

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

> Full Board Meeting June 24, 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, May 27, 2025 (EXHIBIT F-1)

IV. CHIEF EXECUTIVE OFFICER'S REPORT

V. COMMITTEE REPORTS AND ACTIONS

- A. Governance Committee Report and/or Action (J. Lykes, Chair)
- B. Resource Committee Report and/or Action (G. Womack, Chair)
- C. Program Committee Report and/or Action (M. Miller, Jr., Chair)
- D. Foundation Report and/or Action (*N. Hurtado, Chair*)

VI. CONSENT AGENDA

- A. FY'25 Year-to-Date Budget Report-May (EXHIBIT F-2)
- B. June 2025 New Contract Over 250K (EXHIBIT F-3)
- C. June 2025 Contract Renewals Over 250K (EXHIBIT F-4)
- D. June 2025 Interlocal Agreements (EXHIBIT F-5)
- E. Pest, Termite and Bed Bug Services RFP (EXHIBIT F-6)
- F. Closed Record Review Committee Policy (EXHIBIT F-7)
- G. Inquiries on Employees Policy (EXHIBIT F-8)
- H. Lactation Breaks Policy (EXHIBIT F-9)
- I. Code of Ethics Policy (EXHIBIT F-10)

VII. REVIEW AND COMMENT

- A. HR Updates: Performance Management, Progressive Discipline Process and Turnover Analysis (*Toby Hicks*)
- B. CARF Survey and Results (EXHIBIT F-11 Luc Josaphat/Jeanne Wallace)
- C. Legislative Update (Amanda Jones)

VIII. BOARD CHAIR'S REPORT

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.

* Pursuant to Sections 551.071 of the Texas Government Code, consultation with attorney on a matter in which the duty of the attorney to the governmental body under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with the Texas Public Information Act. Kendra Thomas, General Counsel

X. RECONVENE INTO OPEN SESSION

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

renno

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: TRUSTEES IN ATTENDANCE:	May 27, 2025 Dr. Robin Gearing, PhD-Chair Jim Lykes, Vice Chairperson Gerald Womack-Secretary Dr. Jeremy Lankford Dr. Katherine Bacon Resha Thomas
TRUSTEES ABSENT:	Natali Hurtado, Dr. Max Miller, Jr-Vice Chairperson, Dr. Luis Fernandez-Wische, Sheriff Ed Gonzalez

I. Declaration of Quorum

Dr. Robin Gearing, Chair, called the meeting to order at 8:35 a.m. noting that a quorum of the Board was in attendance.

II. Public Comments-

No public comments

III. Approval of Minutes

MOTION BY: LANKFORD SECOND: BACON

With unanimous affirmative votes

BE IT RESOLVED the Minutes of the Regular Board of Trustees meeting held on Thursday, April 22, 2025 as presented under Exhibit F-1, are approved.

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

Mr. Young provided a Chief Executive Officer report to the Board.

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

- A. Governance Committee Reports and/or Action-J. Lykes, Chair
- B. Resource Committee Reports and/or Action-G. Womack-Chair
- C. Program Committee Reports and/or Action-M. Miller, Jr.-Chair
- D. Quality Committee Reports and/or Action-L. Fernandez-Wische, Chair
- E. Foundation Report and/or Action-N. Hurtado, Chair

VI. Consent Agenda

- A. FY'25 Year-to-Date Budget Report-April
- B. May 2025 Contract Amendments Over 250K

MOTION: BACON

Moved to approve all Consent Agenda items except for Item C-May 2025 Interlocal Agreements.

SECOND: LANKFORD

With unanimous affirmative votes

BE IT RESOLVED all Consent Agenda items except for Item C-May 2025 Interlocal Agreements as presented are approved.

C. May 2025 Interlocal Agreements

Dr. Lankford recused himself from University of Texas Health Science Center at Houston Department of Psychiatry and Behavioral Services.

MOTION: WOMACK SECOND: BACON With unanimous affirmative votes

BE IT RESOLVED the Items c as presented under Exhibit F-4, are approved.

- D. Agency Abbreviation
- E. Breach Notification
- F. Clinical Peer Review
- G. Consents and Authorizations
- H. Content of Patient/Individual Records
- I. Credentialing Policy
- J. Delegation and Supervision of Certain Nursing Acts
- K. Delegations in the Absence of the Chief Executive Officer (CEO)
- L. Dental Services for Intermediate Care Facilities for IDD (ICF-IID)
- M. Emergency Meical Care for Consumers, Employees and Volunteers
- N. Infection Control and Prevention Policy
- O. Intellectual and Developmental Disabilities Division Intermediate Care Facilities (ICF-IID)
- P. Licensure, Certification, and Registration
- Q. Linguistic Competence Services
- R. Medical Services

Board of Trustees May 27, 2025 MINUTES Page 2 of 5

- S. Nursing Peer Review: Incident Based or Safe Harbor
- T. Nurse Staffing Advisory Committee
- U. Obligation to Identify Individuals or Entities Excluded from Participation in Federal Health Care Programs
- V. Overtime Compensation
- W. Referral, Transition and Discharge
- X. Solicitation of/and Acceptance of Donations (Money, Goods or Services)
- Y. Standardized Patient Record Form
- Z. State Service Contract Monitoring and Performance Reporting
- AA. Telehealth & Telemedicine Services
- AB. Utilization of Security Officer Services

AC. Weapons

- AD. Work Force Reduction
- AE. Meal Period and Break Policy
- AF. Nursing Services Policy
- AG. Overtime Management Policy
- AH. Pharmacy After Hours Service Policy
- AI. Pharmacy Dispensary of Hope (DOH) Program Policy
- AJ. Pharmacy Personal Safety Policy
- AK. Pharmacy Prescription Dispensing and Counseling Policy
- AL. Pharmacy Third Party Insurance Billing Policy
- AM. Search Warrant Policy
- AN. Voting Time Off
- AO. Burglaries or Thefts
- AP. Compliance Plan FY25
- AQ. Criminal History Clearances
- AR. Incident Reporting
- AS. Medication Storage, Preparation, and Administration Areas Policy
- AT. Patient/Individual Access to Medical Records
- AU. Petty Cash
- AV. Pharmacy and Therapeutics Committee Policy
- AW. Pharmacy Medication Destruction Policy
- AX. Pharmacy Peer Review Policy
- AZ. Physician Assistant, Advanced Practice Registered Nurse, Pharmacist Delegation
- BA. Physician Authority to Delegate Certain Medical Acts
- BB. Privacy Officer
- BC. Out of State Employment
- BD. Qualified Intellectual Disabilities Professional (QIDP) Policy
- BE. Security of Patient/Individual Identifying Information
- BF. Social Media Use
- BG. Third Party Participation in Patient Services
- BH. Time and Attendance
- BI. Trauma-Informed Practice
- BJ. Procurement of External Audit Firm

MOTION: WOMACK SECOND: LANKFORD With unanimous affirmative votes

Board of Trustees May 27, 2025 MINUTES Page 3 of 5

VII. Review and Comment

- **A. Legislative Update-**Amanda Jones presented the Legislative Update to the Board of Trustees.
- **B.** Retail Electric Services RFP-Stanley Adams presented an update on the Retail Electric Services RFP to the Board of Trustees.

VIII. Review and Take Action

A. Retirement Plan Updates

The Board Chair called the item into Executive Session.

IX. Board Chair's Report

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

- As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.
- In accordance with §551.071 of the Texas Government Code, seek legal advice and consultation with attorney regarding amendments to the Harris Center retirement plans. Kendra Thomas, General Counsel and Ninfa Escobar, Interim Vice President of Human Resources
- In accordance with §§551.071 and 551.074 of the Texas Government Code, discussion of a personnel matter and litigation in Case 4:23-cv-00297 *Christian Thompson* v. *The Harris Center for Mental Health & IDD. Kendra Thomas, General Counsel*
- In accordance with §551.074 of the Texas Government Code, Discussion of Personnel Matters related to individual role and responsibilities of the Chief Operating Officer, Chief Financial Officer, Chief Information Officer, General Counsel, Chief Medical Officer, and Chief Nursing Officer. *Wayne Young, Chief Executive Officer*

XI. Reconvene into Open Session- Reconvene into open session 10:23 AM

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

MOTION: GEARING

I move The Harris Center Board of Trustees authorizes amendments to the retirement plans to include Roth contributions and in plan Roth conversions. **SECOND: LANKFORD**

Motion passed with unanimous affirmative votes.

Board of Trustees May 27, 2025 MINUTES Page 4 of 5

XII. ADJOURN MOTION: BACON

SECOND: THOMAS

Motion passed with unanimous affirmative votes.

The meeting was adjourned at 10:24 AM

Respectfully submitted,

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



Board of Trustees May 27, 2025 MINUTES Page 5 of 5

EXHIBIT F-2

The Harris Center for Mental Health and IDD

Results of Financial Operations and Comparison to Original Budget May 31, 2025

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 - Operating Activities May 31, 2025 Non-GAAP / Budgetary-Basis Reporting Unaudited - Subject to Change

			F	or the Month	Ende	d	Fiscal Year to Date						
		Original				Variance		Original					
		Budget		Actual		\$	%	Budget		Actual		\$	%
Operating Revenues											•		
State General Revenue	\$	11,054,955	\$	11,326,791		271,836	2%	\$ 99,494,595	\$	100,057,994		563 <i>,</i> 399	1%
Harris County and Local		4,415,021		5,011,336		596,315	14%	39,735,189		38,911,014		(824,175)	-2%
Federal Contracts and Grants		5,112,180		5,440,043		327,863	6%	46,009,620		48,389,058		2,379,438	5%
State Contract and Grants		1,842,409		2,214,941		372,532	20%	16,581,677		13,013,285		(3,568,392)	-22%
Third Party Billing		3,622,889		3,428,201		(194,688)	-5%	32,606,001		29,438,255		(3,167,746)	-10%
Charity Care Pool		3,340,350		3,791,817		451,467	14%	30,063,150		34,130,152		4,067,002	14%
Directed Payment Programs		659,258		222,531		(436,727)	-66%	5,933,322		4,613,116		(1,320,206)	-22%
Patient Assistance Program (PAP)		852,441		1,276,543		424,102	50%	7,671,969		9,884,091		2,212,122	29%
Interest Income		300,142		332,520		32,378	11%	2,701,278		2,517,466		(183,812)	-7%
Insurance proceeds		-		-		-		-		25,875		25,875	
Sale of Capital Assets		-		-		-		-		166,057		166,057	
Operating Revenues, total	\$	31,199,645	\$	33,044,723	\$	1,845,078	6%	\$ 280,796,801	\$	281,146,363	\$	349,562	0%
Operating Expenditures													
Salaries and Fringe Benefits	\$	21,116,034	\$	21,525,558		(409,524)	-2%	\$ 190,044,306	\$	190,225,628		(181,322)	0%
Contracts and Consultants		1,379,371		1,444,698		(65 <i>,</i> 327)	-5%	12,414,339		10,262,227		2,152,112	17%
Contracts and Consultants-HCPC		3,913,250		3,908,671		4,579	0%	35,219,250		35,098,929		120,321	0%
Supplies		354,237		292,233		62,004	18%	3,188,133		1,913,749		1,274,384	40%
Drugs		1,995,664		2,649,355		(653,691)	-33%	17,960,976		21,396,076		(3,435,100)	-19%
Purchases, Repairs and Maintenance of:													
Equipment		99,778		117,192		(17,414)	-17%	898,002		1,637,433		(739,431)	-82%
Building		177,679		130,873		46,806	26%	1,599,111		1,821,537		(222,426)	-14%
Vehicle		86,851		74,942		11,909	14%	781,659		696,669		84,990	11%
Software		358,400		126,832		231,568	65%	3,225,600		2,740,533		485,067	15%
Telephone and Utilities		304,496		282,642		21,854	7%	2,740,464		2,731,696		8,768	0%
Insurance, Legal and Audit		184,268		224,800		(40,532)	-22%	1,658,412		1,885,123		(226,711)	-14%
Travel & Training		251,089		298,521		(47,432)	-19%	2,259,801		2,051,706		208,095	9%
Dues & Subscriptions		555,682		410,643		145,039	26%	5,001,138		3,871,241		1,129,897	23%
Other Expenditures		383,957		543,757		(159,800)	-42%	3,455,613		4,184,251		(728 <i>,</i> 638)	-21%
Operating Expenditures, total	\$	31,160,756	\$	32,030,717	\$	(869,961)	-3%	\$ 280,446,804	\$	280,516,798	\$	(69,994)	0%
Operating Activities -	-												
Change in Fund Balance/Net Position	\$	38,889	\$	1,014,006	\$	975,117		\$ 349,997	\$	629,565	\$	279,568	

The Harris Center for Mental Health and IDD Results of Financial Operations and Comparison to Original Budget - Capital Outlay & Debt Service Related Activities May 31, 2025 Non-GAAP / Budgetary-Basis Reporting

Unaudited - Subject to Change

	For the Month Ended								Fiscal Year to Date						
	C	Original				Variance			Original				Variance		
	E	Budget		Actual		\$	%		Budget		Actual		\$	%	
Revenues															
State General Revenue															
Harris County and Local (CHC)		-		432,213		432,213			-		550,794		550,794		
State Contract and Grants (HHSC)	\$	44,444	\$	-		(44,444)	-100%	\$	400,000	\$	422,121		22,121	6%	
Revenues, total	\$	44,444	\$	432,213	\$	387,769	872%	\$	400,000	\$	972,915	\$	572,915	143%	
Expenditures															
Debt Service	\$	83,333	\$	438,210	\$	(354,877)	-426%	\$	749,997	\$	1,394,251	\$	(644,254)	-86%	
Capital outlay		-		482,692		(482,692)			-		7,579,648		(7,579,648)		
Expenditures, total	\$	83,333	\$	920,902	\$	(837,569)		\$	749,997	\$	8,973,899	\$	(8,223,902)		
Excess (Deficiency) of revenues over															
expenditures	\$	(38,889)	\$	(488,689)		(449,800)	1157%	\$	(349,997)	\$	(8,000,984)		(7,650,987)		
Other Financing Sources															
Revenue Bonds Issued		-		-		-			-		24,745,000		24,745,000		
Transfers In/Out		-		-		-			-		-		-		
Other Financing Sources		-		-		-			-		3,267,228		3,267,228		
Other Financing Uses		-		-		-			-		-		-		
Other Financing Sources, total	\$	-	\$	-	\$	-		\$	-	\$	28,012,228	\$	28,012,228		
Capital Outlay & Debt Service Activities -															
Change in Fund Balance/Net Position	\$	(38,889)	\$	(488,689)	\$	(449,800)		\$	(349,997)	\$	20,011,244	\$	20,361,241		

The Harris Center for Mental Health and IDD Notes to Statements Presented Non-GAAP / Budgetary-Basis reporting May 31, 2025

Results of Financial Operations and Comparison to Original Budget

A Harris County and Local Revenue

In May, we identified additional revenue to record pertaining to the county general allocation funding, resulting in a positive variance for the month.

B 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.

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 expense exceeds budget by \$1.5M, which is partially offset by billing program revenue exceeding budget by \$0.8M.

D Other expenditures

Other expenditures for May and YTD exceeds the budget primarily due to an increase in security service costs for NPC (\$592K unfavorable variance) and supported housing expenses (\$107K unfavorable variance).

Page 6

The Harris Center for Mental Health and IDD Balance Sheet May 31, 2025

Non-GAAP / Budgetary-Basis Reporting

Unaudited - Subject to Change

April-25	May-25		Change
18.826.065	14.829.935	Ś	(3,996,130)
		Ŧ	(15,197,598)
104,583,258	85,389,530		(19,193,728) A
9,862,689	7,921,437		(1,941,252)
1 703 056	1 572 /68		(131,488)
			985,465
		ć	48,773 (20,232,230)
147,100,199	120,927,909	Ş	(20,232,230)
20,588,887	20,150,677		(438,210)
12,709,144	12,709,144		-
55,271,938	55,271,938		-
6,312,466	6,312,466		-
7,960,059	7,960,059		-
11,376,400	11,376,400		-
(38,908,961)	(38,908,961)		-
54,721,046	54,721,046	\$	-
222,470,132	201,799,692	\$	(20,670,440)
13,418,968	11,233,435	\$	(2,185,533)
53,053,190	34,168,789		(18,884,401) <mark>B</mark>
2,349,540	2,349,540		-
38,791,045	38,665,222		(125,823)
107,612,743	86,416,986	\$	(21,195,757)
43,611,068	43,172,858		(438,210)
20,588,887	20,150,677		(438,210)
9,862,689	7,921,437		(1,941,252)
15,434,386	15,434,386		-
5,244,867	8,062,539		2,817,672
20,115,492	20,640,809		525,317
20,113,432			
114,857,389	115,382,706	\$	525,317
	18,826,065 85,757,193 104,583,258 9,862,689 1,703,956 30,168,619 841,677 147,160,199 20,588,887 12,709,144 55,271,938 6,312,466 7,960,059 11,376,400 (38,908,961) 54,721,046 222,470,132 13,418,968 53,053,190 2,349,540 38,791,045 107,612,743 43,611,068 20,588,887 9,862,689 15,434,386	18,826,065 14,829,935 85,757,193 70,559,595 104,583,258 85,389,530 9,862,689 7,921,437 1,703,956 1,572,468 30,168,619 31,154,084 841,677 890,450 147,160,199 126,927,969 20,588,887 20,150,677 12,709,144 12,709,144 55,271,938 55,271,938 6,312,466 6,312,466 7,960,059 7,960,059 11,376,400 11,376,400 (38,908,961) (38,908,961) 54,721,046 54,721,046 222,470,132 201,799,692 13,418,968 11,233,435 53,053,190 34,168,789 2,349,540 2,349,540 38,791,045 38,665,222 107,612,743 86,416,986 43,611,068 43,172,858 20,588,887 20,150,677 9,862,689 7,921,437 15,434,386 15,434,386	18,826,065 $14,829,935$ \$ $85,757,193$ $70,559,595$ $70,559,595$ $104,583,258$ $85,389,530$ $9,862,689$ $7,921,437$ $1,703,956$ $1,572,468$ $30,168,619$ $31,154,084$ $841,677$ $890,450$ $147,160,199$ $126,927,969$ $20,588,887$ $20,150,677$ $12,709,144$ $12,709,144$ $55,271,938$ $55,271,938$ $6,312,466$ $6,312,466$ $7,960,059$ $7,960,059$ $11,376,400$ $11,376,400$ $(38,908,961)$ $(38,908,961)$ $54,721,046$ $54,721,046$ $53,053,190$ $34,168,789$ $2,349,540$ $2,349,540$ $38,791,045$ $38,665,222$ $107,612,743$ $86,416,986$ $43,611,068$ $43,172,858$ $20,588,887$ $20,150,677$ $9,862,689$ $7,921,437$ $15,434,386$ $15,434,386$

The Harris Center for Mental Health and IDD Notes to Statements Presented Non-GAAP / Budgetary-Basis reporting May 31, 2025

Balance Sheet

AA Cash and Investments

The \$19.2m decrease in cash is primarily due to use in normal operations. We are expecting to receive the 2025 4th Quarter allocation of \$25.1M for our performance contract in June.

BB Unearned Revenues

Unearned revenues decreased by \$18.2M due to use of funds provided through state and federal revenue allocations received in advance of performance of related obligations. In June, we are expecting to see this increase, primarily due to an additional \$16.7M related to the 2025 4th Quarter allocation supporting July and August services, with the remaining \$8.4M to be recognized as revenue.

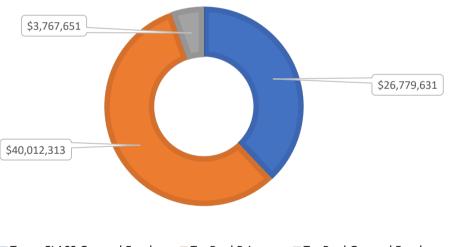
The Harris Center for Mental Health and IDD

Investment Portfolio

May 31, 2025

Local Government Investment Pools (LGIPs)	Begi	nning Balance	Transfer	In	т	ransfer Out	Int	erest Income	En	ding Balance	Portfolio %	Monthly Yield
Texas CLASS Texas CLASS General Fund	\$	26,679,568					\$	100,063	\$	26,779,631	37.95%	4.41%
TexPool												
TexPool Prime		55,323,708				(15,500,000)		188,605		40,012,313	56.71%	4.43%
TexPool General Fund		3,753,917						13,734		3,767,651	5.34%	4.31%
TexPool Sub-Total		59,077,625		-		(15,500,000)		202,339		43,779,964	62.05%	4.42%
Total Investments	\$	85,757,193	\$	-	\$	(15,500,000)	\$	302,402	\$	70,559,595	100.00%	4.42%
	Additional Interest on Checking Accounts					30,118						
	Total Interest Earned during the current month					\$	332,520	1				





3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	4.44%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 week	4.24%
Interest Rate - Chase Hybrid Checking	2.90%
ECR - Chase	3.00%

Texas CLASS General Fund
TexPool Prime
TexPool General Fund

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of May 31, 2025, 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:

Michael T. Hooper Jr.

Michael T. Hooper Jr. Director of Financial Accounting & Reporting

The Harris Center for Mental Health and IDD Monthly Report of Financial Transactions Related to Payments of Liabilities for Employee Benefits May 31, 2025

Vendor	Description	Monthly Not-To- Exceed ⁽¹⁾	May-25	Fiscal Year to Date Total		
Lincoln Financial Group (LFG) ⁽²⁾	Retirement Funds (401a, 403b, 457)	\$3,650,000	\$2,110,218	\$19,160,104		
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,300,000	\$0	\$23,409,096		
UNUM	Life Insurance	\$310,000	\$223,504	\$1,915,417		

Notes:

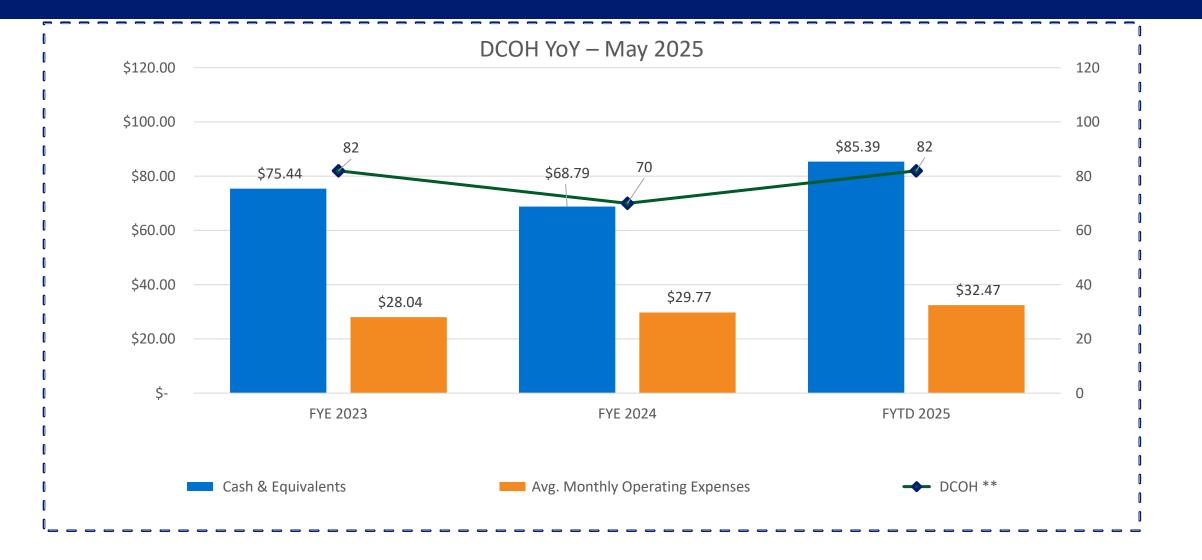
⁽¹⁾ As established by the Board Resolution approved October 22, 2024: Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items effective September 24, 2024.

⁽²⁾ May BCBS payment was made in April.

Additional Analysis – May 2025

Days-Cash-On-Hand (DCOH)- as of 05/31/2025

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



RRIS

Mental Health and IDD

**DCOH = Cash & Equivalents @ Month End divided by Daily Operating Expenses

Capital Outlay – as of 05/31/2025



Project/Funding Source	Year-	to-date Total
■ 6168 Apartments	\$	4,604,751
CHC Grant (9271)	\$	550,794
COH Loan (9272)	\$	3,652,079
HHSC Grant (9268)	\$	401,877
Coffeehouse Clinic Construction	\$	3,027
Bond Series 2024	\$	3,027
Equipment Purchase	\$	1,483
Fund Balance	\$	1,483
Facilities Capital Projects	\$	2,606
Fund Balance	\$	2,606
IT Capital Projects	\$	477,151
Fund Balance	\$	477,151
Northeast Clinic Design and Construction	n \$	211,026
Bond Series 2024	\$	211,026
NPC Renovation	\$	313,803
Bond Series 2024	\$	313,803
ReCenter Property Purchase	\$	1,949,019
Fund Balance	\$	1,949,019
SW Foundation Repair	\$	16,783
Bond Series 2024	\$	16,783
Grand Total	\$	7,579,648

Funding Source/Project	Year	to-date Total
Fund Balance	\$	2,430,258
Equipment Purchase	\$	1,483
Facilities Capital Projects	\$	2,606
IT Capital Projects	\$	477,151
ReCenter Property Purchase	\$	1,949,019
Bond Series 2024	\$	544,639
Coffeehouse Clinic Construction	\$	3,027
Northeast Clinic Design and Construction	\$	211,026
NPC Renovation	\$	313,803
SW Foundation Repair	\$	16,783
CHC Grant (9271)	\$	550,794
6168 Apartments	\$	550,794
🖃 COH Loan (9272)	\$	3,652,079
6168 Apartments	\$	3,652,079
HHSC Grant (9268)	\$	401,877
6168 Apartments	\$	401,877
Grand Total	\$	7,579,648

EXHIBIT F-3

JUNE 2025 NEW CONTRACTS OVER 250k

SNAPSHOT SUMMARY **NEW CONTRACTS**

GREATER THAN \$250,000

CONTRACTOR PRODUCT/SERVICE DESCRIPTION NTE AMOUNT CONTRACT PERIOD FUNDING BID/TAG-ON COMMENTS ACCESS ADMINISTRATION FreeIT Data Solutions Varonis M365 SaaS Subscription for \$350,000.00 6/24/2025 - 6/23/2026 General Revenue Tag-On DIR-CPO- New Varonis M365 SaaS Subscription Agreement to provide data security and 1 (GR) 4862 governance for Microsoft 365 data, including SharePoint Online, OneDrive for Data Security and Governance for Business, and Exchange Online. This is a new tag-on replacing DIR-TSO-4229. Microsoft 365 data, including SharePoint Online, OneDrive for Business, and Exchange Online CPEP/CRISIS SERVICES FORENSICS INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES MENTAL HEALTH MENTAL HEALTH SERVICES-ECI LEASES

JUNE 2025 **FISCAL YEAR 2025**

~

HARRIS CENTER Jor	Executive Contract Summary
Mental Health and IDD	

Contract Section

Contractor* FreeIT Data Solutions Contract ID #* N/A Presented To* © Resource Committee © Full Board						
Date Presented [*] 6/17/2025						
Parties* (?) FreeIT Data Solutions and The Harris Center Agenda Item Submitted For:* (?) Information Only (Total NTE Amount is Less than \$250,000.00)						
 Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue 						
 SOW-Change Order-Amendment# Other 						
Procurement Method(s)* Check all that Apply Competitive Bid 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 DIR-CPO-4862 					
Funding Information*						
 New Contract O Amendment Contract Term Start Date* (?) 6/24/2025 If contract is off-cycle, specify the contract term (?) 	Contract Term End Date [*] (?) 6/23/2026					
Fiscal Year ^{* (?)} 2025	Amount* (?) \$ 350,000.00					
Funding Source* General Revenue (GR)						

Contract Description / Type * (?) Personal/Professional Services Consultant New Contract/Agreement Consumer Driven Contract Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance IT/Software License Agreement BAA/DUA

Pooled Contract

Renewal of Existing Contract

- Lease
- Other Replacement due to new DIR Tag-On

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

Varonis M365 SaaS subscription provides data security and governance for Microsoft 365 data, including SharePoint Online, OneDrive for Business, and Exchange Online. It helps organizations identify, classify, and protect sensitive data, monitor access, and detect potential threats. Key features include data classification, access controls, user behavior analytics, and threat detection. Vendor was previously using DIR-TSO-4229 as Tag-On, but is now utilizing DIR-CPO-4862 for year 3.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes O No O 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 (?)

