

THE STATE OF TEXAS §

COUNTY OF HARRIS §

The Commissioners Court of Harris County, Texas, Met in a regular session at its regular term at the Harris County Administration Building in the City of Houston, Texas, on _____,

with the following members present:

Judge Hidalgo	County Judge
Rodney Ellis	Commissioner, Precinct No. 1
Adrian Garcia	Commissioner, Precinct No. 2
Tom S. Ramsey, P.E.	Commissioner, Precinct No. 3
Lesley Briones	Commissioner, Precinct No. 4

and the following members absent: _____,

constituting a quorum, when among other business, the following was transacted:

ORDER AUTHORIZING HARRIS COUNTY PUBLIC HEALTH to provide the temporary transfer funds from U.S. Department of Health and Human Services for the Maternal Mental Health grant.

Commissioner _____ introduced an order and moved that Commissioners Court adopt the order. Commissioner _____ seconded the motion for adoption of the order. The motion, carrying with it the adoption of the order, prevailed by the following vote:

	Yes	No	Abstain
Judge Hidalgo	[]	[]	[]
Comm. Ellis	[]	[]	[]
Comm. Garcia	[]	[]	[]
Comm. Ramsey	[]	[]	[]
Comm. Briones	[]	[]	[]

The meeting chair announced that the motion had duly and lawfully carried and that the order had been duly and lawfully adopted. The order adopted follows:

IT IS ORDERED that the County Judge is authorized to approve Harris County Public Health to apply to provide temporary transfer funds in the amount of \$63,085.96 from Charity Care Fund – HCNTY – 2117, for the U.S. Department of Health and Human Services / Maternal Mental Health, for the funding period effective September 30, 2024 to September 29, 2025. We also request permission to extend 9 position(s) associated with this grant.

The documents are attached hereto and incorporated herein and incorporated as if set out in full word for word. Harris County is authorized to do any and all things necessary or convenient to accomplish the purpose of this Order.

**REQUEST FOR SIMULTANEOUS SUBMISSION OF
GRANT AWARD AND REVENUE CERTIFICATION TO
COMMISSIONERS COURT**

Department Name Public Health Services	Department Number 275	Date 8/28/24
Department Contact Name Richard Williams	Department Contact Telephone Number 832-927-74149	
Date to Present the Grant Award to Commissioners Court for Acceptance 9/17/24	Grant Award Amount to be Certified \$63,085.96	
Grant Awarding Agency		

Reason for Simultaneously Submitting Grant Award and Revenue Certification to Commissioners Court
Grant begins 9/30/24
Temporary transfer to cover Personnel expenses for FY24_MMH.

DEPARTMENT APPROVAL

Richard A. Williams Digitally signed by Richard A. Williams
Date: 2024.08.29 14:05:31 -05'00'

Official/Department Head or Designee Signature

Date

AUDITOR'S OFFICE APPROVAL

Grants Accounting Manager Signature

Date

County Auditor or Chief Assistant County Auditor Signature

Date

POSITION MANAGEMENT REQUEST FORM

Business Unit Name: Public Health Services

Business Unit Number: 27500

SECTION I – TYPE OF REQUEST

Function	Check Applicable	Comments
Position Update	<input checked="" type="checkbox"/>	May require Commissioners Court approval
Position Reclassification	<input type="checkbox"/>	May require Commissioners Court approval
New Position Request	<input type="checkbox"/>	Requires Commissioners Court approval
Is computer usage < 25%?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Does not require annual Cybersecurity training if "Yes"

SECTION II – REASON FOR REQUEST

MMH GRANT POSITION EXTENTIONS

SECTION III – PROPOSED EFFECTIVE DATE

Proposed Effective Date	<u>10/5/24</u>	Date must be the beginning of a pay period. For requests requiring Commissioners Court approval, the earliest effective date will be the first pay period after approval.
Grant Effective Date	From: <u>09/30/2024</u> To: <u>9/29/25</u>	

SECTION IV – POSITION DATA

Current <i>Use "Pos_List_File" (PCN Download) to complete all fields</i>	Proposed <i>Complete all fields for a new position or change appropriate field(s) for existing position.</i>
Position Title	Case Mgr, Behav Hlt Svcs
Job Code Number	000153
Job Code Description	Case Manager III
Position Number	10026582
Company (CS, FC, HC, JV or PA)	HCCT
Business Unit	27500
Home Department ID Number	27550230
Location	DEFAULT
Full Time, Part Time or Temporary	Full-Time
Budgeted Hours	40
Salary Range Maximum	42.75
FLSA Code	1
Reports To Position Number	10005320
Fund Code	2601
Funding Department ID Number	27550230
Account (Same for all Business Units)	<u>510010</u>
Business Unit PC (Projects or Grants only)	PH001
Project/Grant (Projects or Grants only)	FY24_MMH
Activity ID (Projects or Grants only)	<u>10001</u>

