral agreement between the Harris Center and a union or labor organization. See Tex. Government Code Ch. 617. In accordance with Tex. Government Code Ch. 617, the Harris Center is also legally prohibited from recognizing a union or labor organization as the bargaining agent for a group of employees.

1. EMPLOYEE LABOR ORGANIZATION MEETINGS

The scope of Employee Labor Organization(s) meetings, activity, and discussions shall include wages, hours, employment conditions and all matters covered by personnel policies of the Harris Center.

The Employee Labor Organization(s) meeting shall be composed of up to five representatives from employee labor organizations as designated by the organizations and the CEO or designee(s).

[PENDING BOARD APPROVAL] Twelve (12) meetings per calendar year shall be held. Any member of the Employee Labor Organization(s) meeting may request items related to wages, hours and conditions of

employment to be placed on the agenda for discussion. Proposed agenda items must be submitted, in writing, to the CEO designee at least one week prior to the scheduled meeting. The meeting agenda shall be included with the meeting notification.

[PENDING BOARD APPROVAL] A written request from the CEO or the employee representatives for additional meetings may be submitted. The written request must state the purpose for the proposed meeting and include the meeting agenda. A meeting may be scheduled as soon as possible following the receipt of the request based on the availability of all parties.

Good faith efforts will be made to provide information relevant to the agenda in advance of the meetings upon request by the Employee Labor Organization(s). As a governmental entity, the Harris Center is required to adhere to the Texas Public Information Act. The Texas Public Information Act remains an additional available option for the public to request public information.

Best efforts will be made to schedule meetings without conflict with employment duties of employee representatives participating in the meeting. When a scheduled meeting conflicts with any participant's work duties, the CEO's applicable management representative will, to the extent client services are not adversely impacted, arrange for that participant to be released from normal work duties to attend the meeting. The meeting can be rescheduled if requested by the meeting participants due to schedule conflicts.

2. EMPLOYEE ENGAGEMENT ACTIVITIES

Harris Center employees and Employee Labor Organization employee representative(s) are permitted to meet with, talk to, share information (printed, verbal, or electronic), and generally engage with one another regarding the activities of an Employee Labor Organization before or after those employees' shifts or during those employees' breaks or lunch hour in designated locations in Harris Center facilities, provided they coordinate with the appropriate supervisor at the work location and that such engagement does not impact with work duties or client care. **Preparation for any union activities, including, but not limited to, meetings or union organizing activities, must be conducted outside the union members' regularly scheduled work hours.** **[PENDING BOARD APPROVAL]**

3. REPRESENTATION

The Harris Center has an employee complaint, grievance and resolution process outlined in the Employee Handbook. Consistent with Harris Center's current practice, every employee filing a grievance related to their wages, hours or work conditions may opt to have a representative (including someone from an employee labor organization) of their choice represent them. Employees who receive coaching or disciplinary action may include their comments and perspective in response to those actions in a manner that is included in their personnel file. **Additionally, employees placed on probation, a Performance Improvement Plan (PIP) or terminated by the Harris Center have the right to appeal. With advance notice, employees are permitted to have representation (including someone from an employee labor organization) at the appeal review hearing.** **[PENDING BOARD APPROVAL]**

4. PAYROLL DEDUCTION OF MEMBERSHIP DUES [PENDING BOARD APPROVAL]

Upon written request by an Employee Labor Organization(s), the Harris Center will collaborate with the Employee Labor Organization(s) to develop reasonable procedures for monthly payroll deduction of union membership dues. The Harris Center shall remit the dues collected to the Employee Labor Organization(s). Each Employee Labor Organization shall ensure employees are offered an alternative means by which to pay monthly membership dues other than payroll deduction.

4. APPLICABILITY/SCOPE:

This policy applies equally to all Harris Center employees.

5. RELATED POLICIES/FORMS:

[HR.A.10 Equal Employment Opportunity](#)

[HR.A.5 Employee Counseling, Supervision, Progressive Discipline and Termination](#)

[HR.A.29 Time and Attendance](#)

6. PROCEDURE:

N/A

7. REFERENCES: RULES/REGULATIONS/STANDARDS:

Collective Bargaining and Strikes, Tex. Government Code Ch. 617

Approval Signatures

Step Description	Approver	Date
------------------	----------	------

EXHIBIT F-8

Financial Statements Update

Fiscal Year Ended August 31, 2024



Presented by: Stan Adams, Chief Financial Officer
Thania Gonzalez, Controller

Results of Financial Operations and Comparison to Original Budget* For the Fiscal Year Ended August 31, 2024



	As Presented - Period 12	As Adjusted - Period 13	Change
Revenues	\$ 359,364,202	\$ 359,417,134	\$ 52,932
Expenditures	354,290,078	357,297,280	3,007,202
Excess (Deficiency) of revenues over expenditures	\$ 5,074,124	\$ 2,119,854	\$ (2,954,270)
Other Sources (Uses)			
Debt Service	\$ -	\$ (1,583,780)	\$ (1,583,780)
Capital Outlay	(7,458,089)	(11,595,488)	(4,137,399)
Other Sources (Uses)	172,430	3,465,451	3,293,021
Change in Fund Balance/ Net Position	\$ (2,211,535)	\$ (7,593,963)	\$ (5,382,428)

	For the Fiscal Year Ended August 31, 2024		
	Original Budget	Actual	Variance
Revenues	\$ 343,438,012	\$ 359,417,134	\$ 15,979,122
Expenditures	342,438,012	357,297,280	(14,859,268)
Excess (Deficiency) of revenues over expenditures	\$ 1,000,000	\$ 2,119,854	\$ 1,119,854
Other Sources (Uses)			
Debt Service	\$ (1,000,000)	\$ (1,583,780)	\$ (583,780)
Capital Outlay	-	(11,595,488)	(11,595,488)
Other Sources (Uses)	-	3,465,451	3,465,451
Change in Fund Balance/ Net Position	\$ -	\$ (7,593,963)	\$ (7,593,963)

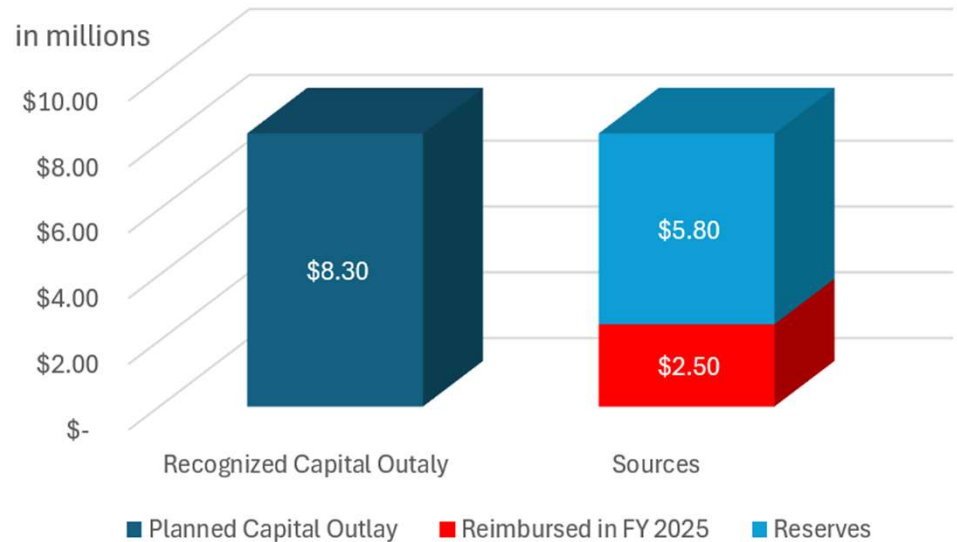
*Non-GAAP / Budgetary-Basis Reporting (Unaudited)

Capital Outlay - \$11.6M



- \$8.3M Actual planned capital outlay out of reserves:
 - \$7.9M addition to Construction improvement
 - \$0.4M addition to Building & Improvements and Equipment
- FY 2025 – Bond Series 2024 –
 - Reimbursement: \$2.5M - FY 2024 Expenditures: Sept 2023 to August 2024

For the Fiscal Year Ended August 31, 2024			
	Original Budget	Actual	Variance
Revenues	\$ 343,438,012	\$ 359,417,134	\$ 15,979,122
Expenditures	342,438,012	357,297,280	(14,859,268)
Excess (Deficiency) of revenues over expenditures	\$ 1,000,000	\$ 2,119,854	\$ 1,119,854
Other Sources (Uses)			
Debt Service	\$ (1,000,000)	\$ (1,583,780)	\$ (583,780)
Capital Outlay	-	(11,595,488)	(11,595,488)
Other Sources (Uses)	-	3,465,451	3,465,451
Change in Fund Balance/ Net Position	\$ -	\$ (7,593,963)	\$ (7,593,963)



FY 2024 Capital Budget – Facilities Projects as discussed August 2023



Multi-Year Capital Projects

Future Bond Funding:

Location	Project Description	FY 2024 Projection
NPC	Renovation	\$ 3,481,093
Northeast Clinic	Clinic Construction	3,000,000

Funded by State, City, and Third Party:

Location	Project Description	FY 2024 Projection
6168 Apartments	Apartment Construction	11,236,472

FY 23 Approved Capital Carry Over: Initiatives:

Location	Project Description	FY 2024 Projection
Dennis Street	Elevator Modernization	75,000

FY 24 Proposed Facilities Capital Projects

Location	Project Description	Estimated Budget
Coffeehouse	Clinic Construction; Future Bond	\$ 600,000
9401 Southwest Frwy	Foundation Repair; Future Bond	500,000
9401 Southwest Frwy	1 st Floor Lobby and Signage Improvements; Future Bond	160,000

Other Building & Improvements - HVAC agreement (Brandt Project)
 Other Building & Improvements
 Other Equipment

FY 2024 Expenditures Recorded		Variance
Construction In Progress	Building & Improvements and Other Equipment	
\$ 1,715,090	\$ -	\$ 1,766,003
753,560	-	2,246,440
5,317,853	-	5,918,619
36,928	-	38,072
\$ 7,823,431	\$ -	\$ 10,969,134
\$ 20,380	\$ -	\$ 579,620
16,800	-	483,200
-	32,880	127,120
\$ 37,180	\$ 32,880	\$ 1,393,940
	300,540	
	4,787	
	103,651	
		Total
\$ 7,860,611	\$ 441,858	\$ 8,302,469

Capital Outlay - \$11.6M



- \$3.3M – Accounting treatment per GASB 87- Leases and GASB 96 – SBITAs
 - Requires recognition of NPV of total payment of all years of the new Leases & new SBITAs as an asset and a liability.
 - “Capital Outlay” offset by “Issuance of Debt - Leases & SBITAs”

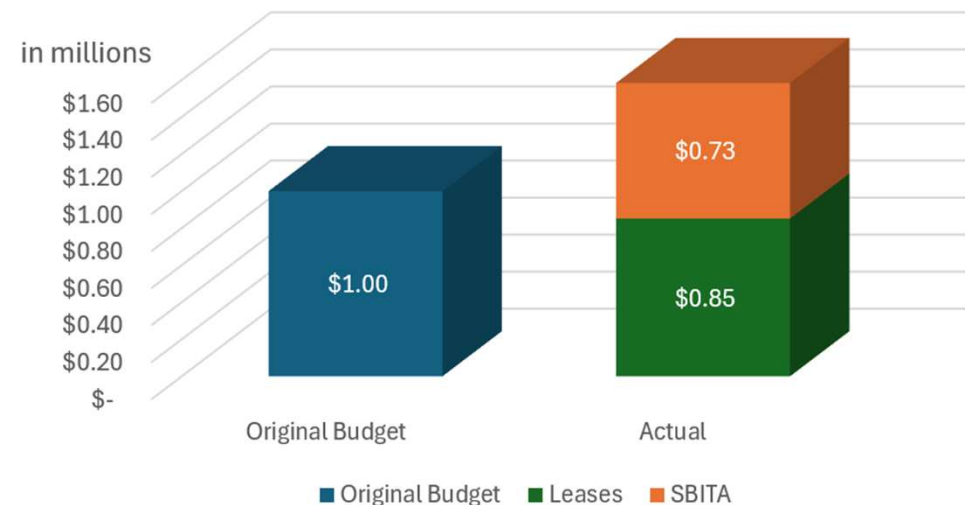
For the Fiscal Year Ended August 31, 2024			
	Original Budget	Actual	Variance
Revenues	\$ 343,438,012	\$ 359,417,134	\$ 15,979,122
Expenditures	342,438,012	357,297,280	(14,859,268)
Excess (Deficiency) of revenues over expenditures	\$ 1,000,000	\$ 2,119,854	\$ 1,119,854
Other Sources (Uses)			
Debt Service	\$ (1,000,000)	\$ (1,583,780)	\$ (583,780)
Capital Outlay	-	(11,595,488)	(11,595,488)
Other Sources (Uses)	-	3,465,451	3,465,451
Change in Fund Balance/ Net Position	\$ -	\$ (7,593,963)	\$ (7,593,963)



Debt Service - \$1.5M

- Budget: \$1M
- Actual: \$1.5M current year principal and interest expenditures
 - Accounting treatment per GASB 87-Leases and GASB 96 –SBITAs
- In general, requires payments to be recognized as related principal and interest
- Reclassification of current year payments out of operating expenses into "Debt Service"
 - Leases – Expenditures planned to be spent primarily under "Purchases, Repairs and Maintenance of Vehicles & Equipment" - Approx \$852K
 - SBITAs - Expenditures planned to be spent primarily under "dues & subscriptions" and "software" - Approx. \$732K

	For the Fiscal Year Ended August 31, 2024		
	Original Budget	Actual	Variance
Revenues	\$ 343,438,012	\$ 359,417,134	\$ 15,979,122
Expenditures	342,438,012	357,297,280	(14,859,268)
Excess (Deficiency) of revenues over expenditures	\$ 1,000,000	\$ 2,119,854	\$ 1,119,854
Other Sources (Uses)			
Debt Service	\$ (1,000,000)	\$ (1,583,780)	\$ (583,780)
Capital Outlay	-	(11,595,488)	(11,595,488)
Other Sources (Uses)	-	3,465,451	3,465,451
Change in Fund Balance/ Net Position	\$ -	\$ (7,593,963)	\$ (7,593,963)



Balance Sheet*

August 31, 2024



	Period 12 August - 2024	Period 13 August - 2024	Change
Assets			
Current Assets			
Cash and Cash Equivalents, total	\$ 68,853,937	\$ 68,808,382	\$ (45,555)
Inventories, Deposits & Prepays	5,938,541	4,267,210	(1,671,331)
Accounts Receivable, total	33,174,331	35,230,229	2,055,898
Current Assets, Total	<u>\$ 107,966,809</u>	<u>\$ 108,305,821</u>	<u>\$ 339,012</u>
Capital Assets			
Accumulated Depreciation/Amortization	82,240,448	92,131,835	9,891,387
	<u>(35,692,400)</u>	<u>(39,367,913)</u>	<u>(3,675,513)</u>
Capital Assets, Net Total	<u>\$ 46,548,048</u>	<u>\$ 52,763,922</u>	<u>\$ 6,215,874</u>
Total Assets	<u>\$ 154,514,857</u>	<u>\$ 161,069,743</u>	<u>\$ 6,554,886</u>
Liabilities & Fund Balance/Net Position			
Liabilities			
Accounts Payable and Accrued Liabilities	\$ 14,379,713	\$ 19,791,307	\$ 5,411,594
Unearned Revenues	7,878,196	8,129,925	251,729
Noncurrent Liabilities	10,077,736	12,351,512	2,273,776
Liabilities, Total	<u>\$ 32,335,645</u>	<u>\$ 40,272,744</u>	<u>\$ 7,937,099</u>
Fund Balance/Net Position			
Net Investment in Capital Assets	46,548,048	49,077,285	2,529,237
Nonspendable	5,938,541	4,267,210	(1,671,331)
Assigned	66,514,014	15,434,386	(51,079,628)
Unassigned/Unrestricted	3,178,609	52,018,118	48,839,509
Fund Balance/Net Position, Total	<u>\$ 122,179,212</u>	<u>\$ 120,796,999</u>	<u>\$ (1,382,213)</u>
Total Liabilities & Fund Balance/Net Position	<u>\$ 154,514,857</u>	<u>\$ 161,069,743</u>	<u>\$ 6,554,886</u>

*Non-GAAP / Budgetary-Basis Reporting (Unaudited)

Thank you.



EXHIBIT F-9

JANUARY 2025
NEW CONTRACTS
100k – 250k



**Due Diligence Project PUR-FY25-0310
Request for Quotes
Revenue Cycle Coding Development**

Purchasing received a request from Revenue Management on Monday, October 28, 2024, for Revenue Cycle Coding Development.

Three (3) vendor quotes were received:

- 1) **CSI Companies, Inc. DBA/CSI Professional, CSI Tech, CSI HCIT:**
 Tier 1 ProFee Coder \$44.00/hr. Years of Experience 0-1
 Tier 2 ProFee Coder \$46.00/hr. Years of Experience 1-2
 Tier 3 ProFee Coder \$49.00/hr. Years of Experience 2-5
 Tier 4 ProFee Coder \$52.00/hr. Years of Experience 5+
 Tier 5 Lead Coding Auditor \$55.00/hr.

- 2) **CBIZ KA Consulting Services, LLC:**
 The fees for this engagement would be \$55.00 per patient encounter reviewed. There would also be a data analysis and reporting fee of \$4,950.00.

- 3) **GetixHealth:**
 Phase I Strategic Planning \$125/hr. Estimated Cost \$2,250.00
 Phase II Workflow Assessment \$125.00/hr. Total Estimated Cost \$18,250.00
 Phase III Implementation \$125.00/hr. Total Estimated Cost \$8,875.00
 Phase IV Data Analysis \$125.00/hr. Total Estimated Cost \$26,250.00
 Phase V Medical Record Review \$100.00/hr. auditor rate. \$125.00/hr. consulting rate.
 Total Estimated Cost \$28,450.00
 Phase VI Clinician Education \$125.00/hr. consulting rate. \$80.00/hr. coding expert rate
 Total Estimated Cost \$4,205.00
 Phase VII Success Measurement \$100.00/hr. auditor rate. \$125.00/hr. consulting rate.
 Total Estimated Cost \$4,075.00

Additional Service Option: Vendor Research \$125.00/hr. consulting rate.

Total Estimated Cost \$2,750.00

Travel: Any required travel, hotel cost, and meals are the responsibility of the client. Initial interviews with billing staff may be 2 consultants.

Revenue Management recommendation is to move forward with **CSI Companies, Inc. DBA/CSI Professional, CSI Tech, CSI HCIT**, based on the needs of the team. CSI is the only team that has specialized behavioral health experience. Due to the specialty nature of our coding, we need to start with individuals who have experience working with behavioral health codes as well as the various specificities related to HHSC.

Total NTE: \$150,000.00

Funding Source is Unit 1134 – 540500

Term: 1 year



Executive Contract Summary

Contract Section

**Contractor***

CSI Companies, Inc. d/b/a CSI Professional, CSI Tech, CSI HCIT

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/21/2025

Parties* (?)

CSI Companies and The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input checked="" 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* (?)

11/18/2024

Contract Term End Date* (?)

8/31/2025

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 150,000.00

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* (?)

Based on audit findings and compliance needs, it was determined that the organization needed a coding team. In researching the coding for behavioral health specifically and review of several companies, it was determined that a phased approach was necessary. CSI will provide an overview of our current practices as well as individuals to begin coding claims prior to submission. As the contract progresses we will evaluate the need for internal candidates.

Contract Owner*

Rachel Beasley

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Please provide an explanation*

CSI Companies is publicly owned by Recruit Global, who also owns Indeed and Glassdoor. We are headquartered in Jacksonville, FL with a satellite office in Nashville, TN. At CSI Companies, 71% of our employees are female with 75% of our Executive Team also being comprised of females.

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

The Harris Center ProFee Proposal.pdf

263.24KB

Vendor/Contractor Contact Person

Name*

Gett Johnson

Address*

Street Address

7720 Baymeadows Rd E

Address Line 2

City

Jacksonville

State / Province / Region

FL

Postal / Zip Code

32256-3093

Country

US

Phone Number*

904-423-8631

Email*

GJohnson@csicompanies.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1134	\$ 150,000.00	540500
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

See attached document

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Beasley, Rachel

Submission Date

10/24/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

10/24/2024

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

10/30/2024

Contract Owner Approval

Approved by

Rachel Beasley

Approval Date

10/25/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

11/6/2024

EXHIBIT F-10

JANUARY 2025

RENEWALS 100k - 250k

Current Fiscal Year Contract Information **Current Fiscal Year**

2025

Contract ID#*

2022-0572

Contractor Name*

CyberOne, LLC

Service Provided* (?)

Zscaler Cyber Detection Software and Support.

Renewal Term Start Date*

12/8/2024

Renewal Term End Date*

12/7/2025

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 checked="" 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"/> |

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* (?)

\$ 215,784.71

Rate(s)/Rate(s) Description

Year 3: \$215,784.71. Three-year commitment paid annually.

Unit(s) Served*

1147

G/L Code(s)*

900020

Current Fiscal Year Purchase Order Number*

CT143546

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

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

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

This software provides security and protections to our infrastructure and data so that The Harris Center can provided uninterrupted services to our clients.

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.*
1130	\$ 215,785.00	553002
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

Per User

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 215,785.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

N/A

Contract Funding Source*

General Revenue (GR)

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

Mustafa Cochinwala

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

1/2/2025

EXHIBIT F-11

JANUARY 2025

AMENDMENTS 100k - 250k



Executive Contract Summary

Contract Section



Contractor*

Century Link Communications D/B/A Lumen Technologies Group

Contract ID #*

7802

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/21/2025

Parties* (?)

Level 3/Lumen and The Harris Center

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input checked="" 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* (?)

9/2/2024

Contract Term End Date* (?)

9/1/2025

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

Current Contract Amount*

\$ 120,000.00

Increase Not to Exceed*

\$ 2,500.00

Revised Total Not to Exceed (NTE)*

\$ 122,500.00

Fiscal Year* (?)	Amount* (?)
2025	\$ 122,500.00
2026	\$ 3,000.00
2027	\$ 3,000.00

Funding Source*

General Revenue (GR)

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 checked="" 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 type="checkbox"/> Renewal of Existing Contract | <input checked="" type="checkbox"/> Other CT144044 |

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

To add backup circuit for Security Appliance

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY22 - FY25
Network Data Circuits

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

Yes No Unknown

Please provide an explanation*

N/A

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

The Harris Center 1Gb NaaS Multiplex UNI 36 Month.pdf 96.53KB

Vendor/Contractor Contact Person

Name*

Tim Wise

Address *

Street Address

1025 Eldorado Boulevard

Address Line 2

City

Broomfield

State / Province / Region

CO

Postal / Zip Code

80021-8254

Country

US

Phone Number *

713-395-1161

Email *

Tim.Wise@Lumen.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1130	\$ 2,500.00	564004
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

\$250 per month

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hurst, Richard

Submission Date

10/28/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

10/28/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cochinwala

Approval Date

10/30/2024

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

11/1/2024



Executive Contract Summary

Contract Section

Contractor*

Creative Financial Solutions

Contract ID #*

2023-0816

Presented To*

- Resource Committee
 Full Board

Date Presented*

1/21/2025

Parties* (?)

CFS and The Harris Center

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input 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 checked="" 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*

\$ 100,000.00

Increase Not to Exceed*

\$ 50,000.00

Revised Total Not to Exceed (NTE)*

\$ 150,000.00

Fiscal Year* (?)	Amount* (?)
2025	\$ 150,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

- | | |
|---|--|
| <input type="checkbox"/> Personal/Professional Services | <input checked="" type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input checked="" 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 type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

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

Grant Contractor providing support to Financial Accounting

Increasing support for financial accounting projects through February, 2025 for 1 additional contractor. Current contract will be expended in December 2024. Grant contractor completed assignment in October, 2024.

Contract Owner*

Rachel Beasley

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Current services provided

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

FE- Creative Financial Staffing- 2023-0816- FY25 Standard Contract Renewal Document.pdf 542.88KB

Vendor/Contractor Contact Person

Name*

Pam Rodriguez

Address*

Street Address

21 Custom House Street

Address Line 2

City

Boston

Postal / Zip Code

02110-3510

State / Province / Region

MA

Country

US

Phone Number*

7132605243

Email*

prodriguez@cfstaffing.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1122	\$ 50,000.00	540500
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

2 contractors for 16 weeks - \$82K

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Beasley, Rachel

Submission Date

11/6/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

11/7/2024

Contract Owner Approval

Approved by

Rachel Beasley

Approval Date

11/7/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

11/11/2024

Contract Section **Contractor***

Mobile Communications America, Inc. (Formerly Knight Security Systems)

Contract ID #*

2021-0171

Presented To*

- Resource Committee
 Full Board

Date Presented*

1/21/2025

Parties* (?)

Mobile Communications America, Inc and The Harris Center

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input 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*

\$ 148,714.00

Increase Not to Exceed*

\$ 36,287.00

Revised Total Not to Exceed (NTE)*

\$ 185,001.00

Fiscal Year* (?)	Amount* (?)
2025	\$ 185,001.00

Funding Source*

General Revenue (GR)

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 checked="" type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input checked="" 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 type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

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

additional secure plan charged need to be added to contract to cover new access controls installed at NPC, SW Clinic, 3200 Main and Hillcroft Locations

Contract Owner*

Karen Hurst

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

2015 to current - security access controls

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

Yes No Unknown

Please provide an explanation*

does not meet criteria

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Haris Center - Secureplan Additions 2024.pdf	273.47KB
--	----------

Vendor/Contractor Contact Person

Name*

Mobile Communications America / Alfred Trevino

Address*

Street Address

500 Century Plaza Drive, Ste.120

Address Line 2

City

Houston

Postal / Zip Code

77073

State / Province / Region

TX

Country

US

Phone Number*

8327865800

Email*

alfred.trevino@callmc.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1817	\$ 36,287.00	553001
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

see attached document, increasing NTE by \$36,287.00 to make a grand total NTE of \$185,001.00

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name	Submission Date
Harper, Sarah	12/27/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

12/30/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Karen E. Hurst

Approval Date

12/30/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/2/2025

Contract Section **Contractor***

Pivot Point

Contract ID #*

2021-0145

Presented To*

- Resource Committee
 Full Board

Date Presented*

1/21/2025

Parties* (?)

Pivot Point and The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input checked="" 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 checked="" type="checkbox"/> Other Tag-On with Harris Health |

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*

\$ 100,000.00

Increase Not to Exceed*

\$ 100,000.00

Revised Total Not to Exceed (NTE)*

\$ 200,000.00

Fiscal Year* (?)	Amount* (?)
2025	\$ 100,000.00

Funding Source*

General Revenue (GR)

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 checked="" 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 type="checkbox"/> Renewal of Existing Contract | <input checked="" type="checkbox"/> Other CT144185 |

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

The funds will be used for Epic form building to move from paper forms to electronic within EPIC

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY21 - FY24

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

Yes No Unknown

Please provide an explanation*

N/A

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Paul Meyer

Address*

Street Address

5501 Virginia Way

Address Line 2

City

Brentwood

Postal / Zip Code

37027

State / Province / Region

TN

Country

United States

Phone Number*

2817052368

Email*

pmeyer@pivotpointconsulting.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 100,000.00	900060

Budget Manager

Campbell, Ricardo

Secondary Budget Manager

Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

\$143.00 hour

Project WBS (Work Breakdown Structure)* (?)

IT24.1147.04

Requester Name

Hurst, Richard

Submission Date

10/28/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

10/28/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cokinnwala

Approval Date

10/30/2024

Contracts Approval

Approve*

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

Approved by *

Belinda Stude

Approval Date *

11/1/2024



Executive Contract Summary

Contract Section



Contractor*

P-Nursing (LVNs and MAs)

Contract ID #*

2021-0149

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/21/2025

Parties* (?)

MASTER POOLED CONTRACT. TAG-ON TO HARRIS COUNTY HOSPITAL DISTRICT (HCHD) DBA HARRIS HEALTH CONTRACT(S). TEMPORARY NURSING PERSONNEL SERVICES FOR LICENSED VOCATIONAL NURSES (LVNs) AND MEDICAL ASSISTANTS (MAs).

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 checked="" 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*

\$ 70,000.00

Increase Not to Exceed*

\$ 160,996.00

Revised Total Not to Exceed (NTE)*

\$ 230,996.00

Fiscal Year* (?)

2025

Amount* (?)

\$ 230,996.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

- | | |
|--|--|
| <input checked="" 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 checked="" 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 type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

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

Increasing the available funds for the Nursing Department for the year 2025.
Available funds are currently limited which results in a delay in bills being paid, let alone, on time.

Contract Owner*

Kia Walker

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 (?)

ContractManagement_002.pdf

308.06KB

Vendor/Contractor Contact Person



Name*

N/A

Address*

Street Address

N/A

Address Line 2

N/A

City

N/A

Postal / Zip Code

N/A

State / Province / Region

N/A

Country

N/A

Phone Number*

N/A

Email*

Jws@ultrastaff.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3530	\$ 130,996.00	540502

Budget Manager	Secondary Budget Manager
Degracia, Ericka	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3550	\$ 8,000.00	540502

Budget Manager	Secondary Budget Manager
Degracia, Ericka	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3611	\$ 7,000.00	540502

Budget Manager	Secondary Budget Manager
Degracia, Ericka	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2213	\$ 6,700.00	540502

Budget Manager	Secondary Budget Manager
Smith, Janai	Shelby, Debbie

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2214	\$ 3,000.00	540502

Budget Manager	Secondary Budget Manager
Smith, Janai	Shelby, Debbie

Provide Rate and Rate Descriptions if applicable* (?)

Varies

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

DeBose, Brier

Submission Date

12/10/2024

Budget Manager Approval(s)

Approved by

Ericka Degracia

Approval Date

12/10/2024

Approved by

Janae Lynette Smith

Approval Date

12/11/2024

Procurement Approval



File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

Kia Denae Walker

Approval Date

12/13/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

12/16/2024

EXHIBIT F-12

**JANUARY 2025
NEW CONTRACTS
UNDER 100k**



**DUE DILIGENCE
3 QUOTES
HR CASE MANAGEMENT SOFTWARE**

Purchasing received a request from the Human Resources Department for HR Case Management Software in August 2024. HR lacks the necessary tools to be able to track and trend employee relations cases across The Harris Center, resulting in inability to target training and remediation to ensure they are equipping leaders and staff with the necessary tools and training to meet strategic objectives under the People Component in addition to being a best place to work and increase retention and engagement.

Four (4) vendors were identified, AllVoices, Case IQ, HR Acuity, and UKG/Workforce Dimensions (Kronos). The four vendors were vetted, and demos were obtained. It was determined by the end users that UKG/Workforce Dimensions (Kronos) did not meet the basic requirements needed by The Harris Center and therefore could not meet its needs and a quote was not requested.

Quotes were obtained from three (3) vendors, AllVoices, Case IQ, and HR Acuity. Quote pricing is for three (3) year term.

AllVoices – \$106,500.00
Case IQ - \$56,800.00
HR Acuity - \$131,670.00

HR’s recommendation is to move forward with Customer Expressions Corp dba Case IQ. The selection is based on lower cost.

The first (1) year NTE is \$24,600.00. The total NTE is \$56,800.00 The Funding Source is Unit 1108 (Personnel Management).

FY25 NTE: \$24,600.00 (\$8,500 Implementation Fee and \$16,100 Yearly Fee)
FY26 NTE: \$16,100.00
FY27 NTE: \$16,100.00

DocuSigned by:
Frances Otto
18F53331C825405

Frances Otto, CTCD
Buyer II

DocuSigned by:
Nina Cook
5183E40813774C8

Nina Cook, MBA, CTCM, CTCD
Purchasing Director

DocuSigned by:
Stanley Adams
E750E9D666F0493

Stanley Adams, MBA



Executive Contract Summary

Contract Section



Select Header For This Contract*

Administration

Contractor*

Customer Expressions Corp

Contract ID #*

2024-0967

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/21/2025

Parties* (?)

The Harris Center for Mental Health and IDD and Case IQ

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 checked="" 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* (?)

12/1/2024

Contract Term End Date* (?)

8/31/2025

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 25,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Jeremy Tremblay

Address*

Street Address

2255 Carling Avenue

Address Line 2

Suite 500

City

Ottawa

Postal / Zip Code

K2B7Z5

State / Province / Region

ON

Country

Canada

Phone Number*

613-244-5111

Email*

jtremblay@caseiq.com

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 25,000.00	551003

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Escobar, Ninfa	10/30/2024

Budget Manager Approval(s) 

Approved by



Approval Date
10/30/2024

Procurement Approval 

File Upload (?)

Approved by



Approval Date
10/31/2024

Contract Owner Approval 


Approved by



Approval Date
10/31/2024

Contracts Approval 

Approved by



Approval Date
11/1/2024

Final Board Report Comments 

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

Case IQ is an investigative case management solution designed to track, manage, and report complaints, referrals, or allegations within a centralized, secure system. This solution enhances efficiency and reduces risk as HR addresses employee relations issues.

Product/Service Description

Case Management Solution Software System for HR



Executive Contract Summary

Contract Section

Contractor*

Data Vox, Inc.

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/21/2025

Parties* (?)

The Harris Center and Data Vox

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other TIPS 230105

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

11/11/2024

Contract Term End Date* (?)

8/31/2029

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

Fiscal Year* (?)	Amount* (?)
2025	\$ 44,778.15

Fiscal Year* (?)	Amount* (?)
2026	\$ 2,534.61

Fiscal Year* (?) **Amount*** (?)
 2027 \$ 2,534.61

Fiscal Year* (?) **Amount*** (?)
 2028 \$ 2,534.61

Fiscal Year* (?) **Amount*** (?)
 2029 \$ 2,534.61

Funding Source*
 General Revenue (GR)

Contract Description / Type* (?)

- | | |
|---|--|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input checked="" 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 type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

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

Update technology for Harris Center Board Meetings in Harris Center Board Room (109)

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY20-FY25
 Hardware purchases and installation services
 Lifesize Licensing

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

The Harris Center - Boardroom AV Upgrade (TIPS) - AV Proposal Rev1 1.pdf	1.31MB
TIPS 230105_DataVox.pdf	916.11KB

Vendor/Contractor Contact Person

Name*

Data Vox

Address*

Street Address

6650 W. Sam Houston Pkwy South

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77072

Country

US

Phone Number*

713-881-5300

Email*

caseyb@datavox.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 44,778.15	551001
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

See attached. We also want the 5 year extended support agreement. See bottom of quote.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hurst, Richard

Submission Date

11/11/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

11/11/2024

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

11/11/2024

Contract Owner Approval

Approved by

Mustafa Cochinnala

Approval Date

11/14/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

11/14/2024



Executive Contract Summary

Contract Section

**Contractor***

Eplus Technology Inc.,

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/21/2025

Parties* (?)

Eplus and The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input checked="" 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 checked="" type="checkbox"/> Other TIPS 210305 |

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

11/1/2024

Contract Term End Date* (?)

10/31/2025

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 98,855.18

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* (?)

Cyberint's AI-driven External Risk Management Solution Will Deliver Collaborative, Actionable Intelligence Against Advanced Threats

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY23-FY25
Checkpoint, DDI, Forescout, Gigamon Contracts

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

Yes No Unknown

Please provide an explanation*

N/A

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

23225264-Harris Center-Check Point 1YR.pdf	85.4KB
TIPS 230105_EPlus_Cyberint.pdf	60.7KB

Vendor/Contractor Contact Person

Name*

Kevin McMullin

Address*

Street Address
13595 Dulles Technology Drive
Address Line 2

City	State / Province / Region
Herndon	VA
Postal / Zip Code	Country
20171-3413	US

Phone Number*

512-652-4345

Email*

kevin.mcmullin@eplus.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 98,855.18	574000
Budget Manager Campbell, Ricardo		Secondary Budget Manager Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

See Attached

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hurst, Richard

Submission Date

10/28/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

10/29/2024

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

10/30/2024

Contract Owner Approval

Approved by

Mustafa Cechinwala

Approval Date

11/5/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

11/6/2024



Executive Contract Summary

Contract Section



Select Header For This Contract *

Administration

Contractor *

J. Taylor & Associates, LLC d/b/a JTaylor

Contract ID # *

2024-0969

Presented To *

- Resource Committee
- Full Board

Date Presented *

1/21/2025

Parties * (?)

The Harris Center for Mental Health and IDD and J. Taylor & Associates, LLC d/b/a JTaylor

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

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 (?)

Fiscal Year * (?)

2025

Amount * (?)

\$ 60,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

09/01/2023-08/31/2024

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

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

Vendor/Contractor Contact Person



Name*

Anna K. Brewer

Address*

Street Address

4800 Overton Plaza

Address Line 2

City

Fort Worth

Postal / Zip Code

76109-4428

State / Province / Region

TX

Country

US

Phone Number*

817-924-5900

Email*

abrewer@jtaylor.com

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 60,000.00	542000
Budget Manager Campbell, Ricardo		Secondary Budget Manager Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Escobar, Ninfa

Submission Date

10/31/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

10/31/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

10/31/2024

Contracts Approval

Approved by

Belinda Stude

Approval Date

11/1/2024

Final Board Report Comments

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

Consultant provides analysis and support services in relation to Provider and Physician Compensation Programs for the Agency.

Product/Service Description

Consulting Services





**DUE DILIGENCE
3 QUOTES
VERITI SECURITY SOLUTIONS**

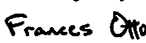
Purchasing received a request from the IT Department for Veriti Software Solution in October 2024. The request is for a one (1) year contract. Veriti Software Solution enhances security controls across six (6) firewalls and one thousand (1,000) seats (including vulnerability assessment, EDR, MDM/UEM). The product also offers significant functionality like Protection and Operating System Hardening, Attack and Business Disruption Analysis, IoC Management, and Security Hygiene.


The Harris Center received quotes from four vendors.

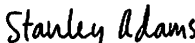
- Altasage - \$170,525.00
- Atlantic Data Security - \$216,500.00
- The Teneo Group - \$94,550.00
- Verity - \$216,500.00

IT's recommendation is to move forward with The Teneo Group. The selection is based on the lowest cost.

The one (1) year NTE is \$94,550.00. The contract dates are November 1, 2024 through October 21, 2025. The Funding Source is Unit 1130 (Computer Maintenance User Fee).

DocuSigned by:

 18F53537CB25405
 Frances Otto, CTCD
 Buyer II

DocuSigned by:

 3163F40913774C9
 Nina Cook, MBA, CTCM, CTCD
 Purchasing Director

DocuSigned by:

 E758EDD88CF04D3...
 Stanley Adams, MBA
 Chief Financial Officer



Executive Contract Summary

Contract Section



Contractor*

The Teneo Group

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/21/2025

Parties* (?)

The Teneo Group and The Harris Center

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|--|
| <input checked="" 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 type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

11/18/2024

Contract Term End Date* (?)

12/31/2025

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 94,550.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

The Veriti Server Enterprise License enhances security controls across six firewalls and 1,000 seats (including vulnerability assessment, EDR, MDM/UEM).

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Please provide an explanation*

N/A

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

2109-the-harris-center.pdf	65.66KB
Q-16667 - Harris Center - Veriti.pdf	52.62KB
THC-Veriti-Full-TIPS-5351 - 4000 Endpoints.pdf	44.46KB
The Harris Center- Veriti FINAL.pdf	1.36MB
texas franchise tax.pdf	106.48KB
SAMS.pdf	982.22KB
Complete_with_Docusign_DUE_DILIGENCE_VERITIp (1).pdf	347.81KB

Vendor/Contractor Contact Person ▲

Name*

Paul Warnagiris

Address*

Street Address

11709 Pallas Pl

Address Line 2

City

Godley

Postal / Zip Code

76044-1512

State / Province / Region

TX

Country

US

Phone Number*

888-814-9995

Email*

Paul.Warnagiris@theteneogroup.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 94,550.00	574000
Budget Manager Campbell, Ricardo		Secondary Budget Manager Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

See Attached

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hurst, Richard

Submission Date

10/28/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

10/28/2024

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

11/11/2024

Contract Owner Approval

Approved by

Mustafa Coshinnala

Approval Date

11/11/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

11/11/2024



Executive Contract Summary

Contract Section

Select Header For This Contract*

Forensics

Contractor*

Adventure Playground Systems, Inc.

Contract ID #*

2024-0978

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/21/2025

Parties* (?)

Harris Center Foundation for Mental Health & IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input checked="" 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* (?)

12/1/2024

Contract Term End Date* (?)

11/30/2025

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

Fiscal Year* (?)	Amount* (?)
2025	\$ 40,641.75

Fiscal Year* (?)	Amount* (?)
2026	\$ 13,547.25

Funding Source *
 Private Grant

Contract Description / Type* (?)

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

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

This contract will support the agency/unit strategic priorities by transforming lives through health and fitness.

Contract Owner *
 Monalisa Jiles

Previous History of Contracting with Vendor/Contractor *

- Yes No Unknown

Please add previous contract dates and what services were provided *

2021 - Install Playground at Airline Clinic

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

- Yes No Unknown

Community Partnership * (?)

- Yes No Unknown

Supporting Documentation Upload (?)

Upload	Size
Adventure Playground Systems Inc-Franchise Tax.html	22.17KB
AdventurePlaygroundsQuote11.20.24.pdf	143.06KB
AdventurePlaygroundVendorForm 11.20.24.pdf	4.31MB
AdventurePlaygroundW9 11.19.24.pdf	980.85KB
debarred-vendor-list.pdf	67.8KB
SAM.gov _ Search Adventure Playground.html	344.43KB

Vendor/Contractor Contact Person

Name *
 James Knight

Address*

Street Address

10845 Church Lane

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77043-4007

Country

US

Phone Number*

7139359684

Email*

James.Knight@adventureplaysystems.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6500	\$ 54,189.00	543001

Budget Manager	Secondary Budget Manager
Williams-Wesley, Sheenia	Reyes, Elizabeth

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Rendon, Richard

Submission Date

11/20/2024

Budget Manager Approval(s)

Approved by

Sheenia Williams-Wesley

Approval Date

11/21/2024

Procurement Approval

File Upload (?)

Upload

Approved by

Sharon Brauner

Approval Date

11/21/2024

Contract Owner Approval



Approved by

Monalisa Tiles

Approval Date

11/22/2024

Contracts Approval



Approved by

Belinda Stude

Approval Date

11/25/2024

Final Board Report Comments



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

Grant awarded to the Youth Diversion Center to install recreational equipment for the youth

Product/Service Description


Installation of Recreational Equipment for the Youth Diversion Center

Revised Comments For Board Report*

New Agreement to install recreational equipment at the Youth Diversion Center. The YDC received a grant award from the Harris Center Foundation for Mental Health and IDD for the equipment.

Exclude this ECS from Board Report?*

Yes No

Contract Section **Contractor***

Health Street, LLC

Contract ID #*

2024-0962

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/21/2025

Parties* (?)

Health Street LLC, The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" 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 (?)

Fiscal Year* (?)

2025

Amount* (?)

\$ 1,000.00

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* (?)

Per regulatory requirements, all respite and CFC providers must be certified.

