

Resource Committee Meeting
September 16, 2025
9:00 am

I. DECLARATION OF A QUORUM

II. PUBLIC COMMENTS

III. APPROVAL OF MINUTES

- A. Approve Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, August 19, 2025
(EXHIBIT R-1)

IV. CONSIDER AND RECOMMEND ACTION

- A. Approve FY'25 Year-to-Date Budget Report- August
(EXHIBIT R-2 Stanley Adams)
- B. September 2025 Amendments Over 250K
(EXHIBIT R-3 Ernest Savoy)
- C. September 2025 Interlocal Agreements
(EXHIBIT R-4 Ernest Savoy)

V. 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.

VI. RECONVENE INTO OPEN SESSION

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

VIII. INFORMATION ONLY

- A. September 2025 New Contracts 100K-250K
(EXHIBIT R-5)
- B. September 2025 Contract Amendments 100K-250K
(EXHIBIT R-6)
- C. September 2025 New Contracts Under 100K
(EXHIBIT R-7)
- D. September 2025 Contract Renewals Under 100K
(EXHIBIT R-8)
- E. September 2025 Contracts Amendments Under 100K
(EXHIBIT R-9)
- F. September 2025 Affiliation Agreement, Grants, MOU's and Revenues Information Only
(EXHIBIT R-10)

IX. ADJOURN

Veronica Franco

Veronica Franco, Board Liaison

Gerald Womack, Chairman

Resource Committee

THE HARRIS CENTER for Mental Health and IDD

Board of Trustees

EXHIBIT R-1

**BOARD OF TRUSTEES
THE HARRIS CENTER *for*
MENTAL HEALTH AND IDD
RESOURCE COMMITTEE MEETING
TUESDAY, AUGUST 19, 2025
MINUTES**

Mr. Gerald Womack, Chairman, called the meeting to order at 9:08 a.m. in the Room 109, 9401 Southwest Freeway, noting a quorum of the Committee was present.

RECORD OF ATTENDANCE

Committee Members in Attendance: Mr. G. Womack., Dr. R. Gearing, Mr. J. Lykes, Dr. M. Miller Jr.

Committee Member Absent:

Other Board Member Present:, Dr. K. Bacon, Dr. J. Lankford, Ms. R. Thomas-videoconference

1. CALL TO ORDER

Mr. G. Womack. called the Resource Committee meeting to order at 9:08 am.

2. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

Mr. G. Womack designated Dr. K. Bacon, Dr. J. Lankford and Ms. R. Thomas-videoconference as voting members of the committee.

3. DECLARATION OF QUORUM

Mr. G. Womack declared a quorum was present.

4. PUBLIC COMMENTS

There were no public comments.

5. MINUTES

Approve Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday July 15, 2025.

MOTION: MILLER, JR. SECOND: BACON

With unanimous affirmative votes,

BE IT RESOLVED that the Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, July 15, 2025, as presented under Exhibit R-1, are approved and recommended to the Full Board.

6. CONSIDER AND RECOMMEND ACTION

A. FY'25 Year-to-Date Budget Report-July

MOTION: BACON SECOND: LANKFORD

With unanimous affirmative votes,

BE IT RESOLVED FY'25 Year-to-Date Budget Report-July, as presented under R-2, are approved and recommended to the Full Board.

B. August 2025 Contracts Renewals Over 250K

MOTION: Dr. Bacon motioned under Exhibit R-3 (Item #1-Centre Technologies) to table the item until additional information is received about the contract.

SECOND: Dr. Miller, Jr. seconded the motion

MOTION: Mr. Womack moved for approval Exhibit R-3 (Item #2-Web-head Technologies d/b/a/ Webhead)) with a reduced NTE of \$225,000.
SECOND: Dr. Bacon seconded the motion

With unanimous affirmative votes,
BE IT RESOLVED August 2025 Contracts Renewals Over 250K, under Exhibit R-3 are approved and recommended to the Full Board.