<p style="font-size: 1.2em; font-weight: bold;">Richard A. Williams</p>	Digitally signed by Richard A. Williams Date: 2024.08.29 14:27:20 -05'00'	<p style="font-size: 1.2em; font-weight: bold;">8/29/24</p>
Business Unit Approval (Business Unit Head or Designee)	Date	

POSITION MANAGEMENT REQUEST FORM

Business Unit Name: Public Health Services

Business Unit Number: 27500

SECTION I – TYPE OF REQUEST

Function	Check Applicable	Comments
Position Update	<input checked="" type="checkbox"/>	May require Commissioners Court approval
Position Reclassification	<input type="checkbox"/>	May require Commissioners Court approval
New Position Request	<input type="checkbox"/>	Requires Commissioners Court approval
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SECTION II – REASON FOR REQUEST

MMH GRANT POSITION EXTENTIONS

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SECTION IV – POSITION DATA

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	Number of Positions
Position Title	Counselor, Behav Hlth Svcs
Job Code Number	000327
Job Code Description	Social Worker I
Position Number	10026583
Company (CS, FC, HC, JV or PA)	HCCT
Business Unit	27500
Home Department ID Number	27550230
Location	DEFAULT
Full Time, Part Time or Temporary	Full-Time
Budgeted Hours	40
Salary Range Maximum	38.53
FLSA Code	1
Reports To Position Number	10005320
Fund Code	2601
Funding Department ID Number	27550230
Account (Same for all Business Units)	<u>510010</u>
Business Unit PC (Projects or Grants only)	PH001
Project/Grant (Projects or Grants only)	FY24_MMH
Activity ID (Projects or Grants only)	<u>10001</u>

Richard A. Williams	Digitally signed by Richard A. Williams Date: 2024.08.29 14:09:52 -05'00'	8/29/24
Business Unit Approval (Business Unit Head or Designee)	Date	

POSITION MANAGEMENT REQUEST FORM

Business Unit Name: Public Health Services

Business Unit Number: 27500

SECTION I – TYPE OF REQUEST

Function	Check Applicable	Comments
Position Update	<input checked="" type="checkbox"/>	May require Commissioners Court approval
Position Reclassification	<input type="checkbox"/>	May require Commissioners Court approval
New Position Request	<input type="checkbox"/>	Requires Commissioners Court approval
Is computer usage < 25%?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Does not require annual Cybersecurity training if "Yes"

SECTION II – REASON FOR REQUEST

MMH GRANT POSITION EXTENTIONS

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SECTION IV – POSITION DATA

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	Number of Positions
Position Title	Sup, Counselor Behav Hlth Svcs
Job Code Number	000546
Job Code Description	Supervisor IV
Position Number	10026584
Company (CS, FC, HC, JV or PA)	HCCT
Business Unit	27500
Home Department ID Number	27550230
Location	DEFAULT
Full Time, Part Time or Temporary	Full-Time
Budgeted Hours	40
Salary Range Maximum	50.40
FLSA Code	1
Reports To Position Number	10005320
Fund Code	2601
Funding Department ID Number	27550230
Account (<i>Same for all Business Units</i>)	<u>510010</u>
Business Unit PC (<i>Projects or Grants only</i>)	PH001
Project/Grant (<i>Projects or Grants only</i>)	FY24_MMH
Activity ID (<i>Projects or Grants only</i>)	<u>10001</u>

Richard A. Williams	Digitally signed by Richard A. Williams Date: 2024.08.29 14:28:45 -05'00'	<u>8/29/24</u>
Business Unit Approval (Business Unit Head or Designee)		Date

POSITION MANAGEMENT REQUEST FORM

Business Unit Name: Public Health Services

Business Unit Number: 27500

SECTION I – TYPE OF REQUEST

Function	Check Applicable	Comments
Position Update	<input checked="" type="checkbox"/>	May require Commissioners Court approval
Position Reclassification	<input type="checkbox"/>	May require Commissioners Court approval
New Position Request	<input type="checkbox"/>	Requires Commissioners Court approval
Is computer usage < 25%?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Does not require annual Cybersecurity training if "Yes"

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SECTION III – PROPOSED EFFECTIVE DATE