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

9/1/2023 - 8/31/2024

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person ^

Name*

Health Street, LLC

Address*

Street Address

1710 South Dairy Ashford Road

Address Line 2

City

Houston

Postal / Zip Code

77077-3853

State / Province / Region

TX

Country

United States

Phone Number*

2819209490

Email*

street-info@cprologist.com

Budget Section ^

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 1,000.00	543066

Budget Manager	Secondary Budget Manager
Johnson, Kenyonika	Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)
45.00 per course

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

Requester Name	Submission Date
Anthony, Patrina	8/26/2024

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Approval Date
10/29/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date
10/29/2024

Contracts Approval


Approve*

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

Approved by*

Belinda Stude

Approval Date*
10/29/2024

Contract Section **Contractor***

Health Street, LLC

Contract ID #*

2024-0962

Presented To*

- Resource Committee
 Full Board

Date Presented*

1/21/2025

Parties* (?)

Health Street LLC, The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" 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 (?)

Fiscal Year* (?)

2025

Amount* (?)

\$ 1,000.00

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* (?)

Per regulatory requirements, all respite and CFC providers must be certified.

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

9/1/2023 - 8/31/2024

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Health Street, LLC

Address*

Street Address

1710 South Dairy Ashford Road

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77077-3853

Country

United States

Phone Number*

2819209490

Email*

street-info@cprologist.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*

3585

Amount Charged to Unit*

\$ 1,000.00

Expense/GL Code No.*

543066

Budget Manager

Johnson, Kenyonika

Secondary Budget Manager

Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

45.00 per course

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Anthony, Patrina

Submission Date

8/26/2024

Budget Manager Approval(s)



Approved by

Kenyonika Johnson

Approval Date

10/29/2024

Procurement Approval



File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

Evanthe Collins

Approval Date

10/29/2024

Contracts Approval

Approve*


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

Approved by*

Belinda Stude

Approval Date*

10/29/2024

Contract Section **Contractor***

Latanya L Mitchell-Sam

Contract ID #*

N/A

Presented To*

- Resource Committee
 Full Board

Date Presented*

1/21/2025

Parties* (?)

The Harris Center for Mental Health & IDD and Latanya L Mitchell-Sams

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 checked="" 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* (?)

11/22/2024

Contract Term End Date* (?)

8/31/2025

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

N/A

Fiscal Year* (?)

2025

Amount* (?)

\$ 15,000.00

Funding Source*

State

Contract Description / Type* (?)

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

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

For the provision of Emergency CFC Respite and Regular CFC Respite Services to a TxHmL Wavier Individual.

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

- Yes No Unknown

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

- Yes No Unknown

Community Partnership* (?)

- Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Latanya L Mitchell-Sam

Address*

Street Address

1802 Wooded Acres Drive

Address Line 2

City

Humble

State / Province / Region

TX

Postal / Zip Code

77396-2991

Country

US

Phone Number*

8325454514

Email*

TEBL1958@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*

3585

Amount Charged to Unit*

\$ 15,000.00

Expense/GL Code No.*

543005

Budget Manager

Degracia, Ericka

Secondary Budget Manager

Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

11.50 per hour

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Wells, Rosa

Submission Date

11/22/2024

Budget Manager Approval(s)

Approved by

Ericka Degracia

Approval Date

11/22/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

12/4/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

12/5/2024



**Due Diligence
Tag-On
Project# FY25-0308**

State of Work: Public Engagement Strategy & Marketing for ABA-SKIP and Inspire

Purchasing received a request from Margo Childs, Program Director of Intellectual & Developmental Disability in August 2024, for State of Work: Public Engagement Strategy & Marketing for ABA-SKIP and Inspire. In our research, it was noted that tag-on opportunities were available for marketing vendors through Choice Partners.

Two (2) vendors available via tag on through Choice Partners were identified, Satori Agency and Love Advertising. Demos were requested and held with both vendors in October 2024. Quotes were requested from both vendors. Satori submitted a quote while Love Advertising was unable to collaborate with The Harris Center due to their lack of resources. Upon reviewing Choice Partners contract 23/035SG-06 with Satori Agency it was confirmed that the first renewal was July 12, 2024, with (3) three renewable options remaining.

The team recommends proceeding with Satori Agency, through Choice Partners.

The Fiscal Year 2025 budget is \$30,000.00, subject to the appropriation and availability of funds. The two (2) year Not to Exceed (NTE) is \$40,000.00 subject to Fiscal Year budget approval. The funding source is units 3530 (Harris County Rise) and 3531 (Harris County Inspire).

FY25 NTE:

Unit 3530 - \$20,000.00

Unit 3531 - \$10,000.00

FY26 NTE:

Unit 3531 - \$10,000.00

DocuSigned by:
Rosalind Armstrong
DC920BC585B74BB...
Rosalind Armstrong, BSBA
Buyer II

DocuSigned by:
Nina Cook
5183E40913774CA
Nina Cook, MBA, CTCM, CTCD
Director of Purchasing

DocuSigned by:
Stanley Adams
E758E99880F0493...
Stanley Adams, MBA
Chief Financial Officer



Executive Contract Summary

Contract Section



Contractor*

Satori Marketing, LLC

Contract ID #*

2024-0976

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/21/2025

Parties* (?)

Satori Marketing, LLC and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

1/1/2025

Contract Term End Date* (?)

8/31/2025

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

NA

Fiscal Year* (?)

2025

Amount* (?)

\$ 40,000.00

Funding Source*

Federal Grant

Contract Description / Type * (?)

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

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

For the retention of the Satori Marketing, LLC marketing firm for the purpose of providing public engagement and marketing support to promote the RISE ABA-SKiP and Inspire programs to drive participation and engagement (see attachment).

Contract Owner *

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor *

Yes No Unknown

Please add previous contract dates and what services were provided *

Vendor through Choice Partners Contract/RFP

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

Yes No Unknown

Please provide the HUB status *

HUB - State.

Community Partnership * (?)

Yes No Unknown

Specify Name *

Satori Marketing, LLC

Supporting Documentation Upload (?)

RE State of Work Public Engagement Strategy Marketing for ABA-SKIP and Inspire- Due Diligence Memo.msg	47.5KB
03 Amendment to CP RFP Contract Revised 2 CFR 200 eff. 10.1.24.pdf	1.98MB
09 23-035SG Satori Mkt Contract.pdf	1.29MB
10 23-035SG Satori Req Docs 23.pdf	1.46MB
debarred-vendor-list (8).pdf	67.8KB
Due Diligence Memo- Public Engagement Strategy Marketing for ABA-SKIP and Inspire -DocuSign.pdf	211.87KB
Franchise Tax.pdf	137.13KB
Sams Search.pdf	831.2KB
Satori Harris Center for Mental Health Oct 2024 Proposal Final.pdf	750.1KB
HUB Vendor.pdf	184.47KB

Vendor/Contractor Contact Person



Name *

Marche Warfield, Owner/CEO

Address *

Street Address

448 W 19th St #735

Address Line 2

City

Houston

Postal / Zip Code

77008

State / Province / Region

TX

Country

USA

Phone Number *

713-501-1990

Email *

mw@satori.agency

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3530	\$ 20,000.00	595000
Budget Manager	Secondary Budget Manager	
Johnson, Kenyonika	Kerlegon, Charles	

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3531	\$ 20,000.00	595000
Budget Manager	Secondary Budget Manager	
Johnson, Kenyonika	Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable* (?)

See attachments

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

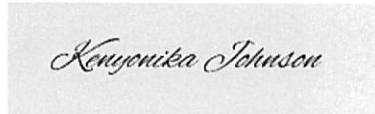
Childs, Margo

Submission Date

11/13/2024

Budget Manager Approval(s)

Approved by



Approval Date

11/13/2024

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

11/13/2024

Contract Owner Approval



Approved by

Evanthe Collins

Approval Date

11/15/2024

Contracts Approval

Approve *

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

Approved by *

Ernest A. Savoy

Approval Date *

11/20/2024

EXHIBIT F-13

JANUARY 2025 RENEWALS UNDER 100k

Current Fiscal Year Contract Information **Current Fiscal Year**

2025

Contract ID# *

7618

Contractor Name *

Articulate Global, Inc.

Service Provided* (?)

Articulate 360 E-Learning Software online course creation and development applications

Renewal Term Start Date *

12/12/2024

Renewal Term End Date *

12/11/2025

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 type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" 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 * (?)

\$ 2,978.00

Rate(s)/Rate(s) Description

Ninfa - We need a FY25 quote from Articulate Global

Unit(s) Served *

1975

G/L Code(s) *

551003

Current Fiscal Year Purchase Order Number *

CT143514

Contract Requestor *

Ninfa Escobar

Contract Owner *

Ninfa Escobar

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.*
1975	\$ 2,998.00	551003
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

See attached.

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 2,998.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

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 (?)

ART-1401339 - Articulate Renewal Quote.pdf

71.52KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Ninfa Escobar

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Ninfa Escobar

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

12/2/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2025

Contract ID# *

2022-0297

Contractor Name *

Asset Systems, Inc.

Service Provided* (?)

Ingenium - a cloud based fixed asset tracking software. Upgrade to previously existing software platform to cloud-based solution with mobile direct application.

Renewal Term Start Date *

2/1/2025

Renewal Term End Date *

1/31/2026

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 checked="" 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 |

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 |

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 7,450.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1122

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY24 PO CT143535

Contract Requestor*

Shiela Oquin

Contract Owner*

Stanley Adams

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.*
1122	\$ 7,450.00	553002

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 7,450.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

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

Stanley Adams

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Stanley Adams

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

11/7/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2025

Contract ID# *

2021-0128

Contractor Name *

Don'Angelo & Company, LLC

Service Provided* (?)

Executive Coaching Program.

Renewal Term Start Date *

1/1/2025

Renewal Term End Date *

6/30/2025

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 type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other Consultant Agreement |

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 |

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 17,000.00

Rate(s)/Rate(s) Description

\$8,500.00 partial payment and \$8,500.00 final payment for six-month program.

Unit(s) Served*

1110

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT144178

Contract Requestor*

Christina Gerardo

Contract Owner*

Kendra Thomas

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

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

Coaching for General Counsel

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.*
1110	\$ 8,500.00	542000
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 8,500.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

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

Kendra Thomas

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Kendra Thomas

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/2/2025



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2025

Contract ID#*

2023-0618

Contractor Name*

Frost Insurance Agency, Inc.

Service Provided* (?)

Insurance Agent of Record Services for property and casualty insurance

Renewal Term Start Date*

1/1/2025

Renewal Term End Date*

12/31/2025

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

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 75,000.00

Rate(s)/Rate(s) Description

\$65,000.00 flat annual fee for year(s) 2-5/FY24-27 Budget.

Unit(s) Served*

1117

G/L Code(s)*

579000

Current Fiscal Year Purchase Order Number*

CT143494

Contract Requestor*

Egla MacKinney

Contract Owner*

Kendra Thomas

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

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

This contract is directly related to the unit's ability to provide coverage throughout the organization as well as work directly with HUD Coverage agent.

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.*
1117	\$ 65,000.00	579000
Budget Manager*	Secondary Budget Manager*	
Moynihan, Kelly	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

\$65,000.00 FOR EACH RENEWAL YEAR FROM FY24 - FY27.

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 65,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

65,000.00

Contract Funding Source*

General Revenue (GR)

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

Kendra Thomas

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Kendra Thomas

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/2/2025



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2025

Contract ID#*

2024-0885

Contractor Name *

Shave Dental Houston PLLC, d/b/a Believe Dental

Service Provided* (?)

Contracted providers (Believe Dental) will provide an evaluation and comprehensive dental services tailored to meet the unique and specialized needs of individuals at The Harris Center. Contractor will provide services to a minimum of 10 and maximum of 12 clients annually.

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

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 20,000.00

Rate(s)/Rate(s) Description

3350-543011 \$10,000; 3609-543011 \$10,000

Unit(s) Served*

3550, 3609

G/L Code(s)*

543011

Current Fiscal Year Purchase Order Number*

CT143995


Contract Requestor*

Patrina Anthony

Contract Owner*

Dr. Evanthe Collins

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.*
3350	\$ 10,000.00	543011

Budget Manager*	Secondary Budget Manager*
Johnson, Kenyonika	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3609	\$ 10,000.00	543011

Budget Manager*	Secondary Budget Manager*
Johnson, Kenyonika	Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

Individualized rate per individual

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 20,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

Federal

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

Dr. Evanthe Collins

Budget Manager Approval(s)



Approved by

Kenyonika Johnson

Contract Owner Approval



Approved by

Evanthe Collins

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

11/1/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2025

Contract ID#*

2022-0471

Contractor Name*

Family to Family

Service Provided* (?)

Family-to-Family will provide monthly educational and advocacy training to clients, families and other community organizations at a fee of \$500 per month (\$6,000 annually)

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

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 6,000.00

Rate(s)/Rate(s) Description**Unit(s) Served***

4780

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT143341

Contract Requestor*

Mohogany Bowser

Contract Owner*

Tiffanie Williams-Brooks

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

NA

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.*
4780	\$ 6,000.00	542000
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Shelby, Debbie	

Provide Rate and Rate Descriptions if applicable* (?)
 0.00

Project WBS (Work Breakdown Structure)* (?)
 0.00

Fiscal Year* (?)	Amount* (?)
2025	\$ 6,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
 Federal 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
 Tiffanie Williams-Brooks

Budget Manager Approval(s)

Approved by

Janae Lynette Smith

Contract Owner Approval



Approved by

Esther Williams-Brink, M.A., LPC, S

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

12/16/2024

EXHIBIT F-14

JANUARY 2025
AFFILIATION AGREEMENTS,
GRANTS, MOU'S AND
REVENUES
INFORMATION ONLY

SNAPSHOT SUMMARY
AFFILIATIONS, REVENUE, AND MOUs

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
AFFILIATION						
1	Alabama State University	New Affiliation Agreement	New Contract	1/2/2025 - 12/31/2030	General Revenue (GR)	New Affiliation Agreement will allow students enrolled in Alabama State University Master of Science in Clinical Mental Health Counseling Program to complete clinical field placements as part of their degree requirements.
2	Fort Hays State University	New Affiliation Agreement	New Contract	12/9/2024 - 8/31/2028	General Revenue (GR)	New Affiliation Agreement will allow students enrolled in Fort Hays State University to complete clinical field placements for psychology part of their degree requirements.
3	Houston Christian University	New Affiliation Agreement	New Contract	12/9/2024 - 11/30/2028	General Revenue (GR)	New Affiliation Agreement with the Houston Christian University's College of Education and Behavioral Sciences to complete clinical mental health counseling field placements with the Harris Center.
4	Western New Mexico University School of Social Work	New Affiliation Agreement	New Contract	12/2/2024 - 8/31/2028	General Revenue (GR)	New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements.
MOU						
5	Houston Gateway Academy	New MOU for Charter School	New Contract	12/11/2024 - 8/31/2025	General Revenue (GR)	New MOU to collaborate with Houston Gateway Academy to provide Behavioral Health services to their students.
REVENUE						
6	Kimmons Care Inc.	Individualized Skills and Socialization Services ("ISS")	New Contract	12/30/2024 - 8/31/2025	State	New Revenue Agreement to provide On-Site and Off-Site ISS Services to consumers.
7	Texas Native Health	New Collaboration Care Coordination Revenue Agreement	New Contract	2/1/2025 - 8/31/2025	Private Pay Source	New Collaboration Care Coordination Revenue Agreement to fund a LPHA C to provide counseling services to the Native American population of Harris County. [Revenue FY25 NTE: \$96,999.00].
8	United Behavioral Health	Managed Care-Addendum	Amendment	9/1/2024 - 8/31/2025	State	An addendum to the Optum- Integrated Behavioral Health Contract, which allows for the attribution – points and counts to be every 6 months versus the lengthy 1-year period. It will improve the Agency's ability to see our numbers quicker and provides better reimbursement. The addendum will bring in more dollars and better value for clients that are in the program 6 months and leave the program.



Executive Contract Summary

Contract Section

**Contractor***

Alabama State University Master of Science in Clinical Mental Health Counseling Program

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/21/2025

Parties* (?)

The Harris Center and Alabama State University Master of Science in Clinical Mental Health Counseling Program

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* (?)

12/1/2024

Contract Term End Date* (?)

12/31/2030

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This agreement will allow students enrolled in Alabama State University Master of Science in Clinical Mental Health Counseling Program to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Alabama State University Master of Science in Clinical Mental Health Counseling Program

Supporting Documentation Upload (?)

COU_506_16-week_syllabus Spring 2024.pdf 1.24MB

Vendor/Contractor Contact Person

Name*

Juanita Barnett, PhD, LPC, NCC

Address*

Street Address

237 Abernathy Hall

Address Line 2

City

Montgomery

Postal / Zip Code

36106

State / Province / Region

AL

Country

USA

Phone Number*

(334) 604-8370

Email*

jbarnett@alasu.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 0.00	NA
Budget Manager Campbell, Ricardo		Secondary Budget Manager Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Daswani, Bianca

Submission Date

12/17/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

12/18/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

12/18/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

12/19/2024



Executive Contract Summary

Contract Section

**Contractor***

Fort Hays State University

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/1/2024

Parties* (?)

The Harris Center for Mental Health & IDD and Fort Hays State University

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

10/1/2024

Contract Term End Date* (?)

10/31/2028

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This agreement will allow students enrolled in Fort Hays State University to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Fort Hays State University

Supporting Documentation Upload (?)

FHSU Psychology MOU_2024.pdf	7.3MB
PSY892VA_VB F24 Syllabus.docx	124.27KB

Vendor/Contractor Contact Person

Name*

Brooke Mann

Address*

Street Address

600 Park St

Address Line 2

City

Hays

Postal / Zip Code

67601

State / Province / Region

KS

Country

USA

Phone Number*

785-628-4768

Email*

bmmann@fhsu.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Daswani, Bianca	10/29/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

11/8/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

11/11/2024

Contracts Approval

Approve*

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

Approved by*

Ernest A. Savoy

Approval Date*

11/15/2024



Executive Contract Summary

Contract Section

**Contractor***

Houston Christian University

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/21/2025

Parties* (?)

Houston Christian University College of Education and Behavioral Sciences and The Harris Center for MH and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

12/9/2024

Contract Term End Date* (?)

11/30/2028

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

- | | |
|--|--|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input checked="" type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input checked="" 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 type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

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

This agreement will allow students enrolled in Houston Christian University College of Education and Behavioral Sciences to complete clinical mental health counseling field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Houston Christian University College of Education and Behavioral Sciences

Supporting Documentation Upload (?)

PSYC_6191.pdf

469.89KB

Vendor/Contractor Contact Person**Name***

Aleksandar Drobnjakovic

Address*

Street Address

7502 Fondren Rd

Address Line 2

City

Houston

Postal / Zip Code

77074

State / Province / Region

TX

Country

US

Phone Number*

(281) 649-3000

Email*

adrobnjakovic@HC.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Daswani, Bianca	11/8/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

11/8/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

11/11/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

12/12/2024



Executive Contract Summary

Contract Section

Select Header For This Contract*

Affiliation v

Contractor*

Western New Mexico University School of Social Work

Contract ID #*

2024-0980

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/21/2025

Parties* (?)

Western New Mexico University School of Social Work and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

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 [Redacted] |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

12/2/2024

Contract Term End Date* (?)

8/31/2028

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

[Redacted]

Fiscal Year* (?)

2025

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR) ▼

Contract Description / Type* (?)

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

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

talent pipeline, increase engagement

Contract Owner*

Ninfa Escobar ▼

Previous History of Contracting with Vendor/Contractor*

- Yes No Unknown

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

- Yes No Unknown

Community Partnership* (?)

- Yes No Unknown

Specify Name*

Western New Mexico University School of Social Work

Supporting Documentation Upload (?)

Upload

TOC Field Manual 2024 2025 rev.5.2024 - Copy (3).pdf

3.97MB

Vendor/Contractor Contact Person

Name*

Yvonne Esparza

Address*

Street Address

1000 West College Avenue

Address Line 2

City

Silver City

State / Province / Region

NM

Postal / Zip Code

88061-4112

Country

US

Phone Number*

575 538-6558

Email*

Yvonne.Esparza@wnmu.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Daswani, Bianca

Submission Date

11/19/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

11/19/2024

Procurement Approval

File Upload (?)

Upload

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

Ninfa Escobar

Approval Date

11/25/2024

Contracts Approval



Approved by

Belinda Stude

Approval Date

11/26/2024

Final Board Report Comments



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

This agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

Product/Service Description

New Affiliation Agreement

Revised Comments For Board Report*

New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements.

Exclude this ECS from Board Report?*

Yes No

Contract Section **Contractor***

Houston Gateway Academy

Contract ID #*

2024-0994

Presented To*

- Resource Committee
 Full Board

Date Presented*

1/21/2025

Parties* (?)

Houston Gateway Academy and The Harris Center for Mental Health and IDD.

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

12/11/2024

Contract Term End Date* (?)

8/31/2025

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

The purpose of the contract is to collaborate with Houston Gateway Academy to provide Behavioral Health services to their students.

Contract Owner*

Tiffanie Williams-Brooks

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 (?)

Vendor/Contractor Contact Person ⬆

Name*

Elizabeth McCarthy

Address*

Street Address

7310 Bowie Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77012-2904

Country

US

Phone Number*

832-649-2700

Email*

mccarthy@hgaschools.org

Budget Section ⬆

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4323	\$ 0.00	000000

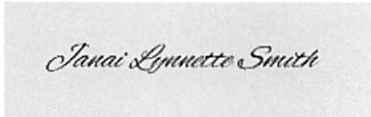
Budget Manager	Secondary Budget Manager
Smith, Janai	Shelby, Debbie


Provide Rate and Rate Descriptions if applicable* (?)
0.00

Project WBS (Work Breakdown Structure)* (?)
0.00

Requester Name	Submission Date
Bowser, Mohagony	12/11/2024

Budget Manager Approval(s) 

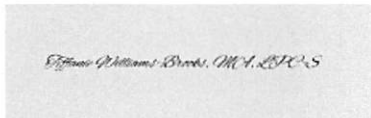
Approved by	Approval Date
	12/11/2024

Procurement Approval 

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval 

Approved by	Approval Date
	12/13/2024

Contracts Approval

Approve*

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

Approved by*	Approval Date*
	12/16/2024



Executive Contract Summary

Contract Section



Contractor*

Texas Native Health

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/21/2025

Parties* (?)

The Harris Center for Mental Health and IDD
Texas Native Health

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 checked="" 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* (?)

2/1/2025

Contract Term End Date* (?)

8/31/2025

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

February 2025 through August 2025 with renewal options

Fiscal Year* (?)

2025

Funding Source*

Private Pay Source

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 * (?)

Texas Native Health will fund an LPHA C to provide counseling services to the Native American population of Harris County. Standard Care Coordination agreement to be included. Texas Native Health will provide The Harris Center \$74,443 salary plus \$22,556 in fringe for a total of \$96,999 for the LPHA C position.

Contract Owner *

Lance Britt

Previous History of Contracting with Vendor/Contractor *

- Yes No Unknown

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

- Yes No Unknown

Please provide the HUB status *

MBE - Minority Owned Business, includes Asian, Black, Hispanic and Native American.

Community Partnership * (?)

- Yes No Unknown

Specify Name *

Texas Native Health

Supporting Documentation Upload (?)

TNH- Therapist Job Description NEW.pdf	186.58KB
--	----------

Vendor/Contractor Contact Person ▲

Name *

Omer Tamir

Address *

Street Address

1283 Record Crossing Road

Address Line 2

City

Dallas

State / Province / Region

TX

Postal / Zip Code

75235-6003

Country

US

Phone Number *

214-941-1050

Email*

ceo@texasnativehealth.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 0.00	0
Budget Manager	Secondary Budget Manager	
Smith, Janai	Shelby, Debbie	

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Britt, Lance

Submission Date

12/17/2024

Budget Manager Approval(s)

Approved by

Janai Lynnette Smith

Approval Date

12/17/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Lance Britt

Approval Date

12/17/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

12/17/2024

Contract Section **Contractor***

United Behavioral Health - P4V Addendum

Contract ID #*

0000

Presented To*

- Resource Committee
 Full Board

Date Presented*

1/21/2025

Parties* (?)

United Behavioral Health and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

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 (?)

Fiscal Year* (?)

2025

Funding Source*

State

Contract Description / Type* (?)

- Personal/Professional Services
- Consultant
- Consumer Driven Contract
- New Contract/Agreement
- Memorandum of Understanding
- Amendment to Existing Contract
- Affiliation or Preceptor
- Service/Maintenance
- BAA/DUA
- IT/Software License Agreement
- Pooled Contract
- Lease
- Renewal of Existing Contract
- Other Board approval not required

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

The contract is incentive based using existing staff, revenue only. It is part of the Integrated Health Home and provides additional dollars for meeting 7-day and 30-day follow up.

Contract Owner*

Stanley Williams

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

September 01, 2023 - August 31, 2024

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

BHPi_2025 Final 10 4 2024 TX The Harris Center for Mental Health and
 IDD.pdf 234.93KB

Vendor/Contractor Contact Person ^

Name*

Brittney Gilliland

Address*

Street Address

Contract Administration

Address Line 2

PO Box 9472

City

Minneapolis

State / Province / Region

MN

Postal / Zip Code

55440-9472

Country

USA

Phone Number*

763.347.3370

Email*

brittney.gilliland@optum.com

Budget Section ^

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2690	\$ 0.00	540040

Budget Manager	Secondary Budget Manager
Smith, Janai	Shelby, Debbie

Provide Rate and Rate Descriptions if applicable* (?)

\$0.00

Project WBS (Work Breakdown Structure)* (?)

\$0.00

Requester Name	Submission Date
Shelby, Debbie	12/6/2024

Budget Manager Approval(s)

Approved by

Janai Lynnette Smith

Approval Date

12/9/2024

Contract Owner Approval

Approved by

DR. STANLEY WILLIAMS, PhD

Approval Date

12/9/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

12/10/2024

EXHIBIT F-15

Supplier Diversity Report

Q1 FY2025

Presented by: Stanley Adams, CFO, MBA
January 21, 2025



Overview

- RFP Advertisement – Examples
- Q1 FY2025 HUB Spent Report

RFP Advertisements – Example (Defender Network)

8 | September 5, 2024 | DEFENDER NETWORK



Dr. Monica G. Williams Takes helm as TWU-Houston President

By Laura Onyeneho

Dr. Monica G. Williams, a prominent Black fundraising executive and educator, has now taken on a new role as Texas Woman’s University’s (TWU) first president in Houston. Her life’s path, marked by personal and professional triumphs, breaks barriers and creates new possibilities for women of color, particularly in higher education.

Growing up in Houston, Dr. Williams didn’t initially envision a career in education, let alone leadership. Her early years were uncertain, especially after becoming a mother at a young age. “I started out as a



CLASSIFIED

The Harris Center for Mental Health and IDD will be accepting proposals for the following:

6168 Apartment Furniture

Specifications may be secured from The Harris Center website www.theharriscenter.org beginning Tuesday, September 10, 2024. The Harris Center utilizes Bonfire for their solicitations <https://theharriscenter.bonfirehub.com/portal/?tab=openOpportunities>. Deadline for prospective vendors to submit questions to this RFP is Wednesday, September 18, 2024. Proposals must be submitted by 11:00 a.m., Wednesday, October 2, 2024. Historically Underutilized Businesses, including Minority-Owned Businesses and Women-Owned Businesses are encouraged to participate. The Harris Center reserves all rights to reject any and/or all proposals, to waive formalities and reasonable irregularities in submitted documents as it deems to be in its best interests and is not obligated to accept the lowest proposal.



LEGAL NOTICE In-Person Open House with Virtual Public Meeting I-45 North Houston Highway Improvement Project (NHHIP) US 59/I-69 at Spur 527 to I-45 at Beltway 8 Harris County, Texas

The Texas Department of Transportation (TxDOT) invites you to attend an in-person public meeting to discuss the Interstate (I) 45 North Houston Highway Improvement Project (NHHIP). **The Segment 3A Public Meeting is scheduled for Thursday, Sept. 19, 2024, from 5 to 7 p.m. at the Young Women’s College Preparatory Academy (YWCPA) Gymnasium, located at 1906 Cleburne St., Houston, TX 77004. The virtual public meeting will be available starting on Thursday, Sept. 19, 2024, by 5 p.m.** The virtual public meeting will consist of a pre-recorded video presentation and will include both audio and visual components. To view the virtual public meeting presentation and view project information, visit www.txdot.gov/projects/hearings-meetings.html or <https://www.txdot.gov/nhhip/public-engagement/2024-public-meetings.html>

The I-45 NHHIP is designed to create additional roadway capacity to manage congestion, enhance safety, and improve mobility. The I-45 NHHIP Segment 3 encompasses the reconstruction of the downtown Houston freeway loop system, including I-45, I-69, I-10, and State Highway (SH) 288. In Segment 3, I-45 will be rerouted from the west side of downtown Houston to run parallel with I-69 and I-10 until it exits the downtown area and continues north.

The I-45 NHHIP public meeting will focus on the proposed design changes for Segment 3A,

RFP Advertisements – Example (Houston Chronicle)

The Harris Center for Mental Health and IDD will be accepting proposals for the following:

6168 Apartment Furniture

Specifications may be secured from The Harris Center website www.theharriscenter.org beginning Tuesday, September 10, 2024. The Harris Center utilizes Bonfire for their solicitations <https://theharriscenter.bonfirehub.com/portal/?tab=openOpportunities>. Deadline for prospective vendors to submit questions to this RFP is Wednesday, September 18, 2024. Proposals must be submitted by 11:00 a.m., Wednesday, October 2, 2024. Historically Underutilized Businesses, including Minority-Owned Businesses and Women-Owned Businesses are encouraged to participate. The Harris Center reserves all rights to reject any and/or all proposals, to waive formalities and reasonable irregularities in submitted documents as it deems to be in its best interests and is not obligated to accept the lowest proposal.

HOUSTON CHRONICLE | HOUSTONCHRONICLE.COM HoustonChronicle.com/Place-Legals legals@chron.com 713.362.6868 FRIDAY, SEPTEMBER 6, 2024 B9

LEGAL NOTICES

Legals/Public Notices

Legals/Public Notices

Legals/Public Notices

Citation by Publication

Legals/Public Notices

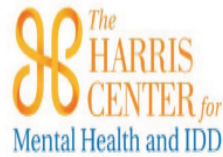
Legals/Public Notices

CITY OF HOUSTON
NOTICE OF ADMINISTRATION HEARING ON A PROPOSED RESUBDIVISION OF LAND
 Title: 6168 Apartment Furniture
 The City of Houston will hold an administrative hearing on the proposed resubdivision of land described in the attached map, which is located in the City of Houston. The hearing will be held on September 10, 2024, at 11:00 a.m. at the City of Houston, 1001 Fehrlinger Street, Houston, Texas 77002. The hearing will be open to the public. Any interested party may appear at the hearing to object to the proposed resubdivision. The hearing will be held at the following address: 1001 Fehrlinger Street, Houston, Texas 77002. The hearing will be held on September 10, 2024, at 11:00 a.m. at the City of Houston, 1001 Fehrlinger Street, Houston, Texas 77002. The hearing will be held on September 10, 2024, at 11:00 a.m. at the City of Houston, 1001 Fehrlinger Street, Houston, Texas 77002.

NOTICE TO DISSENT
 NOTICE TO DISSENT: The Board of Directors of Harris County Municipal Utility District No. 536 (the "District") will hold a public hearing on the proposed issuance of \$4,625,000 of General Obligation Bonds, Series 2024, on Wednesday, September 11, 2024, at 10:00 a.m. in the Board Room of the Harris County Administration Center, 1500 West Loop East, Houston, Texas 77060. The hearing will be open to the public. Any interested party may appear at the hearing to object to the proposed issuance of the bonds. The hearing will be held at the following address: 1500 West Loop East, Houston, Texas 77060.

LEGAL NOTICE
 The Harris Center for Mental Health and IDD will be accepting proposals for the following: 6168 Apartment Furniture. Specifications may be secured from The Harris Center website www.theharriscenter.org beginning Tuesday, September 10, 2024. The Harris Center utilizes Bonfire for their solicitations <https://theharriscenter.bonfirehub.com/portal/?tab=openOpportunities>. Deadline for prospective vendors to submit questions to this RFP is Wednesday, September 18, 2024. Proposals must be submitted by 11:00 a.m., Wednesday, October 2, 2024.

RFP Advertisements – Example (La Informacion)



The Harris Center for Mental Health and IDD will be accepting proposals for the following:

6168 Apartment Furniture

Specifications may be secured from The Harris Center website www.theharriscenter.org beginning Tuesday, September 10, 2024. The Harris Center utilizes Bonfire for their solicitations <https://theharriscenter.bonfirehub.com/portal/?tab=openOpportunities>. Deadline for prospective vendors to submit questions to this RFP is Wednesday, September 18, 2024. Proposals must be submitted by 11:00 a.m., Wednesday, October 2, 2024. Historically Underutilized Businesses, including Minority-Owned Businesses and Women-Owned Businesses are encouraged to participate. The Harris Center reserves all rights to reject any and/or all proposals, to waive formalities and reasonable irregularities in submitted documents as it deems to be in its best interests and is not obligated to accept the lowest proposal.

Del 5 al 11 de Septiembre 2024

CLASIFICADOS

13

The Harris Center for Mental Health and IDD
 6168 Apartment Furniture

Specifications may be secured from The Harris Center website www.theharriscenter.org beginning Tuesday, September 10, 2024. The Harris Center utilizes Bonfire for their solicitations <https://theharriscenter.bonfirehub.com/portal/?tab=openOpportunities>. Deadline for prospective vendors to submit questions to this RFP is Wednesday, September 18, 2024. Proposals must be submitted by 11:00 a.m., Wednesday, October 2, 2024. Historically Underutilized Businesses, including Minority-Owned Businesses and Women-Owned Businesses are encouraged to participate. The Harris Center reserves all rights to reject any and/or all proposals, to waive formalities and reasonable irregularities in submitted documents as it deems to be in its best interests and is not obligated to accept the lowest proposal.

¿NECESITA reemplazar tu unidad de aire acondicionado?
 Tenemos las mejores ofertas del mercado y con el mejor financiamiento disponible.
Todos caben en tu hogar! (281) 895-3114.

NOTICE TO PROPOSERS

The Houston Independent School District is soliciting Request for Proposals (RFP) via the District's electronic bidding portal. Proposers may log in to view specifications and submit their responses at the following link <https://houstonisd.onwave.net/Login.aspx> until 10:00 a.m. (CST) Wednesday, October 9, 2024, for the following supplemental solicitation for the following project:

RFP 25-08-04 Events-Venues, Catering, AV & Related Products/Services

Pre-proposal conferences via Microsoft Teams will be held in conjunction with this RFP. Information regarding dates, times, and a link to join the meeting can be located within the electronic bidding portal under the "Event Details" tab specific to this solicitation.

NOTICE TO PROPOSERS

The Houston Independent School District is soliciting Request for Proposals (RFP) via the District's electronic bidding portal. Proposers may log in to view specifications and submit their responses at the following link <https://houstonisd.onwave.net/Login.aspx> until Wednesday, September 25, 2024, 5:00 pm (CST) for the following supplemental solicitation for the following projects:

RFP 24-05-06 Aviation Training Services, Equipment, and Related Goods and Services

Pre-proposal conferences via Microsoft Teams will be held in conjunction with this RFP. Information regarding dates, times, and a link to join the meeting can be located within the electronic bidding portal under the "Event Details" tab specific to this solicitation.

GARCIA Remodeling
 Cabinets & Painting

The Stain Terminator
 Concrete
 Wood Floor
 Crown Molding
 Pressure Washing
 Paint
 Installation and more

Alejandro (español) 281-662-8824
 Jesús (inglés) 713-261-6677

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 832-878-2664 /
 281-748-2798

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 llámanos ya al
 713-956-9444 o al 713-956-9444

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RFP Advertisements – Example (Forward Times)

REQUEST FOR PROPOSAL

The Harris Center for Mental Health and IDD will be accepting proposals for the following:

6168 Apartment Furniture

Specifications may be secured from The Harris Center website www.theharriscenter.org beginning Tuesday, September 10, 2024. The Harris Center utilizes Bonfire for their solicitations <https://theharriscenter.bonfirehub.com/portal/?tab=openOpportunities>. Deadline for prospective vendors to submit questions to this RFP is Wednesday, September 18, 2024. Proposals must be submitted by 11:00 a.m., Wednesday, October 2, 2024. Historically Underutilized Businesses, including Minority-Owned Businesses and Women-Owned Businesses are encouraged to participate. The Harris Center reserves all rights to reject any and/or all proposals, to waive formalities and reasonable irregularities in submitted documents as it deems to be in its best interests and is not obligated to accept the lowest proposal.

48 | September 4 - 10, 2024

JEWELS Continued from Page 1



Child Learning Center

At the Harris Center for Mental Health and IDD, we are seeking proposals for the purchase of 6168 Apartment Furniture. The Harris Center is a non-profit organization that provides mental health and intellectual disability services to the community. We are currently in the process of renovating our facility and need to purchase new furniture for the apartment units. The furniture should be durable, functional, and aesthetically pleasing. We are interested in proposals from Historically Underutilized Businesses, including Minority-Owned Businesses and Women-Owned Businesses. For more information, please visit our website at www.theharriscenter.org or contact us at (713) 426-1234. The deadline for questions is September 18, 2024, and the deadline for proposals is October 2, 2024.

WEEKS Continued from Page 1



Panel Discussion

Two men are seated on a stage during a panel discussion. They are both dressed in suits and are engaged in conversation. The background features a large screen displaying a graphic with the word 'WEEKS'.



Meeting

A group of people are sitting around a table in a meeting room. They appear to be in a discussion or meeting. The room has a large screen in the background.

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LEGAL NOTICE

HELP WANTED

NOTICE TO PROPOSERS

NOTICE TO PROPOSERS

REQUEST FOR PROPOSAL

RFP Advertisements – Example (WBEA)



The Harris Center for Mental Health and IDD will be accepting proposals for the following:

Pharmacy Inventory Services

Specifications may be secured from The Harris Center website www.theharriscenter.org beginning **Wednesday, May 15, 2024**. The Harris Center utilizes Bonfire for their solicitations <https://theharriscenter.bonfirehub.com/portal/?tab=openOpportunities>. Deadline for prospective vendors to submit questions to this RFP is **Wednesday, May 22, 2024**. Proposals must be submitted by **10:00 a.m., Wednesday, June 12, 2024**. Historically Underutilized Businesses, including Minority-Owned Businesses and Women-Owned Businesses are encouraged to participate. The Harris Center reserves all rights to reject any and/or all proposals, to waive formalities and reasonable irregularities in submitted documents as it deems to be in its best interests and is not obligated to accept the lowest proposal.



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Wednesday, October 2, 2024. Historically Underutilized Businesses, including Minority-Owned Businesses and Women-Owned Businesses are encouraged to participate. The Harris Center reserves all rights to reject any and/or all proposals, to waive formalities and reasonable irregularities in submitted documents as it deems to be in its best interests and is not obligated to accept the lowest proposal.

[View Project](#)

The Texas A&M University System is seeking proposals from qualified firms who can provide staff augmentation services for a like for like software refresh of the Maestro system (Custom Software Electronic Research Administration System) to A&M System as specified and listed in Section 3 of this RFP. Maestro is an enterprise-wide system that supports researchers and research administrators across the A&M System. Texas A&M University Research Information System (RIS) department is managing the Maestro system.

RFP Response Due Date: 09/10/2024 by 2:00 PM – Central Time

[View Project](#)

The Texas A&M University System (“A&M System”), Office of Facilities Planning & Construction (“FP&C”), is soliciting statements of qualifications (“Qualifications”) from firms (also hereafter referred to as “Respondent”) who have demonstrated knowledge and experience in providing construction project support personnel and related construction project management services.

Q1 FY2025 HUB Report (1 of 2)

Vendor Name	FY2025 Q1 Spend (\$)	Description	Local Vendor		
			Greater Houston	State of Texas	HUB
Ultra Medical Cleaning	217,430	Janitorial services	x	x	x
Rey De La Reza Architects	118,652	Architecture services	x	x	x
Ultra Staff	59,135	Temporary Staffing	x	x	x
Webhead	58,813	Technology Company	x	x	x
M Strategic Partners, INC	57,524	Design and Construction	x	x	x
Metropolitan Landscape*	57,354	Landscape	x	x	x
Rekruters	49,950	IT staffing	x	x	x
Right Now Pest	49,321	Pest Control and Exterminator	x	x	x
LAB USA	46,575	Technology Company	x	x	x
Dura Pier Facilities Services, LTD	28,013	Facility services - construction	x	x	x
Innovation Network	23,810	Networks, storage & cloud migration	x	x	x
The Burnett Companies Consolidated	22,946	Specialist Staffing	x	x	x
The Warring Group	21,000	PR/Media Relations	x	x	x
Universe Technical Translation	20,935	Translation and interpretation services	x	x	x
SHI Government Solutions, INC	18,974	Computer Software &, Hardware	x	x	x
Nightingale Interpreting	15,460	Translation and interpretation services	x	x	x
A-Rocket Moving & Storage	12,422	Moving services	x	x	x
DAAS Inc	7,509	Flooring Contractors	x	x	x
MasterWord Services INC	5,524	Translation and interpretation services	x	x	x
Virtue Construction	4,715	Interior and exterior renovations and repairs	x	x	x
THR3EDSIGN	4,120	Architecture services	x	x	x
Globo Language Solutions	3,606	Translation and interpretation services			x
Modern Psychological & Allied	2,400	Psychological services	x	x	x
City Fire Protection	2,190	Full-service fire protection company	x	x	x
Crystal Communications Ltd	1,430	Data, IP, and video communications systems integration	x	x	x
Next Level Urgent Care	505	Urgent care/workers' comp	x	x	x
Forward Times	342	African-American Newspaper	x	x	x
Houston Defender	197	African-American Newspaper	x	x	x
Total HUB Spend	\$ 910,850				

* Did not renew HUB certification during FY2023

Vast majority of the Agency's Historically Underutilized Business vendors are located in the Greater Houston area

Q1 FY2025 HUB Report (2 of 2)

- Q1 FY2025 HUB spend = **\$910,850**
- Q1 FY2025 discretionary spend = **\$6,016,088**
- HUB spend % = **15%**
- Exclusion categories from discretionary spend
 - *Intergovernmental contracts*
 - *Key service contracts with non-profits (Easter Seals)*
 - *University systems (BCM for residency program)*
 - *Enterprise software (EHR, ERP)*
 - *Leases*
 - *Supported housing*
 - *Pharmaceuticals*
 - *Utilities*
 - *Physician services*
 - *Trade organizations (National Council, Texas Council)*
 - *Employee reimbursements*

Thank you.