C. August 2025 Contract Amendments Over 250K

MOTION: LANKFORD SECOND: LYKES

With unanimous affirmative votes,
BE IT RESOLVED August 2025 Contract Amendments Over 250K Exhibit R-4 are approved and recommended to the Full Board.

D. August 2025 Interlocal Agreements

MOTION: MILLER, JR. SECOND: LYKES

Dr. Lankford recused himself from voting on item #4 The University of Texas Health and Science Center at Houston (“UTHealth”) because he is employed with University of Texas Health and Science Center at Houston.

Dr. Bacon recused herself from item #5 University of Houston College of Pharmacy because she is employed with the University of Houston-Victoria.

With unanimous affirmative votes,
BE IT RESOLVED August 2025 Interlocal Agreements Exhibit R-5 are approved and recommended to the Full Board.

E. Agency Wide Security Services

MOTION: BACON SECOND: LANKFORD

With unanimous affirmative votes,
BE IT RESOLVED Agency Wide Security Services Exhibit R-6 are approved and recommended to the Full Board.

F. FY26 Open PO to pay Employee Parking at Texas Medical Center

MOTION: Dr. Lankford moved to table the agenda item to determine if the Harris Center can obtain a reduced parking rate.

SECOND: Mr. Lykes

With unanimous affirmative vote,
BE IT RESOLVED, the FY26 Open PO to pay Employee Parking at the Texas Medical Center is tabled.

G. Pharmacy Remote After Hours Services

MOTION: BACON SECOND: LANKFORD

With unanimous affirmative votes,
BE IT RESOLVED Pharmacy Remote After Hours Services, under Exhibit R-8 are approved and recommended to the Full Board.

H. Frost, Inc.-Agency of Record Commercial Insurance Program

MOTION: Mr. Lykes motioned to approve all lines of insurance coverage except the Wind/Hail Deductible Buydown Options for Self-Insured Risk (Exhibit 9)

SECOND: Dr. Lankford

With unanimous affirmative votes,

BE IT RESOLVED Frost, Inc.-Agency of Record Commercial Insurance Program, under Exhibit R-9 are approved and recommended to the Full Board.

I. FY26 Final Budget Presentation

MOTION: Dr. Bacon moved to approve the Capital Budget (Exhibit R-10) for Information Technology and Facilities.

SECOND: Dr. Lankford

With unanimous affirmative votes,

BE IT RESOLVED FY26 Final Budget Presentation, under Exhibit R-10 are approved and recommended to the Full Board.

7. EXECUTIVE SESSION-No Executive Session needed.

8. RECOVENE INTO OPEN SESSION

9. CONSIDER AND TAKE ACTION AS A RESULT OF EXECUTIVE SESSION

10. ADJOURN

MOTION: LANKFORD

SECOND: BACON

With unanimous affirmative voted and there being no further business, the meeting was adjourned at 10:46 am.

Veronica Franco, Board Liaison
Gerald W. Womack, Chairman Resource Committee
THE HARRIS CENTER for Mental Health and IDD
Board of Trustees

EXHIBIT R-2

The Harris Center for Mental Health and IDD

**Results of Financial Operations and Comparison to Original Budget
August 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
August 31, 2025
Non-GAAP / Budgetary-Basis Reporting
Unaudited - Subject to Change