DIR-CPO-4863 Appendix A Standard Terms and Conditions.pdf	782.32KB
DIR-CPO-4863 Appendix B HUB Subcontracting Plan (Approved on 7-27-	768.26KB
2022).pdf	100.2010
DIR-CPO-4863 Contract.pdf	271.98KB
DIR-CPO-4863 RFO DIR-CPO-TMP-550.pdf	1.21MB
CT143908_AP_RH_06282024.pdf	29.46KB
DIR-TSO-4229 Contract Details (5.17.2024).pdf	419.16KB
ID 2023-0627 - Freeit Data Solutions - 3yr Varonis Quote - Executed.pdf	60.41KB
PO_CT143908_638551140787557759.PDF	164.97KB

Vendor/Contractor Contact Person

Name*

Andrew Neuenschwander

Address * Street Address P.O. Box 1572 Address Line 2 City Austin Postal / Zip Code 78767 Phone Number *	State / Province / R Tx Country USA	Region					
(435)640-3425							
Email*							
Andrew@freeitdata.com							
Budget Section		\bigcirc					
Budget Units and Amou	nts Charged to each Budge	t Unit					
Budget Unit Number* 1130	Amount Charged to Unit* \$ 350,000.00	Expense/GL Code No.* 574000					
Budget Manager Campbell, Ricardo	Secondary Bu Campbell, Rica	udget Manager ardo					
Provide Rate and Rate Descriptions if applicable * (?) See attached							
Project WBS (Work Breakdown N/A	Structure) ^{* (?)}						
Requester Name	Submission D	Date					
Hurst, Richard	5/9/2025						
Budget Manager Approv	/al(s)	\circ					
Approved by		-					
00	Approval Date	e					
Ricardo Campbell	5/12/2025						
Procurement Approval		$\mathbf{\circ}$					
File Upload (?)							
Approved by	Approval Dat						
Sharon Brauner	Approval Date 5/12/2025	e					
Contract Owner Approv	al	$\boldsymbol{\diamond}$					

Page	25	of	255
------	----	----	-----

Approved by Mustafa Cochinnala	Approval Date 5/12/2025
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/13/2025

EXHIBIT F-4

JUNE 2025 RENEWALS OVER 250k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY CONTRACT RENEWALS MORE THAN \$250,000

JUNE 2025 FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2025 NTE AMOUNT	FY 2026 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS							
	ADMINISTRATION							
1	Aptean, Inc.	Software License, Support & Maintenance for On-line requisition & Approval process (Formerly Ross)	\$384,000.00	\$400,000.00	10/25/2025 - 10/24/2026	General Revenue (GR)		Annual renewal of Software Agreement for License, Support & Maintenance for On- line requisition & Approval process (Ross).
2	Centre Technologies, Inc.	Microsoft Office 365 Subscription	\$770,000.00	\$860,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Sole Source	Annual renewal of Microsoft Office 365 Subscription services.
3	Comcast	Agency Wide Internet & Data Circuit Services	\$220,000.00	\$276,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)		Annual renewal of Internet and Data Circuit Services.
4	CyberOne, LLC (Okta)	Identity and Access Management Software, Licensing, Implementation and Support Services (Okta IT Products)	\$263,986.81	\$290,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Tag-On DIR-TSO- 4288	Annual renewal of Software Licensing, Implementation and Support Services (Okta IT Products) to provide to ensure user and patient data is kept secure.
5	Metropolitan Landscape Management, Inc.	Agency Wide Landscaping Services	\$245,000.00	\$268,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Tag-On HCDE/CP	Annual renewal of Agreement for Agency Wide Landscaping Services.
6	O'Donnell/Snider Construction, LLC	Construction for the NeuroPsychiatric Center (NPC) Site Renovation Project	\$4,953,818.00	\$663,735.33	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Proposal	Annual renewal to complete the Construction for the NeuroPsychiatric Center (NPC) Site Renovation Project.
7	P-Master Pool Foreign & Sign Language Translation Services	Master Pool Contract for Foreign & Sign Language Interpretation Services Agency Wide	\$416,368.00	\$554,203.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Proposal	Annual renewal of Master Pooled Agreement for Foreign & Sign Language Interpretation Services Agency Wide. [Second year renewal option].
8	Rey de la Reza Architects, Inc. d/b/a RDLR Architect	Architectual Programming and Design Services	\$891,113.12	\$545,036.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Qualification	Annual renewal of Agreement Architectual Programming and Design for the Northeast Clinic.
9	UKG Kronos Systems, LLC	Agency Wide HRMS Software including Time and Attendance	\$422,626.70	\$400,000.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Tag-On OMNIA Partners Cooperative # 18220	Annual renewal of Software Agreement to provide HRMS Software including Time and Attendance.
10	Ultra Medical Cleaning and Environmental Services, Inc.	Agency Wide Janitorial Services	\$965,746.84	\$1,028,067.07	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Proposal	Annual renewal of Agreement for Agency Wide Janitorial Services. [Second year renewal option].
	CPEP/CRISIS SERVICES							
11	Aramark Correctional Service, LLC	Facility Food Services for the Jail Diversion, Respite, Rehab & Re-Entry Facility Programs	\$518,304.00	\$518,304.00	9/1/2025 - 8/31/2026	County	Tag-On Harris County #16/0297	Annual renewal of Agreement to provide food services to consumers. [FY26 NTE: \$518,304.00].
12	Career and Recovery Resources, Inc.	Staffing for Operation Services of Residents at the 3809 Main Street location	\$432,360.00	\$405,642.00	9/1/2025 - 8/31/2026	County	Sole Source	Annual renewal of Agreement for staffing for operation services of residents at the 3809 Main Street location.
13	Texas West Oaks Hospital LP d/b/a West Oaks Hospital	Community Inpatient Psychiatric Hospital Beds 12.2	\$5,339,950.00	\$5,339,950.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Proposal	Annual renewal of Agreement to provide Community Inpatient Psychiatric Hospital Beds 12.2. First year renewal option.
	FORENSICS							

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY CONTRACT RENEWALS MORE THAN \$250,000

JUNE 2025 FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2025 NTE AMOUNT	FY 2026 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES							
14	P - IDD Consumer Services Master Pool	Respite/Day Habilitation/Transporation/Crisis Out of Home Respite/Individualized Skills and Socialization Services (ISS)	\$2,605,000.00	\$2,605,000.00	9/1/2025 - 8/31/2026	State	Request for Application	Annual renewal of IDD Supported Services Master Pool Agreement.
15	P-IDD Master Pool for Inspire Program	Master Pool Contract for the Inspire Program. Therapeutic Interventions: occupational/physical/speech, music, sensory integration, art and aquatic; Transportation and Respite Care.	\$1,390,140.00	\$1,390,140.00	9/1/2025 - 8/31/2026	Federal Grant	Request for Application	Annual renewal of Master Pool Contract for the Inspire Program.
	MENTAL HEALTH							
16	P-Master Pool for Youth Empowerment Services (YES Waiver)	Master Pool for Community Living Supports & Paraprofessional Support Services (YES Waiver Program)	\$350,000.00	\$350,000.00	9/1/2025 - 8/31/2026	State	Request for Application	Annual renewal of master pooled Agreement for Community Living Supports & Paraprofessional Support Services (YES Waiver Program).
17	P-Master Pool-Youth Empowerment Services (Yes Waiver)	Master Pool Contract for Family Supports, Paraprofessional Support, Respite Support and Supported Employment Services.	\$100,000.00	\$350,000.00	9/1/2025 - 8/31/2026	State	Request for Application	Annual renewal of Master Pool Contract for Family Supports, Paraprofessional Support, Respite Support and Supported Employment Services.
18	P-Master Pool-Youth Empowerment Services (Yes Waiver)	Specialized Therapies for the Yes Waiver Program: Animal Therapy, Art Therapy, Music Therapy, Nutritional Therapy & Recreational Therapy	\$350,000.00	\$350,000.00	9/1/2025 - 8/31/2026	State	Request for Application	Annual renewal of Specialized Therapies for the Yes Waiver Program: Animal Therapy, Art Therapy, Music Therapy, Nutritional Therapy & Recreational Therapy.
19	The Council on Recovery	Substance Abuse Services for the Outreach, Screening, Referral (OSAR) Grant Program	\$793,354.00	\$793,354.00	9/1/2025 - 8/31/2026	State Grant	OSAR Grant Program OSAR Grant Program	Annual renewal of Agreement to provide (OSAR) and linkage services in accordance with the OSAR grant requirements.
	MENTAL HEALTH SERVICES-ECI							
	LEASES							
_								
=								
-								

Current Fiscal Year Contract Informatio	n
Current Fiscal Year	
2025	
Contract ID# [*]	
5115	
Contractor Name*	
Aptean, Inc.	
Service Provided [*] (?)	
Software License, Support & Maintenance for On-line re (Ross)	equisition & Approval process
Renewal Term Start Date*	Renewal Term End Date*
10/25/2025	10/24/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2) Board Approval (Total NTE Amount is \$250,000.00 o Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
	Tag-On
Request for Quote	Consumer Driven
Interlocal	
	Other .
Interlocal	Other .
Interlocal Not Applicable (If there are no funds required)	 Other Consultant
Interlocal Not Applicable (If there are no funds required) Contract Description / Type	
Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services	Consultant
Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract	Consultant New Contract/Agreement
Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding	Consultant New Contract/Agreement Amendment to Existing Contract

- O Yes
- No
- Unknown

Contract NTE* (?) \$ 384,000.00 Rate(s)/Rate(s) Description Unit(s) Served* 1130 G/L Code(s)* 553002 Current Fiscal Year Purchase Order Number* CT144110 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

Yes O No

How does this contract support Agency/Unit Strategic priorities?* Employee and HR Management Software

Page 30 of 255

Renewal Information for Next Fiscal Year						
Budget Units and Amounts Charged to each Budget Unit						
Budget Unit Number* 1130	Amount Charged to Unit* \$ 400,000.00	Expense/GL Code No.* 553002				
Budget Manager* Campbell, Ricardo	Secondar Campbell,	y Budget Manager* Ricardo				
Provide Rate and Rate Descriptions if applicable ^{* (?)}						
N/A Project WBS (Work Breakdown Structure)* (?) N/A						
Fiscal Year* (?) 2026	Amount* \$ 400,000					
Next Fiscal Year Not to Exceed A	mount for Master Pooled Contra	icts				
Contract Funding Source* General Revenue (GR)						
Contract Content Change	es	0				
Are there any required changes t	to the contract language?* (?)					
Will the scope of the Services ch	ange?*					
Is the payment deadline different	than net (45)?*					
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		0				
Contract Owner* (?)						
Please Select Contract Owner Mustafa Cochinwala						
Budget Manager Approval(s)						

 \bigcirc

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Mustafa Cochinnala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date* 4/23/2025

HARRIS CENTER IN	Annual	Renewal	Evaluation	
Mental Health and IDD				

Current Fiscal Year Contract Information	on
Current Fiscal Year	
2025	
+	
Contract ID#*	
7710	
Contractor Name*	
Centre Technologies, Inc.	
Service Provided * (?)	
Microsoft Office 365 Subscription	
Renewal Term Start Date *	Renewal Term End Date *
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busi	ness (HUB) (?)

- Yes
- No
- Unknown

~

Contract NTE* (?)

\$ 770,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

G/L Code(s)* 574000

Current Fiscal Year Purchase Order Number*

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 O 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

1

Renewal Information for	Next Fiscal Year	$\mathbf{\hat{o}}$	
Budget Units and Amou	nts Charged to each Budge	t Unit	
 Makabahara mana mana mananana kana kana kana kana	a ang lain ang mar lain ang kanang lain jang mang pang nalang nang pang na sa sa T		
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*	
1130	\$ 860,000.00	574000	
Budget Manager*		udget Manager*	
Campbell, Ricardo	Campbell, Ric	ardo	
Provide Rate and Rate Descripti N/A	ons if applicable * (?)		
Project WBS (Work Breakdown S N/A	Structure) ^{* (?)}		
Fiscal Year* (?)	Amount [*] (?)		
2026	\$ 860,000.00		
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts Contract Funding Source*			
General Revenue (GR)			
Contract Content Chang	es	<u>ی</u>	
Are there any required changes	to the contract language?* (?)		
Will the scope of the Services ch	nange?*		
🔘 Yes 🖲 No			
Is the payment deadline differen	t than net (45)? [*]		
	+		
Are there any changes in the Pe	rformance Targets? [*]		
Are there any changes to the Su	bmission deadlines for notes or sup	porting documentation?*	
File Upload (?)			
Contract Owner		$\mathbf{\hat{\circ}}$	
Contract Owner* (?)			
Please Select Contract Owner			
Mustafa Cochinwala			
Budget Manager Approv	al(s)	\diamond	

Approved by		
Ricardo Campbell		
Contract Owner Approval		٥
Approved by		
Mustafa Cochinnala		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
 Return for correction 		
Approved by *		
	Approval Date *	
Belinda Stude	5/7/2025	

Mental Health and IDD Annual Renewal Evaluation	on
Current Fiscal Year Contract Information	Ô
Current Fiscal Year 2025	
Contract ID#* 7486	
Contractor Name* Comcast	
Service Provided ^{* (?)} Various Internet &	
Data Circuit Services Renewal Term Start Date*	Renewal Term End Date *
9/1/2025 Term for Off-Cycle Only (For Reference Only)	8/31/2026
Agenda Item Submitted For: (?)	0,000.00)
Board Approval (Total NTE Amount is \$250,000.00 or Grant Proposal	
Revenue SOW-Change Order-Amendment#	
Other Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote Interlocal	Tag-On Consumer Driven
Not Applicable (If there are no funds required)	Other n/a
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
 Affiliation or Preceptor BAA/DUA 	Service/Maintenance
Pooled Contract	IT/Software License Agreement Lease
Renewal of Existing Contract	Other

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 220,000.00

Rate(s)/Rate(s) Description

Unit(s) Served* 1130

G/L Code(s)* 564004

Current Fiscal Year Purchase Order Number* CT144199

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 O No Did Contractor perform duties in a manner consistent with standards of the profession?* Yes No Did Contractor adhere to the contracted schedule?* (?) Yes O No Were reports, billing and/or invoices submitted in a timely manner?* (?) Yes O 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 O No

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

~

Renewal Information for	or Next Fiscal Year	٢
Budget Units and Amo	unts Charged to each Budg	jet Unit
Budget Unit Number* 1130	Amount Charged to Unit* \$ 276,000.00	Expense/GL Code No.* 564004
Budget Manager* Campbell, Ricardo	Secondary Campbell, F	Budget Manager [*] Ricardo
Provide Rate and Rate Descrip	otions if applicable * (?)	
Project WBS (Work Breakdown	n Structure) ^{* (?)}	
Fiscal Year* (?) 2026	Amount ^{* (*} \$ 276,000.0	
Next Fiscal Year Not to Exceed	Amount for Master Pooled Contrac	ANALYSIN YN YN YW YW YW YW YW YW YN YW YN YW
Contract Funding Source* General Revenue (GR) Contract Content Char	iges	õ
Are there any required change Yes No	s to the contract language? [*] (?)	
Will the scope of the Services	change?*	
Is the payment deadline differe	ent than net (45)?*	
Are there any changes in the F	Performance Targets?*	
Are there any changes to the Submission deadlines for notes or supporting documentation?*		
File Upload (?)		
Contract Owner		$\overline{\mathbf{O}}$
Contract Owner* (?)		
Please Select Contract Owner		
Mustafa Cochinwala		
Budget Manager Appro	oval(s)	\sim

Page	40	of	255
------	----	----	-----

Approved by	
Ricardo Campbell	
Contract Owner Approval	<u></u>
Approved by	
Mustafa Cochinwala	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by*	
	Approval Date*
Belinda Stude	5/7/2025

	tion
Current Fiscal Year Contract Informatic	on.
Current Fiscal Year	
2025	
Contract ID#*	
2022-0597	
Contractor Name*	
CyberOne, LLC (Okta)	
Service Provided * (?)	
	Implementation and Support
Identity and Access Management Software, Licensing, Services (Okta IT Products) needed to help ensure use	
Renewal Term Start Date *	Renewal Term End Date [*]
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00 c	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	🔄 Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract Renewal of Existing Contract	Other

) Yes

- No
- Unknown

Contract NTE* (?) \$ 263,986.81 Rate(s)/Rate(s) Description Unit(s) Served*

G/L Code(s)* 553002

1130

Current Fiscal Year Purchase Order Number* CT144558

Contract Requestor*

Rick Hurst

Contract Owner* Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

Supports our Cyber Security and Data Protections Strategy

```
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?*
```

Renewal Information for N	lext Fiscal Year	
Budget Units and Amount	s Charged to each Budg	et Unit
Budget Unit Number* 1130	Amount Charged to Unit* \$ 290,000.00	Expense/GL Code No.* 553002
Budget Manager* Campbell, Ricardo	Secondary I Campbell, R	Budget Manager* icardo
Provide Rate and Rate Description	ns if applicable * (?)	
Project WBS (Work Breakdown St N/A	ructure)* (?)	
Fiscal Year* (?)	Amount* (?)	
2026	\$ 290,000.00)
Next Fiscal Year Not to Exceed An	nount for Master Pooled Contract	S
Contract Funding Source* General Revenue (GR)		
Contract Content Change	S	<u>0</u>
Are there any required changes to Yes I No	o the contract language?* (?)	
Will the scope of the Services cha	nge?*	
Is the payment deadline different	than net (45)?*	
Are there any changes in the Perf	ormance Targets?*	
Are there any changes to the Submission deadlines for notes or supporting documentation?*		
Yes I No		
Contract Owner		○
Contract Owner* (?)		
Please Select Contract Owner Mustafa Cochinwala		
Budget Manager Approva	l(s)	0

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Mustafa Cechinnala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date* 4/23/2025

HARRIS

Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year 2025

Contract ID#* 2024-0927

Contractor Name* Metropolitan Landscape Management, Inc.

Service Provided * (?)

Agency Wide Landscaping Services.

Renewal Term Start Date*

Renewal Term End Date* 8/31/2026

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

9/1/2025

- 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)

Contract Description / Type

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract

- Competitive Proposal Sole Source
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other HCDE/CP
- 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
- O Unknown

Neg

Contract NTE^{*} (?) \$ 245,000.00 Rate(s)/Rate(s) Description Vary. Unit(s) Served^{*} 1899 G/L Code(s)^{*} 569003 Current Fiscal Year Purchase Order Number^{*} CT144378 Contract Requestor^{*} Sarah Harper Contract Owner^{*} Michael Mitchell