EXHIBIT F-16

Financials by Clinic + NPC

Q1FYTD FY2025

Presented by: Stan Adams, Chief Financial Officers
January 28, 2025



Northwest Community Service Center

FY2025 Q1 Financial Performance

Revenues	\$4,489,566
Expenses	<u>(\$5,568,349)</u>
Gross Margin	(\$1,078,784)

Clinic Information

Address	3737 Dacoma St
Facility Size	40,000 Sq Ft
Clinic FTE's	139

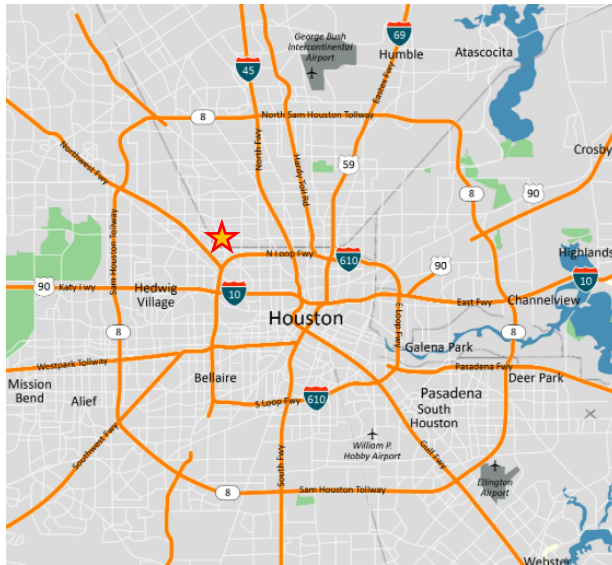
FY2025 Clinical Performance

Annual Patient Visits	13865
Average Monthly Patient V	4622
Average No Show	37.00%
Average Patient Wait Time	29 Minutes
Average Third Next Available	1.01 Day
Average Patient Satisfaction	85%

Northwest Community Service Center

- **Service Description** Adult Mental Health
- **Address** 3737 Dacoma St
- **Patients Served** 4,219
- **FTEs** 139
- **Facility Size** 40,000 sq ft

Q1FYTD 2025 Financial Performance		
+ Revenues	\$	4,489,566
- Expenses		5,568,349
= Gross Margin	(\$	<u>1,078,784</u>)



Northeast Community Service Center

FY2025 Q1 Financial Performance

Revenues	\$2,965,530
Expenses	<u>(\$4,835,527)</u>
Gross Margin	(\$1,869,996)

FY2025 Clinical Performance

Annual Patient Visits	9773
Average Monthly Patient V	3258
Average No Show	40.00%
Average Patient Wait Time	31 Minutes
Average Third Next Available	1.25Day
Average Patient Satisfaction	87%

Clinic Information

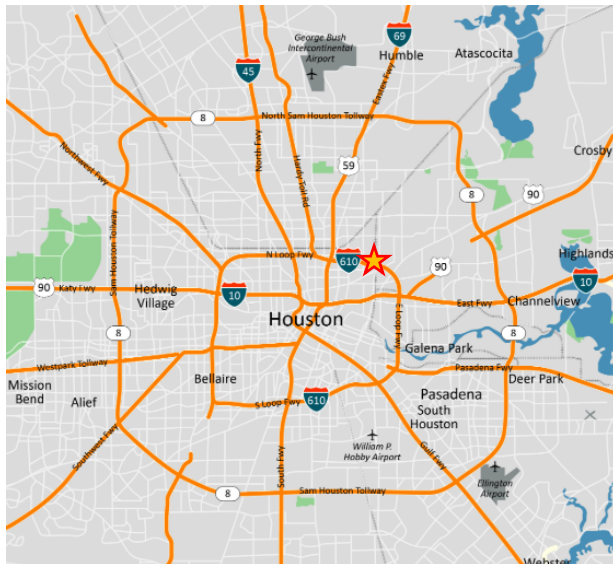
Address	7200 N Loop East Fwy
Facility Size	18,000 Sq Ft
Clinic FTE's	78

Northeast Community Service Center

- **Service Description** Adult Mental Health
- **Address** 7200 N Loop East Fwy
- **Patients Served** 2,534
- **FTEs** 78
- **Facility Size** 18,000 sq ft

Q1FYTD 2025 Financial Performance

+ Revenues	2,965,530
- Expenses	4,835,527
= Gross Margin	(\$ 1,869,996)



Southeast Community Service Center

FY2025 Q1 Financial Performance

Revenues	\$6,170,966
Expenses	<u>(\$8,450,438)</u>
Gross Margin	(\$2,279,472)

FY2025 Clinical Performance

Annual Patient Visits	17063
Average Monthly Patient V	5688
Average No Show	35.00 %
Average Patient Wait Time	20 Minutes
Average Third Next Available	1.42 Day
Average Patient Satisfaction	88%

Clinic Information

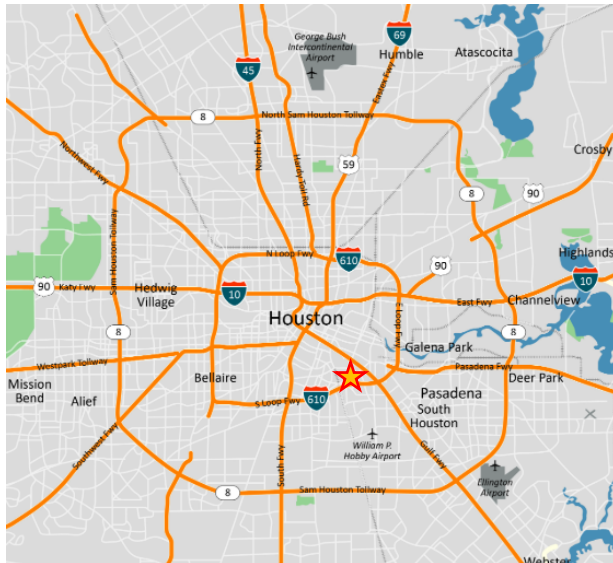
Address	5901 Long Drive
Facility Size	45,000 Sq Ft
Clinic FTE's	165

Southeast Community Service Center

- **Service Description** AMH & CAS
- **Address** 5901 Long Dr.
- **Patients Served** 4,641
- **FTEs** 165
- **Facility Size** 45,000 sq ft

Q1FYTD 2025 Financial Performance

+ Revenues	\$	6,170,966
- Expenses		8,450,438
= Gross Margin	(\$	<u>2,279,472)</u>



Southwest Community Service Center

FY2025 Q1 Financial Performance

Revenues	\$5,702,653
Expenses	<u>(\$7,986,109)</u>
Gross Margin	(\$2,283,456)

FY2025 Clinical Performance

Annual Patient Visits	19790
Average Monthly Patient V	6597
Average No Show	36.00 %
Average Patient Wait Time	36 Minutes
Average Third Next Available	1.40 Day
Average Patient Satisfaction	87%

Clinic Information

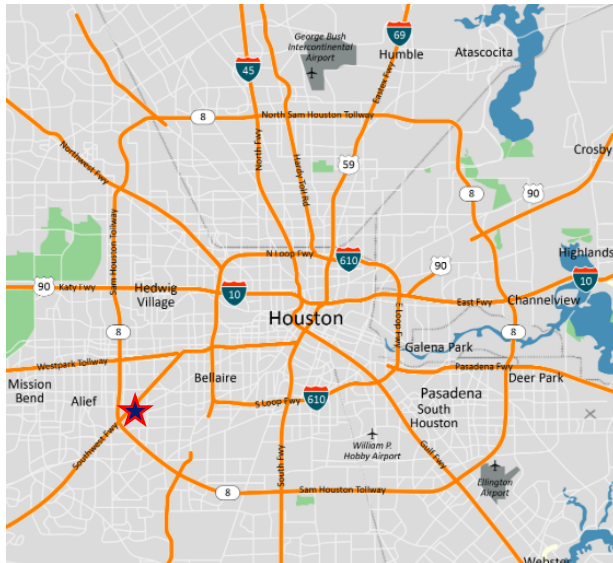
Address	9401 Southwest Fwy
Facility Size	37,770 Sq Ft
Clinic FTE's	181

Southwest Community Service Center

- **Service Description** AMH & CAS
- **Address** 9401 Southwest Fwy
- **Patients Served** 4,830
- **FTEs** 181
- **Facility Size** 37,770 sq ft (clinic space)

Q1FYTD 2025 Financial Performance

+ Revenues	\$	5,702,653
- Expenses		7,986,109
= Gross Margin	(\$	<u>2,283,456</u>)



Neuro Psychiatric Center

FY2025 Q1 Financial Performance

Revenues	\$4,076,086
Expenses	<u>(\$5,520,910)</u>
Gross Margin	(\$1,444,824)

FY2025 Clinical Performance

Annual Patient Visits	N/A
Average Monthly Patient V	N/A
Average No Show	N/A
Average Patient Wait Time	N/A
Average Third Next Available	N/A
Average Patient Satisfaction	N/A

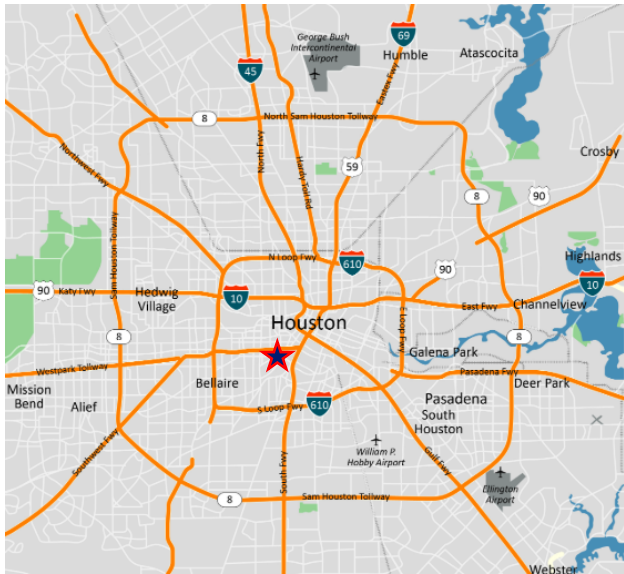
Clinic Information

Address	1502 Taub Loop
Facility Size	37,308 Sq Ft
Clinic FTE's	153

Neuro-Psychiatric Center (NPC)

- **Service Description** Psychiatric Emergency
- **Address** 1502 Taub Loop
- **Patients Served** 1,555
- **FTEs** 153
- **Facility Size** 37,308 sq ft

Q1FYTD 2025 Financial Performance	
+ Revenues	\$ 4,076,086
- Expenses	5,520,910
= Gross Margin	(\$ 1,444,824)



Q1FYTD 2025 Detailed Financials

	Northwest CSC	Northeast CSC	Southeast CSC	Southwest CSC	Neuro Psychiatric Center
Revenues					
Harris County and Local	45,948	12,468	118,007	307,804	1,476,841
PAP / Samples	781,118	739,261	920,396	787,794	9,205
State General	-	-	9,855	-	15,970
State Grants	2,337,884	776,784	3,553,947	3,239,908	2,139,689
Federal Grants	692,738	-	-	155,047	-
3rd Party Billings	229,239	1,185,979	865,294	738,618	-
Total Revenues	402,638	251,038	703,467	473,482	434,381
Expenses					
Salaries	2,997,513	2,523,057	4,733,338	4,535,984	3,969,126
Fringe	848,969	794,843	1,413,258	1,386,487	977,662
Contract Labor	-	1,200	-	53,866	-
Travel & Training	38,029	10,987	71,494	17,313	6,302
Contracts and Consultant	4,459	19,886	6,995	16,792	182,838
Supplies	30,949	5,503	17,425	19,629	11,913
Food	1,815	205	1,429	2,352	-
Drugs	138,324	43,017	96,734	71,567	13,943
PAP Drugs	781,837	739,261	920,396	787,794	9,205
Pharmacy	3,752	294	9,686	3,169	25,858
Pharmacy Use Fee	310,779	206,544	311,511	227,373	26,730
Equipment (Purch, Rent, Maint)	169,847	354,865	489,370	326,235	136,117
Software (Purch, Rent, Maint)	1,090	-	-	2,000	-
Building (Purch, Rent, Maint)	189,239	85,095	260,056	160,458	54,003
Vehicle (Purch, Rent, Maint)	-	-	28,494	-	6,421
Telephone and Utilities	37,951	32,006	63,080	56,969	10,992
Insurance, Legal, Audit	4,345	4,117	12,797	(4,206)	8,233
Dues & Subscriptions	71	45	-	-	375
Other	9,381	14,602	14,376	322,327	81,191
Expense Total	5,568,349	4,835,527	8,450,438	7,986,109	5,520,910
Gross Margin	\$ (1,078,784)	\$ (1,869,996)	\$ (2,279,472)	\$ (2,283,456)	\$ (1,444,824)

Thank you.

EXHIBIT F-17

Revenue Management Metrics

Presented by: Stan Adams, Chief Financial Officer
January 28, 2025



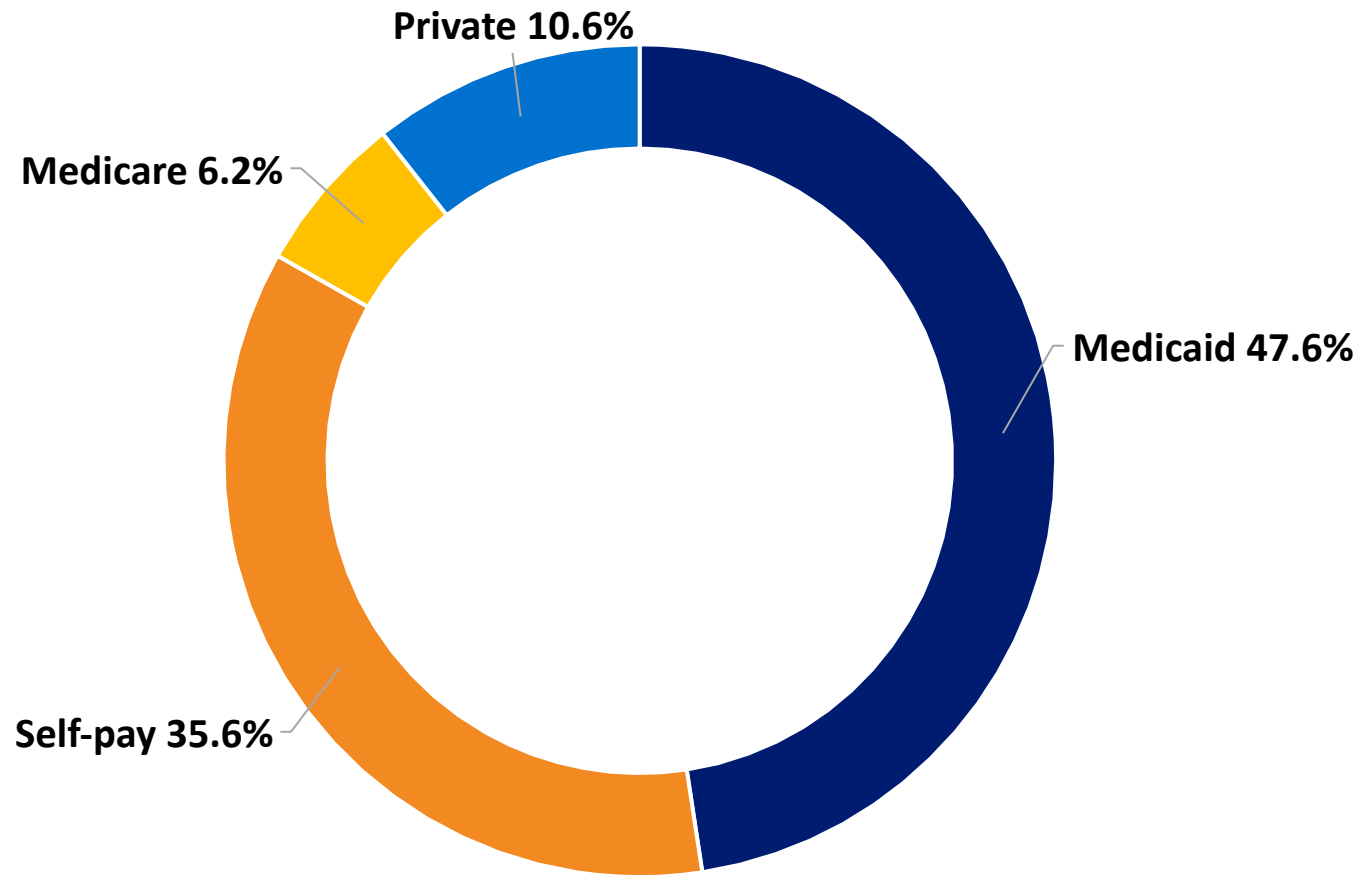
Overview

- Payor Mix
- Revenue Cycle Performance Metrics
 - Days in Accounts Receivable
 - Claims & Collections



Payor Mix

Payor Mix



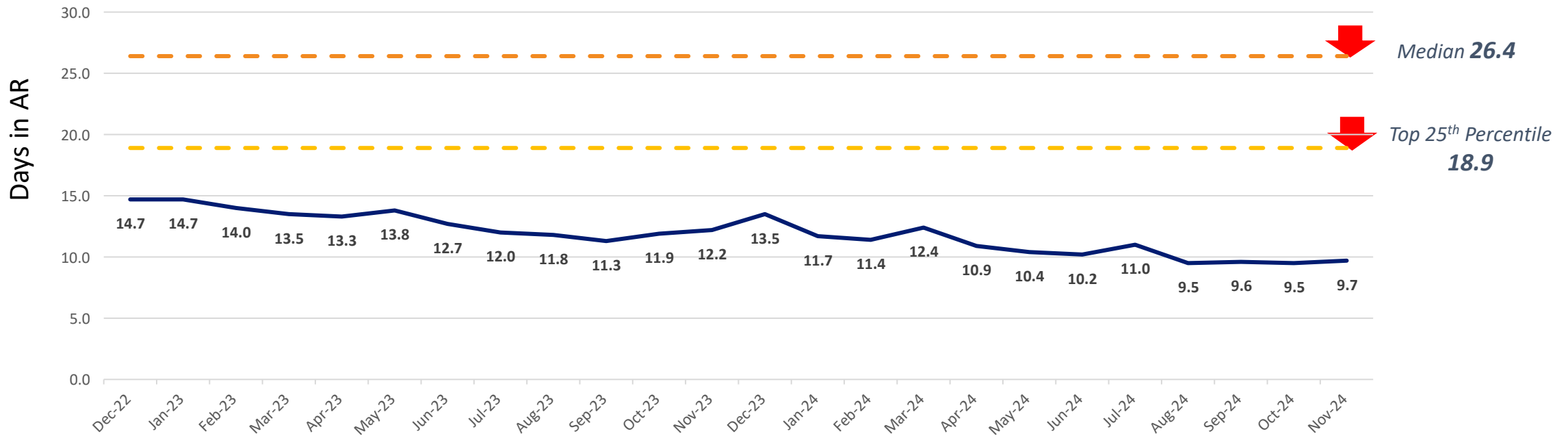
Note: Payor Mix based on patient visit coverage in Q1 FY2025



Revenue Cycle Performance Metrics

Days in Accounts Receivable

- Days in AR is an industry standard for measuring the effectiveness of an organization’s collection efforts.
- The metric is calculated by dividing the total AR by the average daily revenue.
- The data source for Days in AR for this chart is the *Epic Patient Billing Dashboard* and *Epic Financial Pulse*.

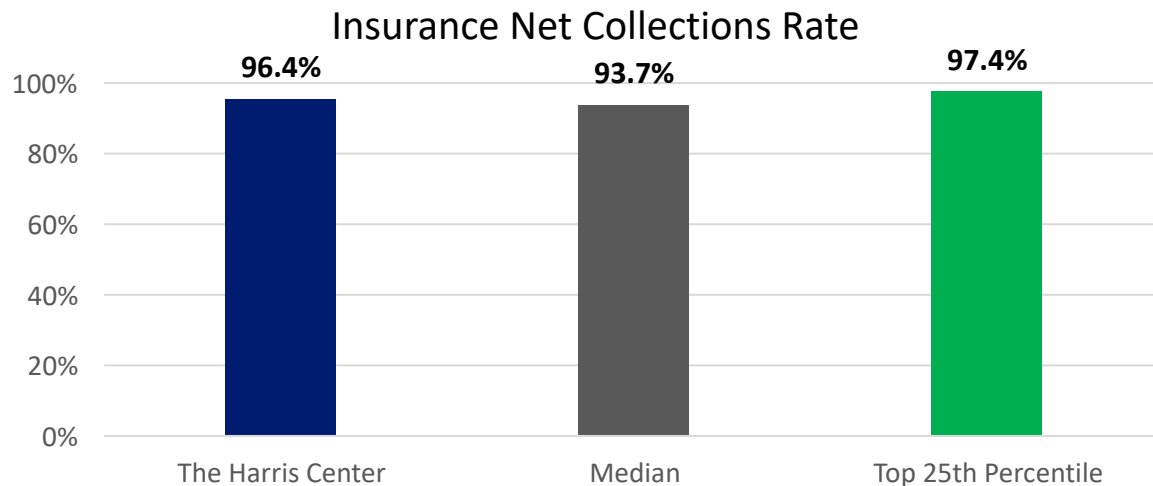


Benchmarking in Epic EHR for the Center is in comparison with large, multi-specialty, safety net organizations (143 service areas)

Claims and Collections

Average Monthly Count of Claims

FY2025 Q1	FY2024	FY 2023	FY 2022
32,830	29,151	32,490	32,020



Insurance Net Collections Rate by Financial Class*

FINANCIAL CLASS	COLLECTION %
Traditional Medicaid	95%
Managed Medicaid	98%
Traditional Medicare	92%
Managed Medicare	86%
MMP	95%
CHIP	95%
Commercial	90%

* Q1 FY2025

- Insurance Net Collections Rate is the ratio of matched insurance payments to net insurance resolution activity (payments and adjustments, not including allowances) for charges that went to zero active AR within the prior quarter (91 days).
- The data source for Insurance Net Collections Rate is the Epic Financial Pulse reports.
- Benchmarking in Epic EHR for the Center is in comparison with large, multi-specialty, safety net organizations.

Thank you.

EXHIBIT F-18



HEALTHY MINDS
STRONG COMMUNITIES

MDI Medical Directors Education:

CCBHC Medical Directors and Quality Measurement – Key Insights and Practical Examples, CQI Plan, and Link to Payment

January 23, 2025

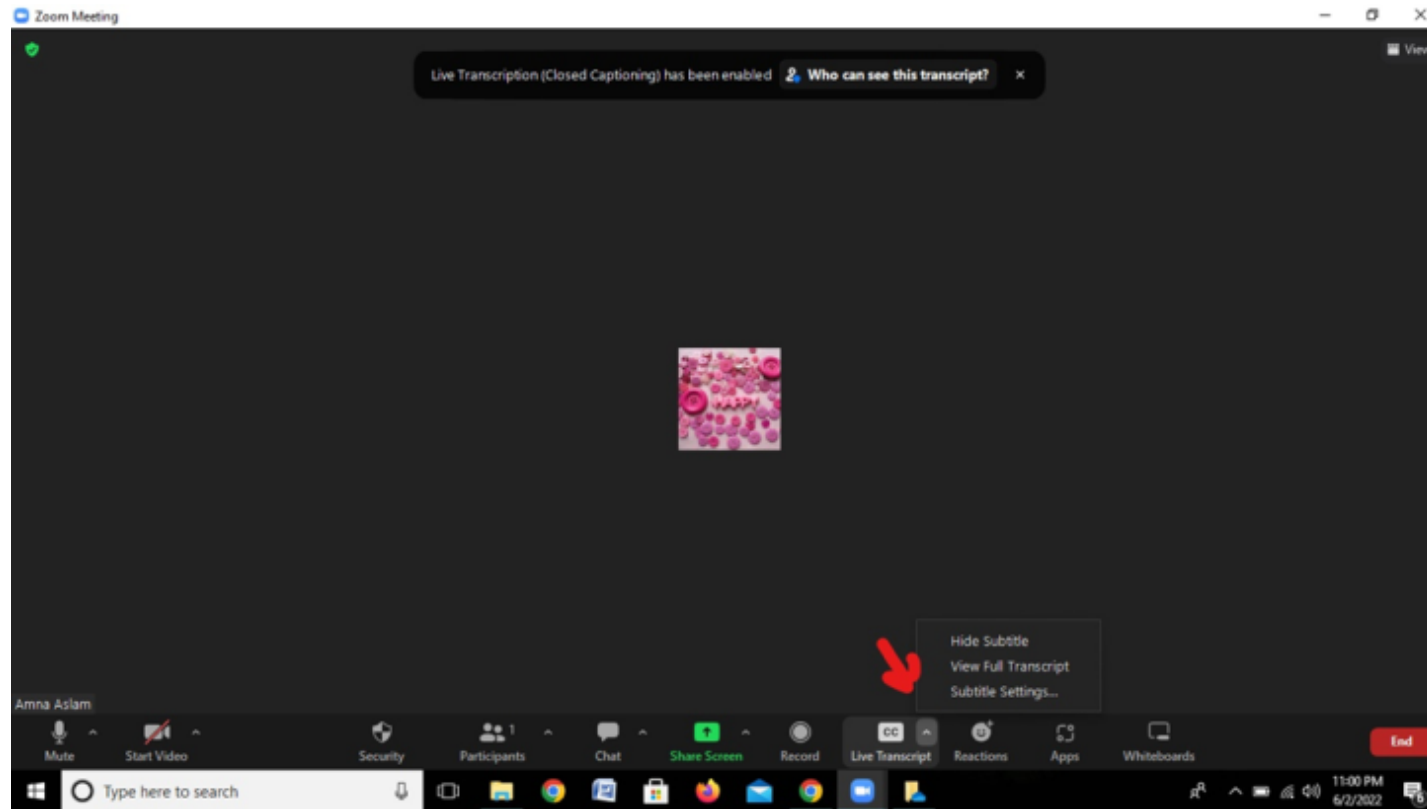
Disclaimer

This session is **not** a CMS- or SAMHSA-funded or sponsored event. While this session is intended to provide context and information, the National Council team and presenters are unable to answer any inquiries on behalf of CMS or SAMHSA. Any questions related to the funding opportunity itself will need to be directed to your funding or project officer.



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Today's Session: Slides and Recording

Slides and the session recording link will be available on the [CCBHC Success Center website](#) under "Past Events" within 2 business days.

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Speakers



Luming Li, MD

Chief Medical Officer, The Harris Center for Mental Health & IDD



Joe Parks, MD

Principal Medical Advisor,
National Council for Mental Wellbeing





Agenda

- Medical Director & Quality Measurement
 - Medical director involvement in clinical quality
 - CQI Plan
 - Key Insights and Examples
- CCBHC Performance and Payment
- Q&A

Medical Director & Quality Measurement



Medical Director Involvement in Clinical Quality

“The Medical Director is involved in the aspects of the CQI plan that apply to the quality of the medical components of care, including coordination and integration with primary care”

- Medical Director develops protocols for screening common physical health conditions.
- Medical Director establishes protocols conform to screening recommendations of USPSTF

Continuous Quality Improvement (CQI) Plan

- Addresses how the CCBHC will review known significant events including, at a minimum:
 - (1) deaths by suicide or suicide attempts of people receiving services;
 - (2) fatal and non-fatal overdoses;
 - (3) all-cause mortality among people receiving CCBHC services;
 - (4) 30-day hospital readmissions for psychiatric or substance use reasons;
 - (5) such other events the state or applicable accreditation bodies may deem appropriate for examination and remediation as part of a CQI plan

Assessing Organizational Approach to Quality

Leadership/Governance

Oversight Responsibility for Quality

Resources

Tools to support Quality
(Incident Reporting, Dashboards)

Executive Supports

Board and Executive Team
(Knowledge and Training)

Informatics/Data

Clinical Workflows and Data Reporting – inputs, outputs

Quality Expertise

Formal or Informal Training



Assessing Medical Director Knowledge about Quality

- Quality Science – extensive knowledge base and structure on tools/measurement approach
- Tools to get started
 - Institute of Healthcare Improvement (IHI) Open School
 - Specialized Quality Training Programs (i.e. Johns Hopkins, Intermountain, etc.)
 - Quality project mentorship (Certifications in Lean, Six Sigma)



Example: Developing a CQI Plan

- Goals
- Governing Body
- Leadership
- Review Committees
 - Closed Records Review
 - Medical Peer Review
 - Pharmacy Peer Review
 - Nursing Peer Review
 - Licensed Professional Review
 - Institutional Review Board (IRB)
- System Quality, Safety and Experience Committee
 - Pharmacy and Therapeutics
 - Infection Prevention
 - System Accreditation
 - PI Councils
 - Internal Learning Collaboratives
 - Care Pathways



Example: Mortality Review

- Mortality (Suicide, Overdoses, All Cause): Closed Records Review Committee
 - Chaired by VP Quality
 - Incident Reporting Process (RL Datix Software) for all Death events reported to Staff
 - Quarterly/Biannual Matching with Medical Examiners Data
 - Monthly Review Meeting
 - Membership includes Clinical Providers and Department Leaders



Example: Incident Review

- **Sentinel Events:**
 - Root Cause Analysis (lengthier review with investigative process and recommendations)
 - Timeline analysis, detailed review of departmental involvement in case and opportunities for improvement
- **High-Risk Events:**
 - Precursor Safety Events or Events with High-Risk Exposure (Rights Violation, Elopement, Legal/Risk Implications, Staff/Patient Safety)
 - Clinical leadership across departments to review incident, assess for individual and systems improvements using Just Culture approach
- **Routine Review:**
 - Reviewed and closed by Local Unit Leaders, learnings disseminated at local level
- **Incidents are trended and analyzed, and reported** (System Quality, Safety and Experience Committee)



Example: Depression Remission Project

Goal: The purpose of this project is to increase the six-month remission rates of Major Depressive Disorder (MDD) for adult patients with an MDD Dx by 5 percentage points for fiscal year (Calculated Baseline # -> Improvement by 5%).

Charter Team

- **Clinical**
 - **Medical**
 - **Nursing**
 - **SW/Clinicians**
 - **Pharmacists**
- **Operations**
- **Quality**
 - **Data Analytics**
 - **PI (Lead)**
- **Informatics**

Early Discoveries / Tests of Change

- **Process Improvements**
 - PHQ-2 then triggering PHQ-9 → **Modify to PHQ-9 only**
 - Infrequent collections of PHQ-9s → **At least monthly for moderate & severe MDD**
 - PHQ-9s collection on all patients → **Only collect for patients with MDD (except on initial intake)**
- **Treatment**
 - **Accurate Chart Capture of Diagnosis**
 - Chart audits not showing consistently implemented MDD treatment → **Develop recommended algorithm/care pathway for MDD**



Depression Remission Measure: Observations & Suggestions

- Measure currently already part of CCBHC performance
- Measure is remission in 6 months (PHQ-9 < 5)
 - Benchmarks not yet available
 - Likely will be low percentage improvement
- As medical director, can emphasize measure as an opportunity to promote evidence-based treatment (measure is stringent)
 - Understand measure definitions
 - Informatics to help support role



CCBHC Performance and Payment



PPS Rate Setting Formula

$$\frac{\text{Total allowable costs of providing services per year, for all clients}}{\text{Total number of daily (PPS-1 or -3) or monthly (PPS-2 or -4) visits per year, for all clients}} = \text{Daily (PPS-1 or -3) or monthly (PPS-2 or -4) per-visit rate, paid only for Medicaid encounters}$$

- **Allowable costs** include direct costs (e.g. salaries, supplies), allocated indirect costs (e.g. rent, insurance); and anticipated direct/indirect costs.
- **One visit** = one day or month in which a “qualifying encounter” took place, regardless of number of services provided during that day or month.



PPS Structure and Options

- **Daily Rate**
 - **PPS-1:** One payment per client for any day in which the client receives at least one service
 - **PPS-3:** One payment per client for any day in which the client receives at least one service, which includes a Special Crisis Service rate component
- **Monthly Rate**
 - **PPS-2:** One payment per client for any month in which the client receives at least 1 service
 - **PPS-4:** One payment per client for any month in which the client receives at least 1 service, which includes a Special Crisis Service rate component
 - Rate may be stratified by population complexity, with higher rates for higher-complexity clients and lower rates for the general population
- Quality Bonus Payments are optional in PPS-1/3 and required in PPS-2/4.
- CCBHCs must file annual cost reports and states must rebase PPS rates at least every three years



Special Crisis Service Rates

- Under PPS-3 and PPS-4, the **Special Crisis Service (SCS)** rates allow states to set at least one of three separate monthly rates for CCBHCs providing crisis services.
- The three categories of Crisis Services for which SCS rates can be set are:
 - Mobile Crisis Services as outlined under section 9813 of the American Rescue Plan Act (ARPA)
 - CCBHC Mobile Crisis Services that do not meet the criteria above but meet criteria described in section 4.C of the updated SAMHSA CCBHC Criteria.
 - On-site CCBHC crisis stabilization services.



Six Measures Required for Quality Bonus Payments (QBP)

1. Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control for Patients with Diabetes (HBD-AD) - *new measure since 2024*
2. Depression Remission at Six Months (DEP-REM-6) - *was optional prior to 2024*
3. Time to Services (I-SERV) - *new measure since 2024*
4. Follow-Up After Hospitalization for Mental Illness, ages 18+ (adult) (FUH-AD)
5. Follow-Up After Hospitalization for Mental Illness, ages 6 to 17 (child/adolescent) (FUH-CH)
6. Initiation and Engagement of Substance Use Disorder Treatment (IET-AD)



Required Measures Optional for QBP

7. Follow-Up After Emergency Department Visit for Substance Use (FUA-CH and FUA-AD) - *new measure since 2024*
8. Plan All-Cause Readmissions Rate (PCR-AD)
9. Follow-Up Care for Children Prescribed Attention- Deficit Hyperactivity Disorder (ADHD) Medication (ADD-CH)
10. Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC) - *new measure since 2024*
11. Screening for Depression and Follow-Up Plan (CDFCH and CDF-AD)



Non-Required Measures Optional for QBP

12. Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA) (SRA-C)
13. Adult Major Depressive Disorder: Suicide Risk Assessment (SRA) (SRA-A)
14. Controlling High Blood Pressure (CBP-AD)
15. Weight Assessment and Counseling for Nutrition and Physical Activity for children/Adolescents (WCC-CH)



Ground Rules

- PPS- 1 (daily general PPS) and PPS-3 (daily crisis PPS option) **MAY** include a QBP
- PPS- 2 (monthly general PPS) and PPS-4 (monthly crisis PPS option) **MUST** include a QBP
- No QBP is allowed solely for reporting CCBHC quality measures
- The CCBHC **MUST** meet the threshold for **ALL SIX** required QBP measures to receive any QBP
- QBPs shall be made for achieving quality related targets within a specified timeframe and also year-over-year improvements in quality outcomes
- Consequences for not meeting the QBP thresholds
 - No QBP
 - PPS payments remain unchanged
 - The QBP is not treated as a revenue offset against cost the PPS rate



States Design the QBP Methodology

- The threshold that triggers payment on each individual measure
 - (e.g., the percentage of improvement in a quality metric within a particular period)
- The methodology for making the payment
 - on a per claim basis or as a lump sum payment; and
 - how often payment is made)
- The amount of payment.



Other State Flexibilities

- Setting their QBP thresholds to have different targets for each individual measure based on national, statewide or provider specific data.
- In addition to single numeric thresholds, states can also set thresholds based on a provider specific amount of improvement in a performance year.
- Making weighted QBPs to CCBHCs who achieve on quality measures, where the amount providers receive varies by quality measure.
- States may also tier QBPs made to providers where different payments can be made based on the level of achievement at or above the threshold for each measure.



State of QBP Systems

Exhibit V.7. State QBP Systems		
State (number of CCBHCs)	Amount State Initially Estimated for QBPs per DY	Plans for Use of Required Measures and Optional Measures for QBPs
Minnesota (6)	5% of total payments, or about \$2.5 million	6 CMS-required measures, plus 2 optional measures (CDF-A and PCR-AD)
Missouri (15)	1% of total payments, or about \$4.2 million	6 CMS-required measures
New York (13)	About \$2 million	6 CMS-required measures, plus 1 optional measure (PCR-AD) and 2 state-specific measures
New Jersey (7)	About \$350,000	6 CMS-required measures
Oklahoma (3)	1% of total payments, or about \$1 million	6 CMS-required measures

Source: Mathematica and RAND's review of state materials and state response to interview questions.

<https://aspe.hhs.gov/sites/default/files/documents/6b9cdcb7cb75ec2c59a029b40d6b2e63/ccbhc-report-congress-2023.pdf>



Award of QBPs

Exhibit V.8. Award of QBPs				
State (number of CCBHCs)	Number of CCBHCs that Received Payments and Total Aggregate Payments to CCBHCs in:			
	DY1	DY2	DY3	DY4
Minnesota (6)	2 of 6; Total payments: \$740,049	None; Thresholds not met	None; Thresholds not met	None; Thresholds not met
Missouri (15)	15 of 15; Total payments: \$17,210,855	15 of 15; Total payments: \$19,138,499	15 of 15; Total payments: \$22,123,047	15 of 15; Total payments: \$14,852,349
New York (13)	None; State reported that thresholds not met	None; State reported that thresholds not met	None; State reported that thresholds not met	None; State reported that thresholds not met
New Jersey (7)	6 of 7; Total payments: \$27,000	6 of 7; Total payments: \$132,000	6 of 7; Total payments: \$339,500	6 of 7; Total payments: \$250,321
Oklahoma (3)	None; State reported that thresholds not met	None; State reported that thresholds not met	n.a.	n.a.

Source: Mathematica and the RAND Corporation's analysis of state official reports.

Notes: Five of the original demonstration states responded to questions from the evaluation team about QBPs. Oregon does not award QBPs and data were unavailable for Nevada. Michigan selected the PPS-1 with QBP but has not yet begin awarding payments.

n.a. = not available.

<https://aspe.hhs.gov/sites/default/files/documents/6b9cdcb7cb75ec2c59a029b40d6b2e63/ccbhc-report-congress-2023.pdf>

Award of QBPs Continued

Exhibit ES.2. Award of QBPs				
State (number of CCBHCs)	Number of CCBHCs that Received Payments and Total Aggregate Payments to CCBHCs			
	DY1	DY2	DY3	DY4
Minnesota (6)	2 of 6 Total payments: \$740,049	None; thresholds not met	None; thresholds not met	None; thresholds not met
Missouri (15)	15 of 15 Total payments: \$17,210,855	15 of 15 Total payments: \$19,138,499	15 of 15 Total payments: \$22,123,047	15 of 15 Total payments: \$14,852,349
New York (13)	None; state reported that thresholds not met	None; state reported that thresholds not met	None; state reported that thresholds not met	None; state reported that thresholds not met
New Jersey (7)	6 of 7 Total payments: \$27,000	6 of 7 Total payments: \$132,000	6 of 7 Total payments: \$339,500	7 of 7 Total payments: \$250,321
Oklahoma (3)	None; state reported that thresholds not met	None; state reported that thresholds not met	n.a.	n.a.

Source: Mathematica and the RAND Corporation's analysis of state official reports.

Note: Five of the original demonstration states responded to questions from the evaluation team about QBPs. Oregon does not award QBPs and data were unavailable for Nevada. Michigan selected the PPS-1 with QBP but has not yet begin awarding payments.

n.a.= not available.

CCBHC PPS and QBP Resources

- Certified Community Behavioral Health Clinics Demonstration Program: Report to Congress, 2023
<https://aspe.hhs.gov/sites/default/files/documents/6b9cdcb7cb75ec2c59a029b40d6b2e63/ccbhc-report-congress-2023.pdf>
- Section 223 Certified Community Behavioral Health Clinic (CCBHC) Demonstration Prospective Payment System (PPS) Guidance Updated February 2024
<https://www.medicaid.gov/medicaid/financial-management/downloads/section-223-ccbhc-pps-prop-updates-022024.pdf>



Questions?



CCBHC Forum at NatCon25

- **What:** National Council is hosting a **full-day pre-conference CCBHC Forum**
- **When:** Sunday, May 4, 2025
- **Who:** Designed for everyone- state health officials, policymakers, CCBHCs, advocacy groups, researchers and other stakeholders.
- Forum activities include:
 - Joint programming with National Council's Crisis Response Services Summit, exploring how the CCBHC model enhances effective crisis systems
 - Deep-dives into current CCBHC topics such as evaluating statewide impact, DCOs, SUD care, children's services, and more
- [Registration is available now!](#) CCBHC E-Grantees will receive a half day registration.



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EXHIBIT F-19



HEALTHY MINDS
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CCBHC Performance Measures: What Does This Mean for the Medical Director?

December 11, 2024

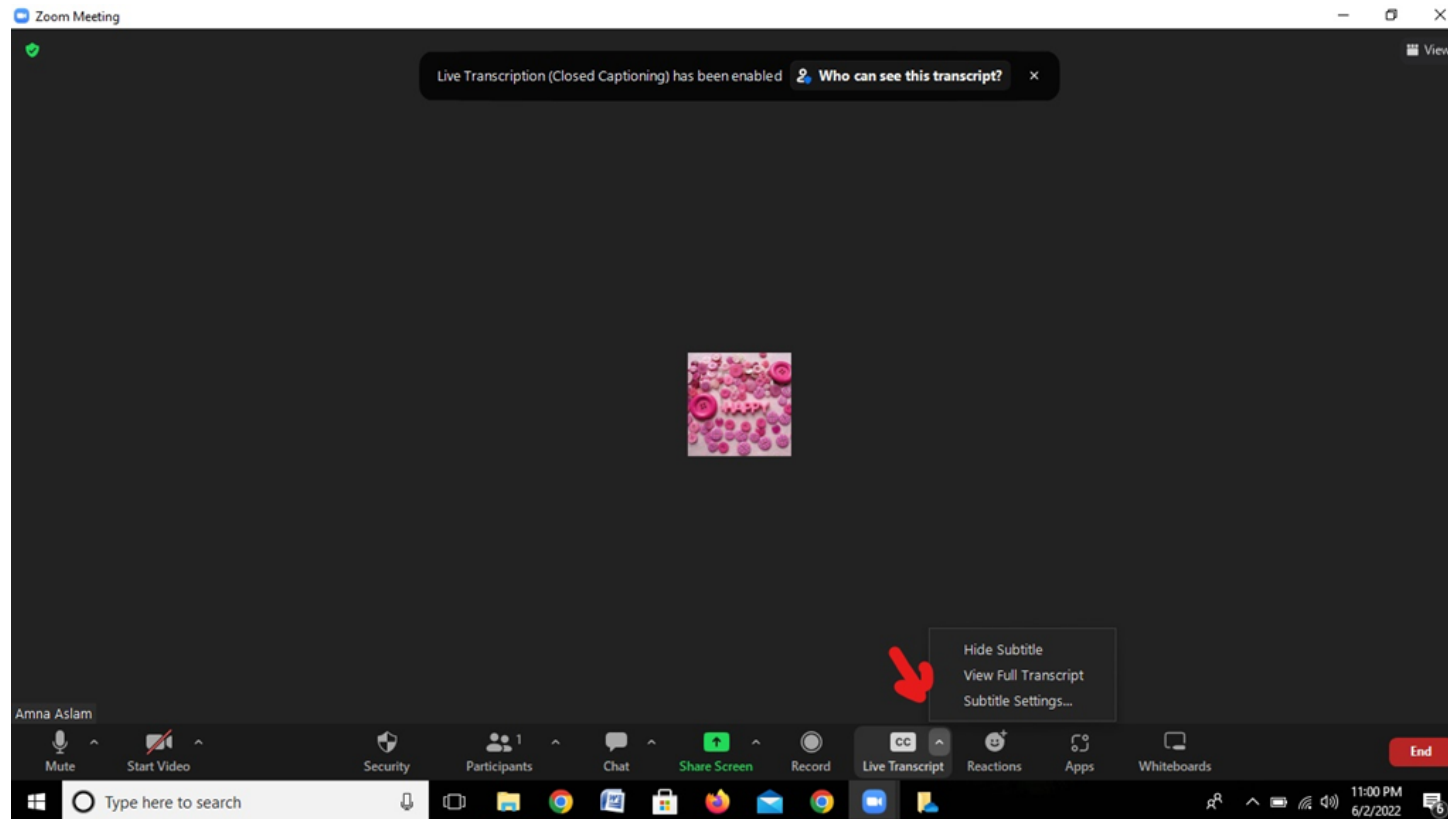
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This session is **not** a CMS- or SAMHSA-funded or sponsored event. While this session is intended to provide context and information, the National Council team and presenters are unable to answer any inquiries on behalf of CMS or SAMHSA. Any questions related to the funding opportunity itself will need to be directed to your funding or project officer.