	For the Month Ended				Fiscal Year to Date			
	Original Budget	Actual	Variance \$	%	Original Budget	Actual	Variance \$	%
Operating Revenues								
State General Revenue	\$ 11,054,955	\$ 11,407,070	352,115	3%	\$ 132,659,460	\$ 134,319,291	1,659,831	1%
Harris County and Local	4,415,021	4,347,440	(67,581)	-2%	52,980,252	51,756,090	(1,224,162)	-2%
Federal Contracts and Grants	5,112,180	4,144,142	(968,038)	-19%	61,346,160	63,151,333	1,805,173	3% A
State Contract and Grants	1,886,853	1,255,985	(630,868)	-33%	22,242,236	19,253,867	(2,988,369)	-13% B
Third Party Billing	3,622,889	3,368,833	(254,056)	-7%	43,474,668	39,430,718	(4,043,950)	-9%
Charity Care Pool	3,340,350	3,791,818	451,468	14%	40,084,200	45,505,604	5,421,404	14%
Directed Payment Programs	659,258	456,665	(202,593)	-31%	7,911,096	5,983,109	(1,927,987)	-24%
Patient Assistance Program (PAP)	852,441	1,086,301	233,860	27%	10,229,292	13,433,408	3,204,116	31%
Interest Income	300,142	235,694	(64,448)	-21%	3,601,704	3,355,943	(245,761)	-7%
Insurance proceeds	-	-	-		-	52,000	52,000	
Sale of Capital Assets	-	-	-		-	166,057	166,057	
Operating Revenues, total	\$ 31,244,089	\$ 30,093,948	\$ (1,150,141)	-4%	\$ 374,529,068	\$ 376,407,420	\$ 1,878,352	1%
Operating Expenditures								
Salaries and Fringe Benefits	\$ 21,116,034	\$ 19,804,503	1,311,531	6%	\$ 253,392,408	\$ 253,424,536	(32,128)	0%
Contracts and Consultants	1,379,371	1,584,794	(205,423)	-15%	16,552,452	14,810,496	1,741,956	11% C
Contracts and Consultants-HCPC	3,913,250	3,985,027	(71,777)	-2%	46,959,000	47,062,132	(103,132)	0%
Supplies	354,237	421,702	(67,465)	-19%	4,250,844	3,007,133	1,243,711	29% D
Drugs	1,995,664	2,270,609	(274,945)	-14%	23,947,968	28,585,073	(4,637,105)	-19% E
Purchases, Repairs and Maintenance of:								
Equipment	99,778	214,141	(114,363)	-115%	1,197,336	2,346,400	(1,149,064)	-96% F
Building	177,679	156,735	20,944	12%	2,132,148	2,665,357	(533,209)	-25%
Vehicle	86,851	95,674	(8,823)	-10%	1,042,212	972,263	69,949	7%
Software	358,400	332,805	25,595	7%	4,300,800	3,639,689	661,111	15%
Telephone and Utilities	304,496	337,979	(33,483)	-11%	3,653,952	3,701,818	(47,866)	-1%
Insurance, Legal and Audit	184,268	160,834	23,434	13%	2,211,216	2,458,271	(247,055)	-11%
Travel & Training	251,089	279,189	(28,100)	-11%	3,013,068	2,907,920	105,148	3%
Dues & Subscriptions	555,682	587,404	(31,722)	-6%	6,668,184	6,300,257	367,927	6%
Other Expenditures	383,957	403,946	(19,989)	-5%	4,607,484	4,860,195	(252,711)	-5%
Operating Expenditures, total	\$ 31,160,756	\$ 30,635,342	\$ 525,414	2%	\$ 373,929,072	\$ 376,741,540	\$ (2,812,468)	-1%
Operating Activities -								
Change in Fund Balance/Net Position	\$ 83,333	\$ (541,394)	\$ (624,727)		\$ 599,996	\$ (334,120)	\$ (934,116)	