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 O No
```

How does this contract support Agency/Unit Strategic priorities?* landscaping maintenance to keep locations presentable

Renewal Information for Next Fiscal Year				
Budget Units and Amounts Charged to each Budget Unit				
Budget Unit Number* 1899	Amount Charged \$ 268,000.00	d to Unit [*]	Expense/GL Code No.* 569003	
Budget Manager* Campbell, Ricardo		Secondary Budge Moynihan, Kelly	et Manager*	
Provide Rate and Rate Descriptions if applicable * (?) increase due to Main St Campus addition - annual cost \$200,657.00 plus \$67,343.00 contingency for NTE of \$268,000.00				
Project WBS (Work Breakdown n/a	Structure) ^{* (?)}			
Fiscal Year ^{* (?)} 2026		Amount* (?) \$ 268,000.00		
Next Fiscal Year Not to Exceed	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)?*				
Are there any changes in the Performance Targets?*				
Are there any changes to the S Yes No	ubmission deadlines fo	or notes or suppor	ting documentation?*	
File Upload (?) Metropolitan contract pricing she PROPOSAL- Various locations- L			16.57KB 47.52KB	
Contract Owner			0	

Contract Owner* (?) Please Select Contract Owner Michael Mitchell

~

~

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Michael Mitchell

Contracts Approval

Approve*

Yes

No, reject entire submission
 Return for correction

Approved by *

Belinda Stude

Approval Date* 4/30/2025

Mental Health and IDD Annual Renewal Evalua	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year 2025	
Contract ID#* 2022-0428	
Contractor Name* O'Donnell/Snider Construction, LLC	
Service Provided ^{* (?)} Construction for the NeuroPsychiatric Center (NPC) Si	to Reportion (CSP) Project#
PURFY22-02	
Renewal Term Start Date * 9/1/2025	Renewal Term End Date * 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 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	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA Pooled Contract	IT/Software License Agreement
Renewal of Existing Contract	 Lease Other
in Renewal of Existing Contract	

- Yes
- No
- Unknown

 (\land)

Contract NTE* (?)

\$ 4,953,818.00

Rate(s)/Rate(s) Description

Unit(s) Served*

G/L Code(s)* 900040

Current Fiscal Year Purchase Order Number* CT144343

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

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

Please Explain*

deadline for completion was missed

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

Yes O No

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

Yes O 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?*

more space to serve our clients

more space to serve our clients		
Renewal Information for	Next Fiscal Year	
Budget Units and Amour	nts Charged to each Budge	et Unit
Budget Unit Number* 1126	Amount Charged to Unit* \$ 663,735.33	Expense/GL Code No.* 900040
Budget Manager* Campbell, Ricardo	Secondary E Campbell, Ri	Budget Manager* icardo
Provide Rate and Rate Description per proposal - an extension to the second state of 4/25/2025, balance and include of 4/25/2025, balance when starting please double check balance at the only amount of money left Project WBS (Work Breakdown State) FM21.1126.02 - NPC Renovations	nd contract and increase ne board, amount above is s the balance showing as g new FY will be different, at time to bring forward	
Fiscal Year [*] (?) 2026	Amount* (?) \$ 663,735.33	
Next Fiscal Year Not to Exceed A Contract Funding Source* General Revenue (GR) Contract Content Chang Are there any required changes Yes No		s
Will the scope of the Services ch Yes No Is the payment deadline differen Yes No Are there any changes in the Per	t than net (45)?*	
 Yes No Are there any changes to the Su Yes No File Upload (?) 	bmission deadlines for notes or su	pporting documentation?*
Contract Owner		\odot

 \bigcirc

 \bigcirc

Contract Owner* (?)

Please Select Contract Owner

Karen Hurst

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Karen &. Hurst

Contracts Approval

Approve*

Yes

- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date* 4/29/2025

	ition
Current Fiscal Year Contract Informatic	on 📀
Current Fiscal Year	
2025	
Contract ID#*	
2023-0793	
Contractor Name*	
Master Pool Foreign & Sign Language Translation Serv	ices
Service Provided * (?)	
Master Pool Contract for Foreign & Sign Language Inte	rpretation Services Agency Wide.
Renewal Term Start Date*	Renewal Term End Date *
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	250 000 00)
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 c Grant Proposal Revenue SOW-Change Order-Amendment# Other	
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 c Grant Proposal Revenue SOW-Change Order-Amendment# Other 	
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# 	
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)*	
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 c Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply	or more)
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid	or more)
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of 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 	or more) Competitive Proposal Sole Source Request for Qualification Tag-On
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of 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	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of 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 	or more) Competitive Proposal Sole Source Request for Qualification Tag-On
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of 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	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of 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 Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of 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) Contract Description / Type Personal/Professional Services Consumer Driven Contract 	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of 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) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding 	 br more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Other Amendment to Existing Contract
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of 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) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor 	 br more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Other Amendment to Existing Contract Service/Maintenance
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of 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) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding 	 br more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Other Amendment to Existing Contract

- Yes
- No
- Unknown

 (\land)

Contract NTE* (?)

\$ 416,368.00

Rate(s)/Rate(s) Description

Unit(s) Served* Multiple

G/L Code(s)* 543018

Current Fiscal Year Purchase Order Number* CT144122

Contract Requestor*

Eggla MacKinney

Contract Owner*

Deauc Dentaen

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 O 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 O No **Renewal Determination** Is the contract being renewed for next fiscal year with this Contractor?* (?) Yes O No

(~)

How does this contract support Agency/Unit Strategic priorities?* The contract enables The Harris Center to provide interpreters for non-English speaking

consumers. It supports the organization's policy to effectively communicate and share information with individuals and their legally authorized representatives (LARs) in theirpreferred languages.

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charge	d to Unit [*]	Expense/GL Code No.*
1102	\$ 500.00		543018
Budget Manager* Moynihan, Kelly		Secondary Budge Campbell, Ricardo	t Manager*
Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*
2200	\$ 1,500.00		543018
Budget Manager* Smith, Janai		Secondary Budge Shelby, Debbie	t Manager*
Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*
2212	\$ 43,353.00		543018
Budget Manager* Smith, Janai		Secondary Budge Shelby, Debbie	t Manager*
Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*
2213	\$ 10,000.00		543018
Budget Manager* Smith, Janai		Secondary Budge Shelby, Debbie	t Manager*
Budget Unit Number*	Amount Charge	d to Unit [*]	Expense/GL Code No.*
2214	\$ 30,000.00		543018
Budget Manager* Smith, Janai		Secondary Budge Shelby, Debbie	t Manager*
Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*
2215	\$ 115,000.00		543018
Budget Manager* Smith, Janai		Secondary Budge Shelby, Debbie	t Manager*
Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*
2250	\$ 500.00		543018
Budget Manager* Oshman, Jodel		Secondary Budge Ramirez, Priscilla	t Manager*
Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*
2299	\$ 2,660.00		543018
Budget Manager* Shelby, Debbie		Secondary Budge Hooper Jr., Michael	

Budget Unit Number*	Amount Charged to	o Unit*	Expense/GL Code No.*
2301	\$ 3,500.00		543018
Budget Manager* Smith, Janai		econdary Bu helby, Debbie	dget Manager*
Budget Unit Number*	Amount Charged to	o Unit*	Expense/GL Code No.*
2802	\$ 2,500.00		543018
Budget Manager* Smith, Janai		econdary Bu helby, Debbie	dget Manager*
Budget Unit Number*	Amount Charged to	o Unit*	Expense/GL Code No.*
3350	\$ 42,000.00		5403018
Budget Manager* Degracia, Ericka	S	econdary Bu Cerlegon, Char	dget Manager*
Budget Unit Number*	Amount Charged to	o Unit*	Expense/GL Code No.*
3360	\$ 133,000.00		543018
Budget Manager*		econdary Bu	idget Manager*
Degracia, Ericka		ohnson, Keny	onika
Budget Unit Number*	Amount Charged to	o Unit*	Expense/GL Code No.*
4150	\$ 2,000.00		543018
Budget Manager [*]		econdary Bu	idget Manager*
Smith, Janai		Shelby, Debbie	:
Budget Unit Number*	Amount Charged to	o Unit*	Expense/GL Code No.*
4160	\$ 2,000.00		543018
Budget Manager* Smith, Janai		Secondary Bu Shelby, Debbie	idget Manager*
Budget Unit Number*	Amount Charged to	o Unit*	Expense/GL Code No.*
4323	\$ 45,000.00		543018
Budget Manager* Smith, Janai		Secondary Bu Shelby, Debbie	idget Manager*
Budget Unit Number*	Amount Charged to	o Unit*	Expense/GL Code No.*
4325	\$ 8,000.00		543018
Budget Manager* Smith, Janai		Secondary Bu Shelby, Debbie	udget Manager*
Budget Unit Number*	Amount Charged to	o Unit*	Expense/GL Code No.*
4736	\$ 17,000.00		543018
Budget Manager [*] Smith, Janai		Secondary Bu Shelby, Debbie	idget Manager*

Budget Unit Number*	Amount Charged 1	to Unit*	Expense/GL Code No.*
4780	\$ 2,000.00		543018
Budget Manager* Smith, Janai		Secondary Bu Shelby, Debbie	dget Manager*
Budget Unit Number*	Amount Charged 1	to Unit*	Expense/GL Code No.*
4913	\$ 15,576.00		543018
Budget Manager* Smith, Janai		Secondary Bu Shelby, Debbie	dget Manager*
Budget Unit Number*	Amount Charged (to Unit*	Expense/GL Code No.*
6201	\$ 300.00		543018
Budget Manager*	:	Secondary Bu	ndget Manager*
Williams-Wesley, Sheenia		Reyes, Elizabe	th
Budget Unit Number*	Amount Charged	to Unit*	Expense/GL Code No.*
6204	\$ 300.00		543018
Budget Manager*		Secondary Bu	idget Manager*
Williams-Wesley, Sheenia		Reyes, Elizabe	th
Budget Unit Number*	Amount Charged	to Unit*	Expense/GL Code No.*
6205	\$ 2,000.00		543018
Budget Manager*		Secondary Bu	idget Manager*
Williams-Wesley, Sheenia		Reyes, Elizabe	hth
Budget Unit Number*	Amount Charged	to Unit [*]	Expense/GL Code No.*
6302	\$ 1,000.00		543018
Budget Manager*		Secondary Bu	ndget Manager*
Williams-Wesley, Sheenia		Reyes, Elizabe	hth
Budget Unit Number*	Amount Charged	to Unit [*]	Expense/GL Code No.*
6401	\$ 500.00		543018
Budget Manager* Williams-Wesley, Sheenia		Secondary Bu Reyes, Elizabe	idget Manager*
Budget Unit Number*	Amount Charged	to Unit*	Expense/GL Code No.*
6500	\$ 300.00		543018
Budget Manager*		Secondary Bu	udget Manager*
Williams-Wesley, Sheenia		Reyes, Elizabe	hth
Budget Unit Number*	Amount Charged	to Unit*	Expense/GL Code No.*
4161	\$ 3,167.00		543018
Budget Manager* Smith, Janai		Secondary Bu Shelby, Debbie	idget Manager*

Budget Unit Number* 7001	Amount Charged \$ 30,000.00	d to Unit*	Expense/GL Code No.* 543018
	\$ 00,000.00	0	
Budget Manager * Ilejay, Kevin		Campbell, Rica	dget Manager * rdo
· · · · · · · · · · · · · · · · · · ·			
Budget Unit Number*	Amount Charged \$ 6,000.00	d to Unit "	Expense/GL Code No.* 543018
7110	\$ 8,000.00		
Budget Manager*		-	dget Manager*
llejay, Kevin		Campbell, Rica	
Budget Unit Number*	Amount Charge	d to Unit [*]	Expense/GL Code No.*
9206	\$ 10,000.00		543018
Budget Manager*		•	dget Manager*
Oshman, Jodel		Ramirez, Prisci	lla
Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*
9208	\$ 9,000.00		543018
Budget Manager*		Secondary Bu	dget Manager*
Oshman, Jodel		Ramirez, Prisci	lla
Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*
9209	\$ 500.00		543018
Budget Manager*		Secondary Bu	dget Manager [*]
Oshman, Jodel		Ramirez, Prisci	lla
Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*
9210	\$ 500.00		543018
Budget Manager*		Secondary Bu	dget Manager [*]
Oshman, Jodel		Ramirez, Prisci	lla
Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*
9228	\$ 500.00		543018
Budget Manager*		Secondary Bu	dget Manager*
Oshman, Jodel		Ramirez, Prisci	• •
Budget Unit Number*	Amount Charge	d to Linit*	Expense/GL Code No.*
9247	\$ 500.00		Expense/GL Code No. 543018
Budget Manager*		Secondary Pro	
Oshman, Jodel		Ramirez, Prisci	dget Manager [*] Ila
······································			
Budget Unit Number* 9261	Amount Charge \$ 500.00	d to Unit"	Expense/GL Code No.* 543018
	φ 500.00		
Budget Manager*			dget Manager*
Ramirez, Priscilla		Puente, Giovan	ini

Budget Unit Number*	Amount Charged	l to Unit*	Expense/GL Code No.*
9263	\$ 2,000.00		543018
Budget Manager*		Secondary Bu	dget Manager*
Oshman, Jodel		Ramirez, Prisci	illa
Budget Unit Number*	Amount Charged	l to Unit*	Expense/GL Code No.*
9283	\$ 750.00		543018
Budget Manager*		Secondary Bu	ldget Manager*
Oshman, Jodel		Ramirez, Prisci	illa
Budget Unit Number*	Amount Charged	l to Unit*	Expense/GL Code No.*
9403	\$ 2,300.00		543018
Budget Manager*		Secondary Bu	idget Manager [*]
Ramirez, Priscilla		Puente, Giovar	ni
Budget Unit Number*	Amount Charged	l to Unit [*]	Expense/GL Code No.*
9405	\$ 2,997.00		543018
Budget Manager*		Secondary Bu	idget Manager*
Ramirez, Priscilla		Puente, Giovar	nni
Budget Unit Number*	Amount Charged	l to Unit*	Expense/GL Code No.*
9407	\$ 2,000.00		543018
Budget Manager*		Secondary Bu	ldget Manager [*]
Ramirez, Priscilla		Puente, Giovar	nni
Budget Unit Number*	Amount Charged	l to Unit [*]	Expense/GL Code No.*
9502	\$ 500.00		543018
Budget Manager*		Secondary Bu	idget Manager*
Ramirez, Priscilla		Puente, Giovar	nni
Budget Unit Number*	Amount Charged	I to Unit [*]	Expense/GL Code No.*
9810	\$ 2,500.00		53018
Budget Manager*		Secondary Bu	idget Manager*
Oshman, Jodel		Ramirez, Prisci	illa
Provide Rate and Rate Descripti	ons if annlicable * (?)		
See attached sheet for rates and d			
Project WBS (Work Breakdown	Structure)* (?)		
N/A	,		
·····		,	
Fiscal Year [*] (?)		Amount ^{* (?)}	
2026		\$ 554,203.00	
Next Fiscal Year Not to Exceed A	mount for Master Poo	and Contracto	
\$554,203.00	anount for master POU		
Contract Funding Source*			
General Revenue (GR)			

 (\land)

 \bigcirc

	01-1-1
Contract Content Chan	

Are there any required changes to the contract language?* (?)

Yes O No

Please Explain*

Please correct email for accounts payable to show as:AP@TheHarrisCenter.org Submit Invoices to both: AP and Interpretation Services at: AP@TheHarrisCenter.org & Interpretation.Invoices@TheHarrisCenter.org. Last, if a request for an interpretation service is received with less than 24 hours (not counting weekends or holidays), theunit will be charged full fee

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 (?)

BAFO Pricing Sheet Summary for FY26.xlsx	45.06KB
FY26 PO Interpretation Allocations Revised 5-8-25.xlsx	16.12KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Deauc Dentaen

Budget Manager Approval(s)

Kelly S. Moynihan

Jodel Oshman

Approved by

Approved by

Approved by

Janai Lymnette Smith

Approved by

Debbie Chambers Shelby

Approved by	Approved by
Ericka Degracia	Sheenia Wittiams-Westey
Approved by	
kevin ilejay	
Contract Owner Approval	<u></u>
Approved by	
Deauc Dentaen	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission Return for correction 	
Approved by*	
	Approval Date *
Belinda Stude	5/14/2025

Mental Health and IDD	ition
Current Fiscal Year Contract Information	on 🔗
Current Fiscal Year	
2025	
Contract ID#*	
2022-0594	
Contractor Name*	
Rey de la Reza Architects, Inc. d/b/a RDLR Architect	
Service Provided ^{* (?)}	
Architectual Programming and Design for the Northeas	t Clinic.
Renewal Term Start Date*	Renewal Term End Date*
9/1/2025	8/31/2026
Term for Off Cycle Only (For Reference Only)	
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	
Board Approval (Total NTE Amount is \$250,000.00 d	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment# Other	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other

- Yes
- No
- Unknown

WBE - Women owned business.

Contract NTE* (?) \$ 891.113.12

Rate(s)/Rate(s) Description

as of 5/21/2024 \$891,113.12 is the remaining balance showing on the PO CT#143180

Unit(s) Served*

G/L Code(s)* 900040

Current Fiscal Year Purchase Order Number* CT144208

Contract Requestor*

Sarah Harper

Contract Owner*

Karen Hurst

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 O No

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

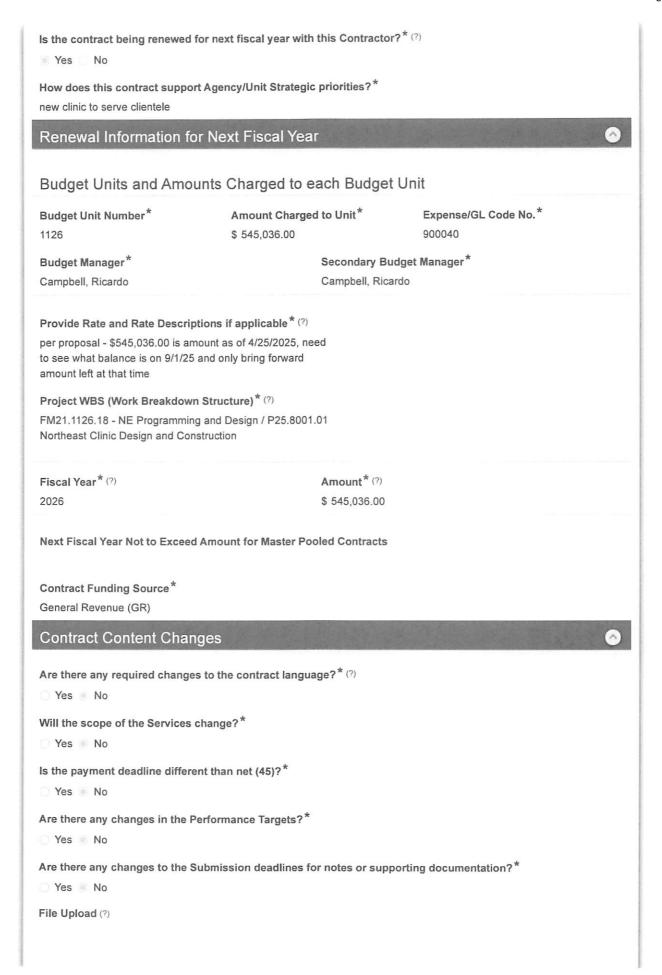
Yes No

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

Yes No

Renewal Determination

0



Contract Owner		0
Contract Owner* (?)		
Please Select Contract Owner		
Karen Hurst		
Budget Manager Approval(s)		0
Approved by		
Ricardo Campbell		
Contract Owner Approval		0
Approved by		
Karen E. Hurst		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
 Return for correction 		
Approved by *		
	Approval Date*	
Belinda Stude	4/28/2025	

HARRIS CENTER for	Annual	Renewal	Evalu	ation
U CENTER tor	The second second			

Current Fiscal Year Contract Information	on
Current Fiscal Year	
2025	
Contract ID#*	
6685	
Contractor Name*	
UKG Kronos Systems, LLC	
Service Provided [*] (?)	
HRMS Software including Time and Attendance.	
Renewal Term Start Date*	Renewal Term End Date *
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
A second a literation of the state of Factor (2)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 	
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal 	
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue 	
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# 	
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue 	
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other 	
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)*	
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 d Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply	or more)
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 d Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid	or more)
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 d) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal	or more)
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 d Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid	or more) Competitive Proposal Sole Source
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application 	or more) Competitive Proposal Sole Source Request for Qualification
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of 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	or more) Competitive Proposal Sole Source Request for Qualification Tag-On
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of 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 	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of 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) 	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of 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) 	or more)
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of 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) Contract Description / Type Personal/Professional Services 	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other OMNIA Partners Cooperative # 18220 Consultant
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of 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) Contract Description / Type Personal/Professional Services Consumer Driven Contract 	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other OMNIA Partners Cooperative # 18220 Consultant New Contract/Agreement
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of 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) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding 	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other OMNIA Partners Cooperative # 18220 Consultant New Contract/Agreement Amendment to Existing Contract
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of 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) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor 	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other OMNIA Partners Cooperative # 18220 Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance

- Yes
- No
- Unknown

Contract NTE* (?) \$ 422,626.70

Rate(s)/Rate(s) Description

Unit(s) Served* 1130,1147

G/L Code(s)*

Current Fiscal Year Purchase Order Number* CT144156

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 O 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 O No

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

Budget Units and Amo	unts Charged to each Budge	t Unit
Budget Unit Number* 1130	Amount Charged to Unit* \$ 400,000.00	Expense/GL Code No.* 553002
Budget Manager* Campbell, Ricardo	Secondary Budget Manager* Campbell, Ricardo	
Provide Rate and Rate Descri N/A	ptions if applicable * (?)	
Project WBS (Work Breakdow N/A	n Structure) ^{* (?)}	
Fiscal Year* (?) 2026	Amount* (?) \$ 400,000.00	
Next Fiscal Year Not to Excee	d Amount for Master Pooled Contracts	
Contract Content Cha Are there any required change Yes No	nges es to the contract language? [*] (?)	
Will the scope of the Services	change?*	
Is the payment deadline differ		
 Yes No 	ent than net (45)?	
 Yes ● No Are there any changes in the Yes ● No 		porting documentation?*
 Yes No Are there any changes in the Yes No Are there any changes to the 	Performance Targets?*	porting documentation?*
 Yes No Are there any changes in the Yes No Are there any changes to the Yes No 	Performance Targets?*	porting documentation?*
 Yes No Are there any changes in the Yes No Are there any changes to the Yes No File Upload (?) 	Performance Targets?*	porting documentation?*

~

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* 5/6/2025

Annual Renewal Evaluation

HARRIS

Current Fiscal Year Contract Information

Current Fiscal Year 2025

Contract ID#* 2022-0559

Contractor Name*

Ultra Medical Cleaning and Environmental Services, Inc.

Service Provided* (?)

Increase the amount to continue janitorial services to be provided at James Driver Park, 10918 Bentley Street, Houston, Texas 77093. The rate is \$866.00 per month for weekly cleaning services.

Renewal Term Start Date*

Renewal Term End Date* 8/31/2026

9/1/2025

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)

Contract Description / Type

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract

- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven

Other

Consultant

New Contract/Agreement

- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

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

O Yes

O No

Unknown

Contract NTE* (?)

\$ 965,746.84

Rate(s)/Rate(s) Description 1899 \$877,951.67 569002; 1899 \$87,795.17 569002

Unit(s) Served* 1899

G/L Code(s)*

Current Fiscal Year Purchase Order Number* CT144365

Contract Requestor*

Lisa Cantu-Espinoza

Contract Owner* Michael Mitchell

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 O No
```

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

Yes O No

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

Yes No

Were reports, billing and/or invoices submitted in a timely manner? $^{\star\,(?)}$

Yes O No

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

Yes O No

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

Yes O No

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

Yes O No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?) Yes O No How does this contract support Agency/Unit Strategic priorities?* Agency wide Janitorial services Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Expense/GL Code No.* Budget Unit Number* Amount Charged to Unit* 569002 1899 \$ 1,028,067.07 Secondary Budget Manager* Budget Manager* Moynihan, Kelly Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) FY26 Pricing Sheet \$884,838.42 + 10918 Bentley Street \$10,392 + Residential Cleaning \$32,500 + 3809 Main St Kitchen vent hood cleaning \$6,876 Contingency 10% \$93460.65 Total NTE \$1,028,067.07 See attached. Project WBS (Work Breakdown Structure)* (?) n/a Fiscal Year* (?) Amount* (?) \$ 1,028,067.07 2026 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 (?)		
UltraFY26 Price sheet.pdf	146.3KB	
Exhibit_A43809_Main_StProposal_Kitchen-Hoodcleaning f.epdf	409.27KB	
Exhibit_A5Proposal_Harris_CenterResidential_Home f.epdf	457.33KB	
Smartpod Cleaning Quote.pdf	176.51KB	
Contract Owner		
Contract Owner* (?)		
Please Select Contract Owner		
Michael Mitchell		
Budget Manager Approval(s)		0
Approved by		
Ricardo Campbell		
Contract Owner Approval		0
Approved by		

Approved by

Michael Mitchell

Contracts Approval

Approve*

Yes

No, reject entire submission

Return for correction

Approved by*

Belinda Stude

Approval Date* 4/30/2025

Annual Renewal Evaluation

HARRIS

Current Fiscal Year Contract Information

Current Fiscal Year 2025

Contract ID#* 7849

Contractor Name* Aramark Correctional Service, LLC

Service Provided* (?)

Jail Diversion, Respite, Rehab & Re-Entry Facility Food Service

Renewal Term Start Date*

Renewal Term End Date* 8/31/2026

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

9/1/2025

- 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)

Contract Description / Type

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract

- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other Harris County #16/0297
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease Other

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

- O Yes
- No
- Unknown

\$ 518,304.00

Rate(s)/Rate(s) Description

Unit(s) Served* 9403

G/L Code(s)*

Current Fiscal Year Purchase Order Number* CT144058

Contract Requestor* Priscilla Ramirez

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

```
Have there been any significant performance deficiencies within the current fiscal year?*
🔿 Yes 🔍 No
Were Services delivered as specified in the contract?*
Yes O No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Yes O No
Did Contractor adhere to the contracted schedule?* (?)
Yes No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
Yes O 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 O No
Maintained legally required standards for certification, licensure, and/or training?* (?)
Yes O No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor? ^{\star}\left( ?\right)
Yes O No
How does this contract support Agency/Unit Strategic priorities?*
```

Renewal Information for	Next Fiscal Year	
Budget Units and Amou	nts Charged to each Budg	et Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 209,651.00	543013
Budget Manager*	Secondary	Budget Manager*
Ramirez, Priscilla	Puente, Gio	vanni
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 139,767.00	543013
Budget Manager*	Secondary	Budget Manager*
Ramirez, Priscilla	Puente, Gio	vanni
Budget Unit Number*	Amount Charged to Unit [*]	Expense/GL Code No.*
9264	\$ 58,237.00	543013
Budget Manager*	Secondary	Budget Manager*
Ramirez, Priscilla	Puente, Gio	vanni
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 64,060.00	543013
Budget Manager*	Secondary	Budget Manager [*]
Ramirez, Priscilla	Puente, Gio	vanni
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9405	\$ 46,589.00	543013
Budget Manager*	Secondary	Budget Manager*
Ramirez, Priscilla	Puente, Gio	vanni
Provide Rate and Rate Descripti Rates as outlined in current agree		
Project WBS (Work Breakdown N/A		
Fiscal Year* (?)	Amount [*] (?)
2026	\$ 518,304.0	0
Next Fiscal Year Not to Exceed /	Amount for Master Pooled Contract	's
Contract Funding Source*		
County Contract Content Chang	jes	Ô
Are there any required changes Yes No	to the contract language?* (?)	

~

~

~

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

Priscilla M Ramirez

Contract Owner Approval

Approved by

Kim KOPNMAYER

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date* 5/1/2025

Annual Renewal Evaluation **Current Fiscal Year Contract Information Current Fiscal Year**

2025

Contract ID#* 2025-1009

Contractor Name* Career and Recovery Resources, Inc.

Service Provided * (?)

Staffing for Operation Services of Residents at the 3809 Main Street location.

Renewal Term Start Date* Renewal Term End Date* 8/31/2026 9/1/2025

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)

Contract Description / Type

- Personal/Professional Services
- **Consumer Driven Contract**
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract

- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

Consultant

- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease Other

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

- O Yes
- No
- Unknown

\$ 432,360.00

Rate(s)/Rate(s) Description \$16.25 per hour per staff member

Unit(s) Served* 9237

G/L Code(s)* 543053

Current Fiscal Year Purchase Order Number* CT144749

Contract Requestor* Priscilla Ramirez

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

```
Have there been any significant performance deficiencies within the current fiscal year?*
🔿 Yes 💿 No
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 O 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?* Nutritious, fresh meals for residents onsite

Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 543013 9243 \$ 51,239,00 Secondary Budget Manager* Budget Manager* Puente, Giovanni Ramirez, Priscilla Expense/GL Code No.* Amount Charged to Unit* Budget Unit Number* 543053 9240 \$ 51,239.00 Secondary Budget Manager* Budget Manager* Ramirez, Priscilla Puente, Giovanni Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 9273 \$ 234,845.00 543053 Secondary Budget Manager* Budget Manager* Ramirez, Priscilla Puente, Giovanni Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 9210 543053 \$ 34,159.00 Secondary Budget Manager* Budget Manager* Oshman, Jodel Ramirez, Priscilla Expense/GL Code No.* Budget Unit Number* Amount Charged to Unit* 9405 \$ 34,160,00 543053 Budget Manager* Secondary Budget Manager* Ramirez, Priscilla Puente, Giovanni Provide Rate and Rate Descriptions if applicable * (?) \$16.25 per hour plus 20% supervision fee Project WBS (Work Breakdown Structure)* (?) N/A Fiscal Year* (?) Amount* (?) 2026 \$ 405,642.00 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

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Approved by

Priscilla M Ramirez

Jodel Oshman

Contract Owner Approval

Approved by

Kim KOPNMANER

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date* 5/1/2025

HARRIS CENTER (or Mental Health and JDD	tion
Current Fiscal Year Contract Informatio	n
Current Fiscal Year 2025	
Contract ID#* 2024-0838	
Contractor Name* Texas West Oaks Hospital LP d/b/a West Oaks Hospital	
Service Provided * (?)	
Community Inpatient Psychiatric Hospital Beds 12.2	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
A manufacture Destantition Form (2)	
Agenda Item Submitted For: (?)	
 Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 o 	
Grant Proposal	(more)
Revenue	
SOW-Change Order-Amendment#	
Other	
State of Management of the Colored Points	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
 Not Applicable (If there are no funds required) 	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other

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

- O Yes
- No

O Unknown

\$ 5,339,950.00

Rate(s)/Rate(s) Description \$700.00 per bed day 12.2 beds + 8 beds (amendment)

Unit(s) Served* 9223

G/L Code(s)* 543044

Current Fiscal Year Purchase Order Number* CT144442

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance det	iciencies within the current fiscal year? st
🔿 Yes 💿 No	
Were Services delivered as specified in the cont	ract?*

Yes No

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

Yes O No

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

Yes O No

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

Yes O No

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

Yes O No

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