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Today's Presenter



Luming Li, MD, MHS
National Council for Mental
Wellbeing, MDI
Co-Chair



Learning Objectives

- Provide an overview of the performance measures for CCBHCs
 - Quality Measurement Basics
 - Descriptive Data for Caseload
 - Measures (Required and Optional)



Q&A Poll

- 1. What is your level of confidence on quality management as related to CCBHC performance measures?
 - Very confident
 - Somewhat confident
 - Not confident at all
 - Never thought about it yet



Quality Measurement Basics



Quality Measures

- **Quality Measures:** standards for measuring performance of healthcare providers to the populations and patients they serve
 - Aggregated organizationally
 - Types of measures:
 - Structural (i.e. adopting EHR)
 - Process (i.e. follow-up after ED visit)
 - Outcome (i.e. depression remission at 6 months)



Quality Measures

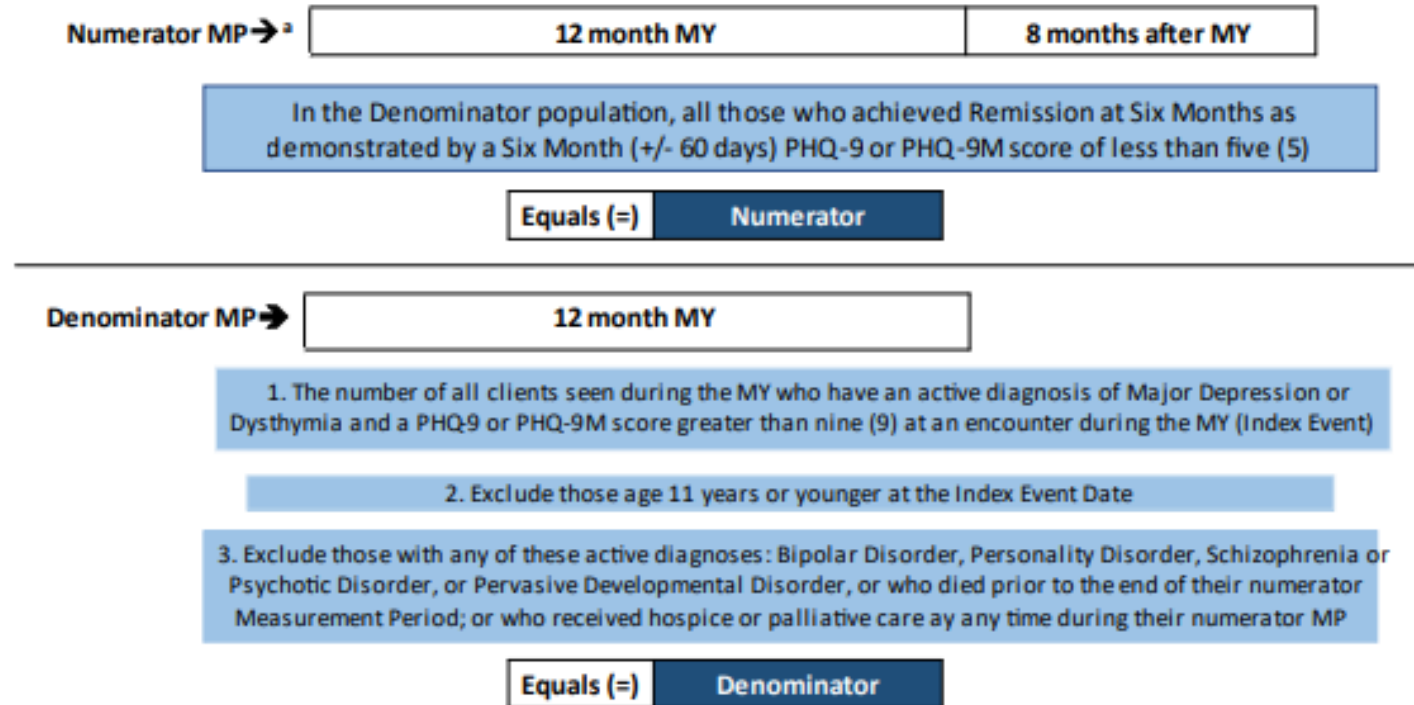


- Measure specifications include:
 - **Numerator:** number meeting standard
 - **Denominator:** total population being measured

- Example: Depression Remission at 6 months
 - **Numerator:** # patients with measured improvement by measure definition
 - **Denominator:** total # patients with MDD Diagnosis (exclusions include Bipolar disorder, personality disorder, schizophrenia, etc.)

Depression Remission at Six Months (DEP-REM-6)

Figure 2. Visual of DEP-REM-6 Specification



Key: MP: Measurement Period; MY: Measurement Year.

^a The Numerator MP is the total potential time for which data must be available to compute the numerator. The reporter does not have 20 months to meet remission for Clients. Rather, this MP is for the entire group of Clients in the denominator, with the individual's remission measured depending on when the Index Event occurred in the 12 month MY.



Q&A Poll

- 1. Are you currently collecting the MDD Remission Measure?
 - We are doing it
 - We are working on it
 - We know about it but not yet
 - This is the first time I'm hearing about this



CCBHC Performance Measures: SAMHSA Updated Criteria

- SAMHSA: March 2023 Certification Criteria
 - Includes Performance Measures for CCBHCs:
<https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf>
- Section 223 CCBHC Demonstration States
 - Demonstration Year being on or after July 1, 2024
- Quality Measure Templates and Specifications
 - **Manual:** <https://www.samhsa.gov/sites/default/files/ccbhc-quality-measures-technical-specifications-manual.pdf>
 - **Data Reporting Template:** <https://www.samhsa.gov/sites/default/files/ccbhc-data-demonstration-templates.xlsx>



CCBHC Quality Measure Requirements

State-Collected Measures

- **Required: 13**
- **Optional: 2**

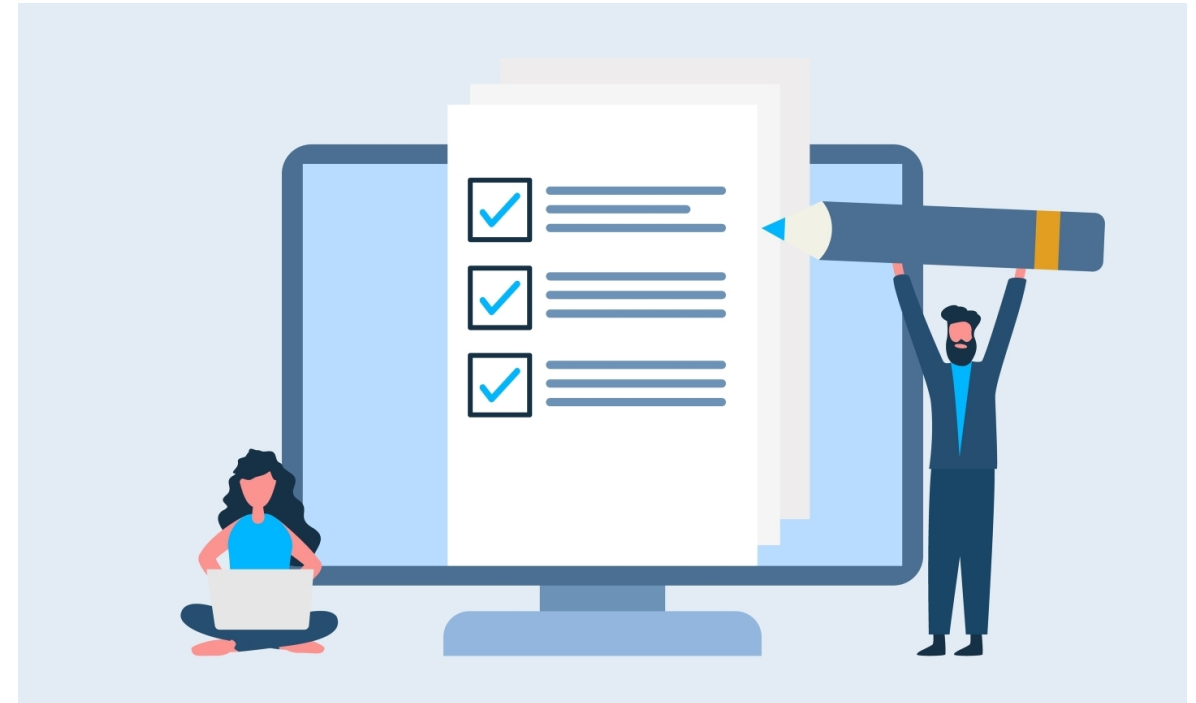
Clinic-Collected Measures

- **Required: 5**
- **Optional: 5**



State Collected Measures

- State-collected measures:
 - Based on administrative claims, encounter, and pharmacy data, surveys already being collected
 - Calculated by the state for each CCBHC
 - State sends both state-collected and clinic-collected results to SAMHSA, 12 months after Measurement Year



Descriptive Data: Caseload Characteristics

- Age
- Sex
- Gender Identity (optional)
- Ethnicity
- Race
- Insurance Status
- Veteran or Military Status
- Total Clinic Population



State-Collected Measures

Measure Name and Designated Abbreviation	Steward	CMS Medicaid Core Set (2023)	Notes
✓ Patient Experience of Care Survey	SAMHSA	n/a	n/a
✓ Youth/Family Experience of Care Survey	SAMHSA	n/a	n/a
✓ Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)	CMS	Adult	n/a
✓ Follow-Up After Hospitalization for Mental Illness, ages 18+ (adult) (FUH-AD)	NCQA	Adult	n/a
✓ Follow-Up After Hospitalization for Mental Illness, ages 6 to 17 (child/adolescent) (FUH-CH)	NCQA	Child	n/a
✓ Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD)	NCQA	Adult	n/a

Color Key: ✓ = Required measures



Measure Name and Designated Abbreviation	Steward	CMS Medicaid Core Set (2023)	Notes
✓ Follow-Up After Emergency Department Visit for Mental Illness (FUM-CH and FUM-AD)	NCQA	Adult & Child	Child was added to the Medicaid Child Core Measure Set
✓ Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-CH and FUA-AD)	NCQA	Adult & Child	Child was added to the Medicaid Child Core Measure Set
✓ Plan All-Cause Readmissions Rate (PCR-AD)	NCQA	Adult	n/a
✓ Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication (ADD-CH)	NCQA	Child	n/a
✓ Antidepressant Medication Management (AMM-BH)	NCQA	Adult	n/a
✓ Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)	CMS	Adult	n/a
✓ Hemoglobin A1c Control for Patients with Diabetes (HBD-AD)	NCQA	Adult	n/a
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	NCQA	Child	n/a
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)	NCQA	Child	n/a

Clinic-Collected Measures

Measure Name and Designated Abbreviation	Steward	CMS Medicaid Core Set (2023) ¹	Notes
✓ Time to Services (I-SERV)	SAMHSA	n/a	Will include sub-measures of average time to: Initial Evaluation, Initial Clinical Services, Crisis Services
✓ Depression Remission at Six Months (DEP-REM-6)	MN Community Measurement	n/a	Changed from the Twelve-Month version of the measure
✓ Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)	NCQA	n/a	n/a
✓ Screening for Clinical Depression and Follow-Up Plan (CDF-CH and CDF-AD)	CMS	Adult and Child	Child was added to the Medicaid Child Core Measure Set
✓ Screening for Social Drivers of Health (SDOH)	CMS	n/a	Using the 2023 Merit-Based Incentive Payment System (MIPS) version
Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention (TSC)	NCQA	n/a	n/a
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA) (SRA-A)	Mathematica	n/a	n/a

Color Key: ✓ = Required measures



Measure Name and Designated Abbreviation	Steward	CMS Medicaid Core Set (2023) ¹	Notes
Adult Major Depressive Disorder: Suicide Risk Assessment (SRA) (SRA-C)	Mathematica	n/a	n/a
Weight Assessment and Counseling for Nutrition and Physical Activity for children/Adolescents (WCC-CH)	NCQA	Child	Measure modified to coincide with change in Medicaid Child Core Measure Set
Controlling High Blood Pressure (CBP-AD)	NCQA	Adult	n/a

¹ The CMS Medicaid Core Set describes two separate core sets (the 2023 Child Core Set and the 2023 Adult Core Set). The table specifies if a measure is in only one or both of the core sets.

Q&A Poll

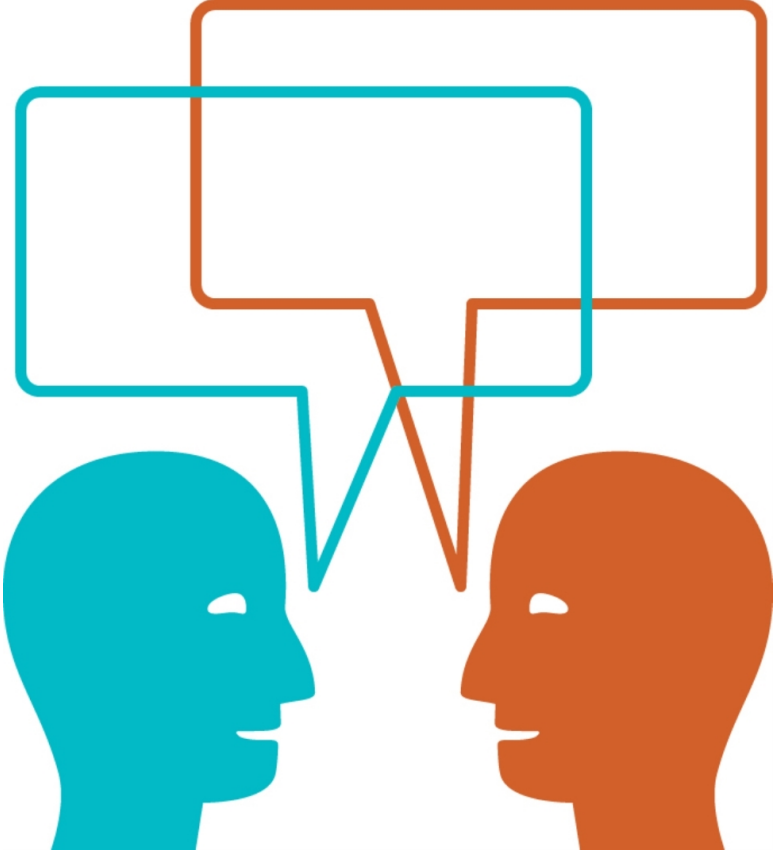


- 1. Which required five clinic-based measures are you currently collecting?
 - We are collecting these measures
 - We are not collecting these measures
 - I don't know

- 2. Which required state-based measures have your state been collecting? (That you're aware of?)
 - The state **is** requesting data for these measures
 - The state **is not** requesting data for these measures
 - I don't know

Discussion/Follow-up

- What are next steps or other information/topics that would be helpful?



Bonus: Medical Director Role in Performance Management and Quality Measurement



Learning Objectives

Part II: Discuss how the Medical Director can set the stage to create an environment that yields positive performance measure outcomes

- Governance/Oversight
- Levers of influence
 - CQI Plan
 - Change Management



Conceptual Framework

Organizational Size	Medical Director Role	Quality Team Supports	Medical <-> Quality Interface
\$1-10M	0.1-0.2 FTE, primarily clinical	Limited, Executive team members may be wearing multiple hats, including quality	Medical leader with limited capacity/resources and training to participate in quality efforts, tasked to support clinical decision-making
\$11-100M	0.3-0.5 FTE, combination administrative/clinical	Moderate, Some dedicated quality staff	Medical leader with more flexibility to get involved in CQI Planning, Committee Development, Measurement and QI Projects
\$101+M	0.6-1 FTE, primarily administrative	Most robust, Dedicated quality/IT teams	Medical lead with significant oversight responsibilities for quality/safety, reporting functions; may have quality teams reporting as downline management responsibilities



Q&A Poll

- 1. How much protected/dedicate time do you have for the medical director role?
 - <10% time
 - 10-20% time
 - 21-40% time
 - 41-60% time
 - 61-80% time
 - 81-100% time



Governance/Oversight & Levers of Influence

- CQI Plan
- Change Management



Questions & Comments

If you haven't done so already, please place any questions you have in that chat!

What other topics are you interested in for future sessions?



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Welcome to the National Council for Mental Wellbeing's *Certified Community Behavioral Health Clinic (CCBHC) Success Center*, a hub for data, implementation support and advocacy to support the Certified Community Behavioral Health Clinic initiative. Start here with our CCBHC 101 video and our testimonial video, then use the menu bar on the left to navigate through more information and resources.



Thank You!

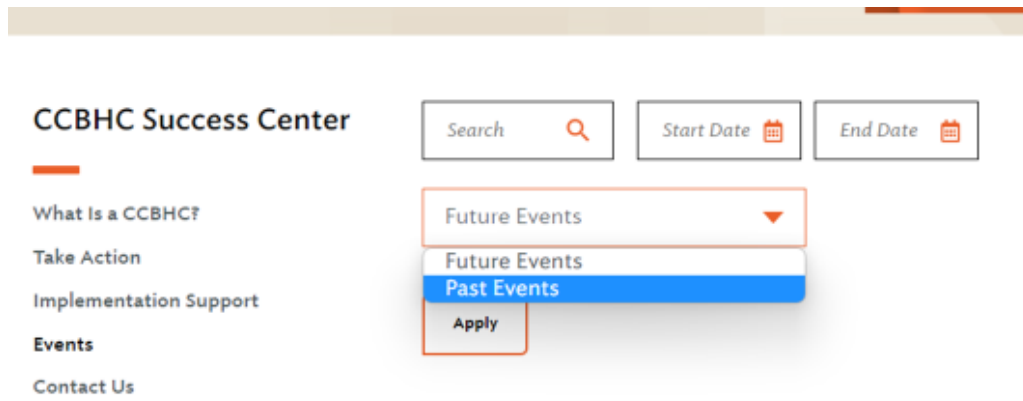
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EXHIBIT F-20



Children's Behavioral Health Strategic Plan

December 2024



Fiscal Years 2025–2029

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Disclaimer

This report was developed by the Texas Statewide Behavioral Health Coordinating Council's (SBHCC) Children's Behavioral Health Strategic Plan Subcommittee. The recommendations were not authored by and do not reflect the views and opinions of the Texas Health and Human Services system, its component agencies, or staff.

Acknowledgements

Children’s Behavioral Health Strategic Plan Subcommittee Membership

The Children’s Behavioral Health Strategic Plan represents voices from across Texas, including mental health, substance use, and criminal justice professionals, people with lived experience and their families, community leaders, and program and policy subject matter experts across other stakeholder systems. Every effort was made to ensure the strategic plan for Texas children is reflective of the goals and priorities of diverse stakeholders.

Thank you to the members of the Statewide Behavioral Health Coordinating Council’s (SBHCC) Children’s Behavioral Health Subcommittee. Your enthusiasm, expertise, and commitment to ensure children and caregivers have access to timely, affordable, quality, and effective behavioral health services is inspirational. SBHCC members are noted with an asterisk.

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Texas Health and Human Services Commission

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- The Hogg Foundation for Mental Health, Shannon Hoffman, and Alison Mohr Boleware
- Texas A&M University School of Public Health and College of Medicine, Dr. Marcia Ory, and Dr. Israel Liberzon

The Statewide Behavioral Health Coordinating Council is grateful for the time and contributions provided to the development of the strategic plan by members of the public, staff at member agencies, and the organizations listed above.

Mission, Vision, and Guiding Principles

The 88th Texas Legislature directed the Statewide Behavioral Health Coordinating Council (SBHCC) to establish a subcommittee to develop a strategic plan focused on the mental health and substance use [hereafter referred to as behavioral health]¹ needs of children and offer a blueprint for understanding and meeting these needs over time.

Per the 2024-25 General Appropriations Act, House Bill (H.B.) 1, 88th Legislature, Regular Session, 2023 (Article IX, Health-Related Provisions, Sec. 10.04(g)) the plan must incorporate the full continuum of care needed to support children and families and include:

- (1) descriptions of who provides what services to which children;
- (2) strategies to identify and address gaps in care;
- (3) discussion of workforce shortages;
- (4) information on funding and reimbursement; and
- (5) children-specific data and expenditure information.

The subcommittee met July 2023 through July 2024 to complete and submit the plan to the Legislative Budget Board and the Governor's Office by December 1, 2024.

VISION:

All Texas children have access to a comprehensive and equitable continuum of behavioral health care that is available, accessible, affordable, and improves their quality of life.

MISSION:

To strengthen the collaboration of state and local efforts to weave behavioral health supports and services into seamless systems of care for children and their caregivers.

¹ Per the American Medical Association, behavioral health generally refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. Behavioral health care refers to the prevention, diagnosis and treatment of those conditions.

GUIDING PRINCIPLES:

1. Children and their caregivers have access to a range of developmentally appropriate services, provided in the least restrictive environment, that are culturally and linguistically responsive and address their emotional, behavioral, social, educational, and physical needs.
2. Children and their caregivers have access to services that are integrated at the system and practice levels, cross administrative and sustainable funding boundaries, and promote continuity of care with agreements between child-serving agencies and programs.
3. Children and their caregivers receive individualized treatment that is developed in partnership with them and recognizes their unique needs and strengths.
4. Prevent or lessen the impact of behavioral health conditions in children by investing in upstream initiatives that target the promotion, prevention, early identification, and intervention of behavioral health conditions.
5. Improve outcomes for children and their caregivers by investing in evidence-based, promising, and practice-based services and supports that are cost and clinically effective.
6. Develop and track outcomes at the system, practice, and child and family levels to assess the effectiveness of behavioral health services and incorporate continuous accountability and quality improvement processes to enhance service provision.

Executive Summary

According to the United States (U.S.) Census Bureau, one of every 10 people under the age of 18 in the U.S. lives in Texas.² In 2022, the Substance Abuse and Mental Health Services Administration (SAMHSA) estimated that of the 3.8 million children in Texas between the ages of 9 and 17, up to 500,000 had a serious emotional disturbance (SED)³ causing moderate symptoms and/or functional impairment.⁴ The 2021-2022 National Survey on Drug Use and Health (NSDUH) indicated that up to 7.8 percent of Texas children ages 12-17 had a substance use disorder in the past year (i.e., 2021 onward).⁵

Supporting children’s recovery from mental and substance use conditions is possible and can be achieved through effective implementation of local and state-level Systems of Care.⁶

A system of care is a multi-sector partnership intended to provide a mechanism for planning, financing, evaluating, and ensuring the availability of and children’s access to behavioral health services and supports. It is inclusive of behavioral health promotion, prevention, early identification and intervention, treatment, and recovery designed to meet the unique needs of children and their caregivers. The goal of systems of care is to help children thrive at home, school, communities, and adulthood.

Meeting the behavioral health needs of children in Texas requires:

- Strengthening public-private partnerships at the state and local level;
- Strengthening insurance parity laws and enforcement;
- Strengthening the array of behavioral health services in the commercial insurance market to keep pace with the public sector;
- Braiding funding to support the total cost of care;

² [Young Texans: Demographic Overview](#).

³ Section 531.251, Texas Government Code, defines “Serious emotional disturbance” as a mental, behavioral, or emotional disorder of sufficient duration to result in functional impairment that substantially interferes with or limits a person’s role or ability to function in family, school, or community activities.

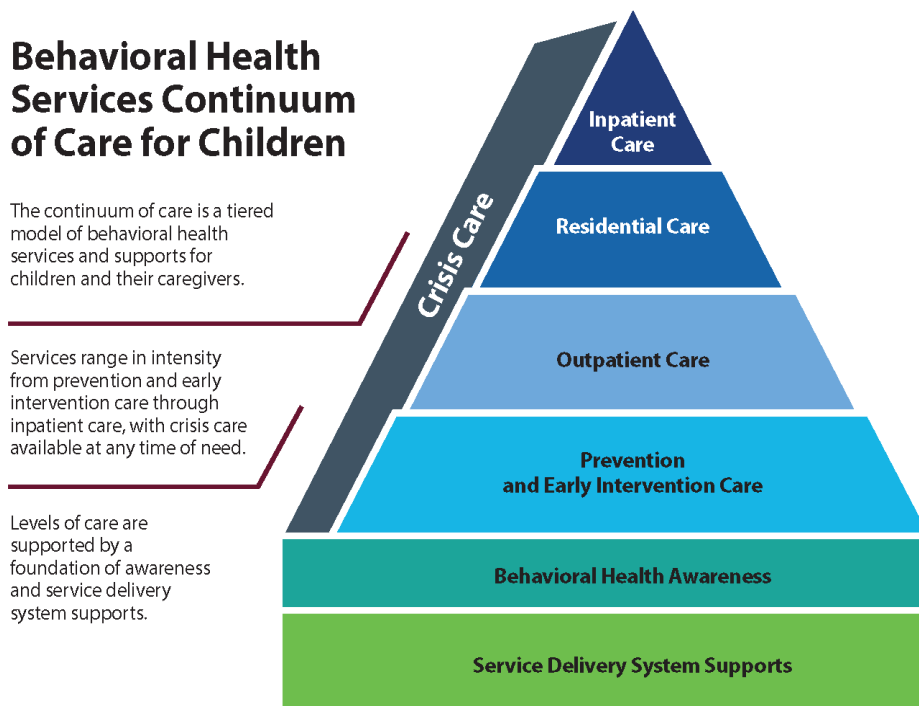
⁴ <https://www.samhsa.gov/data/sites/default/files/reports/rpt42790/adults-with-smi-and-children-with-sed-prevalence-estimates-in-2022.pdf>.

⁵ [NSDUH State Estimates](#).

⁶ [The-Evolution-of-the-SOC-Approach-FINAL-5-27-20211.pdf](#).

- Increasing reimbursement rates for behavioral health services in commercial and public insurance markets to maintain and expand the capacity of the provider system to meet current and future demand for services; and
- Strengthening the behavioral health workforce recruitment, retention, and expertise.

Of note, it will require a multi-biennia strategy to enhance the **Children’s Behavioral Health Care Continuum**. The Children’s Behavioral Health Care Continuum is a tiered model of services and supports for children that increase in intensity, cost, and length of treatment based on the severity, complexity, and acuity of their needs. The tiers are fluid, meaning, children may move up or down these tiers at various stages of living with their condition.



The subcommittee developed recommendations that reflect solutions to the following gaps identified:










- Behavioral health parity;
- Rates of reimbursement for behavioral health services;
- Behavioral health workforce;
- Behavioral health data and health care information technology; and
- Crisis, outpatient, residential and inpatient care.
















The table on the following page includes a summary of recommendations that could enhance access to behavioral health services, the delivery of timely, affordable, quality, and effective behavioral health services, continuity of care, and health and recovery outcomes for children and their caregivers. The recommendations are listed by category:












- **The System of Care Philosophy:** Framework for Children’s Behavioral Health Governance, Funding, and Coordination of Care
- **Service Delivery System Supports:** Supports that shore up the availability, accessibility, affordability, efficacy, and outcomes of behavioral health services.
- **Behavioral Health Awareness:** Strategies that increase public knowledge about behavioral health to promote widespread understanding, reduce stigma, and foster positive help-seeking attitudes.
- **Behavioral Health Prevention and Early Intervention Care:** Care delivered to children in a community-based setting to facilitate early identification and initial connection to services that may reduce the incidence, prevalence, and severity of behavioral health conditions.
- **Behavioral Health Outpatient Care:** Care delivered to children in office or community-based settings that varies in frequency of contact and types of services based on the acuity of behavioral health conditions.
- **Behavioral Health Residential Care:** Care delivered to children in a non-hospital, residential setting that requires increased frequency of contact and services that respond to the acuity of behavioral health conditions.
- **Behavioral Health Inpatient Care:** Care delivered to children in a hospital-based setting that reduces imminent risk of harm to self or others, prevents deterioration of mental or physical health, and prepares for transition to less restrictive settings and long-term intensive treatment.
- **Behavioral Health Crisis Care:** Care delivered to children in an outpatient or crisis facility environment, or in the community, that reduces imminent risk of harm to self or others or deterioration of the child’s mental or physical health.


















Recommendations Summary








LEGEND	 Existing Program or Service	 Legislative Action Required	 Additional Funding Needed
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The System of Care Philosophy	Implementation Action Required	Page Number
Amend Texas Government Code, Section 531.251 , to establish a state multi-sectoral children’s behavioral health advisory team to advance statewide implementation of the System of Care.		38
Establish a Texas Children’s Behavioral Health Training and Technical Assistance Center.	 	38
Service Delivery System Supports	Implementation Action Required	Page Number
Amend Texas Insurance Code, Section 1355.001 , to add a definition for Serious Emotional Disturbance.		42
Fund the Health and Human Services Commission (HHSC) to expand the number of Certified Family Partners and make Certified Family Partner services a Medicaid state plan benefit.	  	51
HHSC should expand the qualifications required to serve as a Qualified Mental Health Professional-Community Services.		51
Join the Counseling Compact and Social Work Compact, by amending Texas Occupations Code Chapters 503 and 505 , respectively.		52

<p>Amend Human Resources Code, Chapter 32, to authorize Licensed Marriage and Family Therapist Associates, Licensed Professional Counselor Associates, and Licensed Master Social Workers to provide and be reimbursed for counseling services under the Medicaid state plan.</p>	 	<p>55</p>
<p>Fund the Texas Child Mental Health Care Consortium to expand the Community Psychiatry Workforce Expansion Initiative to include other mental health professions.</p>	 	<p>56</p>
<p>Fund the Texas Higher Education Coordinating Board to implement the Behavioral Health Innovation Grant Program under Texas Education Code, Section 61.9991, Subchapter RR.</p>	  	<p>56</p>
<p>Establish a data governance committee for children’s behavioral health.</p>		<p>59</p>
<p>Invest in modernizing data systems to strengthen data sharing, data collection, data storage, and data reporting to improve continuity of care for children served in the state system.</p>	 	<p>59</p>
<p>Strengthen data workforce capacity through human capital investment in data teams.</p>	 	<p>59</p>
<p>Behavioral Health Awareness</p>		<p>Page</p>
<p>Amend Chapter 1001 Texas Health and Safety Code, Subchapter H, to permit HHSC to contract with Regional Education Service Centers (ESCs) in addition to LMHAs, LBHAs to deliver Mental Health First Aid (MHFA) training and fund HHSC to expand MHFA training infrastructure.</p>	  	<p>60</p>

Behavioral Health Prevention and Early Intervention Care	Implementation Action Required	Page
Fund TEA to issue discretionary grants to school districts to replicate Project Advancing Wellness and Resiliency in Education (AWARE) Texas and deliver technical assistance with resources to increase student access to mental health services and supports aligned to statutory requirements for safe and supportive schools.	 \$	61
Establish a mental health allotment for schools separate from the school safety allotment.	 \$	62
Fund HHSC to expand the Children’s System Navigator program.	  \$	63
Fund HHSC to expand substance use youth prevention programs.	  \$	64
Behavioral Health Outpatient Care	Implementation Action Required	Page
Fund HHSC to include Coordinated Specialty Care for First Episode Psychosis, Family Functional Therapy, and Multisystemic Therapy as Medicaid state plan benefits.	 \$	65
Fund HHSC to include Intensive Outpatient services and Partial Hospitalization services as Medicaid state plan benefits.	 \$	68
Fund HHSC to increase rates for the Youth Empowerment Services Waiver Program and address administrative barriers to serving children with complex needs.	  \$	68
Modernize Utilization Management Guidelines for the Texas Resilience and Recovery Treatment model to permit new evidence-based practices and broader curriculum usage.	  \$	69

Amend Chapter 531, Government Code , and fund HHSC to implement the Healthy Transitions: Improving Life Trajectories for Youth Grant program.	 	70
Fund HHSC to expand Outpatient Biopsychosocial Services statewide.	  	70
Fund the Supreme Court of Texas Permanent Judicial Commission on Children, Youth and Families (Children's Commission) to expand implementation of state and local dual status initiatives.	 	71
Behavioral Health Residential Care	Implementation Action Required	Page
Fund HHSC to establish Psychiatric Residential Treatment Facilities as a Medicaid state plan Benefit.	 	72
Fund HHSC to expand the Residential Treatment Center Project to include increasing rates for services.	  	73
Fund HHSC to expand youth substance use treatment programs and the resources available to the youth treatment provider network.	  	74
Behavioral Health Inpatient Care	Implementation Action Required	Page
Fund HHSC to increase rates for inpatient providers serving children with co-occurring mental health and Intellectual and Developmental Disabilities (IDD) and those with co-occurring complex medical conditions.	 	77

Behavioral Health Crisis Care	Implementation Action Required	Page
Fund HHSC to Expand Youth Crisis Outreach Teams as a statewide service available 24/7.	  	78
Fund HHSC to expand crisis respite units serving children with behavioral health conditions and/or IDD conditions.	 	79
Fund HHSC to cover crisis services such as in-home and out-of-home crisis respite, extended observation, and crisis stabilization services as a Medicaid state plan benefit, to the extent allowable under federal requirements.	 	80

Introduction

Behavioral health is one component of a child’s overall well-being. Meeting children’s behavioral health needs requires a multi-faceted approach, including supporting caregivers and families, ensuring safe and supportive schools, and increasing access to child-serving programs.⁷ A child’s development is influenced by caregiver capacity to foster a healthy environment, family interactions, child daycare and school environments, friendships, neighborhoods, and more.⁸ Childhood development is also impacted by broader circles of community influence that shape a child’s experiences and view of the world around them. These factors include economic circumstances, mass media, and available health care systems.

Adverse Childhood Experiences

Childhood experiences shape the physical, mental, and emotional development that later influences the ability to enjoy secure relationships and physical and emotional well-being in adulthood. Adverse Childhood Experiences (ACEs), as described by Finkelhor (2020), are “a cluster of childhood experiences thought to be particularly damaging to healthy development” and have been shown to have long-term negative effects on health including behavioral health.⁹ ACEs, when they occur before age 18, include the following: abuse, neglect, parental divorce, and other types of adversity, such as bullying, poverty, community violence, and natural disasters.¹⁰

In 2022, an estimated 19 percent of children in Texas experienced two or more ACEs by age 18.¹¹

Figure 1 reflects the long-term impact of ACEs if the traumatic experiences are unacknowledged or left untreated.¹²

⁷ [American Psychological Association, Children’s mental health.](#)

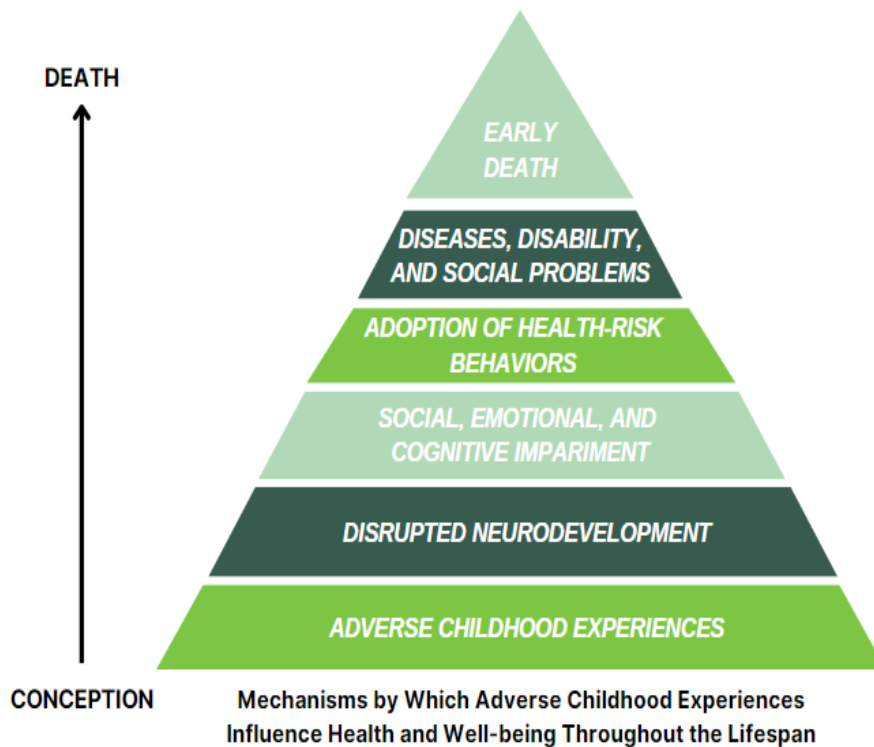
⁸ [Ecology of the family as a context for human development: Research perspectives.](#)

⁹ [Trends in Adverse Childhood Experiences \(ACEs\) in the United States.](#)

¹⁰ [HHSC Texas Health Steps: Addressing ACEs During Texas Health Steps Checkups.](#)

¹¹ [Adverse Childhood Experiences \(ACEs\).](#)

¹² [Adverse childhood experiences.](#)

Figure 1. Long-Term Impact of ACEs

Experiencing a higher number of ACEs is associated with both social-emotional deficits and developmental delay in early childhood. Positive parenting practices, however, demonstrate robust protective effects independent of the number of ACEs. This supports promotion of positive parenting practices at home, especially for children exposed to high levels of adversity.¹³

A 10 percent reduction in ACEs could equate to \$56 billion in savings and other economic and health benefits, including a 15 percent reduction in the number of adults who are unemployed, a 44 percent reduction in adults with depression, and a 33 percent reduction in adults who smoke.¹⁴

ACEs can be preventable through caregiver, familial, and community-level interventions. Examples of these interventions include:

- Strengthening a family's financial stability through paid time off, flexible and consistent work schedules, and child tax credits;

¹³ [Positive Parenting in the Face of Early Adversity: Does it Really Matter?](#).

¹⁴ [We Can Prevent Childhood Adversity](#).

- Teaching healthy relationship skills, including appropriately managing conflict, developing emotional intelligence, and healthy dating practices; and
- Lessening immediate and long-term harms through interventions such as creating access to family-centered treatment for substance use conditions.¹⁵

ACEs do not have to determine a child's future. Prevention and early intervention strategies can reduce their prevalence and impact, increasing children's opportunities for healthy adulthood.

Collective Traumatic Experiences

Hirschberger (2018) defines collective trauma as "the psychological reactions to a traumatic event that affect an entire society; it does not merely reflect a historical fact, the recollection of a terrible event that happened to a group of people."¹⁶

Texas children have faced collective traumatic experiences including the examples outlined below.

COVID-19 Pandemic

The COVID-19 pandemic profoundly shifted children's social realities. The isolation period created through lockdowns and social distancing did more than separate youth from their peers; it fostered a sense of loneliness and disconnect in children of all ages.¹⁷ Children's emotional and psychological development happens through direct interactions with peers. School closures, suspension of extracurricular activities, and the shift to remote learning created a void for these social interactions. Isolation exacerbated children's feelings of loneliness, leading to a surge of behavioral health challenges. The inability to engage in face-to-face interactions and participate in shared experiences stunted the development of vital social skills, which intensified the sense of being alone.

The COVID-19 pandemic is an example of a collective traumatic experience with long-lasting impacts to communities, families, and children. Prior to the pandemic, the Centers for Disease Control and Prevention suggests that 1 in 5 American children, ages 3-17 had an emotional, developmental, mental, or behavioral health condition.¹⁸ A review of several studies conducted between early 2020 and 2021 revealed that globally, the prevalence of anxiety and depression in youth doubled

¹⁵ [We Can Prevent Childhood Adversity](#)

¹⁶ [Collective Trauma and the Social Construction of Meaning.](#)

¹⁷ [Loneliness and Well-Being in Children and Adolescents during the COVID-19 Pandemic: A Systematic Review.](#)

¹⁸ [Protecting youth mental health: The U.S. Surgeon General's Advisory.](#)

during the pandemic, with 25 percent of youth experiencing depressive symptoms and 20 percent experiencing anxiety.¹⁹

In Texas, more than 14,000 children lost a caregiver to COVID-19.²⁰ The loss of a caregiver can increase the likelihood of experiencing poverty, behavioral health conditions, abuse, neglect, exploitation, delayed development, reduced access to education, and institutionalization. Adverse experiences increase children's need for physical, behavioral, and health-related social services and supports.²¹

School Safety

The Texas School Safety Center reports that a safe school environment is "one free from bullying, violence, and substance use and one which promotes physical, mental, and behavioral health."²² A 2018 survey conducted on behalf of the American Psychological Association (APA), which included youth ages 15-17, found that 56 percent experienced stress associated with school safety.²³ Data from the 2022 Texas School Survey of Drug and Alcohol Use reflected that 36 percent of students surveyed reported alcohol use, an increase from the 2020 survey. The 2020-2022 survey also noted increased tobacco and prescription drug use, while reported marijuana use remained steady.²⁴

Incidences of mass violence, alcohol, and drug use, bullying, and other direct or secondary traumatic events may become a part of a child's collective memory and storytelling through their high degree of social media utilization. The APA reports U.S. teens spend an average of 4.8 hours a day on social media sites.²⁵ While there are benefits to the use of social media, such as forming online friendships and creative expression, there is also the opportunity for emotional harm. For example, 46 percent of adolescent girls ages 13-17 report that social media impacts their body image.²⁶ In a similar study, 75 percent of adolescents report that social media sites do a fair to poor job addressing cyberbullying.²⁷

ACEs and collective traumatic experiences influence children's behavioral health and illuminate that behavioral health services and supports should not solely be those offered to an individual child, but should be inclusive of caregivers, broader support

¹⁹ [Global Prevalence of Depressive and Anxiety Symptoms in Children and Adolescents During COVID-19.](#)

²⁰ [More than 14,000 Texas children have lost a caregiver due to COVID-19.](#)

²¹ [COVID-19-Associated Orphanhood and Caregiver Death in the United States.](#)

²² [A Parent's Guide to School Safety Toolkit.](#)

²³ [Stress in America Generation Z.](#)

²⁴ [Texas Health Data - Texas School Survey of Drugs & Alcohol Use.](#)

²⁵ [Teens are spending nearly 5 hours daily on social media. Here are the mental health outcomes.](#)

²⁶ [Social Media and Youth Mental Health.](#)

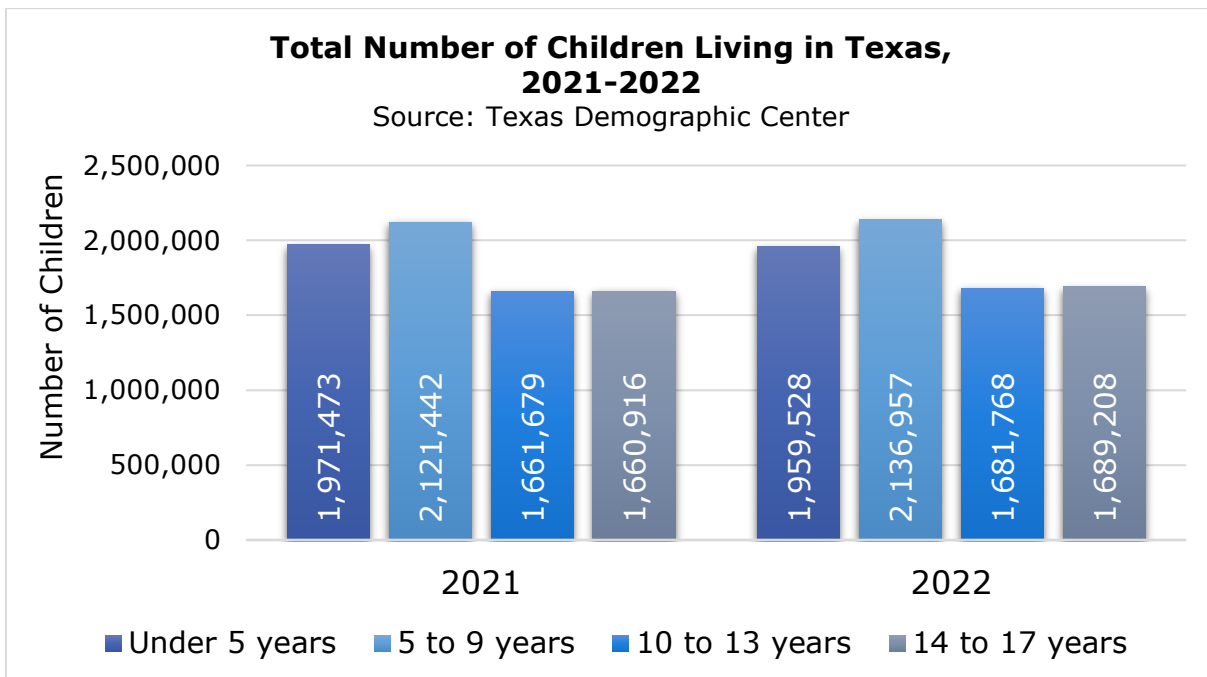
²⁷ [Social Media and Youth Mental Health.](#)

systems, and community-and system-level interventions. In Texas, these upstream programs include Healthy Outcomes through Prevention and Early Support (HOPES), home visiting programs, Fatherhood EFFECT (Educating Fathers for Empowering Children Tomorrow), Family and Youth Success, and Help Me Grow. The recommendations in this strategic plan do not include these types of upstream interventions, as these programs do not typically provide children's behavioral health services. However, the subcommittee acknowledges that access to these types of services may prevent or mitigate behavioral health conditions in children downstream.