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SECTION IV – POSITION DATA

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	Number of Positions
Position Title	Coord, Project Behav Hlth Svcs
Job Code Number	000138
Job Code Description	Coordinator III
Position Number	10026585
Company (CS, FC, HC, JV or PA)	HCCT
Business Unit	27500
Home Department ID Number	27550230
Location	DEFAULT
Full Time, Part Time or Temporary	Full-Time
Budgeted Hours	40
Salary Range Maximum	38.53
FLSA Code	1
Reports To Position Number	10005320
Fund Code	2601
Funding Department ID Number	27550230
Account (Same for all Business Units)	<u>510010</u>
Business Unit PC (Projects or Grants only)	PH001
Project/Grant (Projects or Grants only)	FY24_MMH
Activity ID (Projects or Grants only)	<u>10001</u>

Richard A. Williams	Digitally signed by Richard A. Williams Date: 2024.08.29 14:10:50 -05'00'	8/29/24
Business Unit Approval (Business Unit Head or Designee)	Date	

POSITION MANAGEMENT REQUEST FORM

Business Unit Name: Public Health Services

Business Unit Number: 27500

SECTION I – TYPE OF REQUEST

Function	Check Applicable	Comments
Position Update	<input checked="" type="checkbox"/>	May require Commissioners Court approval
Position Reclassification	<input type="checkbox"/>	May require Commissioners Court approval
New Position Request	<input type="checkbox"/>	Requires Commissioners Court approval
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SECTION IV – POSITION DATA

Current <i>Use "Pos_List_File" (PCN Download) to complete all fields</i>	Proposed <i>Complete all fields for a new position or change appropriate field(s) for existing position.</i>
	Number of Positions
Position Title	Spec, Lactation Consultant
Job Code Number	000334
Job Code Description	Specialist III
Position Number	10026586
Company (CS, FC, HC, JV or PA)	HCCT
Business Unit	27500
Home Department ID Number	27550230
Location	DEFAULT
Full Time, Part Time or Temporary	Full-Time
Budgeted Hours	40
Salary Range Maximum	42.75
FLSA Code	1
Reports To Position Number	10025856
Fund Code	2601
Funding Department ID Number	27550230
Account (<i>Same for all Business Units</i>)	<u>510010</u>
Business Unit PC (<i>Projects or Grants only</i>)	PH001
Project/Grant (<i>Projects or Grants only</i>)	FY24_MMH
Activity ID (<i>Projects or Grants only</i>)	<u>10001</u>

Richard A. Williams	Digitally signed by Richard A. Williams Date: 2024.08.29 14:31:25 -05'00'	<u>8/29/24</u>
Business Unit Approval (Business Unit Head or Designee)		Date

POSITION MANAGEMENT REQUEST FORM

Business Unit Name: Public Health Services

Business Unit Number: 27500

SECTION I – TYPE OF REQUEST

Function	Check Applicable	Comments
Position Update	<input checked="" type="checkbox"/>	May require Commissioners Court approval
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Position Title	Number of Positions
Job Code Number	Position Title (30 Spaces Maximum)
Job Code Description	Job Code Number
Position Number	Job Code Description
Company (CS, FC, HC, JV or PA)	Position Number (HRRM Use Only)
Business Unit	Company (CS, FC, HC, JV or PA)
Home Department ID Number	Business Unit
Location	Home Department ID Number
Full Time, Part Time or Temporary	Location
Budgeted Hours	Full Time, Part Time or Temporary
Salary Range Maximum	Budgeted Hours
FLSA Code	Salary Range Maximum
Reports To Position Number	FLSA Code
Fund Code	Reports To Position Number
Funding Department ID Number	Fund Code
Account (Same for all Business Units)	Funding Department ID Number
Business Unit PC (Projects or Grants only)	Account (Same for all Business Units)
Project/Grant (Projects or Grants only)	Business Unit PC (Projects or Grants only)
Activity ID (Projects or Grants only)	Project/Grant (Projects or Grants only)
	Activity ID (Projects or Grants only)

Richard A. Williams	Digitally signed by Richard A. Williams Date: 2024.08.29 14:25:20 -05'00'	8/29/24
Business Unit Approval (Business Unit Head or Designee)		Date

POSITION MANAGEMENT REQUEST FORM

Business Unit Name: Public Health Services

Business Unit Number: 27500

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Location	Home Department ID Number
Full Time, Part Time or Temporary	Location
Budgeted Hours	Full Time, Part Time or Temporary
Salary Range Maximum	Budgeted Hours
FLSA Code	Salary Range Maximum
Reports To Position Number	FLSA Code
Fund Code	Reports To Position Number
Funding Department ID Number	Fund Code
Account (Same for all Business Units)	Funding Department ID Number
Business Unit PC (Projects or Grants only)	Account (Same for all Business Units)
Project/Grant (Projects or Grants only)	Business Unit PC (Projects or Grants only)
Activity ID (Projects or Grants only)	Project/Grant (Projects or Grants only)
	Activity ID (Projects or Grants only)