```
Yes O No
```

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

Yes O 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?* Enables the agency to provide additional beds for clients in need.

Renewal Information for I	Next Fiscal Year	0
Budget Units and Amoun	ts Charged to each Budge	et Unit
Budget Unit Number* 9223	Amount Charged to Unit* \$ 5,339,950.00	Expense/GL Code No.* 543044
Budget Manager* Oshman, Jodel	Secondary I Ramirez, Pris	Budget Manager* scilla
Provide Rate and Rate Descriptio \$700 per bed day	ns if applicable * (?)	
Project WBS (Work Breakdown Si na	tructure)* (?)	
Fiscal Year* (?) 2026	Amount* (?) \$ 5,339,950.	
Next Fiscal Year Not to Exceed Ar	mount for Master Pooled Contract	
Contract Funding Source* General Revenue (GR) Contract Content Change	es	•
Are there any required changes to Yes No	o the contract language?* (?)	
Will the scope of the Services cha	ange?*	
Is the payment deadline different Ves No	than net (45)?*	
Are there any changes in the Peri Yes No	formance Targets?*	
Are there any changes to the Sub	omission deadlines for notes or su	pporting documentation?*
File Upload (?)		
Contract Owner		0
Contract Owner* (?) Please Select Contract Owner		
Kim Kornmayer Budget Manager Approva	al(s)	

(

Approved by

Jodel Oshman

Contract Owner Approval

Approved by

Kin KOPNMANER

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date* 4/29/2025

QO The DELC	
HARRIS CENTER INT	Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year 2025

Contract ID#* 6835

Contractor Name*

P - IDD Consumer Services Master Pool

Service Provided * (?)

P - IDD Consumer Services

Renewal Term Start Date* 9/1/2025

Renewal Term End Date* 8/31/2026

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

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

Contract Description / Type

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract

- Competitive Proposal Sole Source Request for Qualification
- Tag-On
- Consumer Driven
- Other
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease Other

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

- O Yes
- No

Unknown

\$ 2,605,000.00

Rate(s)/Rate(s) Description

3585 \$ 20,000.00 543008; 3585 \$ 5,000.00 540503; 3585 \$ 5,000.00 543014; 3569 \$ 2,540,000.00 543005; 3568 \$ 5,000.00 543005; 3577 \$ 30,000.00 543010

Unit(s) Served* 3585, 3569, 3568, 3577

G/L Code(s)* 543008, 543005, 543014, 543005, 543010

Current Fiscal Year Purchase Order Number* CT144057

Contract Requestor* Margo Childs

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 O No

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

Yes O No

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

Yes O No

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

Yes O No

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

Yes O No

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

Yes O No

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

Yes O No

Renewal Determination

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

Yes O No

A

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

People- #4) Increase overall patient satisfaction. Access- #1) Add 10 access points across the agency targeting underserved communities (specifically including the number of IDD site expansions indicated) and #2) Add service strategies that enhance service array offered to persons service.

Renewal Information for Next Fiscal Year

	unts Charged to each Budge	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 20,000.00	543008
Budget Manager*		ıdget Manager*
Degracia, Ericka	Kerlegon, Cha	rles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 5,000.00	543005
Budget Manager*		ıdget Manager [*]
Degracia, Ericka	Kerlegon, Cha	rles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 5,000.00	543014
Budget Manager*	•	ıdget Manager*
Degracia, Ericka	Kerlegon, Cha	ries
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3569	\$ 2,540,000.00	543005
Budget Manager [*]		udget Manager*
Degracia, Ericka	Kerlegon, Cha	rles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3568	\$ 5,000.00	543005
Budget Manager*	· · · · · · · · · · · · · · · · · · ·	udget Manager*
Degracia, Ericka	Kerlegon, Cha	rles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3577	\$ 30,000.00	543010
Budget Manager*	-	udget Manager*
Degracia, Ericka	Kerlegon, Cha	ries
Provide Rate and Rate Descri	otions if applicable ^{* (?)}	
See attachment for rate and rate		
Project WBS (Work Breakdow	n Structure)* (?)	
A		
Fiscal Year ^{* (?)}	Amount* (?)	
HIGGOL VOOR	Amount [*] (?)	

Next Fiscal Year Not to Exceed Amount for Master Pooled Contra \$2,605,000.00	icts
Contract Funding Source* State	
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?*	
Are there any changes to the Submission deadlines for notes or Yes No File Upload (?) 20250422_FY26 P-IDD Master Pool Services.pdf	supporting documentation?* 39.13KB
Revised FY26 EXHIBITS B.C. and D IDD Master Pool.pdf	182.1KB
Contract Owner Contract Owner* (?) Please Select Contract Owner Dr. Evanthe Collins	
Budget Manager Approval(s)	
Approved by Ericka Degracia	
Contract Owner Approval	0
Approved by	
Evanthe Collins	
Contracts Approval	
Approve* Yes No, reject entire submission Return for correction 	

Approved by*

Belinda Stude

Approval Date* 4/30/2025

HARRIS CENTER

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2025 Contract ID#* 2025-1024 Contractor Name* P-IDD Master Pool for Inspire Program Service Provided * (?) Master Pool Contract for the Inspire Program. Therapeutic Interventions: occupational/physical/speech, music, sensory integration, art and aquatic; Transportation and Respite Care. Renewal Term End Date* Renewal Term Start Date* 8/31/2026 9/1/2025 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 Proposal Competitive Bid Request for Proposal Sole Source Request for Qualification Request for Application Request for Quote Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Contract Description / Type Consultant Personal/Professional Services Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Other

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

Yes

O No

Unknown

Contract NTE* (?)

\$ 1,390,140.00

Rate(s)/Rate(s) Description

Rate and rate description: As authorized and up NTE \$5,000 per family

Unit(s) Served* 3531

G/L Code(s)*

Current Fiscal Year Purchase Order Number* CT144632

Contract Requestor* Margo Childs

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 O No

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

Yes O No

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

Yes O No

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

Yes O No

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

Yes O No

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

Yes No

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

Yes O No

Renewal Determination

Is the contract being renewed for n	ext fiscal year with this	s Contractor?* (?)	
How does this contract support Ag People- #4) Increase overall patient s the agency targeting underserved con site expansions indicated) and #2) Ac offered to persons service.	satisfaction. Access- #1) / mmunities (specifically in	Add 10 access poincluding the numbe	er of IDD	
Renewal Information for N	lext Fiscal Year			
Budget Units and Amounts	s Charged to eac	h Budget Un	it	
Budget Unit Number* 3531	Amount Charged to \$ 1,390,140.00	Unit*	Expense/GL Code No.* 550000	
Budget Manager [*] Degracia, Ericka		econdary Budget erlegon, Charles	Manager*	
Provide Rate and Rate Description See attachment for rate and rate des				
Project WBS (Work Breakdown Str NA	ucture)* (?)			
Fiscal Year* (?)	Ar	mount ^{* (?)}		
2026	\$	1,390,140.00		
Next Fiscal Year Not to Exceed Am 1,390,140.00	ount for Master Pooled	d Contracts		
Contract Funding Source* Federal Grant				
Contract Content Change	S			0
Are there any required changes to	the contract language?	?* (?)		
🔿 Yes 🔍 No	*			
Will the scope of the Services char Yes No	ige?^			
Is the payment deadline different t	han net (45)?*			
🔾 Yes 🔍 No				
Are there any changes in the Perfo	rmance Targets?*			
Are there any changes to the Subn Yes No	nission deadlines for n	otes or supportir	ng documentation?*	

File Upload (?)	
Exhibit E - Required Federal Clauses.pdf	5.65MB
Exhibit D 2026 Timeframe Requirements.docx	30.07KB
Exhibit A ESGH Respite Care.docx	59.15KB
Exhibit-A1 Physical Therapy-updated.docx	59.09KB
Exhibit-A2 Speech Languagedocx	59.1KB
Exhibit-A3 OT-updated.docx	58.99KB
Exhibit-A4 Aquatic Therapy-updated.docx	58.82KB
Exhibit-A5 ABA Services-updated.docx	59.07KB
Exhibit-A6 Art Therapy-updated.docx	59.11KB
Exhibit-A7 Sensory Therapy-updated.docx	58.92KB
Exhibit-A8 Transportation-updated.docx	59.24KB
Exhibit-A9 Music Therapy-updated.docx	58.76KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Ericka Degracia

Contract Owner Approval

Approved by

Evanthe Collins

Contracts Approval

Approve*

Yes

No, reject entire submission

Return for correction

Approved by *

Belinda Stude

Approval Date* 4/30/2025 1

~

1

Current Fiscal Year Contract Informatic	on
Current Fiscal Year	
2025	
Contract ID#*	
6648	
Contractor Name *	
Master Pool for Youth Empowerment Services (YES Wa	aiver)
Service Provided * (?)	
Master Pool for Community Living Supports & Paraprof Waiver Program).	essional Support Services (YES
Renewal Term Start Date *	Renewal Term End Date *
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	50,000.00)
Board Approval (Total NTE Amount is \$250,000.00 c	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Procurement Method(s)* Check all that Apply	Competitive Proposal
Procurement Method(s)*	Competitive Proposal
Procurement Method(s)* Check all that Apply	
Procurement Method(s) * Check all that Apply Competitive Bid Request for Proposal	Sole Source
Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application	 Sole Source Request for Qualification
Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote	 Sole Source Request for Qualification Tag-On
Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal	 Sole Source Request for Qualification Tag-On Consumer Driven
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)	 Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant
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) Contract Description / Type	 Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement
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) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding	 Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant
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) Contract Description / Type Personal/Professional Services Consumer Driven Contract	 Sole Source Request for Qualification Tag-On Consumer Driven Other Other Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance
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) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding	 Sole Source Request for Qualification Tag-On Consumer Driven Other Other Consultant New Contract/Agreement Amendment to Existing Contract
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) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor	 Sole Source Request for Qualification Tag-On Consumer Driven Other Other Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance

- Yes
- No
- Unknown

\$ 350,000.00

Rate(s)/Rate(s) Description

CLS services are provided at the following rate: \$17.50/15 minutes. Para services are provided at the following rate: \$5/15 minutes. Community living supports provide assistance to the family caregiver in the disability-related care of the YES Waiver participant, while facilitating the YES Waiver participant's independence and integration into the community. The training in skills related to activities of daily living, such as personal hygiene, household chores, and socialization may be included, if these skills are affected by the YES Waiver participant's SED. The paraprofessional services are essential to promote community inclusion in typical child/youth activities and exceed what would normally be available for children in the community. The paraprofessional is a behavioral aide supporting the YES Waiver participant to meet the behavioral goals outlined in their wraparound plan. The paraprofessional may model and coach appropriate behaviors.

Unit(s) Served*

4913

G/L Code(s)* 543064

Current Fiscal Year Purchase Order Number* CT144169

Contract Requestor* Stella Olise

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 O 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 O 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 3 **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?* Per the requirements of the contract between HHSC and The Harris Center, the LMHA, is required to develop and maintain an adequate provider network. This includes contracting qualified providers for the full YES Waiver service array, such as Specialized Therapies, Paraprofessional Services, Community Living Supports, and Family Supports. ~ Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 543064 4913 \$ 350,000,00 Secondary Budget Manager* Budget Manager* Shelby, Debbie Smith, Janai Provide Rate and Rate Descriptions if applicable * (?) CLS services are provided at the following rate: \$17.50/15 minutes. Para services are provided at the following rate: \$5/15 minutes. Community living supports provide assistance to the family caregiver in the disability-related care of the YES Waiver participant, while facilitating the YES Waiver participant's independence and integration into the community. The training in skills related to activities of daily living, such as personal hygiene, household chores, and socialization may be included, if these skills are affected by the YES Waiver participant's SED. The paraprofessional services are essential to promote community inclusion in typical child/youth activities and exceed what would normally be available for children in the community. The paraprofessional is a behavioral aide supporting the YES Waiver participant to meet the behavioral goals outlined in their wraparound plan. The paraprofessional may model and coach appropriate behaviors. Project WBS (Work Breakdown Structure)* (?) N/A

Fiscal Year* (?)	Amount* (?)	
2026	\$ 350,000.00	
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts		
Contract Funding Source* State		
Contract Content Changes	Ô	
Are there any required changes to the c	ontract language? * (?)	
🔘 Yes 🖲 No		
Will the scope of the Services change?*	f	
🔘 Yes 🍥 No		
Is the payment deadline different than n	et (45)?*	
🔘 Yes 🛞 No		
Are there any changes in the Performan	ce Targets?*	
🔘 Yes 🍥 No	*	
Are there any changes to the Submissio O Yes No	n deadlines for notes or supporting documentation?*	
File Upload (?)		
Contract Owner	0	
Contract Owner* (?)		
Please Select Contract Owner		
Tiffanie Williams-Brooks		
Budget Manager Approval(s)	\mathbf{i}	
Approved by		
t A Cut		
Janai Lynnette Smith		
Contract Owner Approval	<u></u>	
Approved by		
Fillionic Abellionnes-Brendes, MCA, LSI Co. 5		
Contracts Approval		

Page 99 of 255

Approve*

Yes
 Yes

- \bigcirc No, reject entire submission
- \bigcirc Return for correction

Approved by*

Belinda Stude

Approval Date* 5/7/2025

der feisige state auf

Mental Health and IDD		
Current Fiscal Year Contract Informatio	m	
Current Fiscal Year 2025		
Contract ID#*		
6650		
Contractor Name*		
Master Pool-Youth Empowerment Services (YES Waive	r)	
	·)	
Service Provided [*] (?)		
Master Pool Contract for Family Supports, Paraprofessi Supported Employment Services	onal Support, Respite Support and	
Renewal Term Start Date*	Renewal Term End Date*	
9/1/2025	8/31/2026	
Term for Off-Cycle Only (For Reference Only)		
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 o Grant Proposal Revenue SOW-Change Order-Amendment# Other		
Procurement Method(s) *		
Check all that Apply		
Competitive Bid	Competitive Proposal	
Competitive Bid Request for Proposal	Sole Source	
 Competitive Bid Request for Proposal Request for Application 	Sole Source Request for Qualification	
 Competitive Bid Request for Proposal Request for Application Request for Quote 	Sole Source Request for Qualification Tag-On	
 Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal 	Sole Source Request for Qualification Tag-On Consumer Driven	
 Competitive Bid Request for Proposal Request for Application Request for Quote 	Sole Source Request for Qualification Tag-On	
 Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal 	Sole Source Request for Qualification Tag-On Consumer Driven	
 Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) 	Sole Source Request for Qualification Tag-On Consumer Driven	
 Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type	Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement	
 Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services 	 Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant 	
 Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor 	 Sole Source Request for Qualification Tag-On Consumer Driven Other Other Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance 	
 Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA 	 Sole Source Request for Qualification Tag-On Consumer Driven Other Other Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement 	
 Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor 	 Sole Source Request for Qualification Tag-On Consumer Driven Other Other Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance 	

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

- O Yes
- No
- Unknown

\$ 100,000.00

Rate(s)/Rate(s) Description Vary.

Unit(s) Served* 4913

G/L Code(s)* 543064

Current Fiscal Year Purchase Order Number* CT144168

Contract Requestor* Mohagany 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 O No

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

Yes O No

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

Yes O No

Yes O No

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

Yes O No

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

🔍 Yes 🔘 No

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

Yes O No

Renewal Determination

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

Yes O No

How does this contract support A	gency/Unit Strategic priorities?*					
Per the requirements of the contract	t between HHSC and The Harris Cent	ter, the LMHA, is				
	n adequate provider network. This incl					
	qualified providers for the full YES Waiver service array, such as Specialized Therapies,					
Paraprofessional Services, Community Living Supports, and Family Supports.						
Renewal Information for Next Fiscal Year						
Budget Units and Amoun	ts Charged to each Budge	et Unit				
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*				
4913	\$ 350,000.00	543064				
4913	\$ 350,000.00	545004				
Budget Manager*	Secondary B	udget Manager*				
Smith, Janai	Shelby, Debbi	ie				
Provide Rate and Rate Descriptic	ons if applicable * (?)					
Family Support Services are provid						
In-home respite - \$3.75/15 minutes	ee et trie renerring rate.					
Out-of-home respite - \$2.46/15 min	utes					
In-home and out-of-home respite In						
provided on a short-term basis beca						
need for relief for, the LAR or other YES Waiver participant.	primary caregiver of a					
Project WBS (Work Breakdown S	tructure)* (?)					
N/A						
Fiscal Year* (?)	Amount* (?)					
2026	\$ 350,000.00					
2020	\$ 350,000.00					
Next Fiscal Vear Not to Exceed A	mount for Master Pooled Contracts					
Next Fiscal fear Not to Exceed A	induit for master r colou contracts					
Contract Funding Source*						
State						
Contract Constant Change						
Contract Content Change	es					
1	() (2)					
Are there any required changes t	o the contract language?					
🔿 Yes 🖲 No						
Will the scope of the Services ch	ange?*					
🔿 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	Chan strengton and
	1) wher
Contract	Owner

Contract Owner* (?)

Please Select Contract Owner

Tiffanie Williams-Brooks

Budget Manager Approval(s)

Approved by

Janai Lynnette Smith

Contract Owner Approval

Approved by

Stifform Million Strates Mit A. L. C.S

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date* 4/30/2025

Mental Health and IDD	tion	
Current Fiscal Year Contract Informatio	n	
Current Fiscal Year		
2025		
Contract ID#*		
6515		
Contractor Name*		
Master Pool-Youth Empowerment Services (Yes Waiver)	
Service Provided [*] (?)		
Master Pooled Contract for Specialized Therapies for the Therapy, Art Therapy, Music Therapy, Nutritional Therap		
Renewal Term Start Date*	Renewal Term End Date*	
9/1/2025	8/31/2026	
Term for Off-Cycle Only (For Reference Only)		
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other		
Procurement Method(s)*		
Check all that Apply		
Competitive Bid	Competitive Proposal	
Request for Proposal	Sole Source	
Request for Application	Request for Qualification	
Request for Quote	Tag-On	
 Interlocal Not Applicable (If there are no funds required) 	Consumer Driven Other	
Contract Description / Type		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA	IT/Software License Agreement	
Pooled Contract	Lease	
Renewal of Existing Contract	Other	

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

- Yes
- No
- Unknown

Contract NTE* (?) \$ 350,000.00

Rate(s)/Rate(s) Description

Unit(s) Served* 4913

G/L Code(s)* 543064

Current Fiscal Year Purchase Order Number* CT144167

Contract Requestor* Stella Olise

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?* Per the requirements of the contract between HHSC and The Harris Center, the LMHA, is required to develop and maintain an adequate provider network. This includes contracting qualified providers for the full YES Waiver service array, such as Specialized Therapies, Paraprofessional Services, Community Living Supports, and Family Supports.					
Renewal Information for Next Fiscal Year					
Budget Units and Amount	s Charged to each Budge	et Unit			
Budget Unit Number* 4913	Amount Charged to Unit* \$ 350,000.00	Expense/GL Code No.* 543064			
Budget Manager* Smith, Janai	Secondary E Shelby, Debb	udget Manager* ie			
Provide Rate and Rate Descriptions if applicable * (?) Specialized services are provided at a rate of \$19.36/15 minutes. Services include Animal Therapy, Art Therapy, Music Therapy, Nutritional Therapy & Recreational Therapy. Project WBS (Work Breakdown Structure) * (?) N/A					
Fiscal Year* (?) 2026	Amount* ^(?) \$ 350,000.00				
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts					
Contract Funding Source* State					
Contract Content Change	S	Ó			
Are there any required changes to Yes No	the contract language?* (?)				
Will the scope of the Services change?*					
Is the payment deadline different than net (45)?*					
Are there any changes in the Perfo	Are there any changes in the Performance Targets?*				
Yes No	Are there any changes to the Submission deadlines for notes or supporting documentation?*				
File Upload (?)					
Contract Owner					

~

~

Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)

Approved by

Janai 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* 5/2/2025

	ation
Current Fiscal Year Contract Informati	on
Current Fiscal Year	
2025	
Contract ID#*	
2021-0186	
*	
Contractor Name*	
The Council on Recovery	
Service Provided ^{* (?)}	
The Council will provide engagement, outreach, screen services to clients of The Harris Center for Mental Hea	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2025	8/31/2026
Ferm for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$	
Board Approval (Total NTE Amount is \$250,000.00	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment# Other	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Request for scuole	Consumer Driven
Interlocal	
	Other OSAR Grant Program
Interlocal	Other OSAR Grant Program
Interlocal Not Applicable (If there are no funds required)	Consultant
Interlocal Not Applicable (If there are no funds required) Contract Description / Type	
Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services	Consultant
Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract	Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance
Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding	Consultant New Contract/Agreement Amendment to Existing Contract
Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor	Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance

- O Yes
- No
- Unknown

Contract NTE* (?)

\$ 793,354.00

Rate(s)/Rate(s) Description

Unit(s) Served* 2234

G/L Code(s)* 543061

Current Fiscal Year Purchase Order Number* CT144148

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 O 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?*

The Council will provide engagement, outreach, screening, referral (OSAR), and linkage services to clients of The Harris Center for Mental Health and IDD Services.

Renewal Information for Next Fiscal Year

			,		
Budget Units and Amounts	Charged to ea	ch Budget Un	it		
Budget Unit Number* 2234	Amount Charged \$ 793,354.00	to Unit*	Expense/GL Code No.* 543061		
Budget Manager*		Secondary Budget Shelby, Debbie			
Smith, Sanar	- in states which the second	Uncloy, Debble			
Provide Rate and Rate Descriptions 0.00	if applicable * $(?)$				
Project WBS (Work Breakdown Stru 0.00	ucture)* (?)				
Fiscal Year* (?)		Amount* (?)			
2026		\$ 793,354.00			
Next Fiscal Year Not to Exceed Amo	ount for Master Pool	ed Contracts			
Contract Funding Source*					
State Grant	State Grant				
Contract Content Changes	;		<u></u>		
Are there any required changes to t	the contract languag	je?* (?)			
🔿 Yes 💿 No					
Will the scope of the Services chan Yes No	ge?*				
Is the payment deadline different th	an not (45)2*				
Yes No	lair net (43)?				
Are there any changes in the Perfor	rmance Targets?*				
Are there any changes to the Subm	ission deadlines for	notes or supportin	ng documentation?*		
🔿 Yes 💿 No					
File Upload (?)					
Contract Owner			\odot		
Contract Owner* (?)					

Please Select Contract Owner Lance Britt

Budget Manager Approval(s)		0
Approved by		
Janai Lynnette Smith		
Contract Owner Approval		<u>^</u>
Approved by		
0 0		
Lance Britt		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	5/5/2025	
Deamaa Daade		

EXHIBIT F-5

JUNE 2025 INTERLOCAL AGREEMENTS

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY INTERLOCALS

JUNE 2025 FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
1	Burke Center	Crisis Intervention Helpline Services to Callers	Renewal	9/1/2025 - 8/31/2026	State Grant	Annual renewal of Agreement to provide Crisis intervention Helpline Services to Callers. [Revenue FY26 NTE: \$66,000.00]
2	Burke Center	Assistance with Psychological Testing/Evaluations Services	Renewal	9/1/2025 - 8/31/2026	State	Annual renewal of Agreement to provide Assistance with Psychological Testing/Evaluations. [FY26 NTE: \$2,500.00].
3	City of Houston	Lease for the Acres Home Multi Service Center located at 6719 W. Montgomery, Houston, Texas.	Renewal	2/5/2025 - 2/1/2026	State Grant	Annual renewal of lease for the Acres Home Multi Service Center located at 6719 W. Montgomery, Houston, Texas. [FY25/26 NTE: \$2,050.80]
4	City of Houston-Department of Health and Human Services	Lease for the West End Multi-Service Center Located at 170 Heights Blvd., Houston, Texas	Renewal	6/2/2025 - 6/1/2026	State	Annual renewal of lease for West End Multi-Service Center Located at 170 Heights Blvd.,Houston, Texas. [FY25/26 NTE: \$2,648.88].
5	City of Houston-Department of Health and Human Services	Lease for the Fifth Ward Multi-Service Center located at 4014 Market Street, Houston, Texas	Renewal	6/1/2025 - 5/31/2026	State	Annual renewal of lease for the Fifth Ward Multi-Service Center located at 4014 Market Street, Houston, Texas. [FY25/26 NTE: \$1,289.60].
6	Clear Creek ISD	Care Coordination Agreement	Renewal	9/1/2025 - 8/31/2026	General Revenue (GR)	Annual renewal of Care Coordination Agreement for catastrophic mental health emergency services.
7	Community Health Choice, Inc.	Telephonic Crisis Line Services	Renewal	9/1/2025 - 8/31/2026	State Grant	Annual renewal for Telephonic Crisis Line Services to provide MH and IDD resources and support on behalf of Community Health Choice for Harris County Hospital District d/b/a [Revenue FY26 NTE: \$18,000.00].
8	Gulf Bend Center	Crisis Intervention Helpline Services	Renewal	9/1/2025 - 8/31/2026	State Grant	Annual renewal of Agreement to provide Crisis intervention Helpline Services to Callers. [FY26 Revenue NTE: \$66,000.00].
9	Harris County Department of Economic Equality and Opportunity	Inspire Program to Provide Resources and Assistive Technolgy to Families of IDD	Renewal	5/22/2025 - 12/21/2026	Federal Grant	Annual renewal to continue providing benefits to qualifying families to promote community inclusion and prevent institutionalization for the Inspire program. [Revenue FY26 NTE: \$4,323,370.43].
10	Harris County Department of Education	Agency Wide Records Management Services	Renewal	9/1/2025 - 8/31/2026	State	Annual renewal of Agreement to provide Agency Wide Records Management Services.
11	Harris County Facilities Property Management Department	Lease for Property located at 5518 Jackson Street, Houston, Texas.	Renewal	9/1/2025 - 8/31/2026	General Revenue (GR)	Annual renewal of Lease Agreement for Property located at 5518 Jackson Street, Houston, Texas. [FY26 NTE: \$50.00].
12	Harris County Hospital District d/b/a Harris Health	Agency Wide Epic EMR System	Renewal	2/4/2025 - 2/3/2026	General Revenue (GR)	Annual renewal of Agreement for the Epic EMR System. [FY26 NTE: \$2,717,245.00].