Profile of Texas Children

According to the U.S. Census Bureau, one of every 10 people under the age of 18 lives in Texas. In 2022, 24 percent of the 30 million people in Texas were children under the age of 18.²⁸ That same year, Texans experienced 12.9 live births per 1,000 people, seven percent higher than national rates.²⁹ Figure 2 reflects the total number of children in Texas in 2021 and 2022.

Figure 2. Total Number of Children Living in Texas

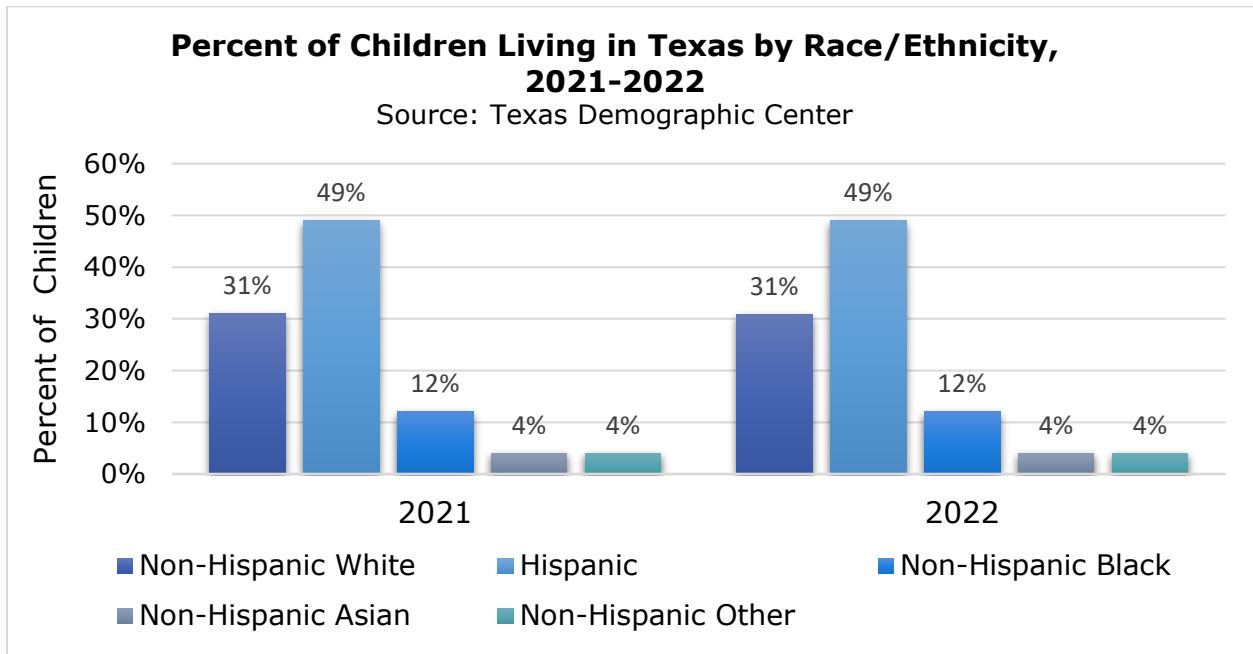


In 2022, of the seven million children in Texas, under 18, 51 percent were male and 49 percent were female. Figure 3 reflects the percentage of children in Texas under 18 by ethnic and racial category for 2021 and 2022.³⁰

²⁸ [Texas Demographic Center - 2022 Estimates.](#)

²⁹ Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Natality on CDC WONDER Online Database. Data are from the Natality Records 2016-2022, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/natality-expanded-current.html> on Jul 16, 2024, 10:30:57 AM.

³⁰ https://www.census.gov/data-tools/demo/saipe/#/?s_state=48&s_county=&s_district=&s_geography=us&s_measures=5_17_fam.

Figure 3. Percent of Children Living in Texas by Race/Ethnicity

The Texas Demographic Center (TDC) projects the Texas population will rise to about 47.3 million people by 2050. Across the state, TDC predicts a 43 percent rise in the under 18 population, or 3.2 million more children. That’s more than seven times the 5.8 percent growth expected for the nation’s child population. By 2050, 22.7 percent of Texas’ population, or 10.7 million, will be under 18.³¹

Socioeconomic Status and Insurance Coverage

Poverty, lack of access to quality education, homelessness, and limited resources contribute to stress and mental health challenges in children. Economic differences can contribute to difficulties accessing behavioral health services and other supports.

If Texas were a country, it would be the eighth largest economy in the world, with a market value of all finished goods and services totaling \$2.4 trillion.³² Despite the thriving economy, some Texas families experience significant financial challenges. In 2022, 19 percent of children under the age of 18 were in poverty³³ and over 20 percent of Texas households with children voiced little to no confidence in their

³¹ [Young Texans: Demographic Overview.](#)

³² [https://comptroller.texas.gov/economy/fiscal-notes/economics/2024/big-map/.](https://comptroller.texas.gov/economy/fiscal-notes/economics/2024/big-map/)

³³ [https://www.census.gov/data-tools/demo/saipe/#/?s_state=48&s_county=&s_district=&s_geography=us&s_measures=5_17_fam.](https://www.census.gov/data-tools/demo/saipe/#/?s_state=48&s_county=&s_district=&s_geography=us&s_measures=5_17_fam)

ability to pay the next rent or mortgage payment on time.³⁴ Table 2 reflects 2022 federal poverty thresholds.³⁵

Table 2. 2022 Federal Poverty Thresholds

A family is in poverty if:	1 Adult	1 Adult + 1 Child	2 Adults + 1 Child	2 Adults + 2 Children
The yearly income for the family is at or below federal poverty level	\$15,230	\$20,172	\$23,566	\$29,678
Equivalent to hourly wage at or below federal poverty level (If one adult works full-time)	\$7.32	\$9.70	\$11.33	\$14.27

In addition to housing, childcare is a major driver of family financial stress. In 2021, the U.S. Department of the Treasury reported the average family with at least one child under the age of 5 would need to devote roughly 13 percent of family income to cover the cost of childcare,³⁶ which many families cannot afford. The same report noted fewer than 20 percent of eligible families received federal Child Care and Development Funds.

A 2019 study published by the Texas Alliance for Health Care, reported if Texas did not proactively address the issue of uninsured Texans, by 2040, over 6.1 million people will be uninsured, equating to an economic loss of \$178.5 billion.³⁷ In 2022, 16.6 percent of Texans (4.9 million) had no health insurance. This is a decrease from 18 percent in 2021.³⁸ In 2022, most Texans with health insurance had employer-based coverage (51.4 percent), followed by Medicaid (16.9 percent), Medicare (14.2 percent), direct purchase (12.2 percent), TRICARE (3 percent), and Veterans Health Administration benefits (2.3 percent).³⁹

In 2022, 10.9 percent of Texas children under 19 lacked health insurance coverage. Figure 4 reflects coverage by insurance type or no health insurance in 2021 and 2022.⁴⁰

³⁴ [Households with children where there was little or no confidence in ability to pay their next rent or mortgage payment on time | KIDS COUNT Data Center \(aecf.org\).](#)

³⁵ [Poverty Thresholds.](#)

³⁶ [The-Economics-of-Childcare-Supply-09-14-final.](#)

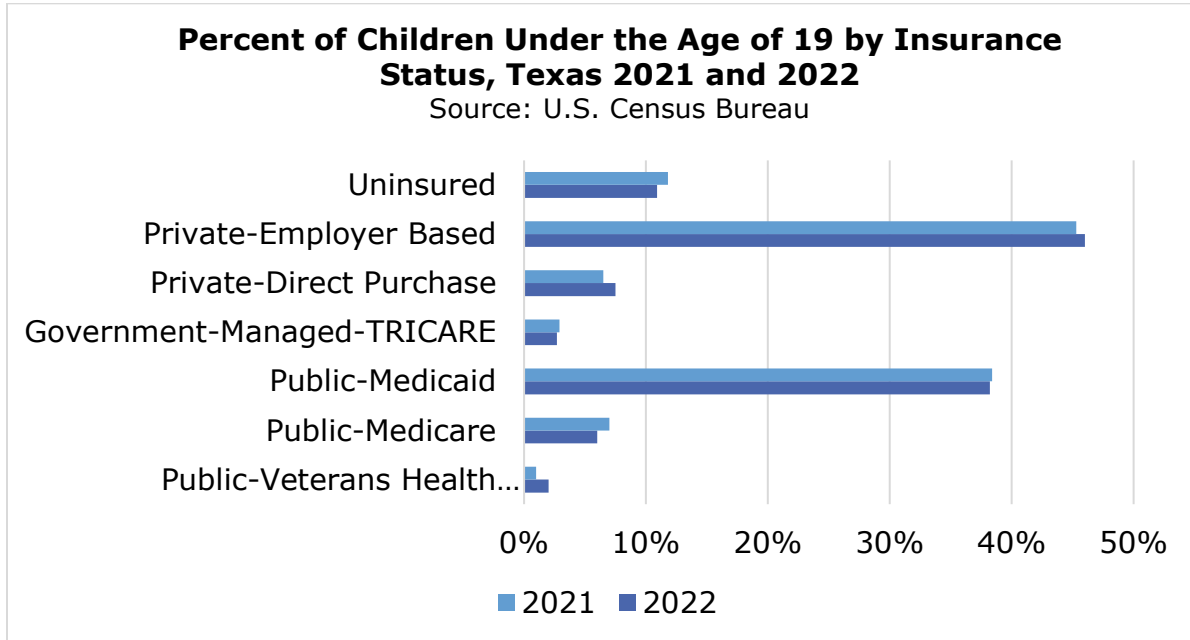
³⁷ [The Impact of Uninsurance on Texas Economy 20190108.pdf.](#)

³⁸ [Percentage of Population Without Health Insurance Coverage by State.](#)

³⁹ [Percentage and Type of Health Insurance Coverage by State.](#)

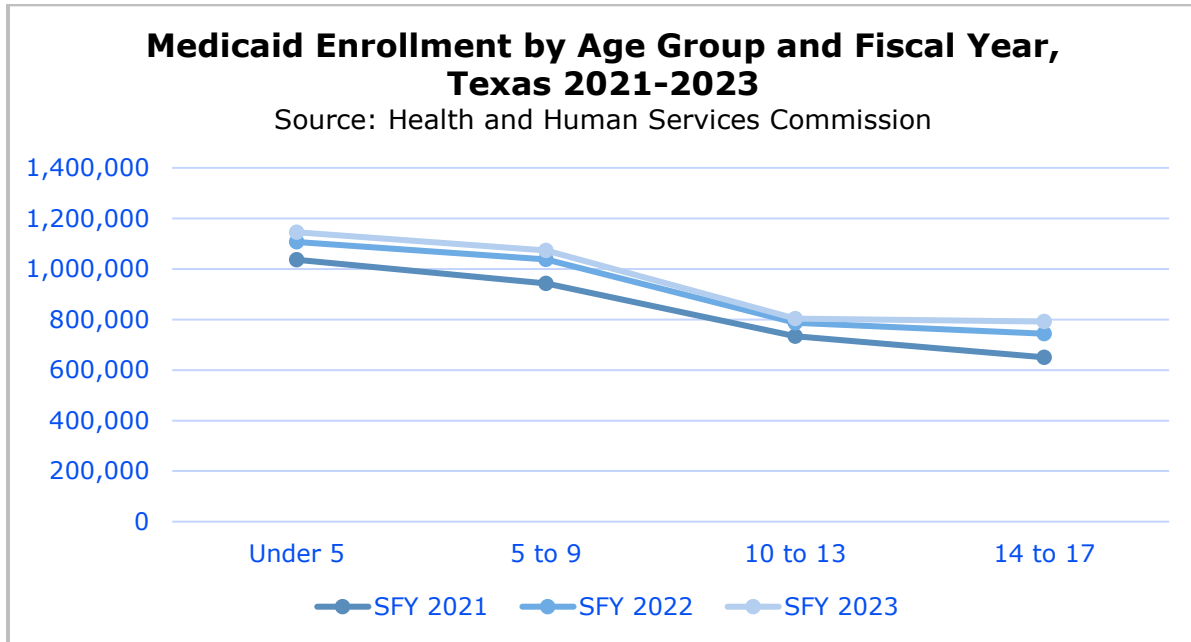
⁴⁰ U.S. Census Bureau, 2008 to 2022 American Community Surveys (ACS).

Figure 4. Percent of Children Under the Age of 19 by Insurance Status, Texas 2021 and 2022



In state fiscal year (SFY) 2023, 4.2 million children were enrolled in Children’s Medicaid⁴¹ and the Children's Health Insurance Program (CHIP). Figure 5 reflects children’s enrollment in Texas by age group for SFY 2021 through 2023.

⁴¹ Includes STAR Health, the Medicaid managed care program for children in state conservatorship.

Figure 5. Medicaid Enrollment by Age Group and Fiscal Year

In SFY 2021, 3,362,788 children were enrolled in Medicaid (i.e., 1,036,211 children under age five, 942,366 children ages 5-9, 733,973 children ages 10-13, and 650,238 children ages 14-17.) In SFY 2022, 3,674,370 children were enrolled in Medicaid (i.e., 1,106,656 children under age five, 1,037,132 children ages 5-9, 786,904 children ages 10-13, and 743,678 children ages 14-17.) In SFY 2023, 3,813,434 children were enrolled in Medicaid (i.e., 1,145,170 children under age five, 1,073,054 children ages 5-9, 803,412 children ages 10-13, and 791,798 children ages 14-17.)

The overall decrease in Medicaid enrollment may be attributed to children transitioning from Medicaid to CHIP. As children enrolled in Medicaid get older the Medicaid income limits decrease. However, older children and youth may qualify for CHIP which has a higher income limit of 201% of the Federal Poverty Level.

Public Education

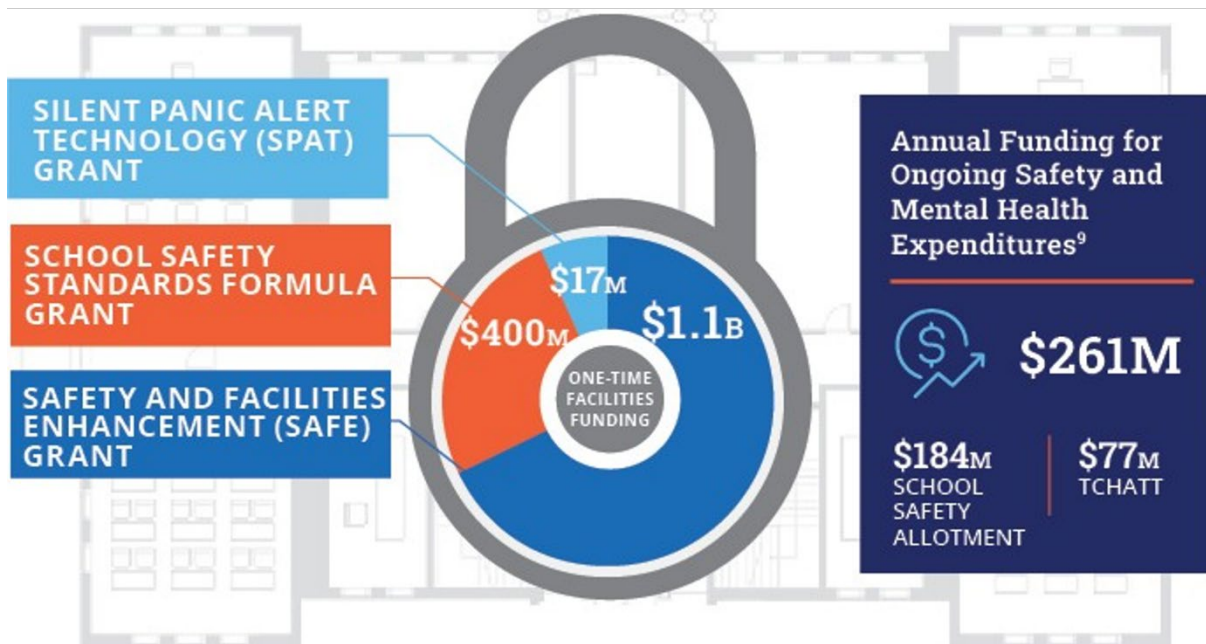
In the 2022-23 academic school year, there were 5.5 million students enrolled in Texas public schools. Within this population, 703,058 students received special education services, an increase of 10.6 percent from the 2021-2022 academic year, and a 16 percent increase from the 2020-2021 academic year.⁴²

⁴² [2023 TEA Pocked Edition](#).

In SFY 2022, total public education spending was \$80.64 billion, or \$14,928 per student.⁴³ This includes one-time allotted funding the Texas Education Agency (TEA) received for 2022-25 to secure Texas schools. Figure 6 reflects the breakdown of these funds and annual funding for ongoing safety and mental health expenditures.

Figure 6. Funding to Secure Texas Schools and Ongoing Safety and Mental Health Expenditures 2022-2025

2022-25 Funding to Secure Texas Schools and Ongoing Safety and Mental Health Expenditures



Behavioral Health

In 2022, SAMHSA, estimated that of the 3.8 million children in Texas between the ages of 9 and 17, up to 500,000 had an SED causing moderate symptoms and/or functional impairment.⁴⁴ The 2021-2022 NSDUH indicated that up to 7.8 percent of Texas children ages 12-17 had a substance use disorder in the past year.⁴⁵

⁴³ [2023 TEA Pocked Edition](#).

⁴⁴ <https://www.samhsa.gov/data/sites/default/files/reports/rpt42790/adults-with-smi-and-children-with-sed-prevalence-estimates-in-2022.pdf>

⁴⁵ [NSDUH State Estimates](#).

In response to the 2021 Texas Youth Risk Behavior Surveillance (YRBS) System survey,⁴⁶ 29.7 percent of children 15 and under and 32 percent of 16-17 year-olds reported their mental health was not good most of the time or always.⁴⁷ Additionally, 8.3 percent of children 15 and under and 16.3 percent of 16-17 year-olds reported binge drinking.⁴⁸ In the same survey, children reported use of marijuana, cocaine, ecstasy, heroin, inhalants, methamphetamines, and pain medication.⁴⁹

The rate of suicidal ideation, or seriously considering attempting suicide, is also an indicator of behavioral health concerns in children. Figure 7 outlines the percentage of Texas and U.S. high school students who seriously considered attempting suicide in the past 12 months. In 2021, 21.7 percent of high school students in Texas seriously considered suicide, up from 18.9 percent in 2019.⁵⁰

⁴⁶ The Texas Youth Risk Behavior Surveillance System survey, initiated in 1991, is a federally funded, classroom-based survey conducted every two years on odd years to monitor priority health risk behaviors that contribute substantially to the leading causes of death, disability, and social problems among youth and adults in the United States. 2021 data is the most current data available.

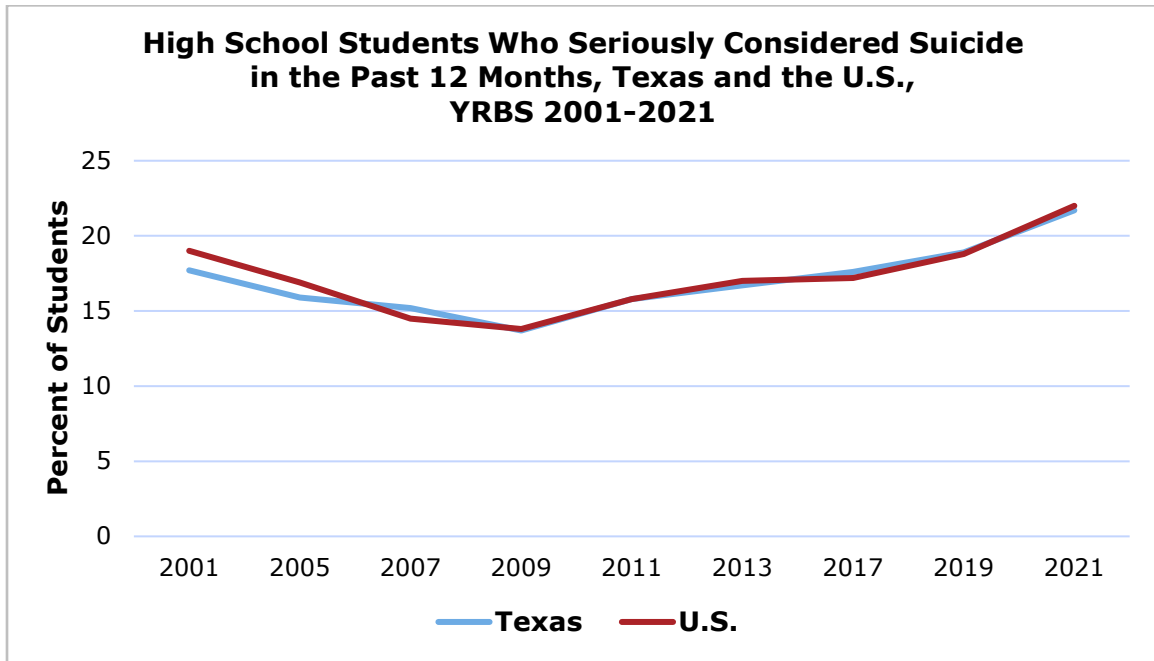
⁴⁷ [Texas Health Data - Youth Risk Behavior Survey](#).

⁴⁸ Binge drinking was defined as having four or more drinks of alcohol in a row for female students or five or more drinks in a row for male students within a couple of hours, on at least 1 day during the 30 days before the survey.

⁴⁹ The sample size for the 2021 Texas Youth Risk Behavior Surveillance System survey was small. Reported results should be used with caution, but nonetheless provide a degree of insight into the health risk behaviors of high school students.

⁵⁰ [Texas Health Data - Youth Risk Behavior Survey \(YRBS\)](#)

Figure 7. High School Students Who Seriously Considered Suicide Within the Referenced Year in Texas and the U.S.



Females are nearly twice as likely as males to seriously consider suicide. The rate at which they considered suicide increased from 23.2 percent to 28.2 percent between 2001 and 2019, while the rate for males increased from 12.5 percent to 15.3 percent. Between 2000 and 2022 youth suicide mortality rates increased 30.4 percent, with rates rising from 9.2 deaths per 100,000 population to 12.⁵¹

Waitlists for Behavioral Health Services

Currently, Texas lacks a centralized method for collecting data on wait times to access behavioral health services, regardless of funding source, provided by independent practitioners, behavioral health practitioners, or those affiliated with healthcare organizations, residential treatment centers, hospitals, or many other types of treatment locations. Pockets of this information are available based on waitlists maintained by state agencies for the facilities or services they administer, trade associations that may collect this information from the organizations they represent, and locally maintained data, but there is no data available to provide a comprehensive picture of wait times across the state.

⁵¹ Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER.

Children’s Community Mental Health Services Waitlist

HHSC is required to report on waiting lists for mental health services to the Legislative Budget Board and Governor.⁵² Quarterly waitlists are point-in-time calculations of the total number of people waiting for community mental health services provided by the Local Mental Health Authorities (LMHAs) and Local Behavioral Health Authorities (LBHAs). For SFY 2023, quarters 3 and 4, and SFY 2024, quarters 1 and 2, there was no waitlist for children’s community mental health services.⁵³

Though there was no waitlist for children’s community mental health services in quarters 1 and 2 of SFY 2024, 365 and 300 children, respectively, were underserved in that time. The term “underserved” is used to designate a person who received a lower level of care than recommended based on assessment scores. LMHAs and LBHAs report workforce shortages are a major factor in underserving children. These workforce shortages are exacerbated by competition for qualified staff employed with other child serving agencies, many of which can pay higher salaries than the public mental health system. Improved reimbursement rates could help address this concern.

Youth Substance Use Treatment Services Waitlist

HHSC-funded substance use services available to children 17 years of age or younger include: Outpatient, Intensive Residential, Supportive Residential, and Co-Occurring Psychiatric and Substance Use Disorder (COPSD) treatment. The severity of the substance use disorder (SUD) determines the treatment needed.

Licensed facilities provide treatment services for children with SUD helping them learn, build, and practice skills for their recovery. Treatment services include counseling, case management, education, and recovery skills training. Treatment options are:

- **Intensive residential treatment** for children with high severity needs, provides at least 35 hours per week at a licensed treatment center while allowing youth to attend school while in treatment;
- **Supportive residential treatment** for children with moderate severity needs, provides at least six hours per week;
- **Outpatient treatment services** for children with lower severity needs, are provided in a community clinic setting for children who do not need a highly structured environment and can live at home; and

⁵² 2024-25 General Appropriations Act, House Bill (H.B.) 1, 88th Legislature, Regular Session, 2023 (Article II, HHSC, Rider 45)

⁵³ [Reporting of Waiting Lists for Mental Health Services.](#)

- **COPSD** offers adjunct services provided to children where both mental health and substance use issues are addressed concurrently.⁵⁴

Substance use treatment waitlists are point-in-time calculations of the total number of children who waited for substance use services during the respective quarter of the reporting period. Table 3 summarizes the number of children on the waiting list for these services during SFY 2023, quarters 3 and 4, and SFY 2024, quarters 1 and 2, and the average number of days on the waitlist.

Table 3. Number of Children Waiting for Substance Use Treatment Services for SFY 2023, Q3-Q4, and SFY 2024, Q1-Q2

Treatment Service	Waitlist, SFY 2023, Q3-Q4	Waitlist, SFY 2024, Q1-Q2	Average Days on Waitlist
Supportive Residential or COPSD	0	0	0
Intensive Residential	7	11	4.5
Outpatient	58	26	20

HHSC is the payor of last resort for substance use treatment, and many children are recipients of Medicaid. Youth with Medicaid benefits must use those state-federal funded services before accessing state-only funded services.

In addition, due to funding challenges, some HHSC-funded substance use service providers have been unable to continue providing services for youth, limiting access to services. There are 42 youth substance use treatment providers across the state. Of those, only five providers offer residential treatment. Additionally, only two of those residential providers accept females in addition to males.

Inpatient Care Waitlist

⁵⁴ COPSD services aim to offer an integrated, comprehensive, and coordinated approach to assisting individuals in managing both mental health and substance use issues simultaneously. Components such as case management and referrals are utilized to ensure access to the appropriate level of care.

HHSC created the Inpatient Care Waitlist (ICW)⁵⁵ as a centralized electronic record of individuals waiting for inpatient psychiatric hospital services in Texas.⁵⁶ The ICW is exclusively a civil waitlist, including children and adults with non-forensic commitments who need this level of care. LMHA and LBHAs provide ICW data to HHSC. Like all waitlists, the ICW data is a point-in-time calculation subject to daily fluctuations. For SFY 2023, quarter 3 through SFY 2024, quarter 4, 296 children were on the ICW for an average of 43 days.

Child Welfare

The Texas Department of Family and Protective Services (DFPS) is the agency responsible for protecting children and youth whose safety has been compromised by abuse and/or neglect. DFPS serves approximately 18,000⁵⁷ children on any given day. Many DFPS-involved children have experienced considerable trauma which can significantly impact their overall health and well-being. To support their healing and recovery, DFPS is responsible for assuring both primary and behavioral healthcare is accessible to children and youth in conservatorship.

The needs of DFPS-involved children and families are multifaceted, complex, and often reflect unidentified or unmet needs, such as:

- Unemployment, or employment with insufficient income;
- Unsafe and/or unaffordable housing;
- Food insecurity;
- Unidentified or unmet mental health and substance use conditions; and
- Lack of familial or community support.

DFPS works with communities to promote safe and healthy families with the overarching goal to protect children from abuse, neglect, and exploitation. DFPS works with community partners to promote healthy child development and increase protective factors through the preservation of family and kinship relationships as well as community connections and supporting the caregiver's capacity to meet the physical, behavioral, and educational needs of the child.⁵⁸

⁵⁵ This is not a waitlist for state hospital services exclusively, but it is for any child, adolescent, or adult with non-forensic commitments who requires an inpatient level of care but for whom no resource is available in the local service area.

⁵⁶ For more information, refer to Information Item F – ICW Helpful Information/FAQs, located at [Community Mental Health Contracts | Texas Health and Human Services](#).

⁵⁷ DFPS Data Card FY2023,

https://www.dfps.texas.gov/About_DFPS/Data_Book/documents/DFPS_Data_Card.pdf.

⁵⁸ <https://acfmain-stage.acf.hhs.gov/sites/default/files/documents/cb/fact-sheet%202020.pdf>.

Intake and Investigation and Child Protective Investigations

The role of DFPS Statewide Intake is to assess all reports of abuse, neglect, or exploitation and route them to the local office. In SFY 2023, Statewide Intake processed 814,091 contacts of which 310,539 were related to child protective reports of abuse and neglect. Intakes that met the legal definition of abuse and neglect ⁵⁹ were referred to Child Protective Investigations for investigation of the allegations of abuse or neglect. While the investigation is occurring, children and families receive services in their home, or the child(ren) may be removed due to an immediate safety issue and placed with other family members, fictive kin, or in foster care. In SFY 2023, there were 163,855 completed investigations. Of these, 13,959 were referred to Family Preservation Services and 5,060 resulted in removals from the home.

DFPS Referrals as a Means to Access Behavioral Health Services

There are some instances in which families are referred to DFPS solely for the purpose of receiving children's behavioral health services. This scenario includes self-referrals by families who make the decision to give up custody of their child with the assumption that DFPS has a means to access needed services beyond those the family has access to.

Conservatorship relinquishment decisions are often made due to the escalation of the child's behavioral health needs as she or he grows older resulting in situations that may become untenable for the family as they consider the health and safety of the child, their family, home, and community. When a child enters foster care due to conservatorship relinquishment, the case is categorized as Refusal to Accept Parental Responsibility (RAPR). There are some situations which result in joint managing conservatorship to obtain mental health services the child needs – often residential treatment. If joint managing conservatorship is granted, the family must exhaust services available to them first and must be willing to work toward a goal of reunification.

Between four to five percent of youth placed into DFPS conservatorship are there because of RAPR. These children have unique, high needs and limited family support. As of December 31, 2023, 80 percent of children removed due to RAPR have emotional or mental disorders. Reasons for RAPR can include a lack of available behavioral health or IDD services, lack of medical services or solely to obtain behavioral health services. One of the reasons for prioritizing the prevention of RAPR situations is that custody relinquishment is a significant trauma for a young person who may have already experienced trauma in his or her past and many

⁵⁹ ⁵⁹ [Family Code Chapter 261. Investigation Of Report Of Child Abuse Or Neglect \(Texas.Gov\)](#)

children in these situations, due to the impact of trauma on their behavioral health, may become Children Without Placement (CWOP). A CWOP event is when a child or youth is without placement for at least two consecutive, uninterrupted nights.⁶⁰

Table 4 reflects the number of children at various stages of DFPS services in SFY 2023.

Table 4. Number of Children at Various Stages of DFPS services in SFY 2023

Stage of DFPS Service	SFY 2023 Totals
Contacts processed by Statewide Intake	814,091
Children and families received Family-Based Safety Services / Family Preservation Services	13,959
Children in Kinship Care Placement	6,088
Children in state conservatorship	18,812
Adoptions consummated	4,181

Juvenile Justice⁶¹

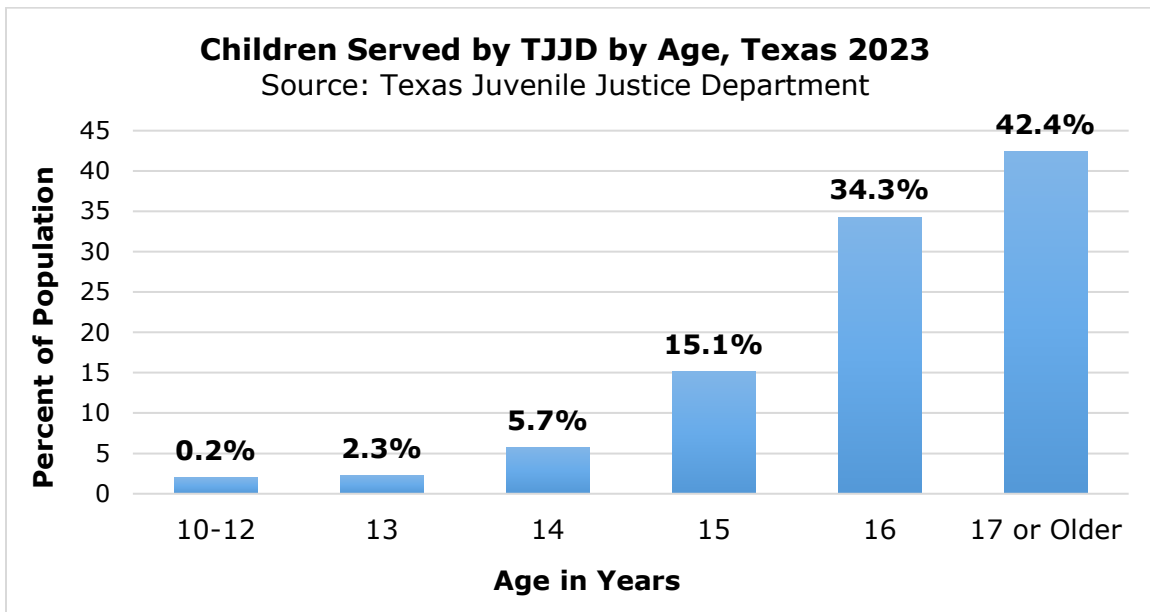
Since 2005, the state's juvenile secure facility population has decreased by 85 percent. However, there has been a six percent increase from the SFY 2021 average to SFY 2023, and the population continues to grow. Almost 99 percent of children in the Texas juvenile justice system are served at the county level, with only one percent referred for state-level services. County probation departments serve children adjudicated on misdemeanor and felony offenses, while the Texas Juvenile Justice Department (TJJD) just serves those adjudicated on felony offenses. The 164 juvenile justice probation departments are governed by Juvenile Boards with county contributions totaling 73 percent of funds and TJJD contributing the other 27 percent. TJJD is governed by a board appointed by the Governor and provides secure correctional facilities, halfway houses, contracted care, and parole services, as well as setting policy for state services and county level regulations.

⁶⁰ <https://www.hhs.texas.gov/sites/default/files/documents/may-2024-hhsc-exec-council-agenda-item-1g.pdf>.

⁶¹Information in this section derived from a formal presentation developed by TJJD and delivered to the Children's Mental Health Strategic Plan Subcommittee titled *TJJD State Secure Facilities: Programming Overview*.

Figure 8 reflects the ages of children served by TJJD in 2023.

Figure 8. Ages of Children Served by TJJD in 2023



In SFY 2023, 14.3 percent of children admitted to TJJD custody had an ACEs score⁶² of 0 to 1, 27.7 percent had an ACEs score of 2 to 3, 27.7 percent had a score of 4 to 5, 17.7 percent had a score of 6 to 7, and 12.7 percent had a score of 8 to 10. The top five ACEs experienced were: separated or divorced parents (85.2 percent), an incarcerated household member (68 percent), household substance use (54.6 percent), history of family violence (42.3 percent), and history of emotional abuse (35.2 percent).

In 2023, 90 and 91 percent of children admitted to TJJD had identified mental health or substance use needs, respectively, with conditions including depression, anxiety, bipolar disorder, disruptive mood dysregulation disorder, and early onset psychosis. TJJD provides a variety of behavioral health programming, including the Mental Health Treatment Program, Crisis Stabilization Unit, Behavior Stabilization Unit, and substance use services. TJJD's licensed mental health professionals are trained in the following treatment modalities, including:

- Eye Movement Desensitization Reprocessing (EMDR);
- Trauma-Focused Cognitive Behavioral Therapy;
- Neurosequential Model of Therapeutics;

⁶² The "ACE Score" is the number of ACEs a person experienced. The ACE Score serves as a proxy for the level of adversity and has a "dose" relationship to adult health issues: The higher the ACE score, the more likely a person is to experience serious health challenges.

- Dialectical Behavior Therapy (DBT); and
- Attachment Based Family Therapy.

The Behavioral Health Continuum of Care for Children

Systems of Care: A Framework for Children's Behavioral Health Governance, Funding, and Coordination of Care

The core of the System of Care (SOC) approach is multi-sector collaboration at local and state levels, including, providers of behavioral health, early childhood, child welfare, education, juvenile justice, and recreational and vocational services to ensure individualized treatment for children and families is informed by their unique needs and strengths.

Outcomes of the SOC approach include decreases in behavioral and emotional symptoms, suicide rates, substance use, and juvenile justice involvement. Additional benefits include increased school attendance, improved grades, and more stable living situations. Families have reported reduced caregiver strain, improved family functioning and problem-solving skills, and increased capacity to handle their child's challenging behaviors.⁶³

The SOC is a nationally recognized framework for the provision of children's behavioral healthcare. In Texas, the SOC is codified in [Chapter 531, Texas Government Code, Section 531.251](#), and requires HHSC to partner with state agencies to implement at state and local levels. Implementation is targeted toward youth who have or are at risk of developing an SED, are receiving residential or inpatient mental health services, or are at risk of being removed from their home and placed in a more restrictive treatment setting. The state-level SOC, led by HHSC, is directed to identify local, state, and federal funding required to finance the infrastructure and provider system needed to support state and local SOC efforts.

Currently, no general revenue is allocated to HHSC to support state or local SOC infrastructure (e.g., personnel, behavioral health services and supports, and program evaluation). Since 1997, SAMHSA has awarded HHSC funding to implement the SOC in several communities. However, funding amounts, limitations on acceptable expenditures, and the focus of grants, have hindered local

⁶³ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (2015). The Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances, Report to Congress, 2015.

sustainability, effectiveness, and outcomes, ultimately limiting coordination of care and reducing access to care for children and families.

To strengthen state and local level implementation of the SOC approach, the subcommittee has the following recommendations.

Recommendations

Recommendation

[Amend Texas Government Code, Section 531.251](#), to establish state level multi-sectoral children’s behavioral health advisory team to advance statewide implementation of the SOC.

A state-level children’s behavioral health advisory team composed of multi-sectoral representatives (including local agency, family, and youth perspectives) is intended to provide a mechanism for planning, financing, evaluating, and ensuring the availability of, and access to, behavioral health services and supports.

The advisory team, at a minimum, will be responsible for the following:

- Identifying and eliminating state policy barriers to coordination between child-serving entities;
- Determining ways in which agencies’ funding streams and requirements can be streamlined and better coordinated;
- Supporting communities to operate and sustain local SOC and Community Resource Coordination Groups that operate under the SOC framework;
- Assisting communities with developing and implementing children’s behavioral health service plans that align with and further implementation of the Children’s Behavioral Health Strategic Plan;
- Partnering with local teams to identify and address state and/or local policy or administrative issues that interfere with the local implementation of the children’s behavioral health service plan; and
- Providing biennial reports to the Legislature on implementation of the Children’s Behavioral Health Strategic Plan.

Recommendation

Establish a Texas Children’s Behavioral Health Training and Technical Assistance Center.

The Texas Children’s Behavioral Health Training and Technical Assistance Center would serve as a centralized clearinghouse for disseminating children’s behavioral health information through training and technical assistance for Texas-based individuals and organizations who care for and/or provide services and supports to children with behavioral health and co-occurring conditions.

The state Multi-Sectoral Children’s Behavioral Health Advisory Team would collaborate to design and oversee the Center implementation, modeling it after the Texas School Safety Center, [designated in Chapter 37, Subchapter G, of the Texas Education Code](#) and the [Governor’s Homeland Security Strategic Plan](#).

Gaps in Services and Infrastructure

In order to better understand Texas’ behavioral health care ecosystem, the subcommittee conducted a review of state and national literature, consulted with select organizations with expertise in health systems (both nationally and Texas-specific), disseminated surveys, interviewed youth and families with lived experience, and leveraged its own collective expertise.

Thematically, the following emerged as the most significant areas of need to enhance access to behavioral health services: the delivery of timely, affordable, quality, and effective behavioral health services; continuity of care in behavioral health services; and health and recovery outcomes for children and their caregivers.