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

	For the Month Ended				Fiscal Year to Date			
	Original Budget	Actual	Variance \$	%	Original Budget	Actual	Variance \$	%
Revenues								
State General Revenue								
Harris County and Local (CHC)	\$ -	\$ 590,430	590,430		\$ -	\$ 1,230,361	1,230,361	
State Contract and Grants (HHSC)	-	24,076	24,076		400,000	520,018	120,018	30%
Revenues, total	\$ -	\$ 614,506	\$ 614,506		\$ 400,000	\$ 1,750,379	\$ 1,350,379	338%
Expenditures								
Debt Service	\$ 83,333	\$ 727,002	\$ (643,669)	-772%	\$ 999,996	\$ 2,213,000	\$ (1,213,004)	-121%
Capital outlay	-	417,048	(417,048)		-	9,034,840	(9,034,840)	
Expenditures, total	\$ 83,333	\$ 1,144,050	\$ (1,060,717)		\$ 999,996	\$ 11,247,840	\$ (10,247,844)	
Excess (Deficiency) of revenues over expenditures	\$ (83,333)	\$ (529,544)	(446,211)	535%	\$ (599,996)	\$ (9,497,461)	(8,897,465)	
Other Financing Sources								
Revenue Bonds Issued	-	-	-		-	24,745,000	24,745,000	
Other Financing Sources	-	-	-		-	4,294,847	4,294,847	
Other Financing Uses	-	-	-		-	-	-	
Other Financing Sources, total	\$ -	\$ -	\$ -		\$ -	\$ 29,039,847	\$ 29,039,847	
Capital Outlay & Debt Service Activities -								
Change in Fund Balance/Net Position	\$ (83,333)	\$ (529,544)	\$ (446,211)		\$ (599,996)	\$ 19,542,386	\$ 20,142,382	

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

Results of Financial Operations and Comparison to Original Budget

A Federal Contract and grants

Monthly unfavorable due to contracts either being terminated or exhausted by year end. However, new contracts that were not included in original budget made up the difference to end favorable to budget by year end.

B State Contract and Grants

Unfavorable variances are attributed largely to vacant positions being unfilled during the year.

C Contracts and consultants

The unfavorable spending in contracts and consultants for the month is primarily driven by increased use of Private Psychiatric beds at West Oaks (\$472K variance). These operations are funded by the state performance contract.

D Supplies

The unfavorable variance in supplies for the month is driven by an increase in spending activity to close out the year, particularly within the Inspire program (\$84K variance). This monthly unfavorable variance is offset by favorable variance for the year of \$1.2M.

E Drugs

The primary driver of the net unfavorable variance in Drugs is the increase in retail drug pharmacy purchases, which is offset by revenue earned on the billing program. On a YTD basis the Pharmacy billing expense exceeds budget by \$2.1M, which is partially offset by billing program revenue exceeding budget by \$1.3M.

F Equipment (purchase, repair and maintenance)

The unfavorable variance for the year is primarily driven by overspending relative to budget on IT equipment and agreements. The largest drivers include IT equipment and equipment agreement spending (\$167K), Parata pharmacy equipment (\$146K), replacement devices for ECI program (\$88K), and Recenter properties (\$75K) among other expenses. The overspending in IT equipment was primarily driven by pursuing discounts on multiyear agreements and upgrading boardroom equipment, and this spending was supported by cutting budgeted expenses elsewhere, including the software category.