13	Harris County Hospital District d/b/a Harris Health System	Operating Expenses and Maintenance for the NPC	Renewal	9/1/2025 - 8/31/2026	General Revenue (GR)	Annual renewal of Operating Expenses and Maintenance for the NPC shared with the Harris County Hospital District [FY26 NTE: \$561,324.71].
14	Harris County Hospital District d/b/a Harris Health System	Laboratory Testing Services for COVID- 19	Renewal	9/1/2025 - 8/31/2026	General Revenue (GR)	Annual renewal of Agreement to provide molecular COVID-19 testing, laboratory testing and access to test kits for Harris Center consumers. [FY26 NTE: \$15,000.00].
15	Harris County Hospital District d/b/a Harris Health System	Security, Janitorial and Nutrition Services at the NPC	Renewal	9/1/2025 - 8/31/2026	General Revenue (GR)	Annual renewal of Interlocal Agreement for Security, Janitorial and Nutrition Services at the NPC. [FY26 NTE: \$1,019,300.45].
16	Harris County Housing Authority	Housing Vouchers to Consumers with Case Management Housing Services	Renewal	9/1/2025 - 8/31/2026	County	Annual renewal of Interlocal Agreement with Harris County to provide housing vouchers to consumers along with housing services and case management funded through The Ed Emmett Mental Health Diversion Program.

17	Harris County on behalf of Harris County Sheriff's Office	Forensic Single Portal Authority Program and Jail Based Competency Restoration Program	New Contract	6/1/2025 - 9/30/2025	County	New Interlocal Agreement to provide mental health treatment and monitoring to inmates housed in the Harris County Jail who are on the state hospital waiting list for the expansion of the Forensic Single Portal Authority (FSPA) Program and continue the JBCR program. [Revenue FY25/26 NTE: \$1,160,239.87].
18	Harris County Public Health	Mental Health Crisis Stabilization and Residential Inpatient Bed Services	Renewal	5/7/2025 - 5/7/2026	County	Annual renewal to provide Mental Health Crisis Stabilization and Residential Inpatient Bed Services to HCPH. [Revenue FY25/26 NTE: \$217,928.00].
19	Houston Community College System	Lease of Space Located at 3200 Main Street, Houston, Texas	Renewal	2/1/2025 - 1/31/2027	County	Annual funding for lease of space located at 3200 Main Street, Houston, TX. [FY26 NTE: \$322,889.00].
20	Houston Independent School District	Specialty Printing Services for the Harris Center's Print Shop which offers In-House Printing Services	Renewal	9/1/2025 - 8/31/2026	General Revenue (GR)	Annual renewal of Specialty Printing Services for the Harris Center's Print Shop offers In-House Printing and Binding Services. [FY26 NTE: \$5,000.00].
21	Houston Police Department-City of Houston	Renewal of Consultation and Service Coordination Services with HPD through the Clinician and Officer Remote Evaluation (CORE) Program	Renewal	4/22/2025 - 4/21/2026	Private Grant	Annual renewal of Agreement between the Harris Center and City of Houston to provide HPD with consultation and service coordination through the Clinician and Officer Remote Evaluation (CORE) Program. [Revenue FY25/26 NTE: \$847,875.00].
22	Lone Star College Police Department	Care Coordination Agreement	New Contract	6/2/2025 - 8/31/2026	General Revenue (GR)	New Care Coordination Interlocal Agreement to confirm a mutual understanding of The Harris Center and Lone Star College Police Department as a referral partner.
23	MHMRA of Brazos Valley	Crisis Intervention Helpline Services to Callers	Renewal	9/1/2025 - 8/31/2026	State Grant	Annual renewal of Agreement to provide Crisis intervention Helpline Services to Callers. [Revenue FY26 NTE: \$81,000.00].
24	North Texas Behavioral Health Authority	Crisis Intervention Helpline Services to Callers	Renewal	9/1/2025 - 8/31/2026	State Grant	Annual renewal of Agreement to provide Crisis Intervention Helpline Services to Callers. [Revenue FY26 NTE: \$186,000.00].
25	Region 4 Education Service Center (ESC)	Provisional Office for Non-Physician Mental Health Professional (NMHP)	Renewal	9/1/2025 - 8/31/2026	State Grant	Annual renewal to provide office for non-physician mental health professional (NMHP) employed by The Harris Center and dedicated liaison located at ESC Region 4, in alignment with HB19. [FY26 NTE: \$7,284.00].
26	Texas Tech University College of Arts & Sciences	Affiliation Agreement for Social Work	New Contract	6/1/2025 - 5/31/2029	General Revenue (GR)	New Affiliation agreement needed to fulfill school requirements of practicum students in Social Work Practicum and create talent pipeline.
27	The University of Texas Health Science at Houston on behalf of its Department of Psychiatry and Behavioral Sciences	Psychiatric Training General Residency Education Services	Renewal	7/1/2025 - 7/31/2026	State	Annual renewal of Agreement to provide Psychiatric Training General Residency Education Services. [FY25/26 NTE: \$121,996.80].
28	University of Houston on behalf of its College of Medicine	Primary Healthcare Services to Patients at 6160 South Loop East for Crisis Services and Agency's Clinics: Northwest, Northeast, Southwest and Southeast.	New Contract	9/1/2025 - 8/31/2026	State Grant	New Agreement (replacement) to provide primary healthcare services to patients at The Respite, Rehabilitation and Re-Entry Center located at 6160 South Loop East, Houston, TX 77087 and the four (4) Behavioral Clinics: NW, NE, SW, and SE. [FY26 NTE: \$875,000.00].
-						
		·····				
-						
				· ·		
-					<u></u>	

Mental Health and 100 Annual Renewal Evalua	tion
Current Fiscal Year Contract Informatio	n
Current Fiscal Year	
2025	
Contract ID#*	
7542	
Contractor Name*	
Burke Center	
Burke Center	
Service Provided * (?)	8
Assistance with Psychological Testing/Evaluations.	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agondo Itom Submitted For: (2)	
Agenda Item Submitted For: (?)	50.000.00
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 o	
Grant Proposal	i nordy
Revenue	
SOW-Change Order-Amendment#	
Other	
an a bear made to a first part	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
🔄 Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease

Other

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

- O Yes
- No
- Unknown

Renewal of Existing Contract

Contract NTE* (?) \$ 2,500.00 Rate(s)/Rate(s) Description \$125.00 per assessment with a max. of 10 Unit(s) Served* 3355 G/L Code(s)* 543065 Current Fiscal Year Purchase Order Number* CT144192 Contract Requestor* Margo Childs 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 O 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?*				
People- #4) Increase overall patient satisfaction. Access- #1) Add 10 access points across					
the agency targeting underserved communities (specifically including the number of IDD site expansions indicated) and #2) Add service strategies that either extend clinic hours and					
availability or enhance service array offered to persons service.					
Renewal Information for	Renewal Information for Next Fiscal Year				
Thenewal Information ic	next iscal real		<u> </u>		
		ah Dudaati	1		
Budget Units and Amo	unts Charged to ea	ch Budget U	Juit		
Budget Unit Number*	Amount Charged	to Unit*	Expense/GL Code No.*		
3355	\$ 2,500.00		543065		
Budget Manager*	:	Secondary Budg	et Manager*		
Degracia, Ericka		Kerlegon, Charles			
hannelline make mit in mit eine mit eine mit					
Provide Rate and Rate Descrip	otions if applicable * (?)				
See attachment for rate and rate	description				
Project WBS (Work Breakdow	n Structure)* (?)				
NA					
Fiscal Year* (?)		Amount ^{* (?)}			
2026		\$ 2,500.00			
,					
Next Fiscal Year Not to Exceed	Amount for Master Pool	ed Contracts			
NA					
Contract Funding Source*					
State					
		and the second			
Contract Content Char	iges				
Are there any required changes to the contract language?* (?)					
Yes No	5.5				
Please Explain*	t cycle - Sentember 01				
Update fiscal year FY26, contract cycle - September 01, 2025 to August 31, 2026					
Will the scope of the Services	change?*				
○ Yes ● No					
	Is the payment deadline different than net (45)?*				
 Yes No 	eni man nei (45)?				
Are there any changes in the F	Performance Targets?*				
🔿 Yes 🍥 No					
Are there any changes to the S	Submission deadlines for	notes or suppor	rting documentation?*		
🔿 Yes 💿 No					
File Upload (?)					
ID 7542 Burke Center - FY25 Re	enewal Amend. 2 Doc - fully	executed.pdf	557.97KB		

Contract Owner [*] (?) Please Select Contract Owner Dr. Evanthe Collins
Dr. Evanthe Collins
Budget Manager Approval(s)
Approved by
Ericka Degracia
Contract Owner Approval
Approved by
Evanthe Collins
Contracts Approval
Approve*
Yes
No, reject entire submission
Return for correction
Approved by *
Approval Date*
Belinda Stude 4/30/2025

Mental Health and IDD Annual Renewal Evalua	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year	
2025	
Contract ID#*	
6625	
Contractor Name*	
The Burke Center	
Service Provided* (?)	
Crisis Intervention Helpline Services to Callers	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other

- Yes
- No
- Unknown

Contract NTE* (?) \$ 66,000.00						
Rate(s)/Rate(s) Description 0						
Unit(s) Served* 7001						
G/L Code(s)* 420015						
Current Fiscal Year Purchase Orde	Current Fiscal Year Purchase Order Number [*] 0					
Contract Requestor* Millie Wong						
Contract Owner* Jennifer Battle						
File Upload (?)						
Renewal Determination	Renewal Determination					
Is the contract being renewed for next fiscal year with this Contractor?* $(?)$ $@$ Yes \bigcirc No						
1.1.1. T	How does this contract support Agency/Unit Strategic priorities?*					
	Providing Crisis Line services Renewal Information for Next Fiscal Year					
Budget Units and Amounts	s Charged to each Budget U	nit				
Budget Unit Number* 7001	Amount Charged to Unit* \$ 66,000.00	Expense/GL Code No.* 420015				
Budget Manager* Ilejay, Kevin	Secondary Budge Campbell, Ricardo					
Provide Rate and Rate Descriptions if applicable ^{* (?)} n/a						
Project WBS (Work Breakdown Str	ucture) * (?)					
Fiscal Year [*] (?)	Amount* (?)					
2026	\$ 66,000.00	na na sa na				
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts						

 \wedge

(1)

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

Jennifer Battle

Budget Manager Approval(s)

Approved by

kevin ilejay

Contract Owner Approval

Approved by

Tennifer Battle

Contracts Approval

Approve*

Yes

- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date* 4/24/2025

tion
n
d at 6719 W. Montgomery,
Renewal Term End Date * 2/1/2026
50,000.00) • more)
 Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
 Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement Lease Other

- O Yes
- No
- Unknown

Contract NTE* (?)

\$ 2,050.80

Rate(s)/Rate(s) Description

Unit(s) Served* 0000

G/L Code(s)*

Current Fiscal Year Purchase Order Number* CT144486

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 O 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 O 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 O No

How does this contract support Agency/Unit Strategic priorities?* City of Houston Acres Home Multi Center located at 6719 W. Montgomery, Houston, TX.

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.*			
2200	\$ 2,050.80	126006			
Budget Manager*	Secondary	Budget Manager*			
Smith, Janai	Shelby, Del	bie			
Provide Rate and Rate Description 0.00 Project WBS (Work Breakdown St					
0.00					
Fiscal Year* (?)	Amount* (?)			
2026	\$ 2,050.80				
Next Fiscal Year Not to Exceed Am	nount for Master Pooled Contrac	its			
Contract Funding Source * State Grant					
Contract Content Change	S	\circ			
Are there any required changes to Yes No	the contract language?				
Will the scope of the Services char Yes No	nge?*				
Is the payment deadline different t	han net (45)? [*]				
Are there any changes in the Perfo	ormance Targets?*				
Are there any changes to the Subr	nission deadlines for notes or s	upporting documentation?*			
File Upload (?)					
Contract Owner		0			
Contract Owner* (?)					
Please Select Contract Owner Lance Britt					
The second se					
Budget Manager Approva	(S)				

Page	125	of	255
------	-----	----	-----

Approved by		
Contract Owner Approval		٢
Approved by		
Lance Britt		
Contracts Approval		2
Contracts Approval		
Approve*		
Approve*		
Approve* Yes No, reject entire submission Return for correction 		
Approve*	Approval Date*	
Approve* Yes No, reject entire submission Return for correction Approved by *	Approval Date* 5/5/2025	
Approve* Yes No, reject entire submission Return for correction 		

Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2025 Contract ID#* 5157 Contractor Name* City of Houston-Department of Health and Human Services Service Provided* (?) Property Lease for the West End Multi-Service Center Located at 170 Heights Blvd., Houston, Texas Renewal Term Start Date* Renewal Term End Date* 6/1/2026 6/2/2025 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 **Competitive Proposal** Request for Proposal Sole Source Request for Application Request for Qualification Request for Quote Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Contract Description / Type Personal/Professional Services Consultant **Consumer Driven Contract** New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Other

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 2,648.88

Rate(s)/Rate(s) Description

Unit(s) Served* 2200

G/L Code(s)*

Current Fiscal Year Purchase Order Number* CT144112

Contract Requestor*

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 O 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?* community engagement

Renewal Information for Next Fiscal Year				
Budget Units and Amoun	ts Charged to ea	ach Budget Un	iit	
Budget Unit Number* 2200	Amount Charged \$ 2,648.88	to Unit*	Expense/GL Code No.* 126006	
Budget Manager* Smith, Janai		Secondary Budget Shelby, Debbie	t Manager*	
Provide Rate and Rate Descriptio	ons if applicable * (?)			
Project WBS (Work Breakdown S n/a	tructure)* (?)			
Fiscal Year* (?)		Amount* (?)		
2026		\$ 2,648.88		
Next Fiscal Year Not to Exceed A Contract Funding Source* State	mount for Master Poo	led Contracts		
Contract Content Change	es		\odot	
Are there any required changes t	to the contract langua	ge?* (?)		
Will the scope of the Services ch	ange?*			
Is the payment deadline different	t than net (45)?*			
🔿 Yes 💿 No				
Are there any changes in the Per	formance Targets?*			
Are there any changes to the Sul	omission deadlines fo	r notes or supporti	ng documentation?*	
File Upload (?)				
Contract Owner			0	
Contract Owner* (?)				
Please Select Contract Owner				
Lance Britt				
Budget Manager Approv	al(s)			

 \bigcirc

Approved by

Janai 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* 5/5/2025

Aental Health and IDD	
Current Fiscal Year Contract Information	Dh
Current Fiscal Year	
2025	
Contract ID#*	
5156	
Contractor Name*	
City of Houston-Department of Health and Human Ser	vices
Service Provided * (?)	
Property lease for the Fifth Ward Multi-Service Center	located at 4014 Market Street
Houston, Texas	
Renewal Term Start Date*	Renewal Term End Date*
6/1/2025	5/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	X.
	Consultant
Personal/Professional Services	
	New Contract/Agreement
Personal/Professional Services	New Contract/Agreement Amendment to Existing Contract
Personal/Professional Services Consumer Driven Contract	
Personal/Professional Services Consumer Driven Contract Memorandum of Understanding	Amendment to Existing Contract
 Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor 	Amendment to Existing Contract Service/Maintenance

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 1,289.60

Rate(s)/Rate(s) Description

Unit(s) Served* 2200

G/L Code(s)* 126006

Current Fiscal Year Purchase Order Number* CT144114

Contract Requestor*

Lance Britt

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
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)
Were reports, billing and/or invoices submitted in a timely manner? ^{★ (?)}
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
 Did Contractor render services consistent with Agency policy and procedures?* (?) Yes No
Maintained legally required standards for certification, licensure, and/or training? * $^{(?)}$ $_{\odot}$ Yes \bigcirc 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?* community integration

Renewal Information for Next Fiscal Year				
Budget Units and Amounts	s Charged to e	each Budget U	nit	
Budget Unit Number* 2200	Amount Charge \$ 1,289.60	d to Unit*	Expense/GL Code No.* 126006	
Budget Manager [*] Smith, Janai		Secondary Budge Shelby, Debbie	et Manager*	
Provide Rate and Rate Description	s if applicable ^{* (?)}			
Project WBS (Work Breakdown Str na	ucture) * (?)			
Fiscal Year* (?)		Amount* (?)		
Fiscal Year (7)		Amount (7) \$ 1,289.60		
Next Fiscal Year Not to Exceed Am Contract Funding Source* State		ooled Contracts		
Are there any required changes to Yes No		age?* (?)		
Will the scope of the Services char	nge?*			
Is the payment deadline different th Yes I No	han net (45)?*			
Are there any changes in the Perfo	rmance Targets?*			
Are there any changes to the Subm	nission deadlines f	or notes or support	ing documentation?*	
File Upload (?)				
Contract Owner			0	
Contract Owner* (?)				
Please Select Contract Owner				
Lance Britt	Martin and an and a second			
Budget Manager Approval	(s)		0	

6

Approved by

Janai 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* 5/5/2025

Mental Headth and IDD Annual Renewal Evalua	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year 2025	
Contract ID#* 7596	
Contractor Name* Clear Creek ISD	
Service Provided ^{* (?)} Care Coordination Agreement for catastrophic mental h	nealth emergency services
Renewal Term Start Date * 9/1/2025	Renewal Term End Date [*] 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Goard Approval (Total NTE Amount is \$250,000.00 of 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 	 Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement
Pooled Contract Renewal of Existing Contract	 Lease Other

- O Yes
- No
- Unknown

Page 135 of 255

	Contract NTE* (?)
	\$ 0.00
	Rate(s)/Rate(s) Description
	Unit(s) Served * n/a
	G/L Code(s)* n/a
	Current Fiscal Year Purchase Order Number* n/a
	Contract Requestor* Patricia Singh
	Contract Owner* Kim Kornmayer
	File Upload (?)
	Evaluation of Current Fiscal Year Performance
	Have there been any significant performance deficiencies within the current fiscal year? st
	🔘 Yes 🛞 No
	Were Services delivered as specified in the contract?*
	Yes O No
	Did Contractor perform duties in a manner consistent with standards of the profession?*
	Did Contractor adhere to the contracted schedule?* (?)
	Yes O 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 O No
	Did Contractor render services consistent with Agency policy and procedures?* (?)
	Maintained legally required standards for certification, licensure, and/or training?* (?) • Yes
and a second	
And and	Renewal Determination
	Is the contract being renewed for next fiscal year with this Contractor? ullet (?)
	Yes No

How does this contract support Agency/Unit Strategic priorities?*						
This contract allows the agency to provide services in the community to increase community engagement. The agency also responds in an event of a crisis and are a part of the family reunification plan if there was an active shooting.						
Renewal Information for N	Renewal Information for Next Fiscal Year					
Budget Units and Amount	ts Charged to e	each Budget	Unit	2011 (01 0 01 0 00 0 01		
Budget Unit Number* 9208	Amount Charge \$ 0.00	d to Unit [*]	Expense/GL Code No.* 0			
Budget Manager [*] Oshman, Jodel		Secondary Bu Ramirez, Prisci	idget Manager* illa	and free sets from the set		
Provide Rate and Rate Description	ns if applicable * (?)					
Project WBS (Work Breakdown St na	ructure) ^{* (?)}					
Fiscal Year* (?) 2026		Amount [*] (?) \$ 0.00				
Next Fiscal Year Not to Exceed An	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 t	than net (45)?*					
Are there any changes in the Performance Targets?*						
Are there any changes to the Subr	nission deadlines f	or notes or supp	porting documentation?*			
File Upload (?)	File Upload (?)					
Contract Owner						

 \bigcirc

Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Jodel Oshman

Contract Owner Approval

Approved by

Kim KOPNMAYER

Contracts Approval

Approve*

Yes

No, reject entire submission

Return for correction

Approved by *

Belinda Stude

Approval Date* 4/29/2025

Mental Renewal Evaluation	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year 2025	
Contract ID#* 7535	
Contractor Name* Community Health Choice, Inc.	
Service Provided [*] (?) Telephonic Crisis Line Services to provide MH and IDD	resources and support.
Renewal Term Start Date * 9/1/2025	Renewal Term End Date* 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 c 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	Consultant
Consumer Driven Contract	New Contract/Agreement Amendment to Existing Contract
 Memorandum of Understanding Affiliation or Preceptor 	Amendment to Existing Contract Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	
Renewal of Existing Contract	Other

- Yes
- No

Unknown

Contract	NT	Έ*	(?)

\$ 18,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

G/L Code(s)* 420015

Current Fiscal Year Purchase Order Number*

Contract Requestor* Millie Wong

Contract Owner* Jennifer Battle

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 O No Did Contractor perform duties in a manner consistent with standards of the profession?* Yes No Did Contractor adhere to the contracted schedule?* (?) Yes O No Were reports, billing and/or invoices submitted in a timely manner?* (?) Yes O 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 O No How does this contract support Agency/Unit Strategic priorities?*

Provides telephonic crisis line services

Renewal Information for	Next Fiscal Year	\odot
Budget Units and Amour	nts Charged to each Budget	t Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 18,000.00	420015
Budget Manager*		ıdget Manager*
llejay, Kevin	Campbell, Rica	ardo
Provide Rate and Rate Descripti n/a	ons if applicable * (?)	
Project WBS (Work Breakdown S n/a	Structure) * (?)	
Fiscal Year ^{* (?)}	Amount* (?)	
2026	\$ 18,000.00	
Next Fiscal Year Not to Exceed A	mount for Master Pooled Contracts	
Contract Funding Source* State Grant		
Contract Content Chang	es	0
Are there any required changes	to the contract language?* (?)	
Will the scope of the Services ch	nange?*	
Is the payment deadline differen 🔘 Yes 🍥 No	t than net (45)?*	
Are there any changes in the Per Yes No	rformance Targets?*	
Are there any changes to the Su	bmission deadlines for notes or sup	porting documentation?*
File Upload (?)		
Contract Owner		$\mathbf{\hat{o}}$
Contract Owner* (?)		
Please Select Contract Owner		
Jennifer Battle		
Budget Manager Approv	al(s)	

Approved by	
kevin ilejay	
Contract Owner Approval	<u>o</u>
Approved by	
Tennifer Battle	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date *
Belinda Stude	4/21/2025

Annual Renewal Evaluat	tion
Current Fiscal Year Contract Informatio	n
Current Fiscal Year 2025	
Contract ID#* 6627	
Contractor Name* Gulf Bend Center	
Service Provided * (?) Crisis Intervention Helpline Services	
Renewal Term Start Date [*] 9/1/2025	Renewal Term End Date [*] 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 or 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

- O Yes
- 🔘 No

Unknown

~

Contract NTE* (?)

\$ 66,000.00

Rate(s)/Rate(s) Description

(\$5,500.00) for a call volume of 30 I to 500 calls per month. If, volume of call(s) exceed 10% of current contracted range the said volume will be billed at Twelve Dollars (\$12) per call

Unit(s) Served*

7001

G/L Code(s)* 420015

Current Fiscal Year Purchase Order Number*

0

Contract Requestor* Millie Wong

Contract Owner*

Jennifer Battle

File Upload (?)

Renewal Determination

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

Yes ONO

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

Providing Crisis Line Services

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number* 7001	Amount Charged to Unit* \$ 66,000.00	Expense/GL Code No.* 420015
Budget Manager* Ilejay, Kevin	Secondary Budge Campbell, Ricardo	
Provide Rate and Rate Descriptions (\$5,500.00) for a call volume of 30 I to 3 If, volume of call(s) exceed 10% of curr the said volume will be billed at Twelve Project WBS (Work Breakdown Struct	500 calls per month. ent contracted range Dollars (\$12) per call	
n/a		
Fiscal Year* (?)	Amount* (?)	

2026

\$ 66,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source* State Grant **Contract Content Changes** > Are there any required changes to the contract language?* $\ensuremath{}^{(?)}$ 🔘 Yes 🔘 No Will the scope of the Services change?* 🔘 Yes 🍥 No Is the payment deadline different than net (45)?* 🔘 Yes 🔘 No Are there any changes in the Performance Targets?* Yes No Are there any changes to the Submission deadlines for notes or supporting documentation?* 🔘 Yes 💿 No File Upload (?) **Contract Owner** ~ Contract Owner* (?) Please Select Contract Owner Jennifer Battle Budget Manager Approval(s) \bigcirc Approved by kevin ilejay **Contract Owner Approval** ~ Approved by Tennifer Battle **Contracts Approval** Approve* Yes No, reject entire submission Return for correction

Page 145 of 255

1	D.1.	1. C.			
æ	Jeuna	u SU	ue		
		and the second		÷	

Approval Date* 4/24/2025

~

HINRRIS Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2025

Contract ID#*

2024-0871

Contractor Name*

Harris County Department of Economic Equality and Opportunity

Service Provided * (?)

The purpose of this grant is to provide benefits to qualifying families to promote community inclusion and prevent institutionalization. Participating families are eligible for a maximum \$6,000 in benefits (\$5,000 for assistive technology and disability support services and \$1,000 for respite care). Benefits may not exceed \$6,000 in value and may include the following:

 Purchase or lease of assistive technology, learning materials, or special equipment to improve or facilitate the care.

Renewal Term Start Date*

5/22/2025

Renewal Term End Date* 12/21/2026

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

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

Contract Description / Type

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract

- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

Consultant
New Contract/Agreement
Amendment to Existing Contract
Service/Maintenance
IT/Software License Agreement
Lease

Other

~

5

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

- Yes
- No

Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

G/L Code(s)* N/A

Current Fiscal Year Purchase Order Number*

Contract Requestor*

Thomas Wills

Contract Owner* Dr. Evanthe Collins

File Upload (?)

Renewal Determination

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

Yes O No

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

People- #4) Increase overall patient satisfaction. Access- #1) Add 10 access points across the agency targeting underserved communities (specifically including the number of IDD site expansions indicated) and #2) Add service strategies that enhance service array offered to persons service.

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Amount Charged to L	Unit [*]	Expense/GL Code No.*
\$ 4,323,370.43		550000
Sec	condary Budget I	Manager*
Kerl	Kerlegon, Charles	
if applicable * (?)		
	\$ 4,323,370.43	\$ 4,323,370.43 Secondary Budget M Kerlegon, Charles

See attachment for rate and rate description

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

Fiscal Year ^{* (?)} 2026	Amount [*] ^(?) \$ 4,323,370.43
Next Fiscal Year Not to Exceed Amount for Master Po NA	ooled Contracts
Contract Funding Source* Federal Grant	
Contract Content Changes	\circ
Are there any required changes to the contract langues of the contract langues of Yes (a) No	uage?* (?)
Will the scope of the Services change?*	
Is the payment deadline different than net (45)? [★] ○ Yes ⊚ No	
Are there any changes in the Performance Targets?	•
Are there any changes to the Submission deadlines	for notes or supporting documentation?*
File Upload (?) 0011_1_2024- 0871_HC_24GEN1735_The_Harris_Center_INSPIRE_F (fully executed).pdf	First_Amendment_v1 2.15MB
Contract Owner	ý
Contract Owner * (?) Please Select Contract Owner Dr. Evanthe Collins	
Budget Manager Approval(s)	\mathbf{O}
Approved by	
Ericka Degracia	
Contract Owner Approval	0
Approved by	
Evanthe Collins	
Contracts Approval	

Page 149 of 255

ĩ

Approve*

③ Yes

 \bigcirc No, reject entire submission

 \bigcirc Return for correction

Approved by*

Belinda Stude

Approval Date* 5/22/2025

Mental Heddhand IDD Annual Renewal Evalua	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year 2025	
Contract ID#* 5080	
Contractor Name* Harris County Department of Education	
Service Provided [*] (?) Agency Wide Records Management Services (EVERG	REEN)
Renewal Term Start Date [*] 9/1/2025	Renewal Term End Date* 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 c 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 	 Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement Lease
Renewal of Existing Contract	Other

- Yes
- No
- Unknown

Contract NTE* (?) \$ 19.902.25

Rate(s)/Rate(s) Description

Unit(s) Served* multiple

G/L Code(s)* 571002

Current Fiscal Year Purchase Order Number* CT144161

Contract Requestor*

Nina Cook

Contract Owner*

Nina Cook

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 O No

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

💿 Yes 🔘 No

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