<p style="font-size: 1.2em; font-weight: bold;">Richard A. Williams</p>	<p>Digitally signed by Richard A. Williams Date: 2024.08.29 14:35:37 -05'00'</p>	<p style="font-size: 1.2em; font-weight: bold;">8/29/24</p>
<p>Business Unit Approval (Business Unit Head or Designee)</p>	<p>Date</p>	

POSITION MANAGEMENT REQUEST FORM

Business Unit Name: Public Health Services

Business Unit Number: 27500

SECTION I – TYPE OF REQUEST

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Position Update	<input checked="" type="checkbox"/>	May require Commissioners Court approval
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Home Department ID Number	Business Unit
Location	Home Department ID Number
Full Time, Part Time or Temporary	Location
Budgeted Hours	Full Time, Part Time or Temporary
Salary Range Maximum	Budgeted Hours
FLSA Code	Salary Range Maximum
Reports To Position Number	FLSA Code
Fund Code	Reports To Position Number
Funding Department ID Number	Fund Code
Account (Same for all Business Units)	Funding Department ID Number
Business Unit PC (Projects or Grants only)	Account (Same for all Business Units)
Project/Grant (Projects or Grants only)	Business Unit PC (Projects or Grants only)
Activity ID (Projects or Grants only)	Project/Grant (Projects or Grants only)
	Activity ID (Projects or Grants only)

Richard A. Williams	Digitally signed by Richard A. Williams Date: 2024.08.29 14:36:33 -05'00'	8/29/24
Business Unit Approval (Business Unit Head or Designee)		Date

POSITION MANAGEMENT REQUEST FORM

Business Unit Name: Public Health Services

Business Unit Number: 27500

SECTION I – TYPE OF REQUEST

Function	Check Applicable	Comments
Position Update	<input checked="" type="checkbox"/>	May require Commissioners Court approval
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Job Code Number	Position Title (30 Spaces Maximum)
Job Code Description	Job Code Number
Position Number	Job Code Description
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Full Time, Part Time or Temporary	Location
Budgeted Hours	Full Time, Part Time or Temporary
Salary Range Maximum	Budgeted Hours
FLSA Code	Salary Range Maximum
Reports To Position Number	FLSA Code
Fund Code	Reports To Position Number
Funding Department ID Number	Fund Code
Account (Same for all Business Units)	Funding Department ID Number
Business Unit PC (Projects or Grants only)	Account (Same for all Business Units)
Project/Grant (Projects or Grants only)	Business Unit PC (Projects or Grants only)
Activity ID (Projects or Grants only)	Project/Grant (Projects or Grants only)

Richard A. Williams	Digitally signed by Richard A. Williams Date: 2024.08.29 14:08:50 -05'00'	8/29/24
Business Unit Approval (Business Unit Head or Designee)		Date

**BUDGET REVENUE/EXPENDITURE APPROPRIATION
TRANSFER FORM**

REF (GL):	Journal Nm.:
REF (PROJ & ACTIV):	Journal Nm.:
TO	FROM
Department Name	Department Name
Public Health Services	Public Health Services
Fund Description	Fund Description
SAMHSA- Maternal Mental Health	Charity Care

GLBU	FUND	DEPT	ACCT	PCBU	PROJ	ACTIV	AMOUNT	GLBU	FUND	DEPT	ACCT	PCBU	PROJ	ACTIV	AMOUNT
HCTY	2601	27550230	510098	PH001	FY24 MMH	10001	40,921.60	HCTY	2117	27540090	920012				63,085.96
HCTY	2601	27550230	520098	PH001	FY24 MMH	10001	22,164.36								
TOTAL							63,085.96	TOTAL							63,085.96

Reason for Transfer
Set Up Temporary Transfer for FY24_MMH.

DEPARTMENT/BUDGET MANAGEMENT APPROVALS	
Approved By Richard A. Williams <small>Digitally signed by Richard A. Williams Date: 2024.08.29 14:04:30 -05'00'</small>	Approved By Richard A. Williams <small>Digitally signed by Richard A. Williams Date: 2024.08.29 14:04:48 -05'00'</small>
Dept. Head/Official Signature (TO) _____ Date _____	Dept. Head/Official Signature (FROM) _____ Date _____
Approved By _____ Date _____	Commissioners Court Approval Date
Budget Management _____ Date _____	