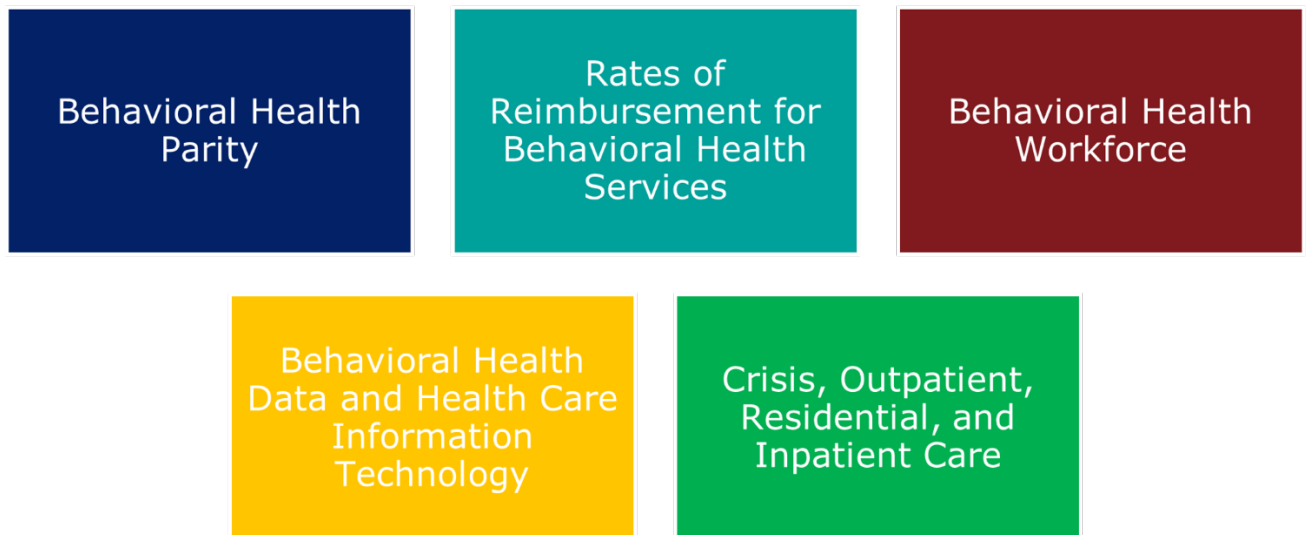
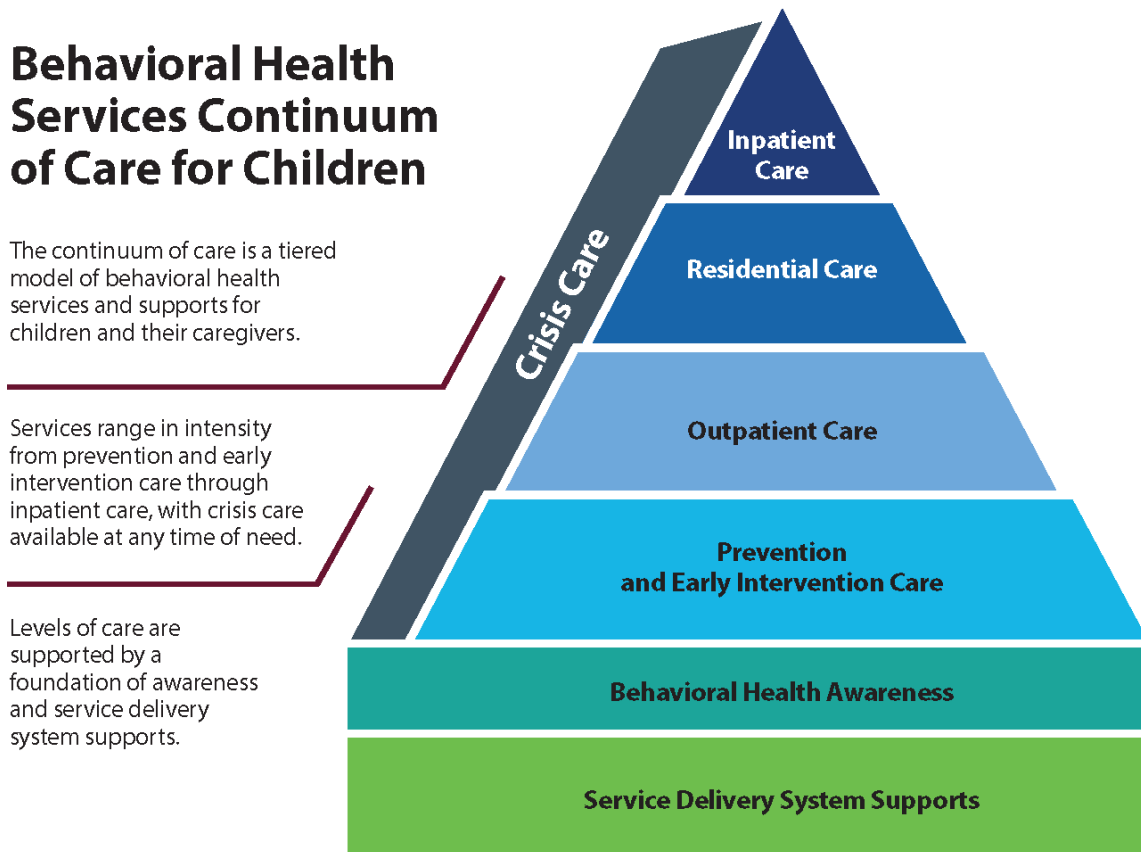


Figure 1. The Children’s Behavioral Health Care Continuum



Foundationally, the Behavioral Health Services Continuum of Care for Children begins with **service delivery system supports** that shore up service availability, accessibility, affordability, and efficacy. Service delivery system supports include:

- Compliance with and strong enforcement of state and federal parity laws;
- Reimbursement rates that reflect the rising costs of providing care for populations experiencing increased severity, complexity, and acuity of symptoms;
- A behavioral health workforce with sufficient capacity and expertise; and
- High-quality data and modernized data systems that inform program design and implementation, ensure continuity of care for children served by multiple systems, and improve health outcomes.

In the absence of this infrastructure, children and their caregivers are at risk of experiencing some of the issues highlighted earlier (e.g., ACEs, extended wait times for behavioral health services, juvenile justice involvement, and suicide).

The next layer of the continuum is **behavioral health awareness**, which refers to strategies that increase public knowledge about behavioral health to promote widespread understanding, reduce stigma, and foster positive help-seeking attitudes.

The care section of the continuum consists of a tiered model of services and supports that increase in intensity, cost, and length of treatment based on severity, complexity, and acuity. These tiers are fluid, meaning, that children and their caregivers may move down and up these tiers at various stages of managing their behavioral health condition.

The continuum begins with **prevention and early intervention**, delivered in a community-based setting to facilitate early identification and initial connection to services that may reduce the incidence, prevalence, and severity of behavioral health conditions. Most children who require some level of behavioral health intervention will not require care beyond this tier.

Outpatient care is delivered in office- or community-based settings that varies in frequency of contact and types of services based on the acuity of behavioral health conditions.

Residential care is delivered in a non-hospital, residential setting that requires increased frequency of contact and services that respond to the acuity of behavioral health conditions.

Inpatient care is delivered to children in a hospital-based setting that reduces imminent risk of harm to self or others, deterioration of mental or physical health, and prepares for transition to less restrictive settings and long-term intensive treatment.

Crisis care is delivered in a community or facility-based setting that reduces imminent risk of harm to self, others, or further deterioration of mental or physical health. Crisis care may be provided at any tier of the Continuum.

Service Delivery System Supports

Behavioral Health Parity

Parity⁶⁴ laws require health plans covering behavioral health services to provide the same level of coverage as offered for medical and surgical benefits, with respect to:

⁶⁴ [Insurance coverage and parity for mental health and substance use disorder services.](#)

- Annual and lifetime limits on coverage;
- Financial requirements including deductibles, copayments, coinsurance, out-of-pocket expenses;
- Quantitative treatment limitations including limits on the frequency of treatment, number of visits, days of coverage, or other similar limits on the scope or duration of treatment; and
- Non-quantitative treatment limitations such as medical management standards, step therapy and fail-first requirements, formulary design, availability of coverage for services delivered by out-of-network providers and network tier design, standards for provider participation, payment methodologies, and other plan processes that limit or restrict coverage or access to treatment.

The behavioral health and well-being of children and their families requires investing in strategies to promote coverage and lower barriers to access, ensuring that insurance providers adhere to state and federal parity laws, and continuing to implement the strategies in the [Texas Mental Health Condition and Substance Use Disorder Parity Strategic Plan](#). The subcommittee recommends the following action to advance behavioral health parity for children.

Recommendations

Recommendation

Amend [Texas Insurance Code, Section 1355.001](#), to add a definition for *Serious Emotional Disturbance*.

[Chapter 1355, Texas Insurance Code, Section 1355.001](#), includes a definition for serious mental illness (SMI) that lists applicable psychiatric illnesses defined by the APA in the *Diagnostic and Statistical Manual*. Federally, the term SMI is specific to people who are 18 or older, while the term SED refers to similar mental health challenges when experienced by children up to age 18. Currently, the Texas Insurance Code does not include an SED definition.

H.B. 10, 85th Legislature, Regular Session, 2017, strengthened behavioral health parity laws, but did not add a definition for SED, limiting its effectiveness among children. Adding a definition for SED to the Insurance Code would provide the state a benchmark by which to measure compliance with federal parity standards as they relate to children. The definition for SED can be taken from [Chapter 531, Texas Government Code, Section 531.251](#), "Serious emotional disturbance means a mental, behavioral, or emotional disorder of sufficient duration to result in functional impairment that substantially interferes with or limits a person's role or ability to function in family, school, or community activities." Leveraging of such a strategy may positively impact a family's ability to afford care for their children with

high acuity behavioral health needs perhaps diverting them from higher tiers of care and systems such as DFPS and TJJD.

Rates of Reimbursement for Behavioral Health Services

Providers on the subcommittee agreed that children served today often have significantly different clinical profiles than those served even a decade ago, noting many children with unstable family structures, significant histories of trauma, including human trafficking and physical and sexual abuse, substance use, and multi-system involvement (e.g., with child welfare, juvenile justice, and health and human services agencies).

Meeting these children’s needs requires a high degree of service coordination involving multiple organizations. They often need an array of high-intensity services which current rates of reimbursement for services do not adequately support. Reimbursement rates should reflect the increasing severity, complexity, and acuity of the conditions being treated, and the rising costs of providing appropriate care. This is reflected in the workforce available and accessible to provide behavioral health services. For example, in 2023, the Texas Behavioral Health Executive Council (BHEC) surveyed psychologists, marriage and family therapists, professional counselors, and social workers licensed to practice in Texas. In response to the question “Do you or your employer accept or bill insurance (e.g., Blue Cross Blue Shield, United Healthcare) for services you provide?” 45 percent reported not accepting or billing insurance for services. When asked “Do you or your employer accept or bill Medicaid (e.g., CHIP, School Health and Related Services [SHARS]) for services you provide?” 65.5 percent responded no.

The *Texas Mental Health Condition and Substance Use Disorder Parity Strategic Plan* noted a significant disparity in reimbursement rates between mental health and medical providers. Mental health providers often received lower reimbursement rates compared to their medical counterparts for similar services. This financial imbalance has contributed to difficulties in attracting qualified professionals.

There is an abundance of literature that supports the data collected by the BHEC and the Texas Mental Health and Substance Use Disorder Parity Workgroup⁶⁵ and contextualizes the quantitative data on this matter. Often, examples of reasons cited for non-acceptance of insurance include low rates of reimbursement, workforce shortages, and the amount of time spent completing paperwork towards

⁶⁵ The authorizing statute for the Texas Mental Health and Substance Use Disorder Parity Workgroup expired September 1, 2021, and this workgroup is no longer operational.

billing for services rendered.^{66,67} The subcommittee developed several recommendations for increasing rates of reimbursement for programs or treatment environments effective in helping children with complex trauma histories and behavioral health conditions.

Behavioral Health Workforce

Significant workforce shortages mean Texas' behavioral health providers lack sufficient capacity to deliver care to everyone who needs it. The shortage is felt throughout the system, among licensed, certified, and non-credentialed professionals. As the demand for services continues to rise, the shortage of qualified, skilled professionals presents a formidable barrier in access to timely and appropriate care. In December 2020, the SBHCC's Behavioral Health Workforce subcommittee published [Strong Families, Supportive Communities: Moving Our Behavioral Health Workforce Forward](#) which includes short, mid, and long-term action items to solutioning behavioral health workforce shortages.

During the strategic planning process, members of the subcommittee hosted focus groups with youth, young adults, and caregivers with lived experience receiving behavioral health services. Participants described access to behavioral health services and supports being impacted by workforce shortages, workforce expertise, and rates of reimbursement for these services.

Navigation and Access to Behavioral Health Services

Caregivers trying to meet their children's needs often find it overwhelming to navigate different service delivery systems. Caregivers in focus groups voiced a desire to be able to talk to someone who can help them understand what services are available, eligibility requirements, and how to access care. Helping caregivers navigate complex systems requires empathy, clear communication, and an understanding of the available services and supports, but does not require a licensed workforce. Certified Family Partners (CFPs), Mental Health Peer Specialists (MHPs), Recovery Support Specialists (RSSs), and Community Health Workers (CHWs) or Promotoras, are among the professionals that could assist in this process. CFPs, MHPs, and RSSs are a group of professionals with lived experience having or supporting someone who has behavioral health conditions. These individuals have experience navigating and accessing behavioral health services. CHWs help people gain access to needed services and build individual, community, and system capacity through outreach, patient navigation and follow-up,

⁶⁶ [Frustrated You Can't Find A Therapist? They're Frustrated, Too : Shots - Health News:NPR.](#)

⁶⁷ [Acceptance of insurance by psychiatrists and the implications for access to mental health care.](#)

community health education and information, informal counseling, social support, advocacy, and participation in clinical research.⁶⁸

School-Based Behavioral Health Services

Focus group participants voiced a desire for more access to behavioral health services and supports provided in school settings. In 2019, the District Leadership Forum⁶⁹ reported that teachers lose an estimated average of 144 minutes per week managing student behavioral disruptions in the classroom, equating to 14.5 school days per year. In the 2023 Texas Teacher Poll: Listening to the Educator Experience, 94 percent of respondents felt they needed support in handling student discipline, and that having campus administrators address this need would create a positive work culture and environment.⁷⁰

50% of teachers reported not having adequate training and support from their campus to respond to a student mental health crisis.

State investments in training and response would equip more schools and staff to recognize mental and behavioral health challenges and make a connection to services and supports when a need is identified, as necessary. Having a range of services and supports in schools is a strategy to support staff and reach children before they are in crisis by providing low-intensity, non-clinical support. For students who may need more support, available resources provide an opportunity to collaborate with parents in connecting youth and their family to mental health care.

For example, in 2019, through S.B. 11, the Texas Legislature created the Texas Child Mental Health Care Consortium (Consortium), to improve access to children's behavioral health services through collaboration among all 12 academic health related institutions, state agencies, and non-profit organizations. The Consortium operates the Texas Child Health Access Through Telemedicine (TCHAT). This school-based telehealth initiative is designed to identify needs early and provide assessments and short-term intervention. As of October 2024, TCHAT is available in 6,611 campuses, representing 860 school districts. Based on these numbers, 4.1 million children could potentially be served through TCHAT.

Youth focus group participants also reported that mental health and behavioral health stigma is present in schools. Due to this, students are apprehensive to speak about their behavioral health needs and confide in adults who may be able to help

⁶⁸ [Community Health Worker or Promotor\(a\) Training Certification Program | Texas DSHS.](#)

⁶⁹ <https://pages.eab.com/rs/732-GKV-655/images/BreakingBadBehaviorStudy.pdf>.

⁷⁰ <https://charlesbuttdn.org/wp-content/uploads/2023/09/2023-teacher-poll.pdf>.

them. Youth Mental Health First Aid (MHFA) is an 8-hour training course for adults who regularly interact with children between the ages of 12-18. The training introduces participants to the signs and symptoms of behavioral health concerns and gives an overview of common treatments and community-based resources. There are no degree requirements or other academic prerequisites to become certified to teach MHFA or be trained in MHFA. In Texas, the Legislature has invested in making MHFA available to all levels of professionals working in school settings. Similarly, the Consortium uses federal COVID-19 relief funds to provide Youth Aware of Mental Health (YAM) training in participating schools. YAM is an evidence-based mental health awareness curriculum for students from 8th to 12th grade.

Youth focus group participants voiced a need for suicide prevention resources. Caregivers and all levels of professionals working in school settings can obtain evidence-based suicide prevention training. Some trainings are free while others have a cost. Like MHFA, there are no degree requirements, or other academic prerequisites to become certified to teach these courses, or to receive the training. For example, the Texas Suicide Prevention Collaborative (TxSPC) and its coalition partners, LMHAs and LBHAs, some universities, and other organizations provide Applied Suicide Intervention Skills Training (ASIST) and Ask About Suicide to Save a Life training. TxSPC also developed the Texas Advancing Suicide Safer Schools Roadmap, free for Texas schools, with online resources for suicide prevention, intervention, and postvention planning.⁷¹

HHSC and TEA collaborate to identify and publish a list of evidence-based practices for suicide prevention, and other mental health promotion topics, pursuant to [Chapter 38, Subchapter G, Texas Education Code](#). The list is reviewed and updated annually.⁷²

As with any other entity or system across the state, there are varying needs from community to community and there is not a one-size-fits all approach for districts to support the mental health and well-being of its students and staff; needs may differ from campus to campus. Funding TEA to issue discretionary grants to school districts aligned to statutory requirements for safe and supportive schools and establishing a school mental health allotment could provide flexibility in assisting their efforts.

Behavioral Health Services for Special Populations

Caregivers participating in the focus groups voiced a need for providers who understand how to serve children and families with complex and intergenerational trauma histories and children with co-occurring behavioral health conditions and

⁷¹ <https://txspc.learnworlds.com/course/texas-advancing-suicide-safer-schools-roadmap>.

⁷² <https://schoolmentalhealthtx.org/best-practices/>.

IDD Assisting children and families with these needs requires initial and ongoing training for all levels of staff providing care.

Although some licensed professionals have received this in the course of earning their degree, not all programs include it, and training differs in quality and quantity. In 2019, The Arc and the Family Support Research and Training Center conducted focus groups with disability, mental health, and education professionals to explore their perceptions of training needs for serving individuals with co-occurring behavioral health conditions and IDD.⁷³ They identified the following major gaps:

- Misperceptions about the capabilities of people with IDD and mental health conditions;
- Uncertainty on how to effectively communicate with people with IDD and mental health conditions;
- No strength-based or keen understanding of the needs of people with IDD and mental health conditions;
- Lack of understanding of available programs and services and how service systems interact; and
- Uncertainty on how to collaborate across the disability, education, and mental health systems.

This lack of knowledge can impact wait times for services, decisions regarding admission to care in certain treatment environments, the treatment regimen, and ultimately, health outcomes of the children and families served. HHSC partners with the University of Texas Health San Antonio, Department of Psychiatry and Behavioral Sciences, to promote workforce development in understanding the needs of and how to treat individuals with co-occurring mental health conditions and IDD through the *Mental Health Wellness for Individuals with Intellectual and Developmental Disabilities* training hub.⁷⁴ Training modules are free and available to direct service workers and other healthcare professionals.

While some organizations require employees to receive training on trauma-informed care, human trafficking, and other issues involving special populations, that build awareness, knowledge, and skills to work with these special populations, the state lacks a centralized infrastructure to offer such courses. This is the type of training coordination the recommended Texas Children’s Behavioral Health Training and Technical Assistance Center could offer.

Behavioral Health Services: Individual and Family Counseling

⁷³ <https://thearc.org/wp-content/uploads/2019/11/Training-Needs-of-Professionals-who-Serve-People-with-IDD-and-Mental-Health-Needs-and-their-Families.pdf>.

⁷⁴ <https://training.mhw-idd.uthscsa.edu/>.

Caregivers participating in the focus groups voiced a need for individual and family counseling services. The behavioral health workforce comprises many professionals including primary care physicians, nurses, peers, licensed chemical dependency counselors, behavior analysts, occupational therapists, and more. However, counseling services in the treatment of mental health, substance use, or behavioral health conditions, are solely provided by the below categories of licensed professionals. Table 5 is a comparison of these professionals to include the minimum degree required for licensure, median salary, interstate licensure compacts, and if they are a reimbursable provider under Medicaid.

Table 5. Comparison of the Behavioral Health Workforce

Professional Type	Number of Professionals Statewide ⁷⁵	Minimum Degree Required	Median Salary ⁷⁶	Interstate Licensure Compacts	Services Medicaid Reimbursable and at What Percent	Eligible to Participate in the Mental Health Professionals Loan Repayment Program
Psychiatrists	2,651	Doctorate	\$198,249	Yes ⁷⁷	Eligible for 100% of their Medicaid fee schedule	Yes
Psychologists	5,138	Doctorate	\$84,855	Yes ⁷⁸	Eligible for 100% of their Medicaid fee schedule	Yes
Licensed Specialist in School Psychology (LSSP)	4,017	Doctorate	\$75,438	No	Under SHARS	Yes
Licensed Psychological Associates	734	Masters	\$52,360	No	70% of the rate paid to a psychiatrist and psychologist.	No
Licensed Clinical Social Workers	10,675	Masters	\$44,099	No	70% of the rate paid to a psychiatrist and psychologist.	Yes

⁷⁵ Data current as of 2023 and pulled from [Texas Health Data - Health Profession Supply](#).

⁷⁶ Median salary information based on 2022 data pulled from [Wages by MSA - Texas Wages and Employment Projections](#).

⁷⁷ The Interstate Medical Licensure Compact (IMLC) is a voluntary, expedited pathway to licensure for qualifying physicians who wish to practice in multiple states. On June 7, 2021, Governor Greg Abbott signed into law H.B. 1616 which was passed by the 87th Texas Legislature, making Texas the 33rd member state to join the Compact.

⁷⁸ The Psychology Interjurisdictional Compact (PSYPACT) is an interstate compact designed to facilitate the practice of telepsychology and the temporary in-person, face-to-face practice of psychology across state boundaries. Texas adopted PSYPACT pursuant to H.B. 1501 (86th Leg.) in 2019.

Licensed Master Social Workers	12,146	Masters	\$59,190	No	No	No
Licensed Professional Counselors (LPC)	25,519	Masters	\$51,798	No	70% of the rate paid to a psychiatrist and psychologist.	Yes
LPC Associates	5,903	Masters	N/A*	No	No	No
Licensed Marriage and Family Therapists (LMFT)	3,268	Masters	\$66,275	No	70% of the rate paid to a psychiatrist and psychologist.	Yes
LMFT Associates	692	Masters	N/A*	No	No	No
Licensed Chemical Dependency Counselors	5,936	Associates	\$55,776	No	No	Yes

*This information is not available in the U.S. Bureau of Labor Statistics website.

While these professionals can provide individual and family counseling services, more specialized therapeutic approaches such as Cognitive Behavioral Therapy, DBT, EMDR, and Functional Family Therapy (FFT) may require additional training, certification, and supervision. Simply increasing the number of these providers does not ensure a workforce skilled at delivering these types of evidence-based treatment approaches. In addition, training can be expensive and policy decisions limit the types of evidence-based approaches that may be provided in certain service delivery systems. Some therapies also may not be reimbursable under Medicaid or commercial insurance plans.

Recommendations

Recommendation

Fund HHSC to expand the number of Certified Family Partners and make Certified Family Partner services as a Medicaid state plan benefit.

Family partner services are provided to the family of a child receiving mental health services. Services are provided by a CFP or a family partner waiting to complete CFP training. A CFP is a person who has lived experience parenting a child with mental, emotional, or behavioral health conditions. They have navigated systems on behalf of their child and can articulate their experience. Services include providing emotional support, modeling advocacy skills, making referrals, providing skills training, and helping identify family supports. Access to family partner services can be instrumental in engaging families as active participants in the child's care.

Currently, HHSC's CFP initiative is implemented through contracts with 39 LMHAs and LBHAs, though there is no dedicated general revenue (GR) funding for this initiative. If GR is allocated to support this initiative, it would be used to expand the number of CFPs employed in a variety of settings through new or amended contracts with governmental entities; or a procurement to contract with governmental and non-governmental entities. Though family peer support services are reimbursable under Medicaid in the YES program at a payment rate of \$6.25 per 15-minutes⁷⁹, these services may be provided by professionals other than CFPs, and CFP services are not reimbursable under the Medicaid state plan at this time. H.B. 1486 85th Legislature, Regular Session, 2017 established a Medicaid peer services benefit for adults with mental health and substance use conditions, and codified the framework for training, certification, and supervision. The infrastructure developed as a result of H.B. 1486 can be leveraged to implement CFP services as a Medicaid benefit.

Recommendation

HHSC should expand the qualifications required to serve as a Qualified Mental Health Professional-Community Services.

Qualified Mental Health Professional-Community Services (QMHP-CSs) deliver mental health rehabilitative and targeted case management services and must meet minimum credentialing requirements as described in [Title 1, Chapter 353, Texas Administrative Code \(TAC\), §353.1415](#) and 26 TAC Chapter 306 Subchapter G.

Medicaid benefit policy and administrative code rule changes are underway to change the qualifications for QMHP-CS' for Mental Health Targeted Case

⁷⁹ [Youth Empowerment Services \(YES\) Waiver Payment Rates Effective April 1, 2021.](#)

Management and Mental Health Rehabilitative services to allow persons with a bachelor's degree in a non-human services field with at least one year of experience in a program within an organization that provides mental health and/or substance use disorder services to deliver these services.

Recommendation

Join the Counseling Compact and Social Work Compact, by amending Texas Occupations Code, Chapters [503](#) and [505](#), respectively.

Interstate licensure compacts create mutual professional licensing practices among joining states while ensuring quality and safety and safe-guarding state sovereignty.⁸⁰ As of 2023, Texas is a member of five professional compacts: the Nurse Licensure Compact (NLC), the Interstate Medical Licensure Compact (IMLC), the Physical Therapy (PT) Compact, the Emergency Medical Services (EMS) Compact, and the Psychology Interjurisdictional Compact (PSYPACT).⁸¹ The counseling and social work compacts are the same in form and function to previously referenced compacts.

Effective September 2024, 37 states have joined the counseling compact and 21 have joined the social work compact.

Figure 9 and Figure 10 are two maps of states with enacted, filed, or no active legislation to join the counseling and social work compacts.

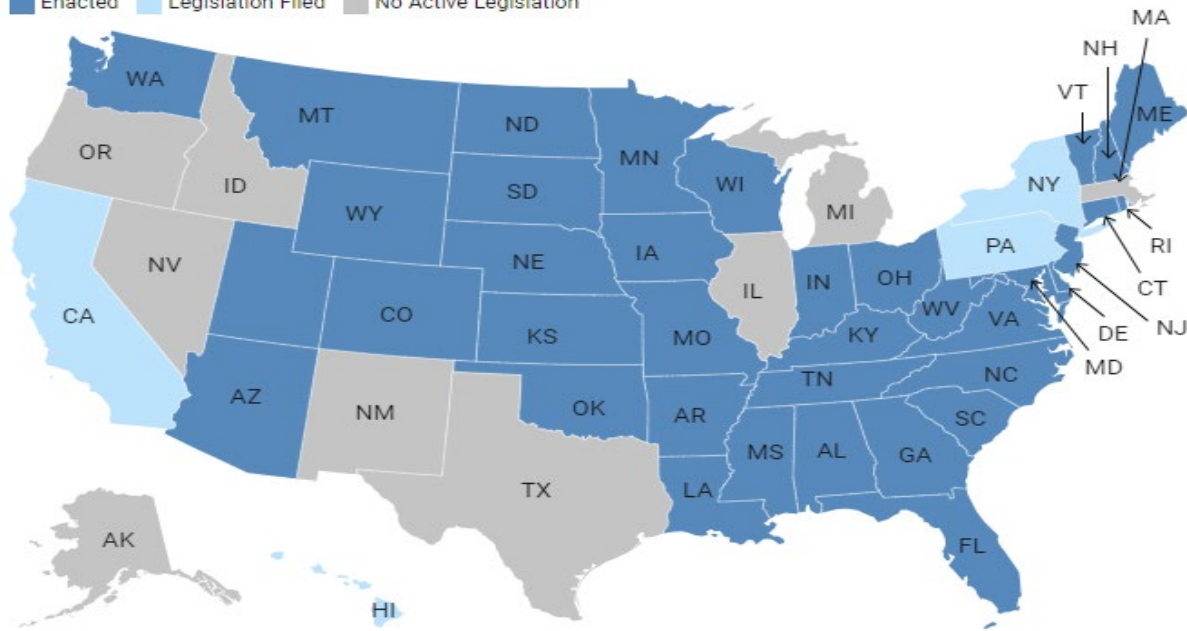
⁸⁰ [Compacts-and-Universal-Licensure-Laws-June-2022.pdf](#).

⁸¹ <https://compacts.csg.org/wp-content/uploads/2024/01/CompactChart2023.pdf>.

Figure 9. States with Enacted, Filed, or No Active Legislation to Join the Counseling Compact

Counseling Compact Map

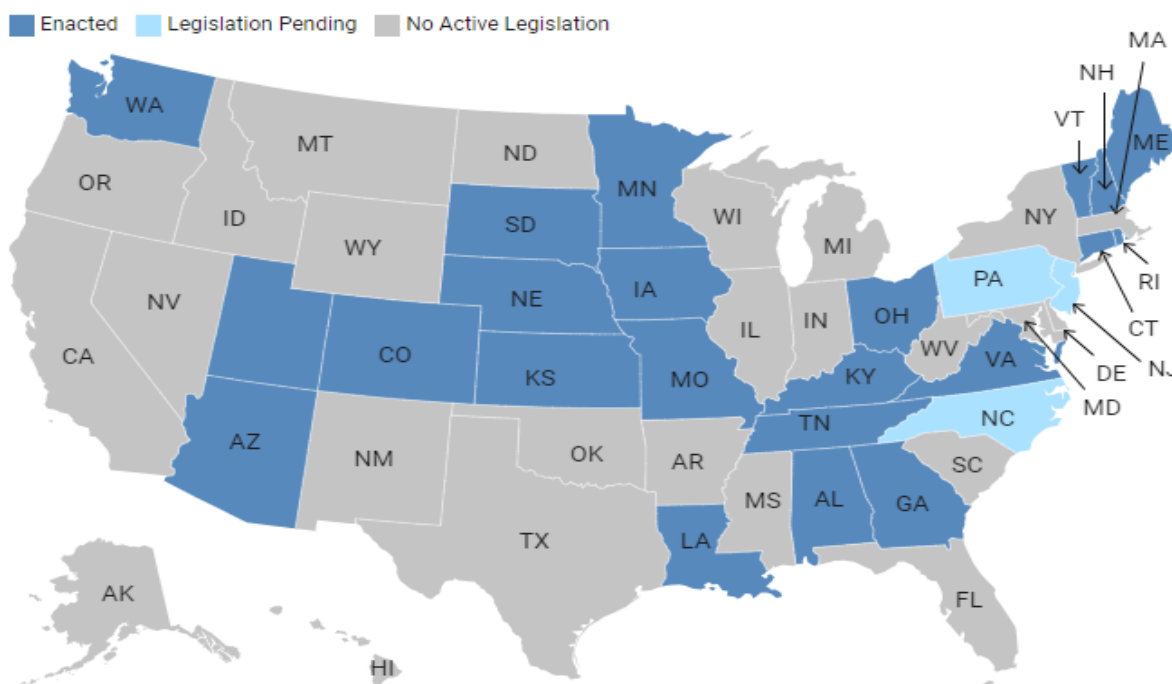
■ Enacted ■ Legislation Filed ■ No Active Legislation



Source: Counseling Compact - Created with Datawrapper

Figure 10. States with Enacted, Filed, or No Active Legislation to Join the Social Work Compact

Social Work Compact Map



Source: Social Work Licensure Compact • Created with Datawrapper

In 2020, an advisory body to the Counseling Compact Commission approved counseling compact model legislation⁸² which must be enacted by a state to officially join the compact. Conversely, there is also model social work compact legislation⁸³ that must be enacted by a state to officially join the social work compact.

The Counseling Compact Commission is not yet issuing compact privileges to practice. Throughout 2024, the Counseling Compact Commission is working with developers to create the necessary database to receive applications, provide interstate data communications, and issue privileges to practice. The Counseling Compact Commission anticipates they will begin issuing compact privileges to practice in 2025. The Counseling Compact Commission is enacted in some states, meaning those states have passed legislation to be part of the compact; however, the Counseling Compact Commission is not yet operationalized, meaning the

⁸² [Final Counseling Compact 3.1.22.pdf](#).

⁸³ [Social-Work-Licensure-Compact-Model-Legislation.pdf](#).

process to apply for and receive compact privileges is in progress and will be available in 2025.

Although, the Social Work Licensure Compact has been enacted in at least seven states and has reached activation status, multistate licenses are not yet being issued. Texas' implementation process for the Social Work Licensure Compact would take an additional 12 to 24 months post passage of the compact law. Texas would also need to join the compact before multistate licenses are issued. Joining this compact may be a potential strategy in bolstering the workforce and attracting much needed talent to Texas in provisioning behavioral health services.

Recommendation

Amend Human Resources Code, Chapter 32, to authorize Licensed Marriage and Family Therapist Associates, Licensed Professional Counselor Associates, and Licensed Master Social Workers to provide and be reimbursed for counseling services under the Medicaid state plan.

[Section 32.027, Human Resources Code](#), should be amended to add subsection (m), specifying that a recipient of medical assistance under this chapter may select from the following professionals to perform any health care service or procedure covered under the medical assistance program if the selected person is licensed and authorized by law to perform the service or procedure:

- An LMSW, as defined by [Occupations Code, Section 505.002](#), who is actively pursuing the education and training required to be licensed as an LCSW, as defined by that section;
- An LPC Associate, as described by [22 TAC, Chapter 681](#), who is working toward fulfilling the supervised practice requirements to be licensed as an LPC, as defined by [Occupations Code, Section 503.002](#); and
- An LMFT Associate, as described by [22 TAC, Chapter 801](#), who is working toward fulfilling the supervised practice requirements to be licensed as an LMFT, as defined by [Occupations Code, Section 502.002](#).

In addition, [Chapter 32, Human Resources Code, Subchapter B](#) should be amended to add section 32.077, to direct professionals listed under [Section 32.027\(m\)](#), Human Resources Code, who are selected to provide a health care service or procedure covered under the medical assistance program be reimbursed at a rate equal to 70 percent of the reimbursement rate established for a licensed psychiatrist or psychologist providing a similar service.

The current mental health workforce in Texas lacks capacity to meet demand for individual, group, and family counseling services. Allowing Medicaid reimbursement for LMSWs, LPC Associates, and LMFT Associates training for further licensure under supervision may incentivize these professionals and their employing organizations

to become Medicaid providers. It may also encourage commercial insurance providers to authorize these professionals to be reimbursed through their plans.

Recommendation

Fund the Texas Child Mental Health Care Consortium to Expand the Community Psychiatry Workforce Expansion Initiative to Include Other Mental Health Professions.

The Texas Child Mental Health Care Consortium (TCMHCC) supports the expansion of the child and adolescent psychiatry workforce in Texas through two initiatives: the Community Psychiatry Workforce Expansion (CPWE) and the Child and Adolescent Psychiatric Fellowships.

The goals of the CPWE initiative are to:

- Collaborate and coordinate with community mental health providers to expand the amount and availability of mental health care resources by developing training opportunities for psychiatry residents and supervising residents at facilities operated by LMHAs and by other community mental health providers; and
- Increase the number of Texas-trained psychiatry residents who work in the public mental health system upon completion of their residencies.

In the Fall of 2021, during the third called special session of the 87th Texas Legislature, TCMHCC was appropriated \$113 million in federal funds from the American Rescue Plan Act to enhance and expand initiatives in response to the impact of the COVID-19 pandemic. With these funds, CPWE expanded to deliver supervised training to students and recent graduates of accredited mental health care programs provided in specific health related institutions. Trainees assist in the delivery of effective child and adolescent mental health services in regional community-based mental health providers.

Mental health professionals supported through CPWEs expansion include psychology graduate students with child practicums and those with child and adolescent internships, LPCs, LCSWs, and nurse practitioners in training. Funds would be used to continue supervision training for mental health professionals.

Recommendation

Fund the Texas Higher Education Coordinating Board to implement the Behavioral Health Innovation Grant Program under Chapter 61, Education Code, Subchapter RR.

The Texas Higher Education Coordinating Board (THECB) was directed to implement the Behavioral Health Innovation Grant Program, however, no dedicated general revenue funding was allocated to support implementation, nor has THECB raised

funds to implement the program as statutorily authorized. Under the grant program, THECB may award incentive payments to institutions of higher education that administer innovative recruitment, training, and retention programs designed to increase the number of mental health professionals,⁸⁴ or professionals in related fields.

The current workforce crisis requires innovative recruitment and retention practices to graduate-level behavioral health programs, as well as new ways to incentivize licensure and direct behavioral health practice.

The behavioral health workforce recommendations included are intended to quickly help address critical shortages, as are current workforce efforts such as tuition and student loan reimbursement programs for mental health professionals. The recommendations may yield visible outcomes in three to five years due to implementation factors, such as recruitment and training.

Table 6 reflects workforce recommendations, high-level timeline for implementation, and when we could anticipate outcomes based on action by the 89th Legislative Session.

Table 6. Workforce Recommendations, Timelines, and Outcomes

Recommendation	Anticipated Implementation for State Agencies	Anticipated Implementation for Providers or Institutions	Outcomes Visibility
CFP Expansion and Compensation	GR allocation: 12 months: September 2026 Medicaid: 9-12 months: September 2025- September 2026	GR allocation: 12 months: September 2027 Medicaid: 12 months: September 2027	GR allocation: 12 months: September 2028 Medicaid: 12 months: September 2028

⁸⁴ Psychiatrists, psychologists, LSSPs, LCSWs, LPCs, LMFTs, Licensed Chemical Dependency Counselors, and Advance Practice Registered Nurses-Psychiatric or Mental Health Nursing specialties.

QMHP-CS Expanded Qualifications	Non-Medicaid: 12 months: September 2026 Medicaid: 12-24 months: September 2026- September 2027	Non-Medicaid: 12 months: September 2027 Medicaid: 12 months: September 2028	Non-Medicaid: 12 months: September 2028 Medicaid: 12 months: September 2029
Counseling Compact	12 months: September 2026	12 months: September 2026- September 2027	12 months: September 2027 - September 2028
Social Work Compact	12-24 months: September 2026- September 2027	12-24 months: September 2026- September 2027	12 months: September 2027 - September 2028
LMSW, LPC Associate, LMFT Associate Medicaid Reimbursement	18-24 months: September 2026- March 2028	12 months: March 2029	12 months: March 2030
Behavioral Health Innovation Grant Program	12 months: September 2026	12 months: September 2027	12 months: September 2028

Data and Health Information Technology

Strengthening pediatric behavioral health services within the broad scope and complexity of the current healthcare environment requires collection and analysis of large amounts of data. The data would be complicated and span many different provider sectors and stakeholders. Given this complexity, it will be important to have some controls in place, including clear guidelines for data collection, handling, storage, and analysis. The aggregate data could be used to ensure high-quality care, demonstrate areas for improvement, assess effectiveness of care, evaluate the state's return on investment, and streamline data reporting requirements. A centralized data clearinghouse of relevant data, managed by a governance committee, would provide oversight of the data usage and report to stakeholders as needed. The data collected and warehoused would be kept in accordance with national standards and best practices.

Recommendations

Recommendation

Establish a data governance committee for children’s behavioral health.

This committee will be tasked with:

- Reviewing and reporting on statutes related to data collection and information sharing for child behavioral health programs and related supports;
- Reviewing and inventorying previously collected program information, metrics, and other data; and
- Communicating about trends or aggregate population data collected from state-funded programs to both internal and external stakeholders.

Recommendation

Invest in modernizing data systems to strengthen data sharing, data collection, data storage, and data reporting to improve continuity of care for children served in the state system.

State agencies often use different technology and software for data collection, storage, and reporting, making coordination and integration costly and/or challenging to accomplish. In addition, the existing data landscape hinders agencies’ ability to easily determine the array of services children and caregivers receive and identify associated outcomes. Making it easier to safely share healthcare information would improve care coordination for children and families served by multiple agencies.

Recommendation

Strengthen data workforce capacity through human capital investment in data teams.

“Data literacy is when an individual possesses the skills necessary to understand, explore, use, make decisions with, and communicate using data.”⁸⁵ Data specialists collaborate with program specialists to design measures of program success, interpret data to inform program design and re-design, understand return on investment, and more. The state invests billions of dollars to expand and create access to behavioral health services, but these investments do not always include robust data teams to support the infrastructure needed for the evaluation of ongoing implementation.

⁸⁵ [Data literacy is the key to better decisions, innovation, and data-driven organizations.](#)

Behavioral Health Awareness

Stigma of behavioral health conditions continues to be a barrier to people seeking and receiving behavioral health care.⁸⁶ There is a need to invest in strategies that increase public knowledge about behavioral health to promote widespread understanding, reduce stigma, and foster positive help-seeking attitudes.

Recommendation

Recommendation

Amend [Chapter 1001, Texas Health and Safety Code, Subchapter H](#), to permit HHSC to contract with Regional ESCs in addition to LMHAs, LBHAs, to deliver Mental Health First Aid (MHFA) training and fund HHSC to expand MHFA training infrastructure.

H.B. 3, 88th Legislature, Regular Session, 2023, requires school districts to ensure each district employee who regularly interacts with students completes an evidence-based training program regarding recognition and support of children and youth who experience a mental health or substance use issue that may pose a threat to school safety. TEA is directed to provide a funding allotment to school districts to help cover the costs of employees' travel, training fees, and compensation for the time spent completing the training, if state funding is appropriated to TEA for that purpose, and to adopt rules to implement the program. TEA in consultation with HHSC, agree that the primary evidence-based mental health training program identified that meets the specifications of the bill is Youth Mental Health First Aid (YMHFA). While an alternative training program to YMHFA has not been identified by the state agencies, school districts have flexibility to select an alternative mental health training program if it meets the requirements adopted in TEA's implementing rule.

HHSC and TEA promote the YMHFA training infrastructure available through the LMHAs and LBHAs, as funded by HHSC contracts, to deliver YMHFA training to school district employees. However, the LMHA and LBHA MHFA training capacity (e.g., number of trainers and funding) is currently insufficient to train the number of school district professionals that are anticipated to take the training between 2025-2029. It is estimated that the statutory requirements equate to a minimum of 24,834 trainings classes to be held across a 7-year span. This will require a minimum of 3,574 training classes be delivered each academic calendar year.

⁸⁶ [Patient and Health Care Professional Perspectives on Stigma in Integrated Behavioral Health: Barriers and Recommendations.](#)

[Chapter 1001, Texas Health and Safety Code, Subchapter H](#), relating to Mental Health First Aid Training, currently allows for LMHAs and LBHAs to contract with Regional ESCs to provide MHFA to school district employees. Due to Chapter 22, Texas Education Code, requiring most or all school district employees to be trained, statute should be amended to allow HHSC to contract directly with ESCs to provide the training if additional funding is available. Additional funding would be required to expand the number of professionals certified to teach YMFA and deliver sufficient trainings to meet H.B. 3 training specifications for school district personnel.

Behavioral Health Prevention and Early Intervention Care

Prevention and early intervention strategies can promote earlier access to healthcare and prevent the onset or worsening of behavioral health conditions.⁸⁷ There is a need to invest in services and supports that include early identification and initial connection to services that may reduce the incidence, prevalence, and severity of behavioral health conditions.

Recommendations

Recommendation

Fund TEA to issue discretionary grants to school districts to replicate Project AWARE Texas and deliver technical assistance with resources to increase student access to mental health services and supports aligned to statutory requirements for safe and supportive schools.

The Safe and Supportive School Program (SSSP) is a coordinated, multi-tiered support system to address school climate, social and emotional learning, behavioral health and wellness, collaborate with community services and supports in conducting behavioral threat assessments, and implement a multi-hazard approach to prevent, prepare for, respond to, and recover from crisis situations.⁸⁸

Under the SSSP, school districts implement a Multi-Tiered System of Supports (MTSS), a research-based framework for systemic alignment of school-wide practices, programs, and services to support student development, both academic and non (e.g., social and emotional needs and behavioral health and wellness) and address the physical and psychological safety of all individuals within the school community. The MTSS consists of three tiers providing evidence-based interventions, from Tier 1 universal supports (e.g., social and emotional skill lessons, mental health literacy, bullying and violence prevention programs), Tier 2 targeted interventions (e.g., social skills groups and mentoring), and Tier 3

⁸⁷ [Prevention and early intervention in youth mental health: is it time for a multidisciplinary and trans-diagnostic model for care?](#)

⁸⁸ [Texas Education Code, Section 37.115.](#)

intensive interventions (e.g., individual and family counseling and other specialized behavioral health services).