```
Yes O No
```

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

Yes O No

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

Yes O No

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

Yes O 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?* Agency-wide Records Management & Storage.

Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 571002 1101 \$ 1,655.32 Budget Manager* Secondary Budget Manager* Campbell, Ricardo Campbell, Ricardo Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 571002 1128 \$ 1,080.52 Budget Manager* Secondary Budget Manager* Campbell, Ricardo Campbell, Ricardo Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 1119 \$ 2,113.85 571002 Budget Manager* Secondary Budget Manager* Campbell, Ricardo Campbell, Ricardo Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 571002 1105 \$ 12,726.21 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* (?) 2026 \$ 17,575.90 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source* State

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 Ta	rgets?*	
Are there any changes to the Submission dea	dlines for notes or suppor	rting documentation?*
File Upload (?)	0.0005	
HCDE FY26 BUDGET SUMMARY (LATEST) 4-3	0-2025.xisx	23.33KB
Contract Owner		
Contract Owner* (?)		
Please Select Contract Owner		
Nina Cook		
Budget Manager Approval(s)		0
Approved by		
Ricardo Campbell		
Contract Owner Approval		0
Approved by		
Nina Cook		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	5/15/2025	

Current Fiscal Year Contract Informatio	on
Current Fiscal Year	
2025	
Contract ID#*	
5159	
Contractor Name*	
Harris County Facilities Property Management Departn	pent
Service Provided [*] (?)	
Lease for Property located at 5518 Jackson Street, Hou	uston, iexas.
Renewal Term Start Date *	Renewal Term End Date *
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agondo Itom Submitted Ears (2)	
	250 000 00)
Information Only (Total NTE Amount is Less than \$2	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 o Grant Proposal	
Information Only (Total NTE Amount is Less than \$2	
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 d Grant Proposal Revenue 	
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal 	
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 d Grant Proposal Revenue SOW-Change Order-Amendment# 	
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 d Grant Proposal Revenue SOW-Change Order-Amendment# Other 	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply	or more)
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid	or more)
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 d Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal 	or more) Competitive Proposal Sole Source
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application 	or more) Competitive Proposal Sole Source Request for Qualification
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of 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 	or more) Competitive Proposal Sole Source Request for Qualification Tag-On
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 d 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 	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of 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 Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of 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 Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract	or more)
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of 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) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding	or more)
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of 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 Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor	or more)
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of 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) 	or more)

- Yes
- 🔘 No
- Unknown

Page 155 of 255

>

Contract	NTE*	(?)

\$ 50.00

Rate(s)/Rate(s) Description

Unit(s) Served* 1850

G/L Code(s)* 555000

Current Fiscal Year Purchase Order Number* CT144369

Contract Requestor*

Sarah Harper

Contract Owner*

Michael Mitchell

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 O 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 O No

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

Yes O No

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

Yes O 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?* lease for our PEERS location on Jackson St

ŧ.

Renewal Information for Next Fiscal Year				
Budget Units and Amo	unts Charged to each Budge	et Unit		
Budget Unit Number* 1850	Amount Charged to Unit [*] \$ 50.00	Expense/GL Code No.* 555000		
Budget Manager* Campbell, Ricardo	Secondary B Moynihan, Ke	udget Manager* Ily		
Provide Rate and Rate Descrip	tions if applicable * (?)			
Project WBS (Work Breakdow) n/a	n Structure) ^{* (?)}			
Fiscal Year ^{* (?)} 2026	Amount ^{* (?)} \$ 50.00			
	\$ 50.00			
Contract Funding Source * General Revenue (GR) Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline different	es to the contract language?* (?) change?*			
○ Yes ● No Are there any changes in the F				
 Yes ● No Are there any changes to the \$ ♥ Yes ● No 	Submission deadlines for notes or su	oporting documentation?*		
File Upload (?)				
Contract Owner		Ô		
Contract Owner* (?) Please Select Contract Owner Karen Hurst				
Budget Manager Appro	oval(s)	\sim		

Approved by	
Ricardo Campbell	
Contract Owner Approval	े
Approved by	
Karen E. Hurst	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	4/29/2025

	ition
Current Fiscal Year Contract Informatic	on
Current Fiscal Year 2025	
Contract ID# [*] 7731	
Contractor Name* Harris County Hospital District d/b/a Harris Health	
Service Provided * (?) Epic EMR System	
Renewal Term Start Date * 2/4/2025	Renewal Term End Date [*] 2/3/2026
Term for Off-Cycle Only (For Reference Only)	
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 c 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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 2,327,727.00

Rate(s)/Rate(s) Description

Unit(s) Served* 1130

G/L Code(s)* 574000

Current Fiscal Year Purchase Order Number* CT144476

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 O 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? $\ensuremath{^{(?)}}$

🖲 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?* EPIC

Renewal Information for	or Next Fiscal Year	\circ	
Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number* 1130	Amount Charged to Unit* \$ 2,717,245.00	Expense/GL Code No.* 574000	
Budget Manager* Campbell, Ricardo	Campbell, Rica	idget Manager*	
Provide Rate and Rate Descrip	otions if applicable * (?)		
Project WBS (Work Breakdow N/A	n Structure) * (?)		
Fiscal Year ^{* (?)}	Amount* ^(?)		
2026	\$ 2,717,245.00)	
Next Fiscal Year Not to Exceed	d Amount for Master Pooled Contracts		
Contract Funding Source*			
General Revenue (GR) Contract Content Char	nges	0	
Are there any required change	es to the contract language?* (?)		
Will the scope of the Services	change?*		
Is the payment deadline different than net (45)?*			
Are there any changes in the Performance Targets?*			
Are there any changes to the Submission deadlines for notes or supporting documentation?*			
File Upload (?)			
Contract Owner		٥	
Contract Owner* (?)			
Please Select Contract Owner			
Mustafa Cochinwala			
Budget Manager Appro	oval(s)	0	

 \bigcirc

Approved	by
----------	----

Ricardo Campbell

Contract Owner Approval

Approved by

Mustafa Cochinnala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date* 5/1/2025

Mental Health and IDD Annual Renewal Evaluat	ion
Current Fiscal Year Contract Information	n
Current Fiscal Year	
2025	
Contract ID#*	
5593	
Contractor Name*	
Harris County Hospital District d/b/a Harris Health System	m
Service Provided * (?)	
Operating Expenses and Maintenance for the NPC share District	ed with the Harris County Hospital
Renewal Term Start Date *	Renewal Term End Date *
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$25	
Board Approval (Total NTE Amount is \$250,000.00 or Grant Proposal	more)
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
🔛 Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
64 KH	

- O Yes
- No
- Unknown

(~)

Contract NTE* (?)

\$ 515,321.71

Rate(s)/Rate(s) Description

9206 \$412,257.37 543040; 9209 \$72,145.04 543040; 9211 \$30,919.30 543040

Unit(s) Served* 9206; 9209; 9211

G/L Code(s)* 543040

Current Fiscal Year Purchase Order Number* CT144287

Contract Requestor*

Kim Kornmayer

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*	
Were Services delivered as specified in the contract?*	
Did Contractor perform duties in a manner consistent with standards of the profession?*	
Did Contractor adhere to the contracted schedule?* (?) Yes No	
Were reports, billing and/or invoices submitted in a timely manner?* (?) • Yes	
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)	ıe
 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	and the second
Is the contract being renewed for next fiscal year with this Contractor?* (?)	

Yes O No

How does this contract support Agency/Unit Strategic priorities?*			
The maintenance contract with I locations environmental safety for			units at the NPC
Renewal Information for	or Next Fiscal Year		\diamond
		and the of the second second	
Budget Units and Amo	unts Charged to ea	ach Budge	t Unit
Budget Unit Number*	Amount Charged	to Unit*	Expense/GL Code No.*
9206	\$ 443,446.52		543040
Budget Manager*		Secondary Bi	udget Manager*
Oshman, Jodel		Ramirez, Priso	silla
Budget Unit Number*	Amount Charged	to Unit*	Expense/GL Code No.*
9209	\$ 72,972.21		543040
Budget Manager*		Secondary B	udget Manager*
Oshman, Jodel		Ramirez, Priso	
Budget Unit Number*	Amount Charged	to Unit*	Expense/GL Code No.*
9211	\$ 44,905.98		543040
Budget Manager*		Secondary B	udget Manager*
Oshman, Jodel		Ramirez, Priso	
NA			
Fiscal Year* (?)		Amount* (?)	
2026		\$ 561,324.71	
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 l	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 Oshman
Orace Oshman
Contract Owner Approval
Approved by
Kim Kop NMAYEP
Contracts Approval
Approve*
Yes
No, reject entire submission
Return for correction
Approved by *
Approval Date*
Belinda Stude 4/29/2025

Mental Health and IOD Annual Renewal Evaluati	on
Current Fiscal Year Contract Information	\odot
Current Fiscal Year 2025	
Contract ID#* 7846	
Contractor Name* Harris County Hospital District d/b/a Harris Health System	
Service Provided * (?) Harris Health will provide molecular COVID-19 testing, lab kits for Harris Center consumers.	poratory testing and access to test
Renewal Term Start Date* 9/1/2025	Renewal Term End Date* 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250 Board Approval (Total NTE Amount is \$250,000.00 or r 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 	 Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement Lease
Renewal of Existing Contract	Other

- Yes
- 🔘 No
- Unknown

Contract NTE* (?)

\$ 15,000.00

Rate(s)/Rate(s) Description

Unit(s) Served* Varies

G/L Code(s)* 580000

Current Fiscal Year Purchase Order Number* CT144287

Contract Requestor*

Priscilla Ramirez

Contract Owner*

Evelyn Locklin

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 O 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 O 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 supports testing for COVID-19 and other testing for patient and staff safety.

Renewal Information for Next Fiscal Year			
Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number* 9205	Amount Charge \$ 7,500.00	ed to Unit*	Expense/GL Code No.* 580000
Budget Manager * Oshman, Jodel		Secondary Budge Ramirez, Priscilla	t Manager*
Budget Unit Number* 9209	Amount Charge \$ 7,500.00	ed to Unit*	Expense/GL Code No.* 580000
Budget Manager* Oshman, Jodel		Secondary Budge Ramirez, Priscilla	t Manager*
Provide Rate and Rate Descriptions if applicable ^{* (?)} na Project WBS (Work Breakdown Structure) ^{* (?)}			
na			
Fiscal Year ^{* (?)} 2026		Amount* (?) \$ 15,000.00	
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?* (?)			
Will the scope of the Services change?*			
Is the payment deadline different than net (45)? *			
Are there any changes in the Performance Targets?*			
Are there any changes to the Submission deadlines for notes or supporting documentation?*			
File Upload (?)			
Contract Owner			

 \bigcirc

 (\land)

Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Jodel Oshman

Contract Owner Approval

Approved by

Kim KOPNMANER

Contracts Approval

Approve*

Yes

No, reject entire submission

Return for correction

Approved by *

Belinda Stude

Approval Date* 5/2/2025

State CENTER IN Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	on
Current Fiscal Year 2025	
2025	
Contract ID#*	
2023-0739	
Contractor Name*	
Harris County Hospital District d/b/a Harris Health Syst	tem
Service Provided * (?)	
Interlocal Agreement combining the current contracts w	vith Harris Health System for
Security, Janitorial and Nutrition services at the NeuroP	
Agreement is Contract ID 2020-0033.	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
remition on-cycle only (For Reference only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 	
Information Only (Total NTE Amount is Less than \$2	
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue 	
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal 	
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue 	
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other 	
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)*	
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply	or more)
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid	or more)
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal 	or more) Competitive Proposal Sole Source
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application 	or more) Competitive Proposal Sole Source Request for Qualification
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 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 	or more) Competitive Proposal Sole Source Request for Qualification Tag-On
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application 	or more) Competitive Proposal Sole Source Request for Qualification
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 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) 	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 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) 	or more)
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 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) Contract Description / Type Personal/Professional Services 	or more)
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 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) Contract Description / Type Personal/Professional Services Consumer Driven Contract 	or more)
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 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) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding 	or more)
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 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) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor 	or more)
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 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) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA 	or more)
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 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) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor 	or more)

>

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

- O Yes
- No

Unknown

Contract NTE* (?)

\$ 1,026,191.17

Rate(s)/Rate(s) Description

Unit(s) Served*

G/L Code(s)* multiple

Current Fiscal Year Purchase Order Number* CT144051

Contract Requestor*

Kim Kornmayer

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 O No

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

🖲 Yes 🔘 No

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

Yes O No

Renewal Determination

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

💿 Yes 🔘 No

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

This contract provides security, meals, and housekeeping for the programs at the NPC location. All services are all client related.

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charge		Expense/GL Code No.*
9206	\$ 268,955.98		569002
Budget Manager* Oshman, Jodel	2 an ann an ann an an an an an ann an ann an a	Secondary Budge Ramirez, Priscilla	t Manager*
Budget Unit Number*	Amount Charge	d to Unit [*]	Expense/GL Code No.*
9209	\$ 44,258.58		569002
Budget Manager [*] Oshman, Jodel		Secondary Budge Ramirez, Priscilla	t Manager*
Budget Unit Number*	Amount Charge	d to Unit [*]	Expense/GL Code No.*
9211	\$ 27,236.06		569002
Budget Manager [*] Oshman, Jodel		Secondary Budge Ramirez, Priscilla	t Manager*
Budget Unit Number*	Amount Charge	d to Unit [*]	Expense/GL Code No.*
9206	\$ 278,171.80		543013
Budget Manager [*] Oshman, Jodel		Secondary Budge Ramirez, Priscilla	t Manager*
Budget Unit Number*	Amount Charge	d to Unit [*]	Expense/GL Code No.*
9209	\$ 69,542.95		543013
Budget Manager [*] Oshman, Jodel		Secondary Budge Ramirez, Priscilla	t Manager*
Budget Unit Number*	Amount Charge	d to Unit [*]	Expense/GL Code No.*
9206	\$ 261,596.71		583001
Budget Manager [*] Oshman, Jodel		Secondary Budge Ramirez, Priscilla	t Manager*
Budget Unit Number*	Amount Charge	d to Unit [*]	Expense/GL Code No.*
9209	\$ 43,047.56		583001
Budget Manager* Oshman, Jodel		Secondary Budge Ramirez, Priscilla	t Manager*

Budget Unit Number* 9211	Amount Chargeo \$ 26,490.81	d to Unit [*]	Expense/GL Code No.* 583001
Budget Manager*	• ==,	Secondary Budge	
Oshman, Jodel		Ramirez, Priscilla	
Provide Rate and Rate Description	ns if applicable * (?)		
na	4		
Project WBS (Work Breakdown St na	ructure) ^ (?)		
114			
Fiscal Year* (?)		Amount ^{* (?)}	
2026		\$ 1,019,300.45	
Next Fiscal Year Not to Exceed An	nount for Master Poo	oled Contracts	
Contract Funding Source*			
General Revenue (GR)			
Contract Content Change			0
Contract Content Change	3	4	V
Are there any required changes to	the contract langua	age?* (?)	
🔘 Yes 🍥 No			
Will the scope of the Services cha	nge?*		
Yes No			
Is the payment deadline different t	:han net (45)?*		
🔾 Yes 🛞 No			
Are there any changes in the Perfe	ormance Targets?*		
🔘 Yes 🔘 No			
Are there any changes to the Subr	nission deadlines fo	or notes or supporti	ng documentation?*
) Yes () No			
File Upload (?)			
Contract Owner			Ô
Contract Owner* (?)			
Please Select Contract Owner			
Kim Kornmayer			
Budget Manager Approva	l(s)		<u></u>
Approved by			
Todel Oshman			

>

Contract Owner Approval

Approved by

Kim KOPNMAYER

Contracts Approval

Approve*

Yes

No, reject entire submission

Return for correction

Approved by*

Belinda Stude

Approval Date* 5/2/2025

Scenter of Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Informati	on
Current Fiscal Year	
2025	
Contract ID#*	
2022-0460	
Contractor Name*	
Harris County Housing Authority	
Service Provided * (?)	
Partners seek to end chronic homelessness in Harris services w/ case management funded through The Ec Program. Harris County will provide housing vouchers ends on Aug. 31, 2026.)	Emmett Mental Health Diversion
Renewal Term Start Date *	Renewal Term End Date *
9/1/2025	8/31/2026
Terry (an Off Oracle Oracle (Terr Defense Oracle)	
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Agenda Item Submitted For: (?)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment#	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)*	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal	or more)
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application	or more) Competitive Proposal Sole Source Request for Qualification
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal	or more)
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 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	or more) Competitive Proposal Sole Source Request for Qualification Tag-On
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 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)	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 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) Contract Description / Type	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 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 Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services	or more)
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 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) Contract Description / Type	or more) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 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) Contract Description / Type Personal/Professional Services Consumer Driven Contract	or more)
Agenda Item Submitted For: (?) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 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 Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA	or more)
Agenda Item Submitted For: (?) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 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) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor	or more)

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

YesNo

Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

G/L Code(s)* N/A

Current Fiscal Year Purchase Order Number*

Contract Requestor*

Patricia Singh

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 O No

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

Yes O No

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

Yes O 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?*				
Vouchers offer permanent housing op	Vouchers offer permanent housing options for consumers.				
Renewal Information for Next Fiscal Year					
Budget Units and Amounts Charged to each Budget Unit					
Budget Unit Number* 9403	Amount Charged to Unit \$ 0.00	t*	Expense/GL Code No.* 000000		
Budget Manager* Ramirez, Priscilla		dary Budget , Giovanni	Manager*		
Provide Rate and Rate Descriptions	s if applicable * (?)				
Project WBS (Work Breakdown Stro N/A	ucture)* (?)				
Fiscal Year ^{* (?)}	Amour	nt ^{* (?)}			
2026	\$ 0.00				
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?* (?)			
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?*					
Are there any changes to the Submission deadlines for notes or supporting documentation?*					
File Upload (?)					
Contract Owner					

 \bigcirc

 \bigcirc

Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Priscilla M Ramirez

Contract Owner Approval

Approved by

Kim KOPNMAYER

Contracts Approval

Approve*

Yes

No, reject entire submission

Return for correction

Approved by *

Belinda Stude

Approval Date* 4/30/2025

Contract Description / Type* (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract Memorandum of Understanding	New Contract/Agreement Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
ommer or on un-familiar references and a clarif familiar families of the state of	
Justification/Purpose of Contract/Description	of Services Being Provided * (?)
To provide mental health treatment and monitorin Jail who are on the state hospital waiting list.	g to inmates housed in the Harris County
Contract Owner*	
Sean McElroy	
Expendice: Gald Algorith (Mathematic	*
Previous History of Contracting with Vendor/C	ontractor
🖲 Yes 🔵 No 💮 Unknown	
Please add previous contract dates and what	services were provided [*]
Jail services	
Oct 1, 2023 - Sept 30, 2024	
Vendor/Contractor a Historically Underutilized	I Business (HUB) * (?)
🔘 Yes 🔘 No 🝥 Unknown	
Community Partnership* (?)	
Yes No Unknown	
Specify Name*	
Harris County	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	\circ
Name*	
Michael Lanham	
Address*	
Street Address	
1200 Baker Street	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77002-1206	United States
161 BODDIN - 1999 A 22 1	
Phone Number*	
3462861620	
Email*	
micheal.lanham@sheriff.hctx.net	
Budget Section	$\mathbf{\hat{\circ}}$

Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number* 6207	Amount Charge \$ 1,160,239.87	d to Unit [*]	Expense/GL Code No.* 540000
Budget Manager Williams-Wesley, Sheenia		Secondary Budget Reyes, Elizabeth	Manager
Provide Rate and Rate Descriptions	s if applicable $(?)$		
Project WBS (Work Breakdown Stru n/a	ucture)* (?)		
Requester Name Williams-Wesley, Sheenia		Submission Date 5/7/2025	
Budget Manager Approval	(S)		\circ
Approved by Sheenia Wittiams-Westey		Approval Date 5/7/2025	
Procurement Approval			$\overline{\mathbf{O}}$
File Upload (?)			
Approved by Sign		Approval Date	
Contract Owner Approval			٢
Approved by <i>McEtroy, Sean</i> Contracts Approval		Approval Date 5/8/2025	
Approve* Yes No, reject entire submission Return for correction 			
Approved by*		Approval Date*	
Belinda Stude		5/8/2025	

Mental Health and IDD Annual Renewal Evalua	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year 2025	
Contract ID#* 2023-0817	
Contractor Name* Harris County Public Health	
Service Provided ^{* (?)} Mental Health Crisis Stabilization and Residential Inpat	ient Bed Services
Renewal Term Start Date * 5/7/2025	Renewal Term End Date * 5/7/2026
Term for Off-Cycle Only (For Reference Only)	
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other 	
Procurement Method(s)*	
 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

- Yes
- No
- Unknown

Contract NTE* (?)		
\$ 217,928.00		
Rate(s)/Rate(s) Description		
N/A		
Unit(s) Served*		
N/A		
G/L Code(s)*		
N/A		
Current Fiscal Year Purchase Ord	er Number*	
N/A		
Contract Requestor*		
Patricia Singh		
Contract Owner*		
Kim Kornmayer		
File Upload (?)		
Renewal Determination		
Is the contract being renewed for	next fiscal year with this Contractor	?* (?)
🖲 Yes 🔘 No		
How does this contract support A	gency/Unit Strategic priorities?*	
A collaboration with the Harris Count	y Public Health Department to serve p	
Crisis Stabilization Unit (CSU) and the psychiatric treatment.	ne Crisis Residential Units (CRUs) nee	ding inpatient
Renewal Information for N	vext Fiscal Year	\sim
D. I. (11.77 14		11.2
Budget Units and Amount	s Charged to each Budget	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*	
9282	\$ 217,928.00	403005	
Budget Manager*	Secondary B	udget Manager*	
Oshman, Jodel	Ramirez, Priso	zilla	
Provide Rate and Rate Descripti na Project WBS (Work Breakdown na			
Fiscal Year* (?)	Amount* (?)		
2026	\$ 217,928.00		
Next Fiscal Year Not to Exceed A	Amount for Master Pooled Contracts		

 \wedge

~

5

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?*

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 Oshman

Contract Owner Approval

Approved by

Kin KOPNMAYER

Contracts Approval

Approve*

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

Page 185 of 255

Approved by*



Approval Date* 5/7/2025

Mental Health and IDD Annual Renewal Evalua	tion
Current Fiscal Year Contract Informatio	n
Current Fiscal Year 2025	
Contract ID#* 2023-0738	
Contractor Name* Houston Community College System	
Service Provided [*] (?) Lease of Space Located at 3200 Main Street, Houston,	TX (Annual Funding)
Renewal Term Start Date* 2/1/2025	Renewal Term End Date * 1/31/2027
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$23 Board Approval (Total NTE Amount is \$250,000.00 o 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 Beolod Contract 	 Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement
Pooled Contract Renewal of Existing Contract	 Lease Other

-) Yes
- No
- Unknown

~

Contract NTE* (?)

\$ 321,689.00

Rate(s)/Rate(s) Description

\$22,392.42 per month for rent \$3,415.00 per month for parking \$1,000.00 per month for overtime AC (if needed). September's rent due upon execution.

Unit(s) Served* 0000

G/L Code(s)* 126000

Current Fiscal Year Purchase Order Number* CT144359

Contract Requestor* Patricia Singh

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 O 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 O No

How does this contract support Agency/Unit Strategic priorities?* Expanded office space for staff under the People Domain

Renewal Information for Next Fiscal Year

udget Unit Number [*]	Amount Charged t	to Unit [*]	Expense/GL Code No.*
208	\$ 115,822.00		555000
udget Manager* shman, Jodel	\$	Secondary Bu Ramirez, Prisci	dget Manager*
udget Unit Number*	Amount Charged t	o Unit*	Expense/GL Code No.*
248	\$ 104,241.00		555000
udget Manager*		Secondary Bu	dget Manager*
shman, Jodel		Ramirez, Prisci	Ila
udget Unit Number*	Amount Charged t	o Unit*	Expense/GL Code No.*
45	\$ 48,646.00		555000
udget Manager* amirez, Priscilla		Secondary Bu Oshman, Jodel	dget Manager*
udget Unit Number*	Amount Charged t	o Unit*	Expense/GL Code No.*
208	\$ 22,200.00		555100
udget Manager*		Secondary Bu	dget Manager*
shman, Jodel		Ramirez, Prisci	Ila
udget Unit Number*	Amount Charged t	to Unit*	Expense/GL Code No.*
248	\$ 15,000.00		555100
udget Manager*		Secondary Bu	dget Manager*
shman, Jodel		Ramirez, Prisci	Ila
udget Unit Number*	Amount Charged 1	to Unit*	Expense/GL Code No.*
245	\$ 3,780.00		555100
udget Manager* amirez, Priscilla		Secondary Bu Oshman, Jode	dget Manager*
udget Unit Number*	Amount Charged	to Unit*	Expense/GL Code No.*
208	\$ 6,600.00		576000
udget Manager*		Secondary Bu	ıdget Manager*
Ishman, Jodel		Ramirez, Prisc	illa
udget Unit Number [*]	Amount Charged	to Unit*	Expense/GL Code No.*
248	\$ 6,600.00		576000
udget Manager* Ishman, Jodel		Secondary Bu Ramirez, Prisc	ldget Manager*

Bldg rent at \$23/sf for 11,683 sf, plus \$45 parking per month at 37 reserved spots, p unreserved parking per month at 50 unre \$13,200 in overtime A/C for 24/7 A/C.	plus, \$35 per
Project WBS (Work Breakdown Structi N/A	ure)* (?)
Fiscal Year [*] ^(?)	Amount* (?)
2026	\$ 322,889.00
Next Fiscal Year Not to Exceed Amoun	t 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	
s the payment deadline different than	net (45)?*
🔵 Yes 🍥 No	
Are there any changes in the Performa	ince Targets?*
🕘 Yes 🍥 No	
Are there any changes to the Submiss Yes <a>No	ion deadlines for notes or supporting documentation?*
File Upload (?)	
Contract Owner	
Contract Owner* (?)	
Please Select Contract Owner	
Kim Kornmayer	
Budget Manager Approval(s)	
Approved by	Approved by
Todel Oshman	Dury MD
Orael Oshman	Priscilla M Ramirez
Contract Owner Approval	
Contract Owner Approval	

Approved by

Kim KOPNMANER

Contracts Approval

Approve*

Yes

No, reject entire submission

Return for correction

Approved by*

Belinda Stude

Approval Date* 4/30/2025

Mental Health and IDD	
Current Field Veer Contract Informati	
Current Fiscal Year Contract Informatio	
Current Fiscal Year	
2025	
Contract ID#*	
2021-0235	
Contractor Name*	
Houston Independent School District	
Service Provided * (?)	
	and hinding apprices for the
The Harris Center's Print Shop offers in-house printing organization. For specialty printing services, some of th due to the lack of proper equipment.	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 c Grant Proposal Revenue SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
 Interlocal Not Applicable (If there are no funds required) 	 Consumer Driven Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA Pooled Contract	IT/Software License Agreement Lease
Renewal of Existing Contract	Other

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

Yes

No

Unknown

Contract NTE* (?)

\$ 10,000.00

Rate(s)/Rate(s) Description

Unit(s) Served* 1107

G/L Code(s)* 596001

Current Fiscal Year Purchase Order Number* CT144482

Contract Requestor*

Sarah Harper

Contract Owner* Karen Hurst

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 O 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 O No

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

Yes O No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)				
How does this contract support Agency/Unit Strategic priorities?* agency printing needs for items not able to be completed in house				
Renewal Information for N	ext Fiscal Year			
		Y		
Budget Units and Amounts	Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*		
1107	\$ 5,000.00	596001		
Budget Manager*		Budget Manager [*]		
Moynihan, Kelly	Campbell, Ri			
Provide Rate and Rate Descriptions	s if applicable [*] (?)			
interlocal agreement with HISD, we ju				
no set amounts to give				
Project WBS (Work Breakdown Stre	ucture)* (?)			
n/a				
Fiscal Year [*] (?)	Amount [*] (?)			
2026	\$ 5,000.00			
Next Fiscal Year Not to Exceed Ame Contract Funding Source* General Revenue (GR)	ount for master Pooled Contracts	5		
Contract Content Changes				
Are there any required changes to	the contract language?* (?)			
🔘 Yes 🛞 No				
Will the scope of the Services char	ıge?*			
🔘 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

Karen Hurst

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Karen &. Hurst

Contracts Approval

Approve*

Yes

No, reject entire submission

Return for correction

Approved by *

Belinda Stude

Approval Date* 4/24/2025

HARRIS CENTER 107