The Harris Center for Mental Health and IDD

Balance Sheet

August 31, 2025

Non-GAAP / Budgetary-Basis Reporting

Unaudited - Subject to Change

	July-25	August-25	Change
Assets			
Current Assets			
Cash and Cash Equivalents			
Cash and Petty Cash	\$ 11,624,856	\$ 18,462,361	\$ 6,837,505
Cash Equivalents	64,277,767	51,980,410	(12,297,357)
Cash and Cash Equivalents, total	\$ 75,902,623	\$ 70,442,771	\$ (5,459,852) AA
Inventories, Deposits & Prepaids	7,894,912	4,365,530	(3,529,382)
Accounts Receivable:			
Patient A/R, net of allowance	1,715,848	1,743,665	27,817
A/R from other governments	35,107,843	28,211,760	(6,896,083)
Other A/R	712,232	663,200	(49,032)
Current Assets, total	\$ 121,333,458	\$ 105,426,926	\$ (15,906,532)
Restricted Cash and Cash Equivalents	20,497,227	19,535,261	(961,966) BB
Capital Assets:			
Land	12,709,144	12,709,144	-
Building and Improvements	55,610,924	55,610,903	(21)
Right-to-use assets (Leases & SBITA)	6,312,466	6,312,466	-
Furniture, Equipment and Vehicles	7,960,059	7,960,059	-
Construction in Progress	11,376,400	11,376,400	-
Accumulated Depreciation/Amortization	(38,908,961)	(38,908,961)	-
Capital Assets, net total	\$ 55,060,032	\$ 55,060,011	\$ (21)
Total Assets	\$ 196,890,717	\$ 180,022,198	\$ (16,868,519)
Liabilities & Fund Balance/Net Position			
Liabilities			
Accounts Payable and Accrued Liabilities	\$ 13,395,784	\$ 14,452,023	\$ 1,056,239
Unearned Revenues	27,257,491	9,678,920	(17,578,571) CC
Noncurrent liabilities:			
Due within one year	2,349,540	2,713,041	363,501
Due in more than one year	39,555,435	39,553,205	(2,230)
Liabilities, total	\$ 82,558,250	\$ 66,397,189	\$ (16,161,061)
Fund Balance/Net Position			
Net Investment in Capital Assets	42,830,775	41,868,788	(961,987)
Restricted for Capital Projects	20,497,227	19,535,261	(961,966) BB
Nonspendable	7,894,912	4,365,530	(3,529,382)
Assigned	15,434,386	15,434,386	-
Unassigned/Unrestricted	7,395,963	13,212,779	5,816,815
Change in fund balance/net position	20,279,204	19,208,266	(1,070,938)
Fund Balance/Net Position, Total	\$ 114,332,467	\$ 113,625,009	\$ (707,458)
Total Liabilities & Fund Balance/Net Position	\$ 196,890,717	\$ 180,022,198	\$ (16,868,519)

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

Balance Sheet

AA Cash and Investments

The \$5.5M net decrease in cash is primarily due to cash used in normal operations offset by collections in outstanding receivables; including net receipts of Jail Diversion (\$3.1M), Medicaid Admin Claiming funds (\$2.0M), Harris County Sheriff's Office (\$767K); and bond reimbursement (\$962K).

BB Restricted Cash & Restricted Net Position for Capital Projects

Decrease related to the reimbursement of spending on bond-supported capital projects for expenses incurred FEB25-JUL25. This cash is restricted for use for the financing of the approved capital projects and for the payment of principal and interest when due; as such the corresponding net position is restricted for capital projects.

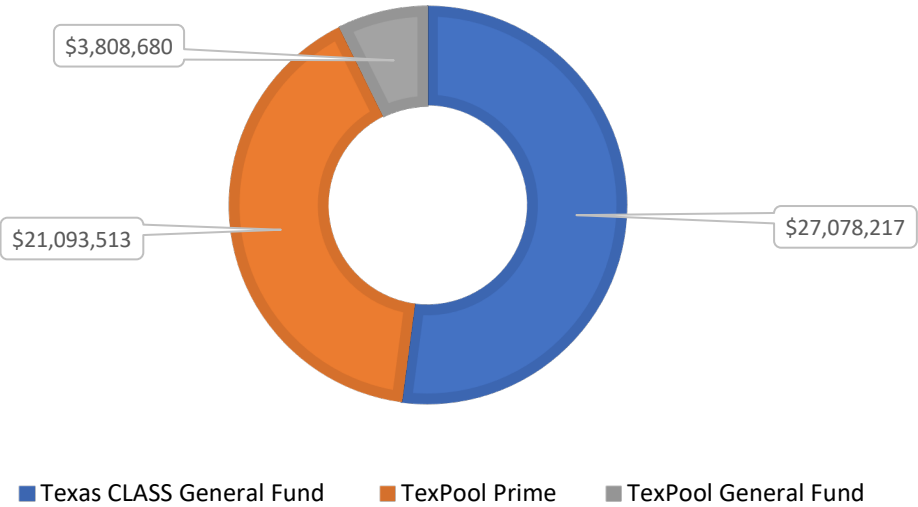
CC Unearned Revenues

Unearned revenues decreased by \$17.6M due to use of funds provided through state and federal revenue allocations received in advance of performance of related obligations. This balance will continue to decrease as we provide the services supported by the funds and recognize unearned revenues as earned revenues.