One way that TEA has implemented MTSS in school districts is through applying for and receiving competitive federal grants administered by SAMHSA to implement Project AWARE. The focus of Project AWARE is increasing awareness of mental health, increasing access to mental health screenings and assessments, and increasing access to mental health services and supports with parent/guardian permission and family engagement. TEA's initial Project AWARE grant was implemented from 2018-2023 with 15 schools receiving services. Project AWARE has resulted in 140,314 trainings to school community members, 16,405 Tier 1 supports provided to students, 16,569 Tier 2 and 3 services provided to students, and 46 policy changes.⁸⁹

Federal funds for Project AWARE expire September 2026, and as a result, TEA will lose the two employees (i.e., school mental health program specialists) who lead project implementation. This will diminish TEA's capacity to provide statewide mental and behavioral health resources and technical assistance supports to schools in areas such as mental health promotion, human trafficking, child abuse prevention, and substance misuse prevention and intervention. If Project AWARE Texas is replicated with state funds, TEA could award additional school districts with competitive discretionary grants to increase access to mental and behavioral health services and supports. TEA could sustain its school mental health program specialists with capacity to deliver technical assistance resources that benefit grantees and all Texas schools to increase access to mental health services and supports like those successfully provided with federal funds.

Recommendation

Establish a mental health allotment for schools separate from the school safety allotment.

Beginning in 2020, TEA received three Elementary and Secondary School Emergency Relief (ESSER) funding grants totaling roughly \$19 billion.⁹⁰ In 2022, the Collaborative Task Force for Public School Mental Health, issued a survey to school districts inquiring about funding sources used to fund behavioral health services. Of the respondents, 73 percent of school districts reported primarily using ESSER funds to cover the cost of behavioral health services that were provided, while 19 percent reported using funds from the School Safety Allotment.⁹¹ Several other fund sources were reported used by school districts to support mental health

⁸⁹ [AWARE Texas - Texas School Mental Health](#).

⁹⁰ <https://www.ncsl.org/in-dc/standing-committees/education/elementary-and-secondary-school-emergency-relief-fund-tracker>.

⁹¹ <https://schoolmentalhealthtx.org/wp-content/uploads/2023/02/Collaborative-Task-Force-on-Public-School-Mental-Health-Services-Year-3-Report.pdf>.

(e.g., local funds, Title 1, and State Compensatory Education). However, the largest fund source budgeted for mental health related services and supports that was reported by school districts in the 2022 Task Force survey (i.e., ESSER) expires September 30, 2025.

Schools are making critical expenditure decisions regarding increasing student and family access to behavioral health services and ensuring safe school environments. Establishing a separate mental health allotment would support continued focus in both critical areas. Allocating a dedicated mental health funding allotment for schools was also recommended by the House Bill 906 Collaborative Task Force on Public School Mental Health in their 2022 study and evaluation report submitted to the Texas legislature.⁹²

Recommendation

Fund HHSC to expand the Children’s System Navigator program.

HHSC uses Community Mental Health Services Block Grant funds to implement the Children’s System Navigator Program⁹³ at six LMHAs and LBHAs. System Navigators specialize in enhancing access to mental health services for children and families by providing connections to local child-serving agencies, educating community partners, building and maintaining relationships with public and private providers, sharing information, resource system development, and case staffing.

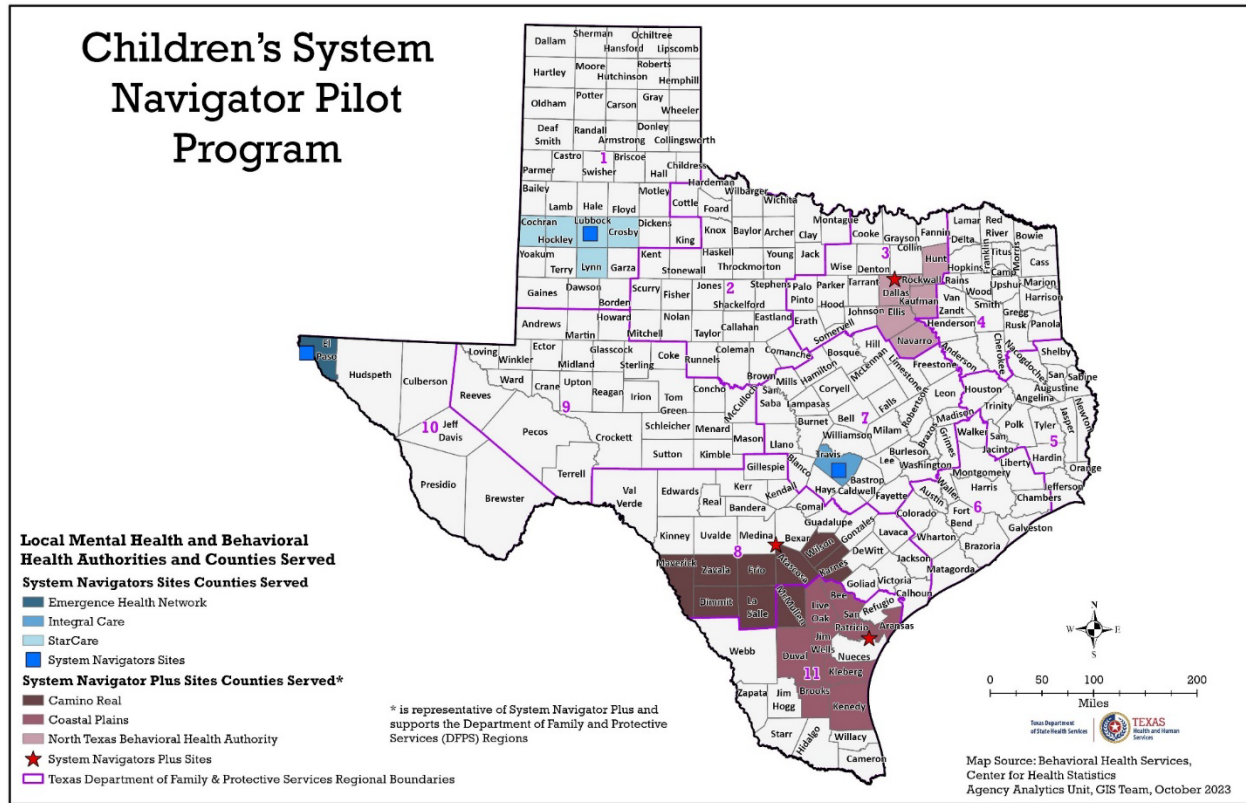
The System Navigators developed memorandums of understanding with local ISDs to allow on-site access to mental health services, partnered with DFPS and other organizations to conduct over 60 case reviews, and provided over 60 trainings to LMHA, LBHA, and community partners on accessing children’s mental health services. Currently, the six System Navigator programs cover 69 counties, leaving 185 Texas counties without intensive coordination for children and families.

Figure 11 is a map of current system navigator sites and counties served. If funded, a procurement will determine allocation to additional sites.

⁹²[Collaborative-Task-Force-on-Public-School-Mental-Health-Services-Year-3-Report.pdf \(schoolmentalhealthtx.org\)](#)

⁹³ Population of focus includes children with intensive behavioral health needs, including children at risk of parental relinquishment and children under DFPS conservatorship.

Figure 11. Children’s System Navigator Pilot Program Locations



Recommendation

Fund HHSC to expand substance use youth prevention programs.

Youth prevention programs use the Strategic Prevention Framework (SPF) to provide a comprehensive array of services to communities across Texas addressing behavioral health promotion and the dangers associated with alcohol, commercial tobacco and nicotine products, marijuana, and prescription drug misuse. Youth prevention programs focus on three categories of supports (i.e., Universal, Selective, and Indicated)⁹⁴ and provide evidence-based prevention activities and strategies from the Center for Substance Abuse Prevention in schools and other community sites, which address underlying factors that lead to substance use and

⁹⁴ Universal programs and practices take the broadest approach and are designed to reach entire groups or populations. Universal prevention programs and practices might target schools, whole communities, or workplaces. Selective programs and practices target individuals or groups who experience greater risk factors (and perhaps fewer protective factors) that put them at higher levels of risk for substance misuse than the broader population. Indicated programs and practices target individuals who show early signs of substance misuse but have not yet been diagnosed with a substance use disorder. These types of interventions include referrals to support services for young adults who violate drug policies. They also include screening and consultation for the families of older adults who are admitted to hospitals with potential alcohol-related injuries.

behavioral health challenges, including ACEs, non-medical drivers of health, or other youth, family and community risk and protective factors.

In fiscal year 2023, 1.8 million youth received universal program services, 1.8 million received selective program services, and 1.7 million received indicated program services. Currently, 48 providers, primarily non-profits, offer youth prevention program services in 187 of the 254 counties in Texas. Expanding substance use youth prevention programs would create greater access to behavioral health promotion services and the dangers associated with alcohol, commercial tobacco and nicotine products, marijuana, and prescription drug misuse.

Behavioral Health Outpatient Care

A robust array of outpatient services provided to children in office or community-based settings can prevent the need for out-of-home placement, residential treatment, or inpatient hospitalization.⁹⁵ There is a need to enhance the array of outpatient behavioral health services to help children develop coping skills, build resilience, accomplish personal goals, and prepare for adulthood.

Recommendations

Recommendation

Fund HHSC to include Coordinated Specialty Care for First Episode Psychosis, Family Functional Therapy, and Multisystemic Therapy as Medicaid state plan benefits.

Coordinated Specialty Care for First Episode of Psychosis

Coordinated Specialty Care for First Episode of Psychosis (CSC-FEP) is an evidence-based practice for children and young adults who have experienced an episode of psychosis. In HHSC's CSC-FEP program,⁹⁶ multi-disciplinary teams offer a variety of services and supports, including:

- Psychotherapy, including cognitive behavioral therapy for psychosis;
- Family education, support, and involvement;
- Support from peers in recovery from mental illness;
- Psychotropic medications prescribed by a psychiatrist; and
- Support for education and employment goals.

⁹⁵ <https://www.cmhnetwork.org/wp-content/uploads/2021/05/The-Evolution-of-the-SOC-Approach-FINAL-5-27-20211.pdf>.

⁹⁶ Funded with General Revenue, Community Mental Health Services Block Grant, Coronavirus Response and Relief Supplemental Appropriations Act, and the American Rescue Plan Act.

Teams are typically composed of a psychiatrist, a Certified Family Partner or Peer Specialist, a licensed therapist, and a supportive employment and education specialist. CSC-FEP is a time-limited program with a maximum length of stay of three years.

Currently, there are 32 providers delivering CSC-FEP services, through 48 teams, across 171 counties. In fiscal year 2023, 1,289 people received CSC-FEP services of which 217 were children.⁹⁷ Among those served, there was a 39 percent decrease in the number of crisis encounters and a 65 percent decrease in admissions to HHSC-funded inpatient beds. 86.5 percent of participants had no psychiatric hospitalizations that fiscal year, and 98 percent had no arrests.

Texas Medicaid allows managed care organizations to cover CSC-FEP as an in-lieu-of service (ILOS) on a voluntary basis. ILOSs are services and settings offered by managed care organizations that substitute for Medicaid state plan services or settings, as allowed by [42 Code of Federal Regulations §438.3\(e\)\(2\)](#). Per federal regulations, ILOSs must be a medically appropriate and cost-effective substitute for the covered service or setting under the state plan. Additionally, the Medicaid member must not be required by the MCO to use the ILOS and ILOSs must be optional for MCOs to provide.

Functional Family Therapy

Functional Family Therapy (FFT) is a family-centered, evidence-based practice for treating children with specific mental health needs, primarily related to externalizing behavioral issues impacting family dynamics. It is an intensive, short-term therapeutic model that offers in-home family counseling designed to address disruptive behaviors and juvenile delinquency from a relational, family-based perspective to improve family relationships. This model assesses family dynamics that have contributed to the youth's behavior, improves communication among family members, assists caregivers in learning new parenting skills, and supports positive reinforcement within community contexts and relationships. FFT is usually delivered through at least weekly sessions, for a duration of three to six months.

Multisystemic Therapy

Multisystemic Therapy (MST) is a proven family-and community-based treatment for at-risk youth with intensive needs and their families. It has been especially effective for treating youth who have committed violent offenses, have serious mental health or substance use concerns, are at risk of out-of-home placement, or who have experienced abuse and neglect. The 88th Texas Legislature invested

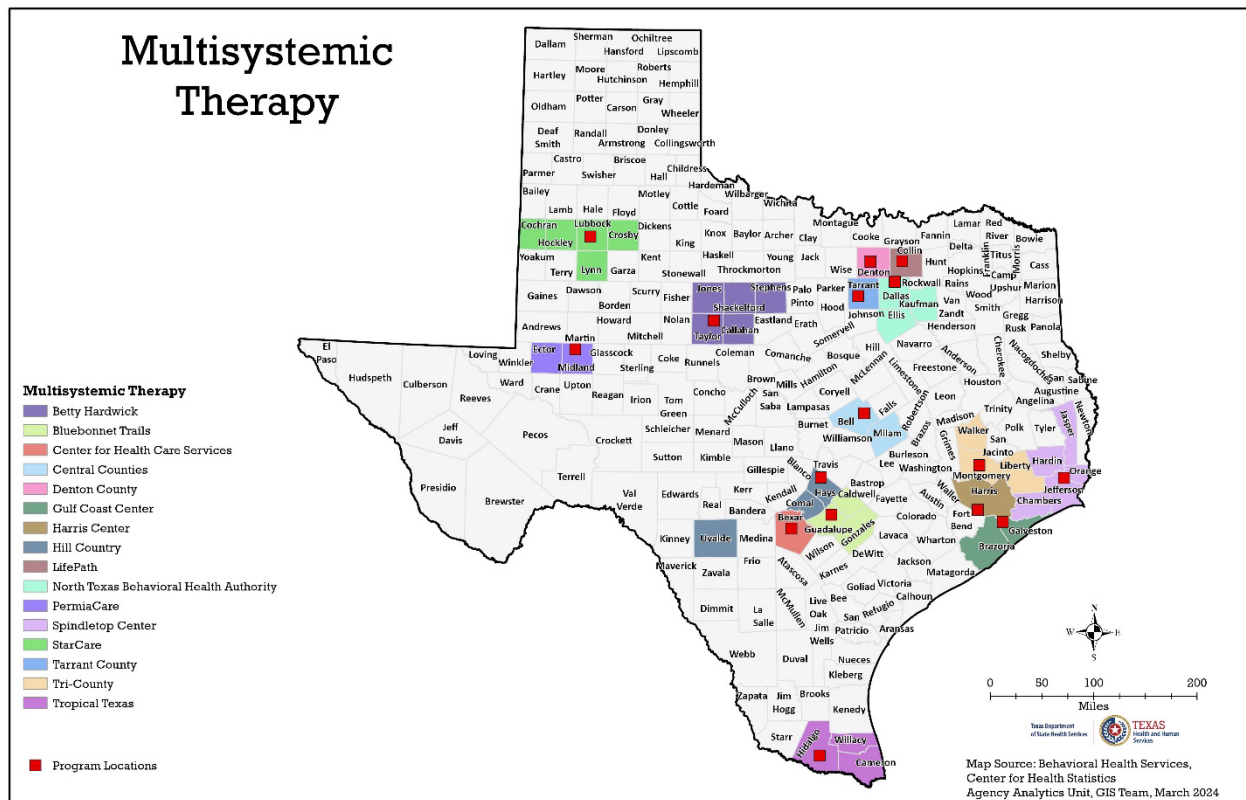
⁹⁷ From fiscal year 2015-2023, 896 children received CSC-FEP services.

almost \$32.5 million in MST, with continued funding to sustain nine existing teams and establish 15 new teams.

Given that MST services typically last between three to six months and MST teams should serve at least 50 youth per year, Meadows Mental Health Policy Institute estimates that Texas would need approximately 140 teams to meet statewide need.⁹⁸ New Mexico has successfully implemented MST as a covered Medicaid benefit, finding savings by avoiding costs in other systems. 91 percent of youth were able to live at home after treatment, 85 percent reduced their substance use, and 64 percent had fewer drug related arrests. The state experienced \$36.1 million in reduced Medicaid expenses and \$124.7 million in reduced crime rate expenses totaling \$73,382 saved per youth participant. Every dollar spent on MST resulted in \$5.87 in community benefits.⁹⁹ In Texas, for SFY 2023, 85 children received MST services. 76 percent of children were living at home, 84 percent were in school or working, and 80 percent had no new arrests.

Figure 12 is a map of existing MST program locations.

Figure 12. Multisystemic Therapy Locations



⁹⁸ [Multisystemic-Therapy-MST-for-Texas-Youth_June-2024-2.pdf](#).

⁹⁹ <https://hsc.unm.edu/medicine/departments/psychiatry/cbh/docs/mstannualreport2005-2019.pdf>.

*Recommendation****Fund HHSC to include Intensive Outpatient and Partial Hospitalization services as Medicaid state plan Benefits.***

Partial hospitalization (PHP) and intensive outpatient (IOP) services are designed for patients who do not need 24-hour residential hospitalization, but who do need more intensive services than traditional outpatient treatments offer. In PHP, patients can go home in the evening, but still receive many of the benefits of 24-hour hospitalization stays. IOP therapy programs offer more services than traditional outpatient therapy but are less intensive than PHP. Both are more cost-effective than 24-hour intensive inpatient hospitalizations and can help patients “step up” or “step down” from a hospital stay or prevent a stay altogether.

Currently, Texas Medicaid allows managed care organizations to cover partial hospitalization and intensive outpatient services as ILOSs on a voluntary basis. ILOSs are services and settings offered by managed care organizations that substitute for Medicaid state plan services or settings, as allowed by [42 Code of Federal Regulations §438.3\(e\)\(2\)](#). Per federal regulations, ILOSs must be a medically appropriate and cost-effective substitute for the covered service or setting under the state plan. Additionally, the Medicaid member must not be required by the MCO to use the ILOS and ILOSs must be optional for MCOs to provide. With over five million Texans enrolled in Medicaid, there is an urgent need to provide additional mental health services to this population.

*Recommendation****Fund HHSC to increase rates for the Youth Empowerment Services (YES) Waiver Program and address administrative barriers to serving children with complex needs.***

The YES Waiver is a 1915(c) Medicaid Home and Community-based Services program designed to meet the needs of children with serious mental, emotional and behavioral difficulties in their home or community, rather than an institutional setting such as a residential treatment center or inpatient facility. The YES Waiver provides intensive services delivered within a strengths-based team planning process called Wraparound. Wraparound builds on family and community support and utilizes YES Waiver services to help build the family’s natural support network and connection with their community. YES Waiver services are family-centered, coordinated and effective at preventing out-of-home placement, custody relinquishment, and juvenile justice involvement and promoting school success, lifelong independence, and self-defined success.

Providers report challenges with hiring staff or bringing subcontractors into the network due to inadequate reimbursement rates, which have remained the same for over a decade. Between SFY 2020 quarter 1 and SFY 2023 quarter 4, the

program lost 386 YES Waiver providers and the number of providers continues to decline due to financial or other challenges to providing care. Though YES Waiver's total slot allocation is 3,591 per waiver year, the program has not been able to serve at capacity due to provider shortage. In SFY 2017, 2,780 children were served with a steady decline in the numbers served. In SFY 2023, 1,933 children were served. This represents a 30 percent decrease in the number of children served between SFYs 2017 and 2023. Because the state saves an estimated \$12,500 per child served in the YES Waiver, further investment in this program is vital and will ultimately conserve state resources.

In SFY 2023, 2,575 children were served in the YES Waiver program. There was a 48 percent decrease in crisis services before and after receiving YES, and 95 percent of children aged-out of the program, transitioned to other services, or graduated with a transition plan for on-going care.

Recommendation

Modernize Utilization Management Guidelines for the Texas Resilience and Recovery Treatment model to permit new evidence-based practices and broader curriculum usage.

In Texas, the service delivery system for community-based mental health services is the Texas Resiliency and Recovery (TRR) model. The TRR model is a framework for establishing eligibility for receiving services, determining a level of care to meet a child's needs, and authorizing a level of care.

To receive these services, children must be between the ages of 3 and 17, reside in Texas, have a diagnosis of SED or SMI (other than a single diagnosis of substance use or IDD), and be determined eligible based on the Child and Adolescent Needs and Strengths (CANS) Assessment. Each level of care has a distinct array of services that reflects the intensity of care needed based on the CANS assessment.

Though the TRR model is based on the provision of evidence-based practices, it was developed more than a decade ago and Texas children's and families' needs have changed, often requiring more intensive evidence-based therapies that are not currently reimbursable under TRR. The list of approved evidence-based practices should be expanded, as it has created a workforce challenge, and licensed providers are unable to fully use their training within the state-funded system. Providers report frustration and attribute leaving public practice due to the limited list of reimbursable services. Allowing the broadest array of evidence-based practices possible will allow individuals to receive the most up-to-date and individualized care and help retain providers in the public system.

*Recommendation***Amend [Government Code, Chapter 531](#), and fund HHSC to implement the *Healthy Transitions: Improving Life Trajectories for Youth Grant program*.**

Youth with SED or SMI between the ages of 14 and 17, including those with IDD, face a myriad of challenges related to school and work. Some also experience homelessness and involvement in the juvenile justice system, increasing admissions to hospitals and mental health and correctional facilities. These youth are among the least likely to seek help and may “fall through the cracks” lacking the services and supports they need to become productive and healthy adults.

Evidence-based outreach and engagement practices are imperative to create access to effective behavioral health interventions and supports. The overall goal of this grant program will be to provide developmentally appropriate services and supports to youth to address their SMI, SED, and/or IDD needs and connect them to other supports that will be critical in readying them for self-sufficiency and transition into adulthood and adult systems of care. Services may include screening and assessment, evidence-based treatments such as dialectical behavior therapy (DBT) and cognitive behavioral therapy (CBT), wraparound services, and recovery support services (e.g., housing, transportation, peer and family support, and vocational and educational support and assistance).

*Recommendation***Fund HHSC to expand *Outpatient Biopsychosocial Services statewide*.**

Outpatient Biopsychosocial Services (OBI) is an existing pilot program at five Local IDD Authorities (LIDDA) sites providing mental health outpatient services for people with IDD who also have mental health or behavioral needs. The benefits of this program include unique services aimed at increasing self-awareness and emotional regulation, enhancing social skills, reducing anxiety and stress, and fostering greater independence, provided by staff who know and understand the IDD population. In SFY 2023, 44 percent of people who received OBI services were under the age of 18. Participants experienced a 37 percent decrease in the number of days spent in a hospital and a 62 percent decrease in the number of days spent incarcerated.

Only five LIDDAs currently offer specialized outpatient mental health services, they could be expanded to the rest of the 39 LIDDAs in Texas. No other publicly funded program offers mental health outreach from professionals trained to serve individuals with co-occurring behavioral health conditions and IDD, and the outcomes achieved by pilot sites demonstrate significant potential savings through avoidance of other systems. Expanding this important program could save state resources and help individuals stay healthy in their homes and communities.

Recommendation

Fund the Supreme Court of Texas Permanent Judicial Commission on Children, Youth and Families (Children’s Commission) to expand implementation of state and local dual status initiatives.

Dual status initiatives are designed to improve practices that directly affect outcomes for children who are in child welfare and juvenile justice systems. Using a coordinated approach to serving dual status youth can improve the administration of justice for children and their caregivers. Having one judge familiar with the family can encourage a more holistic approach in both the child welfare and juvenile justice cases. With comprehensive information about a youth’s family, behavior, and detention history as well as education, mental health, and other needs, judges can make better decisions about what services and supports are needed to meet the child’s best interests while protecting the community against future delinquent conduct.

Behavioral Health Residential Care

There is a need to invest in residential behavioral health services for children with complex needs that are currently not being met through outpatient care. These services are provided in a non-hospital, residential setting that is a 24-hour treatment environment designed to better understand and respond to the needs of the child.

New Level of Residential Care

Currently, there is little to no viable residential treatment options for children with high acuity behavioral health needs, including those with complex needs such as co-occurring behavioral health conditions and IDD. Many of these children are denied admission into residential treatment environments due to a history of or current behaviors such as physical aggression, sexual aggression, bullying, elopement, emotional dysregulation, and social withdrawal. Additionally, some children who would clinically benefit from residential treatment require specialized services to address their complex traumatic experiences.

Often, these children do not meet medical necessity for inpatient hospitalization, but exhibit behaviors that pose a level of safety risk to themselves and others, and paired with their psychiatric status, require a more intensive residential treatment environment to address their needs. Often, caregivers of these children may be faced with a decision to relinquish their parental rights to DFPS solely to obtain behavioral health services for the child. Creating viable residential treatment options would provide an alternative to parental relinquishment, inability to find suitable kinship or foster care placements, or extended commitments to TJJD.

As a residential option to meet the needs of children with high acuity behavioral health conditions and co-occurring IDD does not exist in Texas, it is difficult to definitively identify this type of facility, though there are minimum specifications that should be a feature of the residential physical environment and treatment offered. The following are examples of considerations for operations:

- The residential environment should be operated within a trauma-informed model of care;
- The residential environment should be able to accommodate a comprehensive array of services meeting the behavioral health, and/or co-occurring IDD needs of children between the ages of 10-17;
- The residential environment should support providing developmentally appropriate daily living skills that will prepare children to live in the community upon discharge, either in a placement (e.g., kinship or foster care placement), or independently;
- The residential environment should be staffed with clinicians who are skilled at delivering evidence-based interventions that are diagnostically and behaviorally appropriate and effective at meeting the complex needs of children; and
- The residential environment should have effective admission, continuity, discharge, and follow-up standards.

Implementation would require a statutory and rule framework that clearly defines organizations eligible to make referrals to the residential facility, the population of focus or eligibility criteria, admission processes, licensure requirements, and more. In addition, implementation will require funding to operate the residential facility, comport with facility infrastructure requirements, and treatment standards. Some of the recommendations in this section are meant to provide options for a residential environment that could serve children with the needs described above.

Recommendations

Recommendation

Fund HHSC to establish PRTFs as a Medicaid state plan Benefit.

A Psychiatric Residential Treatment Facility (PRTF) is any non-hospital facility with a provider agreement with a State Medicaid Agency to provide the inpatient services benefit to Medicaid-eligible individuals under the age of 21 (psych under 21 benefit). The facility must be accredited by the Joint Commission or any other accrediting organization with comparable standards recognized by the state. PRTFs must also meet the requirements in §441.151 through 441.182 Title 42 of the Code

of Federal Regulations. HHSC would need to both create a PRTF license that meets these requirements and include PRTF as a Medicaid state plan benefit.

There are several states that have successfully implemented PRTF standards that can serve as valuable examples for Texas, including Alabama, Kansas, Kentucky, Louisiana, North Carolina, and Oklahoma.

Existing Residential Care

Recommendations

Recommendation

Fund HHSC to expand the Residential Treatment Center Project to include increasing rates for services.

The Residential Treatment Center (RTC) project is a partnership between DFPS and HHSC to provide intensive support for families who are at-risk of relinquishment to DFPS due to the acuity of their child's behavioral health needs. The goal of the RTC project is to prevent families from relinquishing their parental rights to DFPS by:

- Connecting families to behavioral health services available in their community through their LMHA or LBHA; and
- Providing state-funded residential placement to meet their child's mental health needs when families do not have the resources to access residential placement.

In SFY 2023, 249 referrals were made to the RTC project, 98 of which were received from DFPS. 42 percent of children referred to the RTC project were not receiving behavioral health services through the LMHAs or LBHAs at time of referral but were connected to these services through this process. The average length of stay in the RTC was 5 months. 22 percent of children referred to the RTC project were diverted from RTC placement due to being connected with community-based services.

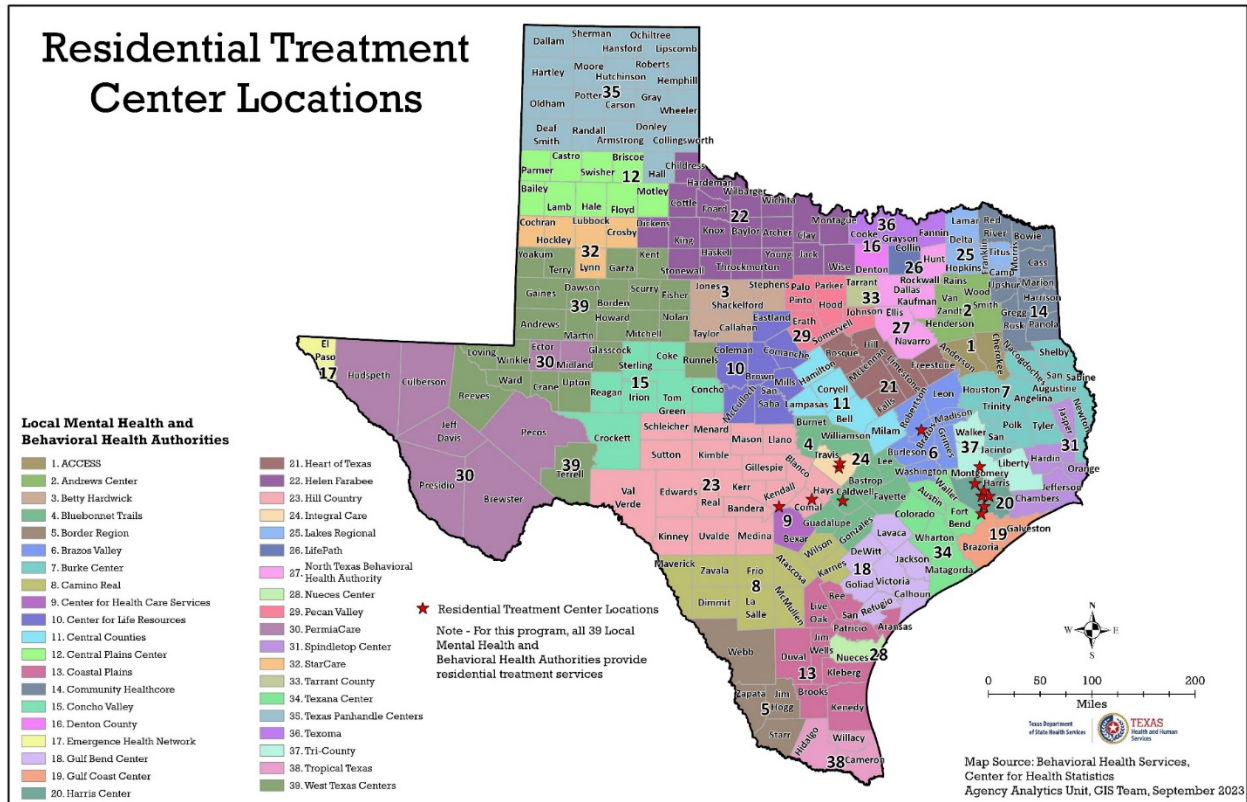
The mental health acuity of children being referred to the RTC project has increased since program inception. Children being referred now often have a history of human trafficking, substance use, and IDD, requiring RTC providers to hire a workforce skilled in serving children with these needs and modifying program operations to accommodate their admission and treatment.

In SFY 2023, the project increased its rate to align with the current DFPS rate structure and to ensure that the RTC project facilities received adequate payment based on the needs of children referred and to meet standards of effective service delivery. This rate change also increased the provider base from 11 to 19 providers

in SFY 2024. Reimbursement rates should reflect the needs of children referred to the RTC project and align with DFPS rates to prevent unintentional competition for RTC capacity due to rate differentials where one rate is less than another.

Figure 13 is a map of residential treatment center locations across the state.

Figure 13. Residential Treatment Center Locations



Recommendation

Fund HHSC to expand youth substance use treatment programs and the resources available to the youth treatment provider network.

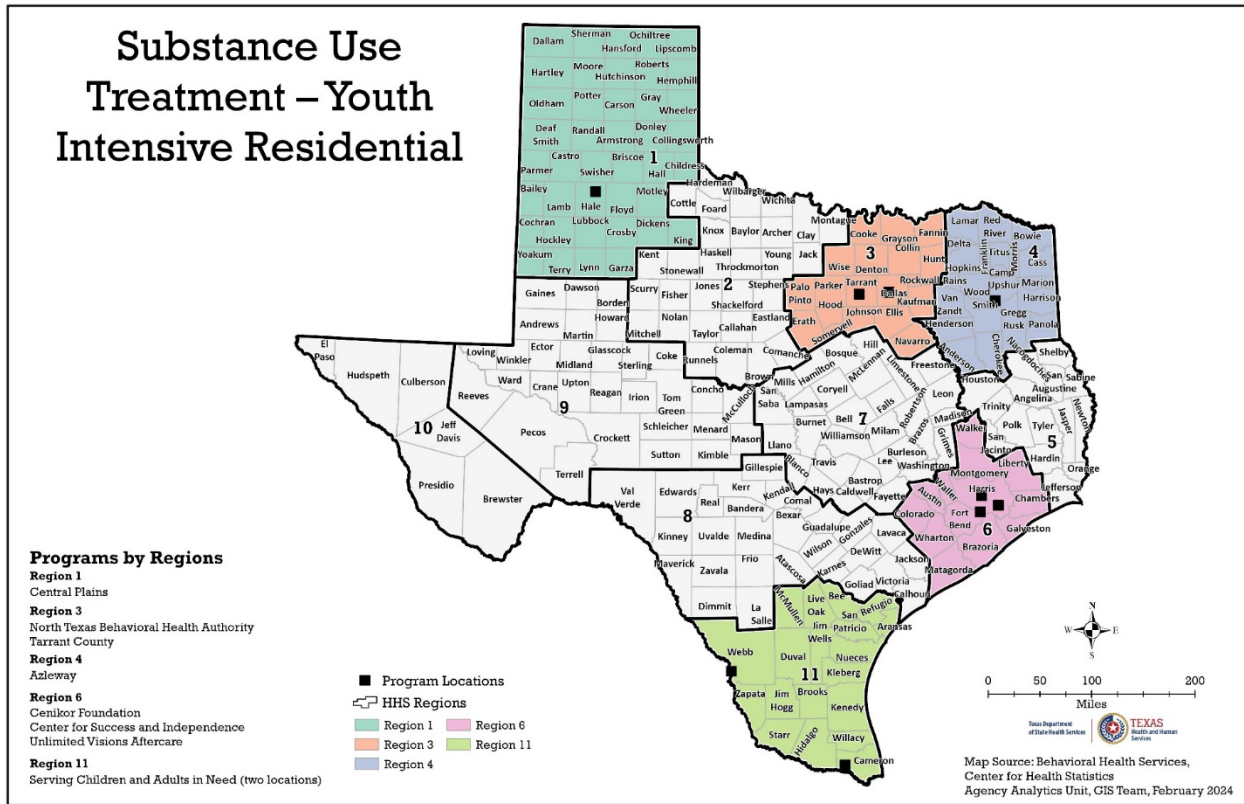
SUD youth treatment services engage the child and family in recovery efforts from outreach through treatment and continuing care. Treatment approaches are evidence-based, holistic in design, and emphasize coordination of care across the continuum. Evidence-based techniques and curriculums are required in all SUD youth treatment settings. Services include in-person and group counseling, life skills, and substance use education. Treatment for youth includes three service types:

- Intensive Residential;
- Supportive Residential; and
- Outpatient Treatment.

There are 32 providers of SUD youth treatment programs including LMHAs, LBHAs, non-profit organizations, for profit organizations, and other governmental entities.

In SYF 2023, the Youth Intensive Residential Treatment program served 674 children, with 48 percent successfully completing treatment. 97 percent of children were abstinent at discharge, 91 percent were admitted and involved in on-going treatment, 98 percent had no arrest since admission, and 86 percent were enrolled in school or vocational training at discharge. Figure 14 is a map of youth intensive residential treatment locations and counties served. Expanding youth substance use treatment programs and the resources available to the youth treatment provider network could increase the number of providers or existing provider capacity to serve more youth in geographical areas where care is difficult to access.

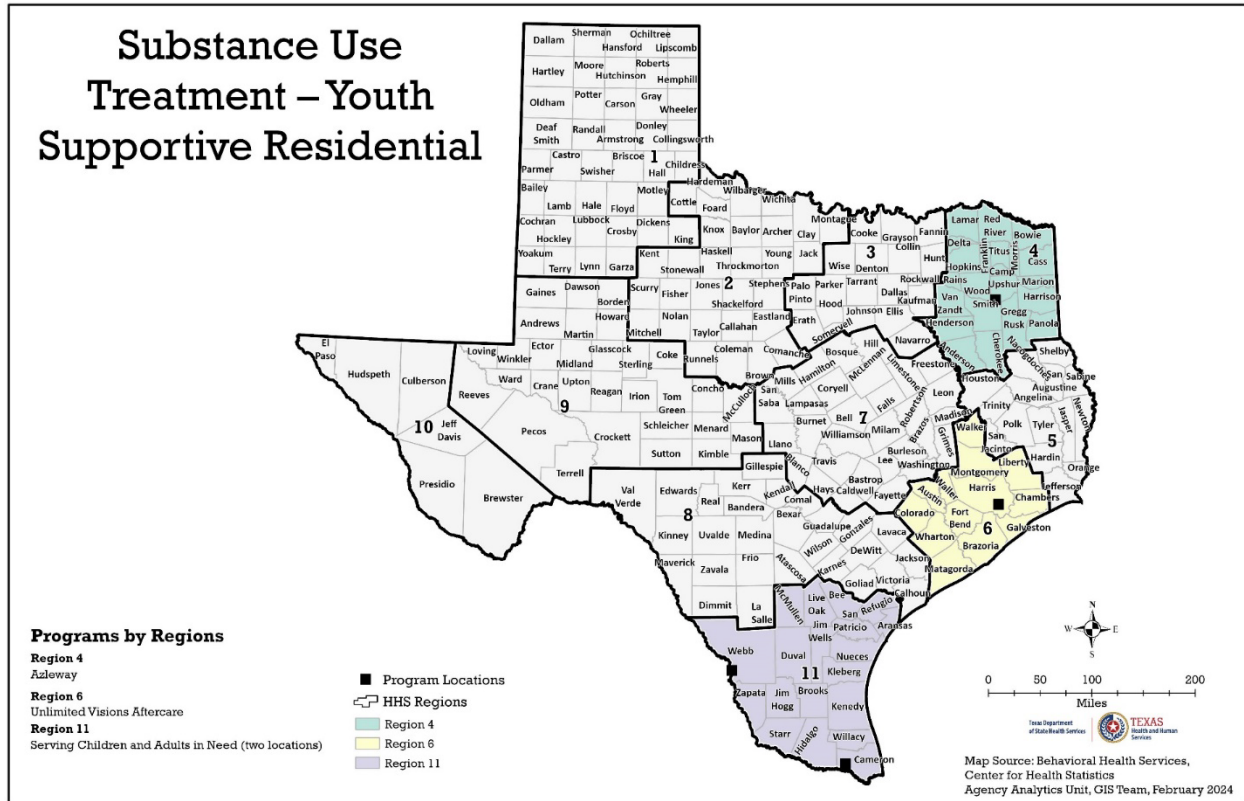
Figure 14. Substance Use Treatment – Youth Intensive Residential Locations



In SFY 2023, the Youth Supportive Residential Treatment program served 81 children, with 85 percent successfully completing treatment. 99 percent of children were abstinent at discharge, 100 percent were admitted and involved in on-going treatment, 100 percent had no arrest since admission, and 74 percent were enrolled in school or vocational training at discharge.

Figure 15 is a map of youth supportive residential treatment locations and counties served.

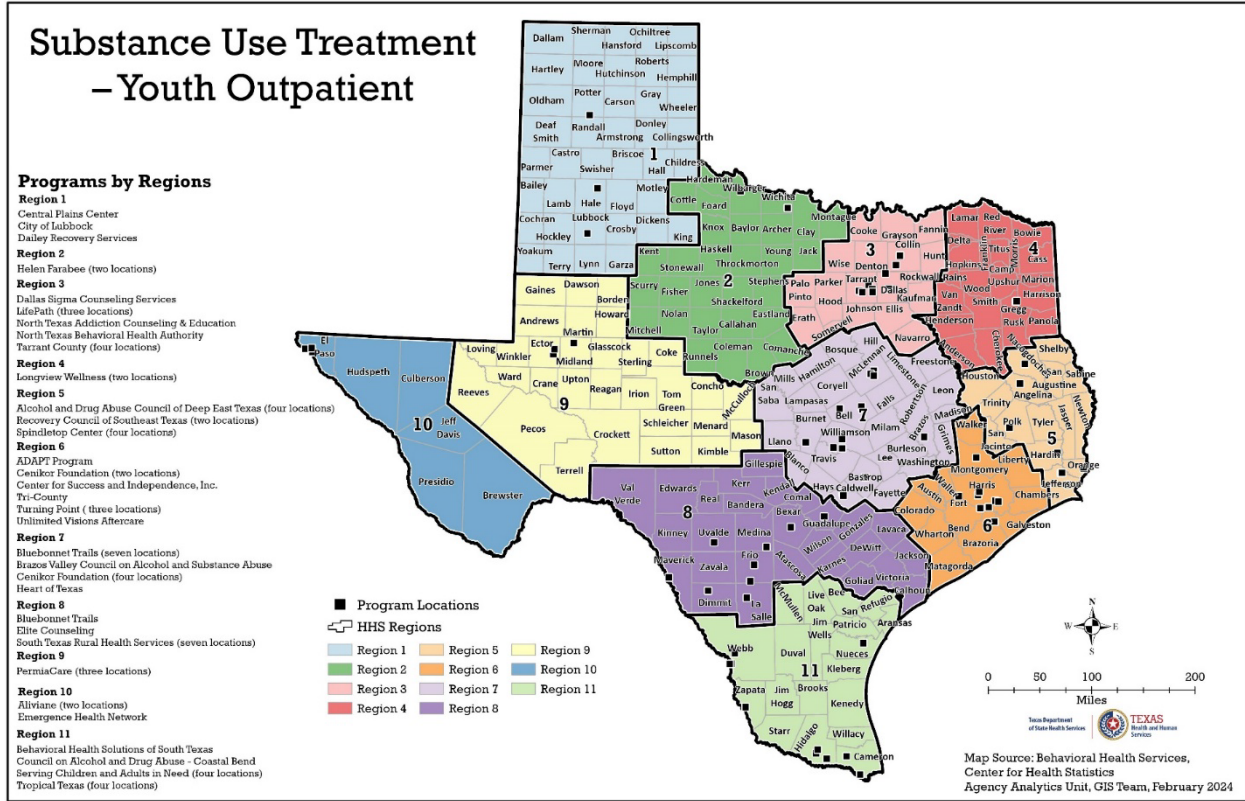
Figure 15. Substance Use Treatment – Youth Supportive Residential Locations



In SYF 2023, the Youth Outpatient Treatment program, served 1,956 children, with 40 percent successfully completing treatment. 90 percent of children were abstinent at discharge, 57 percent were admitted and involved in on-going treatment, 98 percent had no arrest since admission, and 88 percent were enrolled in school or vocational training at discharge.

Figure 16 contain maps of youth outpatient treatment locations and counties served.