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2025 Contract ID#* 2021-0258 Contractor Name* Houston Police Department-City of Houston Service Provided* (?) Agreement between the Harris Center (Subrecipient) and City of Houston to provide HPD with consultation and service coordination through the Clinician and Officer Remote Evaluation (CORE) Program. Renewal Term End Date* Renewal Term Start Date* 4/22/2025 4/21/2026 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 Competitive Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven Interlocal Other Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consultant New Contract/Agreement Consumer Driven Contract Amendment to Existing Contract Memorandum of Understanding Service/Maintenance Affiliation or Preceptor IT/Software License Agreement BAA/DUA Pooled Contract Lease Renewal of Existing Contract Other

~

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

Yes

No

Unknown

Contract NTE* (?)

\$ 847,875.00

Rate(s)/Rate(s) Description Vary.

Unit(s) Served* N/A

G/L Code(s)* N/A

Current Fiscal Year Purchase Order Number*

Contract Requestor*

Patricia Singh

Contract Owner* Kim Kornmayer

File Upload (?)

Renewal Determination

🍥 Yes 🔘 No

How does this contract support Agency/Unit Strategic priorities?* Expand program availability and services to reach all the city limits.

Renewal,	Information	for Next	Fiscal	Year
----------	-------------	----------	--------	------

Budget Units and Amou	nts Charged to each Budget	Unit
Budget Unit Number* 9269	Amount Charged to Unit* \$ 847,875.00	Expense/GL Code No.* 435063
Budget Manager* Oshman, Jodel	Secondary Bu Ramirez, Prisci	dget Manager* Ia
Provide Rate and Rate Descript	ions if applicable * (?)	
Project WBS (Work Breakdown na	Structure) ^{* (?)}	
Fiscal Year * (?) 2026	Amount* (?) \$ 847,875.00	

~

~

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?*

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 Oshman

Contract Owner Approval

Approved by

Kim KOPNMANER

Contracts Approval

Approve*

Yes

- No, reject entire submission
- Return for correction

Page 198 of 255

r	••••••	·· ·· ·· ·	•••••	2
0		0		
600	UNAA o	7000	0	
iOl	unaa c	эсий	Ø	

Approval Date* 5/14/2025

Contract Section	
Contractor*	
Lone Star College Police Department	
Contract ID #*	
na	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
6/17/2025	
Parties [*] (?)	
Lone Star College Police Department 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)
 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal 	or more)
Grant Proposal	or more)
Grant Proposal	or more)
 Grant Proposal Revenue SOW-Change Order-Amendment# 	or more)
 Grant Proposal Revenue SOW-Change Order-Amendment# Other 	or more)
Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)*	or more)
Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply	
 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid	Competitive Proposal
 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal	 Competitive Proposal Sole Source
 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application	 Competitive Proposal Sole Source Request for Qualification
 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	 Competitive Proposal Sole Source Request for Qualification Tag-On
 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 	 Competitive Proposal Sole Source Request for Qualification
 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
 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) Funding Information*	 Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
 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) Funding Information* New Contract Amendment 	 Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal	 Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
 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) Funding Information* New Contract Amendment 	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
 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) Funding Information* New Contract (Amendment Contract Term Start Date * (?) 5/21/2025	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other

General Revenue (GR)

A (2)	1
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement Amendment to Existing Contract
Memorandum of Understanding Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	
Renewal of Existing Contract	Other
	Denvises Deine Drevided* (2)
Justification/Purpose of Contract/Description of S	
The care coordination agreement serves to confirm a Center and Lone Star College Police Department as	
Contract Owner*	
Kim Kornmayer	
Previous History of Contracting with Vendor/Cont	ractor*
🖲 Yes 🔘 No 🔘 Unknown	
Please add previous contract dates and what serv	vices were provided*
current contract with CIRT	
Vendor/Contractor a Historically Underutilized Bu	siness (HUB)* (?)
🔘 Yes 🔘 No 💿 Unknown	
Community Partnership * (?)	
🔘 Yes 🔘 No 💿 Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	$\mathbf{\Theta}$
Name*	
Karlye Louritt	
Address*	
Street Address	
20515 Texas 249	
Address Line 2	
City	State / Province / Region
Houston	ТХ
Postal / Zip Code	Country
77070-2764	US
Phone Number*	
346-325-9531	
Email*	
Karlye.Louritt@LoneStar.edu	
Budget Section	

Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*
9208	\$ 0.00		0
Budget Manager		Secondary Budget	t Manager
Oshman, Jodel		Ramirez, Priscilla	
	•		
Provide Rate and Rate Descrip	otions if applicable * (?)		
na			
Project WBS (Work Breakdow	n Structure)* (?)		
na			
Requester Name		Submission Date	
Singh, Patricia		5/22/2025	
Budget Manager Appro	oval(s)		$\mathbf{\Theta}$
	analis and a second an end of the second second second		
Approved by		Approval Data	
Todel Oshman		Approval Date 5/22/2025	
Orace Oshimun		512212025	
Procurement Approval			\sim
File Upload (?)			
Approved by		Annewal Data	
Sign		Approval Date	
Contract Owner Appro	val		Ć
Approved by			
		Approval Date	
Kim KOPNMAYER		5/22/2025	
Contracts Approval	A Contraction of the second		
Contracts Approvar	and the second		
Approve*			
Yes			
No, reject entire submission			
Return for correction			
Approved by *			
0 0		Approval Date*	
Belinda Stude		5/22/2025	

Mental Health and IDD Annual Renewal Evaluat	tion
Current Fiscal Year Contract Informatio	n
Current Fiscal Year 2025	
Contract ID#* 2022-0438	
Contractor Name* MHMRA of Brazos Valley	
Service Provided [*] (?) Crisis Intervention Helpline Services to Callers	
Renewal Term Start Date* 9/1/2025	Renewal Term End Date * 8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 o 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 	 Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement
Pooled Contract Renewal of Existing Contract	 Lease Other

- O Yes
- 🔘 No
- Unknown

Contract NTE* (?)

\$ 81,000.00

Rate(s)/Rate(s) Description

Unit(s) Served* 7001

G/L Code(s)*

Current Fiscal Year Purchase Order Number*

Contract Requestor* Millie Wong

Contract Owner* Jennifer Battle

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 O No

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

Yes No

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

Yes O 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 O No

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

Yes O No

Renewal Determination

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

Yes O No

How does this contract support Agency/Unit Strategic priorities?* Providing Crisis Line services

Renewal Information for N	lext Fiscal Year	\mathbf{O}
Budget Units and Amounts	s Charged to each Budget	Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 81,000.00	420015
Budget Manager*	Secondary Bud	
llejay, Kevin	Campbell, Rica	rdo
Provide Rate and Rate Description	s if applicable * (?)	
Project WBS (Work Breakdown Str n/a	ructure) * (?)	
Fiscal Year [*] (?)	Amount ^{* (?)}	
2026	\$ 81,000.00	
Next Fiscal Year Not to Exceed Am	ount for Master Pooled Contracts	
Contract Funding Source * State Grant		
Contract Content Changes	S	
Are there any required changes to Yes No	the contract language?* (?)	
Will the scope of the Services char Yes No	nge?*	
Is the payment deadline different the second s	han net (45)? [*]	
Are there any changes in the Perfo	ormance Targets?*	
Are there any changes to the Subn Yes No	nission deadlines for notes or supp	orting documentation?*
File Upload (?)		
Contract Owner		Ô
Contract Owner* (?)		
Please Select Contract Owner Jennifer Battle		
Budget Manager Approva	I(S)	

Approved by	
kevin ilejay	
Contract Owner Approval	$\overline{\mathbf{O}}$
Approved by	
Jennifer Battle	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	4/24/2025

HARRIS CENTER 107	Annual	Renewal	Evaluation
Mental Health and IDD			

Current Fiscal Year Contract Information	on
Current Fiscal Year	
2025	
Contract ID#*	
7605	
Contractor Name*	
North Texas Behavioral Health Authority	
(19) 가슴가 가려하지 - 가슴가 가져가 가지는 데 가격적 가지 않는 아니라 가려가 있는 것이가 나라 가려가 가려가 있는 것이가 다가 가지 않는 것이가 다가 가지 않는 것이가 다가 가지 않는 것이 가 다가 가지 않는 것이 있다. 가지 않는 것이 있는 것이 있는 것이 있는 것이 있다. 가지 않는 것이 있는 것이 있는 것이 있다. 가지 않는 것이 있는 것이 있는 것이 있는 것이 있다. 가지 않는 것이 있는 것이 있는 것이 있는 것이 있다. 가지 않는 것이 있는 것이 있는 것이 있는 것이 있다. 가지 않는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있다. 가지 않는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있다. 가지 않는 것이 있는 것이 있다. 가지 않는 것이 있는 것이 없다. 가지 않는 것이 있는 것이 있는 것이 없는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 없는 것이 없는 것이 없는 것이 없는 것이 있는 것이 있는 것이 있는 것이 없는 것이 없는 것이 없는 것이 없는 것이 있	
Service Provided * (?)	
Crisis Intervention Helpline Services to Callers	
Renewal Term Start Date *	Renewal Term End Date *
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00	or more)
Grant Proposal	
Revenue Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	
Renewal of Existing Contract	Other

- Yes
- 🔘 No
- Unknown

Contract NTE* (?)			
\$ 186,000.00			
Rate(s)/Rate(s) Description			
Unit(s) Served *			
7001			
G/L Code(s)*			
420015			
Current Fiscal Year Purchase	Order Number*		
0			
Contract Requestor*			
Millie Wong			
Contract Owner*			
Jennifer Battle			
File Upload (?)			
			100
Donowal Dotorminatio			
Reliewal Determinatio	Ω		Ć
a di manangan kanang		r?* (?)	(^
Renewal Determinatio	n for next fiscal year with this Contracto	r?* (?)	Ć
Is the contract being renewed Yes O No	for next fiscal year with this Contracto	r?* (?)	Ć
Is the contract being renewed Yes O No		r?* (?)	6
Is the contract being renewed Yes No How does this contract support Providing Crisis Line services	for next fiscal year with this Contracto ort Agency/Unit Strategic priorities?*	r?* (?)	6
Is the contract being renewed Yes No How does this contract support Providing Crisis Line services	for next fiscal year with this Contracto ort Agency/Unit Strategic priorities?*	r?* (?)	6
Is the contract being renewed Yes No How does this contract suppor Providing Crisis Line services Renewal Information for	for next fiscal year with this Contracto ort Agency/Unit Strategic priorities?*		Ć
Is the contract being renewed Yes No How does this contract support Providing Crisis Line services Renewal Information for Budget Units and Amo	for next fiscal year with this Contracto ort Agency/Unit Strategic priorities?* or Next Fiscal Year	t Unit	
Is the contract being renewed Yes No How does this contract support Providing Crisis Line services Renewal Information for Budget Units and Amo Budget Unit Number*	for next fiscal year with this Contracto ort Agency/Unit Strategic priorities?* or Next Fiscal Year unts Charged to each Budge		6
Is the contract being renewed Yes No How does this contract support Providing Crisis Line services Renewal Information for Budget Units and Amo Budget Unit Number* 7001	for next fiscal year with this Contracto ort Agency/Unit Strategic priorities?* or Next Fiscal Year unts Charged to each Budge Amount Charged to Unit* \$ 186,000.00	t Unit Expense/GL Code No.* 420015	6
Is the contract being renewed Yes No How does this contract suppor Providing Crisis Line services Renewal Information for Budget Units and Amo Budget Unit Number* 7001 Budget Manager*	for next fiscal year with this Contracto ort Agency/Unit Strategic priorities?* or Next Fiscal Year unts Charged to each Budge Amount Charged to Unit* \$ 186,000.00	t Unit Expense/GL Code No.* 420015 udget Manager*	6
Is the contract being renewed Yes No How does this contract suppor Providing Crisis Line services Renewal Information for Budget Units and Amo Budget Unit Number* 7001 Budget Manager* Ilejay, Kevin	for next fiscal year with this Contracto ort Agency/Unit Strategic priorities?* or Next Fiscal Year unts Charged to each Budge Amount Charged to Unit* \$ 186,000.00 Secondary Bu Campbell, Rica	t Unit Expense/GL Code No.* 420015 udget Manager*	6
Is the contract being renewed Yes No How does this contract suppor Providing Crisis Line services Renewal Information for Budget Units and Amo Budget Unit Number* 7001 Budget Manager* Ilejay, Kevin	for next fiscal year with this Contracto ort Agency/Unit Strategic priorities?* or Next Fiscal Year unts Charged to each Budge Amount Charged to Unit* \$ 186,000.00 Secondary Bu Campbell, Rica	t Unit Expense/GL Code No.* 420015 udget Manager*	6
Is the contract being renewed Yes No How does this contract support Providing Crisis Line services Renewal Information for Budget Units and Amo Budget Unit Number* 7001 Budget Manager* Ilejay, Kevin Provide Rate and Rate Descrip n/a	for next fiscal year with this Contracto ort Agency/Unit Strategic priorities?* or Next Fiscal Year unts Charged to each Budge Amount Charged to Unit* \$ 186,000.00 Secondary Bu Campbell, Rica	t Unit Expense/GL Code No.* 420015 udget Manager*	6
Is the contract being renewed Yes No How does this contract support Providing Crisis Line services Renewal Information for Budget Units and Amo Budget Units and Amo Budget Unit Number * 7001 Budget Manager * Ilejay, Kevin Provide Rate and Rate Descrip n/a	for next fiscal year with this Contracto ort Agency/Unit Strategic priorities?* or Next Fiscal Year unts Charged to each Budge Amount Charged to Unit* \$ 186,000.00 Secondary Bu Campbell, Rica	t Unit Expense/GL Code No.* 420015 udget Manager*	6
Is the contract being renewed Yes No How does this contract suppor Providing Crisis Line services Renewal Information for Budget Units and Amo Budget Units and Amo Budget Unit Number* 7001 Budget Manager* Ilejay, Kevin Provide Rate and Rate Descrip n/a Project WBS (Work Breakdow	for next fiscal year with this Contracto ort Agency/Unit Strategic priorities?* or Next Fiscal Year unts Charged to each Budge Amount Charged to Unit* \$ 186,000.00 Secondary Bu Campbell, Rica	t Unit Expense/GL Code No.* 420015 udget Manager*	6

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

 (\land)

~

~

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)?*

Are there any changes in the Performance Targets?*

🔘 Yes 🕘 No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

🔘 Yes 🍥 No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s)

Approved by

kevin ilejay

Contract Owner Approval

Approved by

Tennifer Battle

Contracts Approval

Approve*

Yes

- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date* 4/24/2025

Mental Henrikard IDD Annual Renewal Evaluation

		NELT-PERSONAL AND	Charling for the second
0		ormation	urrent Fiscal Year Contract Informatio
			rrent Fiscal Year
			25
			entract ID#*
			37
			ontractor Name*
			gion 4 Education Service Center (ESC)
			rvice Provided * (?)
1HP)		-	erlocal Agreement to provide office for non-physician ployed by The Harris Center and dedicated liaison lo gnment with HB19.
	enewal Term End Date	Ren	newal Term Start Date*
	31/2026	8/31	/2025
		y)	rm for Off-Cycle Only (For Reference Only)
	:)	,000.00 or more)	Board Approval (Total NTE Amount is \$250,000.00 o Grant Proposal Revenue SOW-Change Order-Amendment#
			Other
			ocurement Method(s) *
			heck all that Apply
	Competitive Proposa		Competitive Bid
	Sole Source		Request for Proposal
on	Request for Qualific		Request for Application
	Tag-On		Request for Quote
	Consumer Driven Other		Interlocal Not Applicable (If there are no funds required)
			ntract Description / Type
	Consultant		Personal/Professional Services
ent	New Contract/Agree		Consumer Driven Contract
	Amendment to Exist		Memorandum of Understanding
y contract			
areement			
greenen			
	Service/Maintenance IT/Software License Lease Other		Affiliation or Preceptor BAA/DUA Pooled Contract Renewal of Existing Contract

O Yes

No

Unknown

Contract NTE* (?)

\$ 7,284.00

Rate(s)/Rate(s) Description

Unit(s) Served*

G/L Code(s)* 595000

Current Fiscal Year Purchase Order Number* CT144292

Contract Requestor* Jennifer Battle

Contract Owner*

Jennifer Battle

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 O 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 O 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?* contractually required by HHSC					
Renewal Information for Next Fiscal Year					
Budget Units and Amounts Charged to each Budget Unit					
Budget Unit Number* 7003	Amount Charged to Unit* \$ 7,284.00	Expense/GL Code No.* 595000			
Budget Manager* Ilejay, Kevin	Secondary Campbell, R	Budget Manager* icardo			
Provide Rate and Rate Descriptions if applicable * (?)					
Project WBS (Work Breakdown Structure) ^{* (?)} BA					
Fiscal Year* (?)	Amount* (?)			
2026 \$ 7,284.00					
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts					
Contract Funding Source*					
Contract Content Changes					
Are there any required changes to the contract language?* (?)					
Will the scope of the Services change?*					
Is the payment deadline different than net (45)? [★] ○ Yes ◎ No					
Are there any changes in the Performance Targets?*					
Are there any changes to the Submission deadlines for notes or supporting documentation?*					
File Upload (?)					
Contract Owner		S			

~

 \bigcirc

	Con	tract	Owner*	(?)
--	-----	-------	--------	-----

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s)

Approved by

kevin ilejay

Contract Owner Approval

Approved by

Tennifer Battle

Contracts Approval

Approve*

Yes

- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date* 4/23/2025

Contract Section	
Contractor*	
Texas Tech University College of Arts & Sciences	
Contract ID #*	
NA	
Presented To*	
Resource Committee	
Full Board	
Date Presented *	
6/17/2025	
Parties* (?)	
Texas Tech University College of Arts & Sciences & Th	ne Harris Center
Agenda Item Submitted For:* (?) Information Only (Total NTE Amount is Less than \$;250,000.00)
Board Approval (Total NTE Amount is \$250,000.00	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	🔲 Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
5/1/2025	5/31/2029
If contract is off-cycle, specify the contract term (?)	
If contract is off-cycle, specify the contract term (?) Fiscal Year* (?)	Amount* (?)

Page 214 of 255

Contract Description / Type* (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Se	ervices Being Provided [*] (?)
Affiliation agreement needed to fulfill school requirement Work Practicum and create talent pipeline.	nts of practicum students in Social
Contract Owner*	
Ninfa Escobar	
Previous History of Contracting with Vendor/Contra	actor*
🔘 Yes 🔘 No 🝥 Unknown	
Vendor/Contractor a Historically Underutilized Bus	iness (HUB)* (?)
🔘 Yes 🔘 No 🍥 Unknown	
Community Partnership* (?)	
🍥 Yes 🔘 No 🔘 Unknown	
Specify Name*	
Texas Tech University College of Arts & Sciences	
Supporting Documentation Upload (?)	
The Harris Center for Mental Health and IDD.docx	84.13KB
SW 6467 Spring 2025 Field II Molina.docx	48.31KB
SW 6464 Fall 2024 Field I Molina.docx	44.36KB
Vendor/Contractor Contact Person	õ
Name*	
Veronica Molina	
Address*	
Street Address	
Box 14034	
Address Line 2	
City	State / Province / Region
Lubbock	ТХ
Postal / Zip Code	Country
79409-1034	United States
Phone Number*	

806.742.3831

Email*

veronimo@ttu.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit					
Budget Unit Number* 1108	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.* NA			
Budget Manager Moynihan, Kelly	Seconda Campbell	ry Budget Manager I, Ricardo			
Provide Rate and Rate Description	s if applicable * (?)				
Project WBS (Work Breakdown Str NA	ructure) ^{* (?)}				
Requester Name Daswani, Bianca	Submiss 5/1/2025	ion Date			
Budget Manager Approva	l(s)	\odot			
Approved by Ricardo Campbell	Approval 5/4/2025	I Date			
Procurement Approval					
File Upload (?)					
Approved by Sign	Approval	I Date			
Contract Owner Approval		\odot			
Approved by <i>Minfa Escobar</i>	Approva 5/5/2025	I Date			
Contracts Approval					
Approve* Yes No, reject entire submission Return for correction 					
Approved by* <i>Belinda Stude</i>	Approval 5/6/2025	I Date*			

Mental Health and IDD Annual Renewal Evaluat	tion
Current Fiscal Year Contract Information	n
Current Fiscal Year 2025	
Contract ID#* 2023-0735	
Contractor Name [*] The University of Texas Health Science at Houston on be Psychiatry and Behavioral Sciences	ehalf of its Department of
Service Provided [*] (?) Psychiatric Training General Residency Education Servi	ces
Renewal Term Start Date [*] 7/1/2025	Renewal Term End Date [*] 7/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 or Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)*	
 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 	 Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement
Renewal of Existing Contract	 Lease Other

Yes

- No
- Unknown

Contract NTE* (?)

\$ 151,479.36

Rate(s)/Rate(s) Description

\$63.45 per hour for 32 hours per week, per resident

Unit(s) Served* 2208

G/L Code(s)*

Current Fiscal Year Purchase Order Number* CT144151

Contract Requestor* Danyalle Evans

Contract Owner*

Felecia Garner

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 O 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 O 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?* GME

Renewal Information for No	ext Fiscal Year	\mathbf{S}
Budget Units and Amounts	Charged to each Budge	et Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2208	\$ 121,996.80	540504
Budget Manager*		udget Manager*
Smith, Janai	Shelby, Debbi	
Provide Rate and Rate Descriptions	s if applicable * (?)	
\$63.54 x 32hr/wk x 5wk/mon x 6 rotati		
\$63.54 x 32hr/wk x 5wk/mon x 12 rota	tions Community	
Project WBS (Work Breakdown Stru	ucture)* (?)	
N/A		
Fiscal Year* (?)	Amount [*] (?)	
2026	\$ 121,996.80	
Next Fiscal Year Not to Exceed Amo	ount for Master Pooled Contracts	
State		
Contract Content Changes		$\overline{\mathbf{o}}$
Are there any required changes to t	the contract language?* (?)	
🔘 Yes 🍥 No		
Will the scope of the Services chan	ge?*	
🔘 Yes 💿 No		
Is the payment deadline different th	an net (45)?*	
🔘 Yes 🔘 No		
Are there any changes in the Perfor	manco Targoto2*	
Are there any changes in the Perior Yes No	mance largets?	
Are there any changes to the Subm	ission deadlines for notes or sup	oporting documentation? "
File Upload (?)		
Contract Owner		Ô
Contract Owner* (?)		
Please Select Contract Owner		
Felecia Garner		
Budget Manager Approval((s)	\diamond

(~)

Approved	by
----------	----

Janai Lymnette Smith

Contract Owner Approval

Approved by

Gelecia Garner, MD

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date* 5/13/2025

Mental Health and IDD Executive Contract Sur	mmary
Contract Section	(
Contractor*	
University of Houston-College of Medicine	
Contract ID #*	
N/A	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
6/17/2025	
Parties* (?)	
Tarties (1) University of Houston-College of Medicine and The Ha	arris Center for Mental Health and IDD
nen mennen bereiten bereiten operantitionen der sond in terreten eine eine sonderen bereiten der sonderen bereiten.	
Agenda Item Submitted For: * (?)	
Information Only (Total NTE Amount is Less than \$2	
Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal	or more)
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
 Request for Application Request for Quote 	Request for Qualification Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2025	8/31/2026
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount [*] (?)
2026	\$ 875,000.00
Funding Source* State Grant	

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description	n of Services Being Provided * (?)
Continue providing primary care services to patie	ents at The Respite, Rehabilitation
and Re-Entry Center located at 6160 South Loop main Behavioral Clinics: NW, NE, SW, and SE.	p East, Houston, TX 77087 and the four
Contract Owner*	
Lance Britt	
Previous History of Contracting with Vendor/	/Contractor*
Yes No Unknown	
Please add previous contract dates and what	t services were provided*
Primary Care services provided over the past 5	
Vendor/Contractor a Historically Underutilize	ed Business (HUB)* (?)
Yes No Inknown	
Community Partnership* (?)	
⊘ Yes ○ No ◎ Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Persor	n
Name*	
Jeremekia E. Amos	
Address*	
Street Address	
4800 Calhoun Road	
Address Line 2	
City	State / Province / Region
Houston	ТХ
Postal / Zip Code	Country
77004	US
Phone Number*	
713-743-6256	
Email*	

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number [*]	Amount Charged	to Unit*	Expense/GL Code No.*	
2200	\$ 266,864.00		543011	
Budget Manager		Secondary BL	udget Manager	
Smith, Janai		Shelby, Debbie	e	
Budget Unit Number*	Amount Charged	to Unit*	Expense/GL Code No.*	
2120	\$ 306,000.00		543011	
Budget Manager Smith, Janai		Secondary Bu Shelby, Debbie	idget Manager	
Budget Unit Number [*]	Amount Charged	to Unit*	Expense/GL Code No.*	
9261	\$ 64,367.00		540507	
Budget Manager		Secondary Bu	ıdget Manager	
Ramirez, Priscilla		Puente, Giovar	ıni	
Budget Unit Number [*]	Amount Charged	to Unit*	Expense/GL Code No.*	
9264	\$ 26,820.00		540507	
Budget Manager		Secondary Bu	ıdget Manager	
Ramirez, Priscilla		Puente, Giovar	ıni	
Budget Unit Number*	Amount Charged	to Unit*	Expense/GL Code No.*	
9403	\$ 96,550.00		540507	
Budget Manager		Secondary Bu	ıdget Manager	
Ramirez, Priscilla		Puente, Giovar	nni	
Budget Unit Number*	Amount Charged	to Unit*	Expense/GL Code No.*	
9405	\$ 21,456.00		540507	
Budget Manager		Secondary Bu	idget Manager	
Ramirez, Priscilla		Puente, Giovar	nni	
Budget Unit Number* 9502	Amount Charged \$ 29,501.00	to Unit*	Expense/GL Code No.* 540507	
Budget ManagerSecondary Budget ManagerRamirez, PriscillaPuente, Giovanni				
Provide Rate and Rate Descriptions if applicable * (?) 6160 NP 1.1FTE 2279.2 service hours yearly \$89 per hr \$202,849 total MD 0.1FTE 207.2 service hours yearly \$173 per hr \$35,846 total Outpatient NP 1.0FTE 2072 service hours yearly \$89 per hr \$184,408 total MD 1.0FTE 2072 service hours yearly \$173 per hr \$358,456 total On-Call: \$30,000 Project WBS (Work Breakdown Structure) * (?) n/a				

Requester Name	Submission Date
Britt, Lance	5/6/2025
Budget Manager Approval(s)	\odot
Approved by	
	Approval Date
Janai Lynnette Smith	5/6/2025
Approved by	
	Approval Date
Priscilla M Ramirez	5/6/2025
Procurement Approval	
File Upload (?)	
Approved by	Approval Date
Sign	Approval Date
Contract Owner Approval	Ö
Approved by	
	Approval Date
Britt, Lance	5/6/2025
Contracts Approval	Constant Report from Capacity Statistics
*	
Approve*	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	5/7/2025

EXHIBIT F-6

Pest, Termite & Bed Bug Services RFP

Presented by: Stanley Adams, MBA Chief Financial Officer



Request For Proposal – Evaluation Criteria

Evaluation Category	Relative Weight
Overall Program Concept	30%
Experience and Capacity	25%
Financial Condition	15%
Price	30%
TOTAL	100%



Request for Proposal – <u>Proposal</u> Evaluation Scores

Evaluation Team	Vendor #1	Vendor #2	Vendor #3	Vendor #4
Evaluator 1	100	85	79	69
Evaluator 2	100	20	20	22
Evaluator 3	80	65	71	66
Evaluator 4	100	82	82	88
Evaluator 5	97	85	77	63
Average Evaluation Score	95.4	67.4	65.8	61.6

The total possible score is 100 points.

RFP – Pricing

Items	Vendor #1	Vendor #2	Vendor #3	Vendor #4
FY2026	\$73,666.00	\$103,080.00	\$98,991.00	\$96,168.00
FY2027	\$73,666.00	\$103,080.00	\$98,991.00	\$96,168.00
FY2028	\$83,871.70	\$103,080.00	\$98,991.00	\$96,168.00
FY2029	\$84,271.70	\$103,080.00	\$106,910.28	\$96,168.00
FY2030	\$100,920.65	\$103,080.00	\$111,206.52	\$96,168.00
Total Cost	\$416,396.05	\$480,840.00 (Did not quote Quarterly Bed Bug and Termite Services)	\$515,089.80 (Price does not include Monthly and Quarterly Bed Bug, and Termite Services because they were priced by square foot)	\$480,840.00 (Did not quote Quarterly Bed Bug and Termite Services)

Award Recommendation

Docusign Envelope ID: 144D9855-5E68-4599-BBE6-077DA461A0BE

HARRIS CENTER for Mental Health and IDD

> Award Recommendation Pest, Termites & Bed Bug Services RFP Project# FY25-0006

The Request for Proposal opened for Pest, Termite & Bed Bug Services on Monday, May 5, 2025, at 11:00 A.M.

The Project Team consisted of the following members: James Blunt, Buyer II, Sharon Brauner, Purchasing Manager, Sarah Harper, Facilities Services Project Coordinator, Oscar Garcia, Facilities Operations Manager, Angela White, Facility Services Coordinator, Michael Mitchell, Director Facility Services and Mustafa Cochinwala, Chief Information Officer.

Two hundred and thirty-five (235) vendors were identified in this area of interest by our procurement software, Bonfire. Eighteen (18) vendors were identified from buyer research and previous vendor list were also contacted. The specifications were posted on four (4) local newspapers, The Harris Center's web site, the State of Texas Electronic State Business Daily website, Women's Business Enterprise Alliance (WBEA), Houston Minority Supplier Development Council (HMSDC), and Houston Business Journal.

Received five (5) responses and zero (0) did not participate. Four (4) responses were deemed responsive and evaluated by the project team. One (1) response was disqualified because the vendor did not attend the mandatory site visits.

Recommended Vendor:

ABC Home and Commercial Services

The team members rated each response using a qualitative approach. Based on the project team's evaluation of responses received, it is recommended ABC Home and Commercial Services be selected because they can perform all required services in the most cost-efficient way and are the only vendor that provides trained dogs for bedbug services.

The initial contract period is anticipated to begin upon award of contract for two (2) base years with three (3) optional annual renewals at the sole discretion of The HARRIS CENTER based upon satisfactory performance and annual budget appropriations, which will be reviewed on an annual basis.

The total NTE (Not to Exceed) for five (5) years is \$499,675.26 (\$416,396.05 for services and \$83,279.21 for contingency) to be funded annually subject to availability of the budget each year. Forecast for each year is:

FY26: Services \$73,666.00, Contingency \$14,733.20 = \$88,399.20 FY27: Services \$73,666.00, Contingency \$14,733.20 = \$88,399.20 FY28: Services \$83,871.70, Contingency \$16,774.34 = \$100,646.04 FY29: Services \$84,271.70, Contingency \$16,854.34 = \$101,126.04 FY30: Services \$100,920.65, Contingency \$20,184.13 = \$121,104.78

The Funding Source is Unit 1899/569005– Agency Wide Facilities/Pest Control

Submitted By: James Blunt 6/2/2025 James Blunt, C.P.M. Buyer II

Docusign Envelope ID: 144D9855-5E68-4599-BBE6-077DA461A0BE

Recommended By:

Sharon Braunes 6/2/2025

Sharon Brauner, C.P.M., A.P.P. Purchasing Manager

Starley Adams 6/2/2025 Starley Adams Chief Financial Officer

EXHIBIT F-7

Status Pending PolicyStat ID 18	120848			
Security The HARRIS CENTER for Mental Health and IDD Transforming Lives	Origination Last Approved Effective Last Revised Next Review	04/2008 N/A Upon Approval 06/2023 1 year after approval	Owner Area Document Type	Gertrude Leidich: Vice President Clinical Transformation and Quality Medical Services Agency Policy

MED.A.8 - Closed Record Review Committee Policy

1. PURPOSE:

To provide clinical peer review of all deaths of The Harris Center's consumers to ensure against inappropriate clinical care, and one that conforms to the highest quality standard of care and the Harris Center's policies and procedures.

2. POLICY:

It is the policy of the Harris Center to ensure that the deaths of all consumers served in all Harris Center programs, including contracted placements, are peer-reviewed. All contract providers are responsible for adhering to the provisions of this policy and procedures.

The Harris Center's Closed Record Review Committee is responsible for the clinical peer review of all consumer deaths and making recommendations to the Chief Medical Officer for the improvement of The Harris Center's service delivery system. The Closed Record Review Committee is a subcommittee of the Professional Review Committee (PRC).

3. APPLICABILITY/SCOPE:

This policy applies to all staff employed by The Harris Center including, direct and contracted employees.

4. RELATED POLICIES/FORMS (for reference only):

Incident Reporting

5. PROCEDURES:

Closed Record Review Committee

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Deaths of Individuals Served by Community Mental Health Centers. Title 25. TEX. ADMIN. CODE. Chapter 405. Subchapter K.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	06/2025
Final Legal Review	Kendra Thomas: Counsel	05/2025
2nd Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	05/2025
1st Department Review	Danyalle Evans	05/2025
Initial Assignment	Gertrude Leidich: Vice President Clinical Transformation and Quality	05/2025

EXHIBIT F-8

Status Pending PolicyStat ID 18115604					
	Origination	03/2000	Owner	Toby Hicks	