Figure 16. Substance Use Treatment – Youth Outpatient Locations



Behavioral Health Inpatient Care

Behavioral Health Inpatient Care is care delivered to children in a hospital-based setting that reduces imminent risk of harm to self or others, prevents deterioration of mental or physical health, and prepares for transition to less restrictive settings and long-term intensive treatment. The subcommittee recommends that, in making decisions regarding inpatient bed capacity, consideration be given to the findings from the Texas A&M University System Health Science Center, Article III Study on Mental Health Services for Children and Adolescents.

Recommendations

Recommendation

Fund HHSC to increase rates for inpatient providers serving children with co-occurring mental health conditions and IDD and those with co-occurring complex medical conditions.

Capacity limitations mean children are often waiting for an inpatient admission in crisis, juvenile detention facilities, emergency rooms, and other places unsuitable to meet their needs. In addition, youth with IDD are often denied services from private psychiatric hospitals due to potential disruption of the treatment environment, or due to diagnostic overshadowing attributed more to their IDD than to mental health diagnoses. This population needs increased access to inpatient

psychiatric beds to ensure appropriate evaluation to address diagnostic overshadowing, care, and treatment that addresses co-occurring conditions. Increasing funding would incentivize more inpatient facilities to serve these complex children.

Behavioral Health Crisis Care

Behavioral Health Crisis care is care delivered to children in an outpatient or crisis facility environment, or in the community, that reduces imminent risk of harm to self or others or deterioration of the child’s mental or physical health.

Recommendations

Recommendation

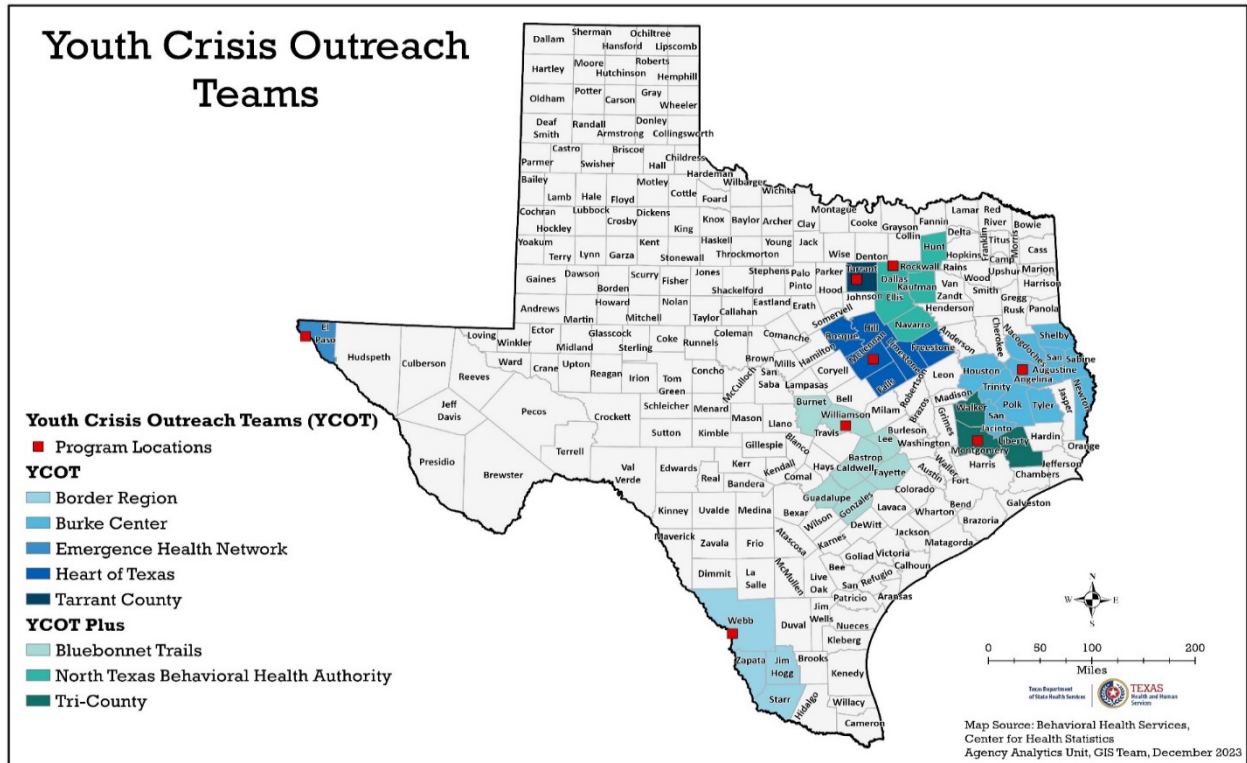
Fund HHSC to Expand Youth Crisis Outreach Teams as a Statewide Service Available 24/7.

The Youth Crisis Outreach Team (YCOT) pilots are intended to provide in-person community-based stabilization and support 24 hours a day, seven days a week, for a child in crisis. The diversionary goal aligns with the current statewide Mobile Crisis Outreach Team model, but YCOTs focus on enhancing child response and providing extended follow-up and linkage to resources.

During the 88th Legislative Session, HHSC received funding and awarded contracts to 8 providers to deliver YCOT services across 32 counties. Current funding does not support a full-time 24/7 response, however, and sites are limited. Significant investment would be required to ensure capacity for 24/7 statewide coverage, and it is unclear that this is what Texas requires. Increasing funding to expand to new sites and/or enhance capacity at current sites will help YCOT achieve its great potential to significantly benefit Texas children and families.

Figure 17 is a map of the counties served by YCOT teams.

Figure 17. Youth Crisis Outreach Teams Locations



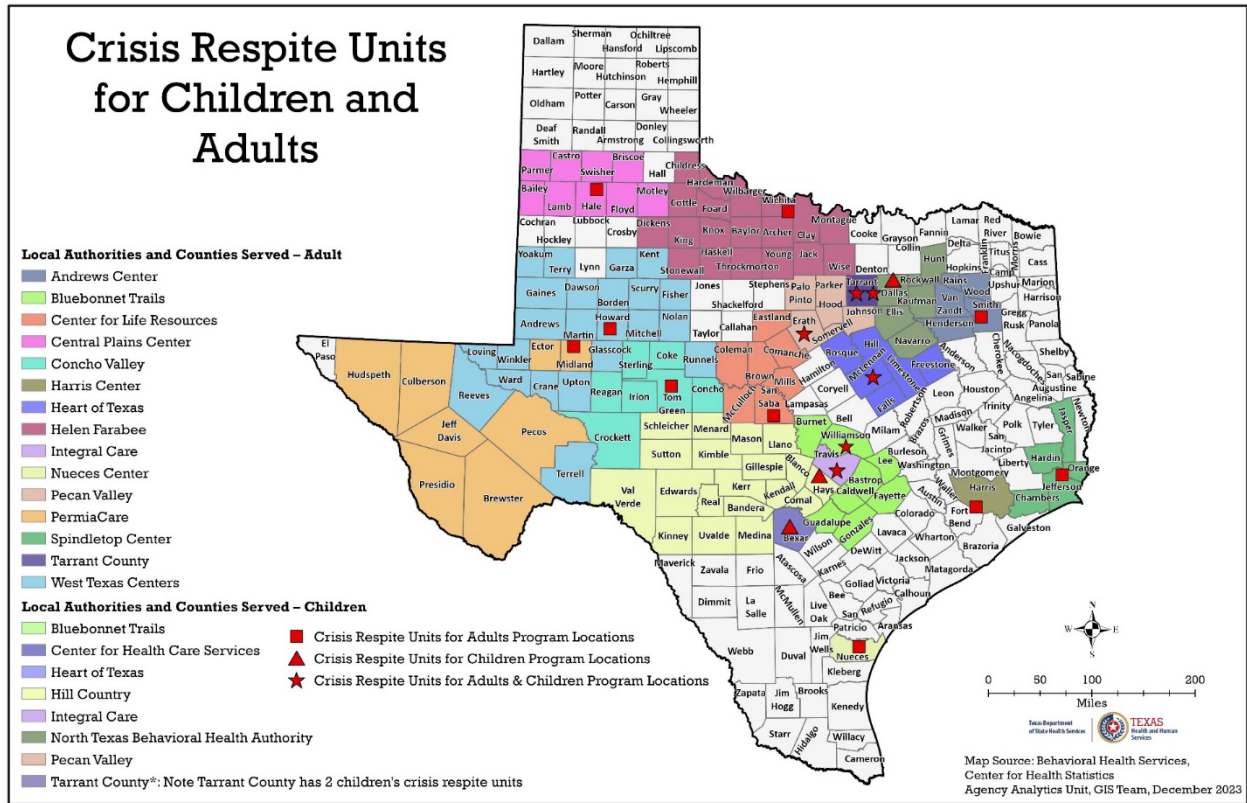
Recommendation

Fund HHSC to expand crisis respite units serving children with behavioral health conditions and/or IDD.

Crisis respite programs provide short-term, community-based crisis care for people who pose a low risk of harm to themselves or others and do not require hospitalization but may have functional impairment that necessitates direct supervision and care. This is the least intensive, facility-based crisis option. Services may be provided for a few hours or up to seven days. Many of the people served in these programs have experienced an event causing significant distress, are having housing challenges, or have loved ones or caretakers seeking temporary support or supervision. Facility-based crisis respite services have trained staff on-site 24 hours per day, seven days per week. Some crisis respites are run by peers (people who have at least one cumulative year of receiving mental health community services).

There are 28 crisis respite units across the state, but only 11 that exclusively serve children, and one that serves children and adults. In SFY 2023, 77 children were served in children’s crisis respite units. The average age of the child was 14 with an average length of stay of nine days. There was a 48 percent decrease in crisis encounters before and after receiving treatment in the children’s crisis respite unit. Figure 18 is a map the existing crisis respite unit locations.

Figure 18. Crisis Respite Units for Children and Adults Locations



Recommendation

Fund HHSC to cover crisis services such as in-home and out-of-home crisis respite, extended observation, and crisis stabilization services as a Medicaid state plan benefit, to the extent allowable under federal requirements.

National guidelines identify three core crisis services that should be accessible to anyone who is experiencing a behavioral health crisis: regional crisis call centers or crisis hotlines, crisis mobile team response, and crisis receiving and stabilization facilities.¹⁰⁰ While MCOT services are typically reimbursable by Medicaid, more nuanced and robust services such as crisis stabilization are not covered by the Medicaid state plan. Crisis stabilization allows for better matching of the right service for the person’s need with the appropriate type of mental health professional. Crisis stabilization is critical to closing the gap in coverage for children enrolled in Medicaid and ensuring children with higher behavioral health needs get appropriate care, preventing unnecessary and costly emergency room visits or hospital stays. These services would benefit youth with IDD, many of whom receive or are eligible to receive Medicaid because of their eligibility for Supplemental

¹⁰⁰ <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf>.

Security Income or certain Medicaid programs. Existing state and local resources to fully meet the crisis stabilization needs of youth with IDD are limited. Crisis respite provides critical short-term relief for family or other caretakers struggling to care for a loved one with a behavioral health condition and/or IDD. Twenty states cover crisis stabilization services as a Medicaid state plan benefit, while 10 states cover crisis respite.

Conclusion

In the last 20 years the number of children who need behavioral health services has increased. Caregivers experience unique strains in meeting these children's needs and managing life circumstances (e.g., employment, housing, and childcare) that foster safe and healthy environments for their children.

The Children's Behavioral Health Strategic Plan subcommittee developed a plan focused on children's behavioral health needs, offering recommendations that would take multiple biennia to implement. Successful implementation will require ongoing commitment from all branches of government, as well as local, state, and federal multi-sector partnerships.

The Behavioral Health Continuum of Care operated by the state should serve as a safety net and be flexible and responsive to the evolving and unique needs of children and caregivers. The Children's Behavioral Health Strategic plan is a living document that the SBHCC is committed to adapting based on the evolving landscape of Texas and the needs of the most vulnerable children and caregivers.

The plan is intended to foster an environment in which Texas children and their caregivers, based on identified need, have access to compassionate, comprehensive, and innovative behavioral health care, that will help develop their resilience and enable them to thrive emotionally, mentally, and socially.

During the Texas Mental Health Creative Arts contest, middle schooler Zoey Ramteke wrote a poem about mental health and its importance for all. In parts, she wrote: "Family and friends are there to help you sustain. We'll lend a hand, don't worry about fear. People who struggle with mental health...Together, we can stay strong and get through this."

Together we can support healthy Texas families for a healthy Texas.

APPENDIX A: Coordinated Expenditure Report

Article I – Office of the Governor

Program	Service Type	Agency Budget Strategy	Summary Description	Fund Type	FY 2024 Appropriated	FY 2025 Appropriated
Specialty Courts Program	Substance Use Disorder Services - Intervention	B.1.1. Criminal Justice	Provides grant funding to specialty courts as described in chapters 121-126 and 129-130 of the Texas Government Code.	GR	\$0	\$0
				GR-D	\$629,848	\$630,000
				FF	\$0	\$0
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$629,848	\$630,000
Residential Substance Abuse Treatment	Substance Use Disorder Services - Intervention	B.1.1. Criminal Justice	Provides grant funding to states and local governments in the development and implementation of substance use treatment programs in correctional and detention facilities.	GR	\$0	\$0
				GR-D	\$0	\$0
				FF	\$160,277	\$160,000
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$160,277	\$160,000
Juvenile Justice & Delinquency Prevention	Mental Health Services - Other	B.1.1. Criminal Justice	Provides grant funding to units of local government and non-profit corporations to improve the juvenile justice system through increased access to mental health and substance abuse services.	GR	\$0	\$0
				GR-D	\$729,723	\$750,000
				FF	\$0	\$0
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$729,723	\$750,000
Office of the Governor, Total					\$1,519,848	\$1,540,000

Article II – Department of Family Protective Services

Program	Service Type	Agency Budget Strategy	Summary Description	Fund Type	FY 2024 Appropriated	FY 2025 Appropriated
Post-Adoption/ Post-Permanency Purchased Services	Mental Health Services - Other	B.1.5	Provide payments to contractors for short-term residential behavioral health services to provide families with critical supports to promote permanency and reduce re-entry into the foster care system and dissolution of consummated adoptions.	GR	\$752,289	\$752,289
				GR-D	\$0	\$0
				FF	\$518,053	\$518,053
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$1,270,342	\$1,270,342
Substance Abuse Prevention and Treatment Services	Substance Use Disorder Services - Intervention	B.1.7	Provide payments to contractors for substance abuse prevention and treatment services (education, counseling, and treatment) delivered to individuals to meet their needs, where not met by HHSC funded services or other community services. Services may include: • Substance abuse assessment and diagnostic consultation. • Individual, group and/or family substance abuse counseling and therapy, including home-based therapy.	GR	\$3,744,847	\$3,744,847
				GR-D	\$0	\$0
				FF	\$107,813	\$107,813
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$3,852,660	\$3,852,660
Other CPS Purchased Services	Counseling and Therapeutic Services	B.1.8	Provide payments to contractors for counseling and therapeutic services delivered to individuals to meet their service plan needs, where not met by STAR Health or other services. Services may include: • Psychological testing, psychiatric evaluation, and psychosocial assessments. • Individual, group, and/or family counseling and therapy, including home-based therapy.	GR	\$10,228,365	\$10,228,365
				GR-D		
				FF	\$14,028,814	\$14,028,814
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$24,257,179	\$24,257,179

Program	Service Type	Agency Budget Strategy	Summary Description	Fund Type	FY 2024 Appropriated	FY 2025 Appropriated
APS Emergency Client Services	Mental Health Services - Other	D.1.3	Provide payments to contractors for mental health services to individuals to assess capacity and meet their service plan needs where services are not already provided through HHSC or other funding sources.	GR	\$28,959	\$28,959
				GR-D	\$0	\$0
				FF	\$159,037	\$159,037
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$187,996	\$187,996
Prevention and Early Intervention Services	Service Coordination/Crisis Intervention	C	Fund family-strengthening programs and initiatives that support healthy parenting relationship and positive conflict resolution while promoting positive outcomes for children, youth, and families to: <ul style="list-style-type: none"> Mitigate the need for more intensive interventions. Make referrals and offer complementary auxiliary support to families. 	GR	\$3,542,151	\$3,542,151
				GR-D	\$0	\$0
				FF	\$15,735,923	\$15,735,923
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$19,278,074	\$19,278,074
Increase SSCC's for Kinship Behavioral Health Services	Mental Health Services - Other	B.1.1	Contracted SSCC providers currently leverage their existing infrastructure and provider networks to ensure youth in their respective regions have access to care. DFPS data reflects the SSCC's ability to address the behavioral health needs of youth as intended by this model. This strategy intends to expand the behavioral health funding for SSCC's to specifically service children in kinship care and the families supporting them.	GR	\$1,500,000	\$1,500,000
				GR-D	\$0	\$0
				FF	\$0	\$0
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$1,500,000	\$1,500,000
Sustain Intensive Psychiatric	Mental Health Services - Other	B.1.9, E.1.4, F.1.1	DFPS has identified a gap in the service delivery system for youth exiting inpatient psychiatric treatment. Once the acute	GR	\$10,752,192	\$10,309,550
				GR-D	\$0	\$0
				FF	\$67,873	\$3,955

Program	Service Type	Agency Budget Strategy	Summary Description	Fund Type	FY 2024 Appropriated	FY 2025 Appropriated
Stabilization Program (IPSP)			phase has been stabilized, private psychiatric hospitals are discharging subacute youth who lack readiness to return to existing placements or another option such as residential treatment centers (RTC). This gap has exacerbated the children without placement issue that the system is currently experiencing. This strategy proposes to maintain this initiative to continue offering an option in the continuum of care that meets the behavioral health needs of youth in the subacute stage of their recovery while also mitigating placement issues for youth.	IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$10,820,065	\$10,313,505
Behavioral Health Strategy Team	Mental Health Services - Other	E.1.1, E.1.4, F.1.1	To ensure a coordinated and outcome-based approach to meeting the behavioral health needs for youth in DFPS conservatorship, this strategy proposes funding a dedicated team at DFPS solely focused on addressing the strategic, coordinated care of youth in conservatorship. This inaugural team will work closely with DFPS leadership and other child-serving institutions, stakeholders, and partners to strengthen service delivery for youth and families engaged with the DFPS system or those at risk of coming into conservatorship -5 FTE's.	GR	\$459,231	\$459,231
				GR-D	\$0	\$0
				FF	\$172,931	\$172,931
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$632,162	\$632,162
Department of Family Protective Services, Total					\$61,798,478	\$61,291,918

Article II – Department of State Health Services

Program	Service Type	Agency Budget Strategy	Summary Description	Fund Type	FY 2024 Appropriated	FY 2025 Appropriated
Center for Health Statistics	Research	A.1.5 Health Data and Statistics	Texas Youth Risk Behavior System (YRBS): Survey of a sample of Texas high school students that collects information on behaviors, including suicide ideation and alcohol and substance use.	GR	\$0	\$14,430
				GR-D	\$0	\$0
				FF	\$0	\$33,670
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$0	\$48,100
Ryan White HIV/AIDS Program, Part B Grant, and State Services	Mental Health Services - Outpatient	A.2.2. HIV/STD Prevention	Mental Health (MH) Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV.	GR	\$0	\$0
				GR-D	\$0	\$0
				FF	\$0	\$0
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$0	\$0
Ryan White HIV/AIDS Program, Part B Grant, and State Services	Substance Use Disorder Services - Outpatient	A.2.2. HIV/STD Prevention	Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders for clients living with HIV. Services include screening, assessment, diagnosis, and treatment.	GR	\$0	\$0
				GR-D	\$0	\$0
				FF	\$0	\$0
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$0	\$0
Specialized Health and Social Services	Mental Health Services - Other	B.1.1. Maternal and Child Health	Service 1: Regional case management staff are active members of the Community Resource Coordination Groups (CRCG) and provide evidence-based technical assistance to families and organizations in need of behavioral health	GR	\$0	\$0
				GR-D	\$0	\$0
				FF	\$0	\$0
				IAC	\$0	\$0
				Other	\$0	\$0

Program	Service Type	Agency Budget Strategy	Summary Description	Fund Type	FY 2024 Appropriated	FY 2025 Appropriated
			/ disability services. Service 2: Regional case management staff coordinate with local mental health authorities & parents to conduct risk assessments if client shows signs of need. Regional THSteps staff educate providers on importance of conducting risk screenings per periodicity schedule for Medicaid recipients. Service 3: Regional case management/Texas Health Steps staff recruit for new behavioral health providers in underserved areas and coordinate with providers in populated areas to assist in underserved area via Telehealth or in-person.	Subtotal	\$76,273	\$76,273
Department of State Health Services, Total					\$76,273	\$124,373

Article II – Health and Human Services Commission

Program	Service Type	Agency Budget Strategy	Summary Description	Fund Type	FY 2024 Appropriated	FY 2025 Appropriated
System of Care Expansion and Sustainability Cooperative Agreement	Mental Health Services - Outpatient	D.2.2. Community Mental Health Services - Children	The purpose of this program is to improve behavioral health outcomes for children and youth (birth-21) with serious emotional disturbances (SED) and their families. This program will support the widescale operation, expansion, and integration of the System of Care (SOC) approach by creating sustainable infrastructure and services that are required as part of the Comprehensive Community Mental Health Services for Children and their Families Program (also known as the Children’s Mental Health Initiative).	GR	\$0	\$0
				GR-D	\$0	\$0
				FF	\$2,585,775	\$2,585,775
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$2,585,775	\$2,585,775
Community Mental Health Services - Children (Outpatient)	Mental Health Services - Outpatient	D.2.2. Community Mental Health Services - Children	Outpatient Services include an array of community-based services to support recovery and resilience of children and families. Examples include medication-related services, skills training, counseling, case management, family support services, and crisis intervention services.	GR	\$71,223,952	\$71,223,952
				GR-D		
				FF	\$23,748,415	\$23,748,415
				IAC		
				Other		
				Subtotal	\$94,972,367	\$94,972,367
Community Mental Health Services - Children (Inpatient)	Mental Health Services - Inpatient	D.2.2. Community Mental Health Services - Children	This strategy supports the purchase of psychiatric bed days from local, general or private psychiatric hospitals using funds in the Children's Mental health Services Strategy. These funds are not specifically designated for inpatient services, but local authorities may use them to facilitate access to needed	GR	\$761,210	\$761,210
				GR-D		
				FF		
				IAC		
				Other		

Program	Service Type	Agency Budget Strategy	Summary Description	Fund Type	FY 2024 Appropriated	FY 2025 Appropriated
			inpatient care for individuals experiencing acute psychiatric crises.	Subtotal	\$761,210	\$761,210
Community Mental Health Services - Children (All Other)	Mental Health Services - Other	D.2.2. Community Mental Health Services - Children	Other funded activities support the mental health service delivery system, including community center training, contracted activities that directly relate to mental health community services, statewide claims processing, centralized program support, and performance contract management and quality management support costs.	GR	\$6,672,390	\$6,672,390
				GR-D		
				FF	\$2,438,540	\$2,438,540
				IAC		
				Other	\$0	\$0
				Subtotal	\$9,110,930	\$9,110,930
DFPS Relinquishment Slots	Mental Health Services - Outpatient	D.2.2. Community Mental Health Services - Children	Relinquishment Slots (DFPS) - Intensive residential treatment for children and youth referred to DFPS who are at risk for parental relinquishment of rights to solely to a lack of mental health resources to meet the needs of children with severe emotional disturbance whose symptoms make it unsafe for the family to care for the child in the home.	GR	\$5,118,481	\$5,118,481
				GR-D	\$0	\$0
				FF	\$0	\$0
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$5,118,481	\$5,118,481
Community Mental Health Services - Children Administration	Staff	D.2.7 Community Behavioral Health Administration	The purpose of this strategy is to support HHSC's administrative support needs to oversee the implementation of the state's Community Mental Health services for children as described in strategy D.2.2.	GR	\$2,929,396	\$2,973,981
				GR-D		
				FF	\$554,022	\$554,022
				IAC	\$1,396,212	\$1,403,909
				Other	\$0	\$0
				Subtotal	\$4,879,630	\$4,931,912

Program	Service Type	Agency Budget Strategy	Summary Description	Fund Type	FY 2024 Appropriated	FY 2025 Appropriated
Child Advocacy Programs (Child Advocacy Centers)	Mental Health Services - Outpatient	F.3.2 Child Advocacy Programs	Children's Advocacy Centers (CAC) provide assistance, advocacy, and coordination of multidisciplinary teams to serve child survivors of physical abuse, sexual abuse, and neglect and their families.	GR	\$23,942,802	\$23,942,802
				GR-D	\$4,013,500	\$4,013,500
				FF	\$2,779,225	\$2,779,225
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$30,735,527	\$30,735,527
Youth Empowerment Services (YES) Waiver	Mental Health Services - Outpatient	D.2.5 Behavioral Health Waivers	Mental Health Services for Children YES Waiver - This program provides intensive wrap-around services for children at risk of hospitalization or parental relinquishment due to a need for services to treat serious emotional disturbance. Children enrolled in YES are eligible for all Medicaid behavioral health services as well as those that are specific to the YES service array, such as adaptive aids and supports, specialized therapies, and minor home modifications.	GR	\$7,545,276	\$7,545,276
				GR-D		
				FF	\$6,135,584	\$6,135,584
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$13,680,860	\$13,680,860
Community Health Crisis Services (All Other)	Mental Health Services - Other	D.2.3 Community Health Crisis Services	Child Crisis Respite	GR	\$5,700,000	\$5,700,000
				GR-D	\$0	\$0
				FF	\$0	\$0
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$5,700,000	\$5,700,000
			YCOT	GR	\$7,000,000	\$7,000,000

Program	Service Type	Agency Budget Strategy	Summary Description	Fund Type	FY 2024 Appropriated	FY 2025 Appropriated
Community Health Crisis Services (All Other)	Mental Health Services - Other	D.2.3 Community Health Crisis Services		GR-D	\$0	\$0
				FF	\$0	\$0
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$7,000,000	\$7,000,000
Children with Special Needs	Mental Health Services - Other	L.1.2 IT Oversight & Program Support	Children with special needs are children that have complex or chronic conditions that require a variety of services for the children and their families. Most of their daily needs are in the form of supports and services that are provided separately from their medical care. Note: Program area provides strategic planning and coordination. No clients served.	GR	\$65,551	\$65,551
				GR-D	\$0	\$0
				FF	\$0	\$0
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$65,551	\$65,551
Substance Abuse Prevention	Substance Use Disorder Services - Prevention	D.2.4 Substance Abuse Prevention/ Intervention/ Treatment	Substance Use Youth Prevention Programs	GR	\$39,042,306	\$39,042,306
				GR-D	\$0	\$0
				FF	\$0	\$0
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$39,042,306	\$39,042,306
Substance Abuse Treatment	Substance Use Disorder	D.2.4 Substance Abuse	Substance Use Treatment for Youth (TRY)	GR	\$20,066,973	\$20,066,973
				GR-D	\$0	\$0

Program	Service Type	Agency Budget Strategy	Summary Description	Fund Type	FY 2024 Appropriated	FY 2025 Appropriated
	Services - Treatment	Prevention/ Intervention/ Treatment		FF	\$0	\$0
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$20,066,973	\$20,066,973
Substance Abuse Intervention	Substance Use Disorder Services - Recovery	D.2.4 Substance Abuse Prevention/ Intervention/ Treatment	Youth Peer Program	GR	\$3,200,000	\$3,200,000
				GR-D	\$0	\$0
				FF	\$0	\$0
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$3,200,000	\$3,200,000
Health and Human Services Commission, Total					\$236,919,610	\$236,971,892

Medicaid

Program	Summary Description	Fund Type	FY 2024	FY 2025
Medicaid	Mental Health Cost Estimate – Medical and Drug – Age 0 to 17	General Revenue	\$345,454,073	\$375,562,345
		All Funds	\$889,029,891	\$947,766,439

CHIP

Program	Summary Description	Fund Type	FY 2024	FY 2025
CHIP	Mental Health Cost Estimate – Medical and Drug – Age 0 to 17	General Revenue	\$8,775,567	\$14,282,194
		All Funds	\$31,911,153	\$51,026,059

Article III – Texas Education Agency

Program	Service Type	Agency Budget Strategy	Summary Description	Fund Type	FY 2024 Appropriated	FY 2025 Appropriated
Rider 85-Fentanyl Contamination Training	Education and Training	Strategy B.2.2 Health and Safety	As specified in the rider, funds from the Opioid Abatement Account No. 51894 are to provide training developed by The University of Texas Health Science Center at San Antonio utilizing Education Service Center (ESC) staff to train school district employees regarding the dangers of fentanyl contamination.	GR		
				GR-D	\$2,611,722	\$0
				FF	\$0	\$0
				IAC	\$0	\$0
				Other		\$0
				Subtotal	\$2,611,722	\$0
Rider 88- Mental Health Services in Out of School Time	Mental Health Services - Other	Strategy A.2.1 Statewide Educational Programs	As specified in the rider, funding to support the TexasPartnership for Out of School Time to implement mental health programs in community-based out of school time (OST) and statewide intermediary infrastructure to support OST programs and professionals.	GR	\$2,500,000	\$2,500,000
				GR-D	\$0	\$0
				FF	\$0	\$0
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$2,500,000	\$2,500,000
Texas Education Agency, Total					\$5,111,722	\$2,500,000

Article III – University of Texas Health Science Center at San Antonio

Program	Service Type	Agency Budget Strategy	Summary Description	Fund Type	FY 2024 Appropriated	FY 2025 Appropriated
				GR	\$10,263,401	\$10,263,401

Program	Service Type	Agency Budget Strategy	Summary Description	Fund Type	FY 2024 Appropriated	FY 2025 Appropriated
Texas Child Mental Health Care Consortium	Mental Health Services - Other	Statewide Behavioral Health Strategic Plan	Improving mental health care and systems of care for the children and adolescents of Texas.	GR-D	\$0	\$0
				FF	\$0	\$0
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$10,263,401	\$10,263,401
University of Texas Health Science Center at San Antonio, Total					\$10,263,401	\$10,263,401

Article III – Texas Higher Education Coordinating Board

Program	Service Type	Agency Budget Strategy	Summary Description	Fund Type	FY 2024 Appropriated	FY 2025 Appropriated
Texas Child Mental Health Care Consortium - CPAN	Mental Health Services - Other	D.1.7.	Child Psychiatry Access Network. A network of child psychiatry access centers that will provide consultation services and training opportunities for pediatricians and primary care providers operating in the center's geographical region to better care for children and youth with behavioral health needs.	GR	\$18,539,674	\$18,539,674
				GR-D	\$0	\$0
				FF	\$17,045,044	\$17,045,044
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$35,584,718	\$35,584,718
Texas Child Mental Health Care Consortium - TCHAT	Mental Health Services - Other	D.1.7.	Texas Child Health Access Through Telemedicine. Creates or expands telemedicine or telehealth programs to identify and assess behavioral health needs and provide access to MH services. Prioritizes	GR	\$80,380,971	\$80,380,971
				GR-D		
				FF	\$24,653,978	\$24,653,978
				IAC	\$0	\$0

Program	Service Type	Agency Budget Strategy	Summary Description	Fund Type	FY 2024 Appropriated	FY 2025 Appropriated
			the MH needs of at-risk children/youth and maximizes the number of school districts served in diverse regions of Texas.	Other	\$0	\$0
				Subtotal	\$105,034,949	\$105,034,949
Texas Child Mental Health Care Consortium - CPWE	Workforce Development	D.1.7.	Community Psychiatry Workforce Expansion. Funds community psychiatric workforce expansion projects through partnerships between health-related institutions of higher education and community mental health providers. Develops training opportunities for residents and supervising residents.	GR	\$16,993,045	\$16,993,045
				GR-D	\$0	\$0
				FF	\$13,426,717	\$13,426,717
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$30,419,762	\$30,419,762
Texas Child Mental Health Care Consortium - CAP Fellowships	Workforce Development	D.1.7.	Child and Adolescent Psychiatry Fellowships. Funds additional child and adolescent psychiatry fellowship positions at health-related institutions of higher education.	GR	\$5,567,228	\$5,567,228
				GR-D	\$0	\$0
				FF	\$0	\$0
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$5,567,228	\$5,567,228
Texas Child Mental Health Care Consortium - Research	Research	D.1.7.	Research; Development of two research networks focused on mental health research in the areas of childhood depression and childhood trauma with the goal of improving systems of care.	GR	\$14,790,355	\$14,790,355
				GR-D	\$0	\$0
				FF	\$0	\$0
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$14,790,355	\$14,790,355
Texas Child Mental Health Care Consortium - COSH	Mental Health Services - Other	D.1.7.	Centralized Operations Support Hub. The COSH provides centralized comms and data management systems to health-related institutions providing CPAN and TCHAT services. The COSH provides high level coordination and facilitates collaboration	GR	\$1,833,979	\$1,833,979
				GR-D	\$0	\$0
				FF	\$0	\$0
				IAC	\$0	\$0
				Other	\$0	\$0

Program	Service Type	Agency Budget Strategy	Summary Description	Fund Type	FY 2024 Appropriated	FY 2025 Appropriated
			between physicians providing CPAN and TCHAT consultations through a Medical Director position.	Subtotal	\$1,833,979	\$1,833,979
Texas Child Mental Health Care Consortium - External Eval	Mental Health Services - Other	D.1.7.	External Evaluation. An independent evaluation of the programs under the TCMHCC. The evaluation centers on a systematic approach to planning with program-specific comprehensive evaluations. Focus is on implementation science, quality improvement, and health economics.	GR	\$400,000	\$400,000
				GR-D	\$0	\$0
				FF	\$0	\$0
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$400,000	\$400,000
Texas Child Mental Health Care Consortium - Administration	Mental Health Services - Other	D.1.7.	Administration of the Texas Child Mental Health Care Consortium including contract management, financial management, program oversight and monitoring, coordination of executive committee meetings, program evaluation, etc.	GR	\$1,772,706	\$1,772,706
				GR-D	\$0	\$0
				FF	\$1,415,703	\$1,415,703
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$3,188,409	\$3,188,409
Texas Higher Education Coordinating Board, Total					\$196,819,398	\$196,819,398

Article IV – Supreme Court of Texas

Program	Service Type	Agency Budget Strategy	Summary Description	Fund Type	FY 2024 Appropriated	FY 2025 Appropriated
Texas Judicial Commission on Mental Health	Education and Training	B.1.4 Judicial Commission on Mental Health	Annual Judicial Summit on Mental Health - Youth Track Education and Workshops	GR	\$254,060	\$264,060
				GR-D	\$0	\$0
				FF	\$0	\$0

Program	Service Type	Agency Budget Strategy	Summary Description	Fund Type	FY 2024 Appropriated	FY 2025 Appropriated
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$254,060	\$264,060
Texas Judicial Commission on Mental Health	Information Technology	B.1.4 Judicial Commission on Mental Health	Judicial Commission on Mental Health - Youth Resources on a Youth Tab of the Texas County Innovations in Mental Health Map.	GR	\$40,414	\$50,414
				GR-D	\$0	\$0
				FF	\$0	\$0
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$40,414	\$50,414
Texas Judicial Commission on Mental Health	Staff	B.1.4 Judicial Commission on Mental Health	JCMH staff works to create (i) judicial training, both in-person and online, (ii) tools and resources for judges such as a Bench Book and a Court Improvement Guide, (iii) juvenile law peer to peer support through correspondence from a Jurist in Residence, (iv) guidance on judicial leadership, and (v) increased collaboration among the many legal stakeholders.	GR	\$674,906	\$674,906
				GR-D	\$0	\$0
				FF	\$0	\$0
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$674,906	\$674,906
Texas Judicial Commission on Mental Health	Workforce Development	B.1.4 Judicial Commission on Mental Health	Youth Systems Sequential Intercept Model (SIM) Mappings - SIM Mappings bring a community of youth serving organization together to identify their resources, gaps, and processes for all the agencies and courts that involve youth with mental illness, substance use disorder, or intellectual and developmental disabilities.	GR	\$116,560	\$116,560
				GR-D	\$0	\$0
				FF	\$0	\$0
				IAC	\$0	\$0
				Other	\$0	\$0

Program	Service Type	Agency Budget Strategy	Summary Description	Fund Type	FY 2024 Appropriated	FY 2025 Appropriated
				Subtotal	\$116,560	\$116,560
Supreme Court of Texas, Total					\$1,085,940	\$1,105,940

Article V – Texas Department of Criminal Justice

Program	Service Type	Agency Budget Strategy	Summary Description	Fund Type	FY 2024 Appropriated	FY 2025 Appropriated
Special Needs Programs and Services/TCOOMMI - Juvenile	Mental Health Services - Outpatient	B.1.1.	Provide grants for community-based treatment programs, funding a continuity of care program and responsive system for local referrals from various entities for juvenile offenders with special needs (serious mental illness, intellectual disabilities, terminal/serious medical conditions, physical disabilities).	GR	\$3,863,995	\$4,073,987
				GR-D	\$0	\$0
				FF	\$0	\$0
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$3,863,995	\$4,073,987
Texas Department of Criminal Justice, Total					\$3,863,995	\$4,073,987

Article V – Texas Juvenile Justice Department

Program	Service Type	Agency Budget Strategy	Summary Description	Fund Type	FY 2024 Appropriated	FY 2025 Appropriated
Special Needs Diversionary Program	Mental Health Services - Other	A.1.3. Community Programs	Provides grants to probation departments for mental health treatment and specialized supervision to rehabilitate	GR	\$1,895,175	\$1,895,175
				GR-D	\$0	\$0
				FF	\$0	\$0

Program	Service Type	Agency Budget Strategy	Summary Description	Fund Type	FY 2024 Appropriated	FY 2025 Appropriated
			juvenile offenders and prevent them from penetrating further into the criminal justice system.	IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$1,895,175	\$1,895,175
Community Programs	Mental Health Services - Other	A.1.3. Community Programs	Provides assistance to local juvenile probation departments for community-based services for misdemeanors, enhanced community-based services for felons, and other behavioral health programs.	GR	\$36,706,104	\$36,706,104
				GR-D	\$0	\$0
				FF	\$0	\$0
				IAC	\$0	\$0
				Other	\$1,150,000	\$1,150,000
				Subtotal	\$37,856,104	\$37,856,104
Commitment Diversion Initiatives	Mental Health Services - Other	A.1.5. Commitment Diversion Initiatives	Funding to local juvenile probation departments for community based and/or residential alternatives to commitment to state residential facilities.	GR	\$19,492,500	\$19,492,500
				GR-D	\$0	\$0
				FF	\$0	\$0
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$19,492,500	\$19,492,500
Mental Health Services Grants	Mental Health Services - Other	A.1.7 Mental Health Service Grants	Provide grants and technical assistance to local juvenile probation departments for mental health services.	GR	\$14,178,353	\$14,178,353
				GR-D	\$0	\$0
				FF	\$0	\$0
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$14,178,353	\$14,178,353
Regional Diversion Alternatives	Mental Health Services - Other	A.1.8. Regional Diversion Alternatives	Provide discretionary grants to local juvenile probation departments to build additional mental health resources.	GR	\$4,875,000	\$4,875,000
				GR-D	\$0	\$0
				FF	\$0	\$0
				IAC	\$0	\$0
				Other	\$0	\$0

Program	Service Type	Agency Budget Strategy	Summary Description	Fund Type	FY 2024 Appropriated	FY 2025 Appropriated
				Subtotal	\$4,875,000	\$4,875,000
Psychiatric Care	Mental Health Services - Other	B.1.1. Orientation and Assessment and B.1.7 Psychiatric Care	Psychiatric services provided by contract psychiatric providers for services to youth who are assigned to intake and assessment unit or to youth who later develop a mental health need while in TJJD residential facilities.	GR	\$2,720,734	\$2,720,734
				GR-D	\$0	\$0
				FF	\$0	\$0
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$2,720,734	\$2,720,734
General Rehabilitation Treatment	Mental Health Services - Other	B.1.8. Integrated Rehabilitation Treatment	Supports all rehabilitation treatment services to target population including case management, correctional counseling, ongoing assessment of risk and protective factors, case planning, review by multi-disciplinary team (MDT), crisis intervention and management, reintegration planning and family involvement.	GR	\$8,568,615	\$8,008,951
				GR-D	\$0	\$0
				FF	\$0	\$0
				IAC	\$0	\$0
				Other	\$0	\$0
				Subtotal	\$8,568,615	\$8,008,951
Specialized Rehabilitation Treatment	Mental Health Services - Other	B.1.8. Integrated Rehabilitation Treatment	TJJD administers four specialized treatment programs: sexual behavior, capital and serious violent offender, alcohol/other drug, and mental health programs. 97% of youth entering TJJD have a need for one or more of these programs. Services include assessment, group and/or individual counseling, MDT collaboration, re-integration planning and are provided by licensed individuals.	GR	\$6,732,483	\$6,292,747
				GR-D	\$0	\$0
				FF	\$0	\$0
				IAC	\$691,000	\$691,000
				Other	\$0	\$0
				Subtotal	\$7,423,483	\$6,983,747
Parole Programs and Services	Mental Health Services - Other	C.1.2. Parole Programs and Services	Youth who have completed specialized treatment in residential placements required aftercare services in those areas as a condition of their parole to improve outcomes.	GR	\$1,317,127	\$1,317,127
				GR-D	\$0	\$0
				FF	\$0	\$0
				IAC	\$0	\$0

Program	Service Type	Agency Budget Strategy	Summary Description	Fund Type	FY 2024 Appropriated	FY 2025 Appropriated
				Other	\$0	\$0
				Subtotal	\$1,317,127	\$1,317,127
Texas Juvenile Justice Department, Total					\$98,327,091	\$97,327,691

APPENDIX B: Cover Art

The cover of the Children’s Behavioral Health Strategic Plan features original artwork created by young Texans for the Texas Mental Health Creative Arts Contest.

Front cover:

“Mental Health Matters” by Dev J. – First place; middle school original artwork (2021).

Back cover (left to right):

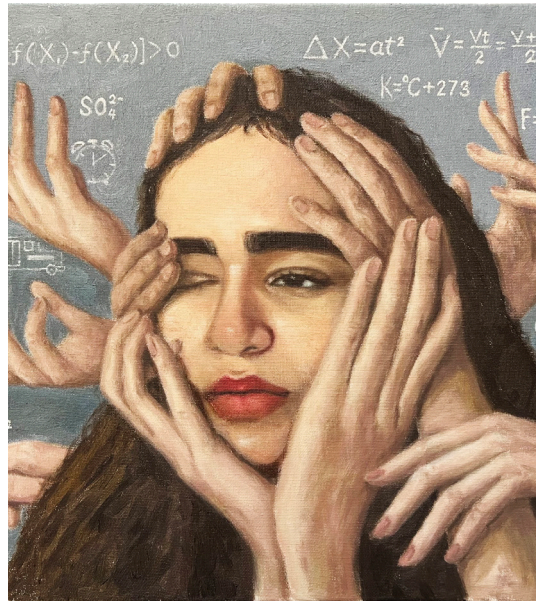
“Brave” by Baylee H. – Second place; elementary original artwork (2022).

“High-Schooler to Be” by Vanessa Q. – First place; middle school original artwork (2022).

“Mental Health Matters Guiding Light” by Nicole A. – Honorable mention; high school artwork (2021).

The annual contest aims to raise awareness of mental health experiences and challenge mental health stigma through open discussions with the Texas Community.

To learn more and view the full gallery, visit <https://gallery.txsystemofcare.org/>



Supporting Healthy Texas Families for a Healthy Texas



24D0410