See The HARRIS CENTER for Mental Health and IDD Transforming Lives	Last Approved	N/A	Area	Human Resources	
	Effective	Upon Approval	Document Type	Agency Policy	
	Last Revised	07/2024			
	Next Review	1 year after approval			

HR.A.11 Inquiries on Employees

1. PURPOSE:

The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) has a responsibility to maintain a system to protect current and former employees' employment records. The purpose of this policy is to ensure a consistent process throughout the agency concerning the release of employment information.

2. POLICY:

All inquiries regarding the employment information of current and former employees will be referred to an approved third-party vendor for official responses. In the event the third-party vendor is unable to provide the necessary documentation, then the inquiry will be sent to the Human Resources Department for completion. These inquiries include, but are not limited to, reference checks on current or past employment, working hours, salary verifications, credit and collection inquiries, requests pertaining to any solicitation of employees or distribution of material to employees, and all other requests for information that may be part of an employee's employment record. This list is illustrative only and not exhaustive.

3. APPLICABILITY/SCOPE:

This policy applies to all staff employed by The Harris Center including, both direct and contracted employees.

4. RELATED POLICIES/FORMS:

HIM.IT.A.2 Information Security Policy

5. PROCEDURES:

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- The Harris Center's Policy and Procedure Handbook
- · Restrictions on Blacklisting, Texas Labor Code §52.031
- Disclosure by Employer of Information Regarding Certain Employees or Former Employees, Texas Labor Code §103
- Texas Public Information Act, Texas Government Code § 552

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	06/2025
2nd Legal Review	Kendra Thomas: Counsel	06/2025
1st Legal Review	Bijul Enaohwo	05/2025
Department Review	Kendra Thomas: Counsel	05/2025
Initial Assignment	Toby Hicks	05/2025

EXHIBIT F-9

Status Pending PolicyStat ID 18115589					
	Origination	06/2020	Owner	Toby Hicks	
Security The HARRIS CENTER for Mental Health and IDD Transforming Lives	Last Approved	N/A	Area	Human Resources	
	Effective	Upon Approval	Document Type	Agency Policy	
	Last Revised	06/2023			
	Next Review	1 year after approval			

HR.A.13 Lactation Breaks

1. PURPOSE:

To ensure employees at The Harris Center for Mental Health and IDD (The Harris Center) have reasonable breaks to express breast milk at the workplace.

2. POLICY:

The Harris Center supports the right of nursing employees to receive break time to express breast milk and a private place, other than the bathroom, to pump at work. Under this policy, nursing employees may take reasonable breaks to express breast milk for up to one year following the birth of the employee's child each time such employee has a need to express breast milk. Employees who telecommute are eligible to take reasonable breaks to express breast milk like other employees.

Employees are encouraged to provide notice to their supervisor of their intent to take lactation breaks. The advance notice will give The Harris Center the time needed to create or designate the required space if the work location does not maintain a permanent space dedicated for use as a lactation room.

The space provided for use to express breast milk will be a quiet place, not a bathroom (even if private), and is shielded from view and free from intrusion from coworkers and the public. The room will be fitted with an electrical outlet for employees who use a pump that must be plugged in. The employee will have access to a clean, safe water source and a sink for washing hands and rinsing out any needed breast-pumping equipment. Employees who telecommute will also be free from observation by any Harris Center provided or required video system, including a computer camera, security camera, or web conferencing platform.

The employee will have access to cool refrigeration for storage of the employee-expressed breast milk.

Employees storing milk in the refrigerator assume all responsibility for the safety of the milk and the risk of harm for any reason, including improper storage, refrigeration, and tampering. If the employee decides to store the milk in their own cooler, they may do so, and the Harris Center will provide a space to store the cooler and their supplies.

Employees are encouraged to reserve the lactation room at their respective program locations with their supervisor. The supervisor will share the information only on an as-needed basis, such as with facilities personnel who may be charged with creating the required space. When an employee is using break time at work to express breast milk, they either must be completely relieved from duty or must be paid for the break time. Employees who are provided paid breaks and use such break times to express breast milk shall be compensated in the same way that other employees are compensated for their break time.

The Harris Center may not suspend, discipline, intimidate, retaliate, or terminate the employment of, or otherwise discriminate, against an employee for requesting or taking lactation breaks or for filing a complaint for violation of this policy. If an employee feels they are subject to any conduct that they believe violates this policy, they should promptly contact the Human Resources Department.

The Human Resource Department is responsible for the administration of this policy. They will ensure that a prompt investigation is conducted and take prompt corrective action, if appropriate.

3. APPLICABILITY/SCOPE:

All The Harris Center employees.

4. RELATED POLICIES/FORMS:

5. PROCEDURES:

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- Fair Labor Standards Act of 1938, 29 U.S.C. §207(r)
- Title VII of the Civil Rights Act of 1964 as amended by the Pregnancy Discrimination Act of 1978, 42 U.S.C. §2000e
- Right to Express Breast Milk in the Workplace, Texas Government Code Chapter 619
- H.R.3110 Pump for Nursing Mothers Act. 117th Congress (2021-2022)

Approval Signatures

Step Description

Approver

Date

Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2025
2nd Legal Review	Kendra Thomas: Counsel	05/2025
1st Legal Review	Bijul Enaohwo	05/2025
Department Review	Kendra Thomas: Counsel	05/2025
Initial Assignment	Toby Hicks	05/2025

EXHIBIT F-10

Status Pending PolicyStat ID 1	8059653			
Security The HARRIS CENTER for Mental Health and IDD Transforming Lives	Origination Last Approved Effective Last Revised Next Review	09/2021 N/A Upon Approval 04/2025 1 year after approval	Owner Area Document Type	Wayne Young: Exec Leadership Agency Policy

LD.A.13 - Code of Ethics Policy

1. PURPOSE:

The Harris Center for Mental Health and IDD ("The Center") requires its directors, officers, employees and contractors to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. As employees and representatives of The Center, we must practice honesty and integrity in fulfilling our responsibilities and comply with all applicable laws and regulations.

All Harris Center Board of Trustees, employees, interns, volunteers and contractors.

2. POLICY:

The purpose of the Code of Ethics policy (the "Policy") is to increase awareness of potential conflicts of interest and to ensure that all Board of Trustees and personnel always demonstrate and adhere to the highest standards of ethical and professional conduct. The Policy is to ensure that the actions of all personnel reflect a competent, respectful, and professional approach when serving consumers, their families and/or representative, working with other providers, and interacting in the community we serve.

A. Conflicts of Interest

Trustee:

No trustee shall participate in a vote or decision on a matter involving a business entity or contract in which the Trustee or any related person in the first degree by consanguinity or affinity has a substantial interest or take any steps, directly or indirectly, to influence or persuade other Trustees or any employee in connection with such matter, if it is reasonably foreseeable that an action on the matter would confer an economic benefit on the business entity. A person has a substantial interest in a business entity if:

- a. The person owns 10 percent or more of the voting stock or shares of the business entity or owns either 10 percent or more or \$15,000 or more of the fair market value of the business entity; or
- b. Funds received by the person from the business entity exceeds 10% of the person's gross income for the previous year.

A person has a substantial interest in real property if the interest is an equitable or legal ownership with a fair market value of \$2,500 or more.

If a Trustee or any related person has a substantial interest in a business entity or in real property, the Trustee, before a vote or decision on any matter involving the business entity or the real property, where it is reasonably foreseeable that any action on the matter will have a special economic effect on the business entity or on the value of the property distinguishable from its effect on the public, shall file an affidavit stating the nature and extent of the interest and shall abstain from further participation in the matter. Such affidavit shall be filed with the secretary of the Board of Trustees and shall be maintained in the records of the Center.

A Trustee shall not hold another office or position where one office is accountable or subordinate to the other, or where there is an overlap of powers and duties such that the Trustee could not independently serve in both positions.

Employee:

Except in the circumstances and on the conditions provided below, no employee shall participate in any decision or take any action in his or her capacity as an employee of the Center on a matter involving a business entity or real property in which the employee or any related person has an interest where it is reasonably foreseeable that a decision or action on the matter would confer an economic benefit on the business entity, the employee or related person.

Any employee engaged in providing clinical/rehabilitative services and/or support outside of Center employment must obtain prior written approval from their department head, appropriate Vice President and the Chief Executive Officer Providing such services and/or support may be allowed if it does not interfere with or violate the efficient operation of The HARRIS CENTER or Board of Trustees approved Code of Ethics. Employees may not use Agency facilities or Agency property to assist them in providing such outside services and/or support; nor can employees use the Center's resources, personnel, facilities, or equipment for purposes other than for Center business.

Trustee and/or Employee:

No Trustee, nor any employee, shall accept any employment, office, or other position which might be expected to impair the independence or the judgment of such person in the performance of his or her duties with the Center.

Examples of Conflict of Interest:

1. Being employed (you or a close family member) by, or acting as a consultant to, a competitor or potential competitor, supplier or contractor, regardless of the nature of

the employment, while you are employed with The Harris Center.

- 2. Hiring or supervising family members or closely related persons.
- 3. Owning or having a substantial interest in a supplier or contractor of The Harris Center.
- 4. Having a personal interest, financial interest or potential gain in any Harris Center transaction.
- 5. Placing company business with a firm owned or controlled by a Harris Center employee or his or her family.
- 6. Accepting gifts, discounts, favors or services from a customer/potential customer, competitor or supplier, unless equally available to Harris Center employees.

Determining whether a conflict of interest exists is not always easy to do. Employees with a conflict-of-interest question should seek advice from management. Before engaging in any activity, transaction or relationship that might give rise to a conflict of interest, employees must seek review from their managers or the HR department.

B. Nepotism

- 1. A Trustee or Chief Executive Officer may not hire as a paid officer or employee of the community center a person who is related to a member of the board of trustees by affinity within the second degree or by consanguinity within the third degree.
- An officer or employee who is related to a member of the board of trustees in a prohibited manner may continue to be employed if the person began the employment not later than the 31st day before the date on which the member was appointed.
- 3. The officer or employee or the member of the board of trustees shall resign if the officer or employee began the employment later than the 31st day before the date on which the member was appointed.
- 4. If an officer or employee is permitted to remain in employment under subsection (2), the related member of the Board of Trustees may not participate in the deliberation of or voting on an issue on an issue that is specifically applicable to the officer or employee unless the issue affects the entire class or category of employees.

The term "relative" as used in this section means any person related to the Trustee or employee (not closer than Aunt, Uncle, or Cousin).

C. Commencement of Service

Upon appointment as a Trustee and upon the employment of any employee, each Trustee and each employee shall execute an acknowledgement that he or she has read this Code of Ethics, any and all changes, revisions, or additions as amended; agrees to abide by its terms and conditions; and represents to the Center that, to the best of his or her knowledge and belief, he or she is not aware of any prior or existing violations of such Code of Ethics.

D. Exchange of Gifts, Money and Gratuities

The Harris Center is committed to competing solely on the merit of our services. We should

avoid any actions that create a perception that favorable treatment of outside entities by The Harris Center was sought, received, or given in exchange for personal business courtesies.

Business courtesies include gifts, gratuities, meals, refreshments, entertainment or other benefits from persons or companies with whom The Harris Center does or may do business. We will neither give nor accept business courtesies that constitute, or could reasonably be perceived as constituting, unfair business inducements that would violate law regulation or policies of The Harris Center or customers or would cause embarrassment or reflect negatively on The Harris Center's reputation.

Employees should always ask themselves whether it is appropriate to accept something from a person who wants, or may want, or may be seen to want, an official favor within their authority. It is unethical to accept or give a gift that is meant to sway a decision in favor of the gift-giver.

No Trustee or employee shall ask for, accept or agree to accept money, loans or anything of value as consideration for a decision or other exercise of discretion by a Trustee or employee.

A Trustee or employee shall reject any benefit for his or her past official actions in favor of another person.

No Trustee or employee shall exercise his or her official position without authority, fail to perform a required duty, or take or use any property of the Agency with the intent to obtain a personal benefit.

A Trustee or employee shall not misuse information that he or she receives, in advance other public entities, because of the Trustee's or employee's official capacity. A Trustee or employee shall not engage in any business activity that might lead to the disclosure of confidential information of the Agency or any of its consumers.

A Trustee or employee shall reject any job, favor, or other benefit that might tend, or is intended, to impair or influence his or her official conduct or independence.

Trustees and employees owe a duty of loyalty to the Agency and may not engage in any action on their own personal behalf, or that of another, which conflicts with the interests of the Agency.

No Trustee or employee shall engage in any related business activity or use a previous position of the Trustee or employee to gain any personal benefit for a period of one year following his or her separation as a Trustee or employee of the Agency.

No employee shall receive or accept compensation from any source other than the Agency, for the same services to the same consumer for which they receive compensation from the Agency.

E. **Fraud, Waste and Abuse**- It is the policy of the Harris Center to comply with all rules, regulations and laws pertaining to the delivery of and billing of behavioral health care services including payer programs and participation requirements of Medicare, Medicaid, other federal payers and third parties. All Harris Center employees, contractors, volunteers and agents have the responsibility of detecting, deterring and correcting fraud, waste and abuse. The Harris Center is committed to the submission of accurate claims for payment and providing training regarding billing and claims submission. All Harris Center employees, contractors, volunteers and agents shall adhere to the following guidelines:

- <u>1.</u> <u>Must not engage in fraud, waste or abuse.</u>
- 2. Shall not present or cause to be presented claims which are false or fraudulent.
- 3. Shall not make, use, or cause to be made or used a false record or state to get a false or fraudulent claim paid.
- 4. Shall comply with Harris Center policies nad procedures which apply to them, including those policies regarding documentation, medical records, medical necessity, billing, coding, fees, licensure, compliance with state and federal laws and regulations and government audits, reviews and investigations.
- 5. Employees and contractors performing billing or coding services on behalf of the Harris Center shall have the skills, quality assurance processes, systems and procedures that are necessary to submit accurate claims.

F. Personal Fundraising

It is the policy of The Harris Center to minimize disruptions in the workplace cause by the unauthorized sale of items, solicitations of contributions, or the distribution of advertising materials. Furthermore, it is counterproductive for employees to feel pressured to contribute financially to any enterprise whether it is a for-profit or non-profit.

- 1. Fundraising and/or solicitation by or of employees during work hours and/or on Harris Center property without authorization from their immediate supervisor or designee is strictly prohibited.
- Solicitation means any verbal or written communication which encourages, demands, or requests a contribution of money, time, effort or personal involvement for any enterprise. This includes, but is not limited to, charitable or personal profit activities such as, selling products of any kinds, raffle tickets, admissions to events and donations to assist persons experiencing a personal crisis.
- Employees who wish to solicit on behalf of their children's schools, scouting programs, or other not-for-profit purposes, including for the benefit of a person or coworker involved in a personal tragedy, must submit a written request to their immediate supervisor.
- 4. Employees may not initiate any fundraising and/or solicitation activities until written authorization has been obtained from their immediate supervisor.
- 5. The Harris Center's interoffice and email systems may not be used to communicate information about non-Harris Center sponsored fundraising activities.

G. Service Delivery

- 1. The Harris Center will provide quality behavioral health care in a manner that is, determined to be medically necessary, effective and the least restrictive treatment alternative.
- 2. Ensure that consumer information is kept confidential according to applicable

federal, state, and local laws.

- 3. All Harris Center employees, contractors, volunteers, and interns shall follow current ethical standards regarding communication with consumers (and their representatives) regarding services provided.
- 4. The Harris Center will inform consumers about alternatives and risks associated with the care they are seeking and obtain informed consent prior to any clinical interventions.
- 5. The Harris Center recognizes the right of consumers to make choices about their own treatment, including the right to refuse treatment.

H. Setting boundaries

While the nature of the job responsibilities of the Center staff members requires that they interact closely with consumers, it should be emphasized that these relationships must be kept on a professional level. It is the responsibility of the Center staff member to ensure that a supportive, yet professional relationship is maintained, and is perceived as such by all involved.

No Trustee or employee of the Agency shall file for managing conservatorship or guardianship, petition to terminate parent/child relationships, or file for adoption of any child who is a consumer or whose family is a consumer of The HARRIS CENTER.

All current and former Trustees, employees, Consultants, and Volunteers of The HARRIS CENTER will hold all information pertaining to The HARRIS CENTER, its consumers, and its employees in confidence, and shall not engage in any activity that might lead to the disclosure of confidential information of the Center or its consumers, except as may be required by law.

All Harris Center Employees, contractors, interns, and volunteers shall adhere to the following guidelines:

- 1. Place the needs of their consumers on their caseload at the center of any treatmentrelated decisions that you make about them and their lives.
- 2. Shall not disclose personal or financial information with consumers.
- 3. Understand the limitations of their role and personal capabilities, and when to refer to other professionals or to seek further support and advice.
- 4. Refrain from connecting with their consumers on social media.
- 5. Maintain a courteous and respectful attitude with all consumers equally.
- 6. Do no give or accept gifts, loans, money, or other valuables to or from the consumer.
- 7. Always clarify your professional role with the consumer.

I. Witnessing of legal documents

- 1. Harris Center employees shall not agree to be a witness or sign as a witness on any legal documents (e.g., Declaration for Mental Health Treatment, durable power of attorneys, medical power of attorney, wills) a consumer presents.
- 2. Employees shall inform the consumer they will need to obtain their witnesses not

employed or contracted by the Harris Center for legal documents.

3. Employees who are notary publics and obtained their commission for Harris Center business shall only notarize documents related to The Harris Center business.

J. Marketing

The Harris Center is committed to adhering to the highest ethical and legal standards in its marketing practices. The Harris Center shall adhere to the following marketing practices:

<u>1. Clear and accurate representation of its services and programs. The Harris Center is committed to avoiding deception in any form (e.g. omission, misrepresentation, or misleading practices). The Harris Center's goal is to deliver the programs and services as depicted by its marketing communications.</u>

<u>2. Transparency and disclosure. Complete information shall be provided to our patients about our programs, services, terms and conditions and costs to ensure informed consent. The Harris Center shall act in a manner that is responsive, transparent and accountable to existing and prospective patients.</u>

<u>3. Protect Confidential Information. The Harris Center shall protect confidential and proprietary information of its patients and business operations.</u>

H. Service Delivery

- 1. <u>The Harris Center will provide quality behavioral health care in a manner that is, determined to be medically necessary, effective and the least restrictive treatment alternative.</u>
- 2. Ensure that consumer information is kept confidential according to applicable federal, state, and local laws.
- 3. All Harris Center employees, contractors, volunteers, and interns shall follow current ethical standards regarding communication with consumers (and their representatives) regarding services provided.
- <u>4.</u> <u>The Harris Center will inform consumers about alternatives and risks associated with the care they are seeking and obtain informed consent prior to any clinical interventions.</u>
- 5. <u>The Harris Center recognizes the right of consumers to make choices about their own</u> <u>treatment, including the right to refuse treatment.</u>

H. Setting boundaries

While the nature of the job responsibilities of the Center staff members requires that they interact closely with consumers, it should be emphasized that these relationships must be kept on a professional level. It is the responsibility of the Center staff member to ensure that a supportive, yet professional relationship is maintained, and is perceived as such by all involved.

No Trustee or employee of the Agency shall file for managing conservatorship or guardianship, petition to terminate parent/child relationships, or file for adoption of any child who is a consumer or whose family is a consumer of The HARRIS CENTER.

<u>All current and former Trustees, employees, Consultants, and Volunteers of The HARRIS CENTER will</u> <u>hold all information pertaining to The HARRIS CENTER, its consumers, and its employees in confidence,</u> and shall not engage in any activity that might lead to the disclosure of confidential information of the Center or its consumers, except as may be required by law.

All Harris Center Employees, contractors, interns, and volunteers shall adhere to the following guidelines:

- a. Place the needs of their consumers on their caseload at the center of any treatment-related decisions that you make about them and their lives.
- b. Shall not disclose personal or financial information with consumers.
- c. Understand the limitations of their role and personal capabilities, and when to refer to other professionals or to seek further support and advice.
- d. Refrain from connecting with their consumers on social media.
- e. Maintain a courteous and respectful attitude with all consumers equally.
- f. Do no give or accept gifts, loans, money, or other valuables to or from the consumer.
- g. Always clarify your professional role with the consumer.

I. Witnessing of legal documents

- <u>1.</u> <u>Harris Center employees shall not agree to be a witness or sign as a witness on any legal</u> <u>documents (e.g., Declaration for Mental Health Treatment, durable power of attorneys, medical</u> <u>power of attorney, wills) a consumer presents.</u>
- 2. Employees shall inform the consumer they will need to obtain their witnesses not employed or contracted by the Harris Center for legal documents.
- 3. Employees who are notary publics and obtained their commission for Harris Center business shall only notarize documents related to The Harris Center business.

J. Reporting Procedures

Persons who become aware of any actual or potential conflict of interest, fraud, waste, abuse, or any other ethical concern regarding their employment or another employee at the Harris, must immediately report the matter to the Harris Center's Compliance Director or at www.fraudhl.com or 1-855-372-8345 (1-855-FRAUD-HL). The hotline is available 24 hours a day, seven days a week. Use the Company ID "Harris" to submit a report. All reports to the Harris Center shall remain confidential. All reports of violations of this policy will be reviewed within seven (7) business days from the date the report is received. Investigations of code of ethics violations will be concluded no later than fourteen (14) business days from the date the report is received.

K. Corrective Action

Harris Center employees, volunteers, contractors and agents who violate this Code of Ethics policy will be subject to disciplinary action, up to and including, termination and criminal prosecution. Failure to act when an employee, volunteer, contractor or agent has knowledge that someone has violated this policy shall be subject to disciplinary action, including termination of employment and criminal prosecution.

L. No Retaliation

The Harris Center prohibits any form of discipline, reprisal, intimidation or retaliation for reporting a

potential conflict of interest or violation of this policy or cooperating in related investigations.

3. APPLICABILITY/SCOPE:

All Harris Center Board of Trustees, employees, interns, volunteers and contractors.

4. RELATED POLICIES/FORMS (for reference only):

Agency Compliance Plan

5. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- · Community Centers, Tex. Health & Safety Code Ch. 534
- Regulation of Conflicts of Interest of Officers of Municipalities, Counties and Certain Other Local Governments, Tex. Local Government Code Chapter 171

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2025
Legal Review	Kendra Thomas: Counsel	05/2025
Initial Assignment	Wayne Young: Exec	05/2025

EXHIBIT F-11

Commission on Accreditation of Rehabilitation Facilities (CARF) Updates

Prepared for Board of Directors

June 2025

Survey Readiness Team Jeanne Wallace Director of Program Innovation

Luc Josaphat Director of Quality Assurance and Performance Improvement



About CARF



- Independent, nonprofit accreditor
- Recognized benchmark of quality for over 50 years
- Focus on accountability, continuous improvement, and person-centered care
- Applies ASPIRE to Excellence® framework



Page 247 of 25

Programs Surveyed



Assertive Community Treatment: Mental Health (Adults)

- Crisis Programs Crisis Contact Center: Mental Health (Adults)
- Crisis Programs Crisis Contact Center: Mental Health (Children and Adolescents)
- Crisis Programs Crisis Intervention: Mental Health (Adults)
- Crisis Programs Crisis Intervention: Mental Health (Children and Adolescents)
- Crisis Programs Crisis Stabilization: Mental Health (Adults)
- Intensive Family-Based Services: Mental Health (Children and Adolescents)
- Outpatient Treatment: Mental Health (Adults)
- Outpatient Treatment: Mental Health (Children and Adolescents)
- Outpatient Treatment: Mental Health (Juvenile Justice)
- Behavioral Consultation Services (Autism Spectrum Disorder-Adults)
- Behavioral Consultation Services (Autism Spectrum Disorder-Children and Adolescents)
- Community Housing
- Services Coordination
- Services for Children and Youth: Early Intervention Services

Harris Center Accreditation Overview



Survey	Dates:	April	28-	-30,	2025
				,	

Cutcome: Three-Year Accreditation	on
-----------------------------------	----



44

Expiration: February 29, 2028

Survey Team: 4 CARF surveyors across administrative and BH, Crisis and IDD Programs



Met 97% of 2,651 standards across multiples sections

Strengths Highlighted: Programs



YES program and peer support services recognized for their impact and recovery- oriented approach.	Group homes described as warm, personalized, and community- integrated.	Hillcroft Day Program offers diverse, consumer-driven activities in a welcoming environment.	Integrated Care Wellness Clinic provides holistic care with on-site pharmacies and lab services.
High satisfaction with early childhood and autism services.	ACT teams noted for multidisciplinary collaboration and deep commitment to clients.	Robust peer support model	Family-centered services in YES and IFBS programs praised for individualized, wraparound support.

©TheHarrisCtr

in @The-Harris-Center





Strengths Highlighted: Admin

Strong, mission-driven leadership and governance	QR code-based feedback system across facilities for easy input collection	Long-tenured, compassionate staff	Data-driven quality improvement team
Innovative mortality review process	Safe, inclusive, and culturally competent care	Board of trustees and executive team praised for responsiveness and community integration	Ideas for Improvement surveys promote staff growth and engagement

@TheHarrisCtr in

in @The-Harris-Center



Direct Community Feedback



"I'd carry my friend there myself..." "Life changing..." "Unmatched care..."

Peer support and YES program noted for culture and compassion

Praise for Harris Center Initiatives





QR-based satisfaction feedback in all facilities



Leadership Development Institute for staff



Crisis call growth: 500 to 6,000+ annually



Integrated Health & Wellness Clinics with onsite pharmacies

@TheHarrisCtr **in** @The-Harris-Center



Areas for Improvement



Succession planning for executive leadership	Documentation of supervision and treatment planning	Emergency procedure drill standardization
Medication documentation and peer review	Orientation and person-centered planning improvements	Training in virtual service delivery modalities
@TheHarrisCtr in @The-Harris-Center f @TheHarrisCenterForMentalHealthandIDD		

Next Steps





Review and standardize processes across departments



Submit Quality Improvement Plan (QIP)

Mathe Street (1997) (19977) (19977) (19977) (19977) (19977) (19977) (19977) (



Thank you.