The Harris Center for Mental Health and IDD
Investment Portfolio
August 31, 2025

Local Government Investment Pools (LGIPs)	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Balance	Portfolio %	Monthly Yield
<i>Texas CLASS</i>							
Texas CLASS General Fund	26,977,450.80			100,766	\$ 27,078,217	52.09%	4.39%
<i>TexPool</i>							
TexPool Prime	33,505,512		(12,500,000)	88,001	21,093,513	40.58%	4.42%
TexPool General Fund	3,794,804			13,876	3,808,680	7.33%	4.31%
<i>TexPool Sub-Total</i>	37,300,316	-	(12,500,000)	101,877	24,902,193	47.91%	4.40%
Total Investments	\$ 64,277,767	\$ -	\$ (12,500,000)	202,643	\$ 51,980,410	100.00%	4.40%
Additional Interest on Checking Accounts				33,051			
Total Interest Earned during the current month				235,694			

Investment Portfolio Weight



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	4.36%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 week	4.23%
Interest Rate - JPMorgan Hybrid Checking	2.90%
Earnings credit rate (ECR) - JPMorgan Hybrid Checking	3.00%

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

Vendor	Description	Monthly Not-To-Exceed ⁽¹⁾	Aug-25	Fiscal Year to Date Total
Lincoln Financial Group (LFG)	Retirement Funds (401a, 403b, 457)	\$3,650,000	\$2,079,361	\$26,514,545
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,300,000	\$2,719,921	\$31,564,382
UNUM	Life Insurance	\$310,000	\$207,386	\$2,569,211

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.*

ReCenter Financial Update

August 2025

Recenter Financial Summary – as presented prior to Real Estate Purchase

Estimated Post Close Settlement Costs

• Alabama Property Taxes & Lease	\$35,000
• Loan Payments	\$1,728,077
• Payroll Taxes	\$20,000
• YPTC Financial Closeout Fee	\$62,000
• Audited Financial Statements	\$400,000
• Moving Expense	\$50,000
• Legal Fees	\$50,000
• Security Camera System	\$50,000
• IT Expense	\$50,000
• Facility Assessment and Repairs	\$519,400

Total Estimated Costs \$2,964,477

Divestment of THC Property	\$10,030,000
Total Estimated Costs	-\$2,964,477
Potential Gain for Re-investment	\$7,065,523

Summary of Financial Transactions – as of 08/31/2025

	FY 2024	FY 2025	Total
Operating Revenues			
City of Houston - TIRZ (Local)	\$ 100,528	\$ 149,472	\$ 250,000
City of Houston - ARPA (Federal)	387,181	112,819	500,000
Tenant Rent (Local)	-	85,768	85,768
Total Operating Revenues	\$ 487,709	\$ 348,059	\$ 835,768
Total Operating Expenditures	(539,755)	(1,574,361)	(2,114,116)
Net Operations Impact	(52,046)	(1,226,302)	(1,278,348)
Purchase of Real Estate properties	-	(2,287,984)	(2,287,984)
Net Impact to Reserves (Fund Balance)	\$ (52,046)	\$ (3,514,286)	\$ (3,566,332)

Operating Expenditures Detail as of 08/31/2025:

	FY 2024	FY 2025	Total
Salaries and Fringe Benefits	(132,728)	(357,903)	(490,631)
Contracts and Consultants	(94,844)	(357,228)	(452,072)
Supplies	-	(392)	(392)
Equipment	-	(78,388)	(78,388)
Building	(1,185)	(183,756)	(184,941)
Vehicle	-	(60)	(60)
Software	-	(18,977)	(18,977)
Telephone and Utilities	-	(126,757)	(126,757)
Insurance, Legal and Audit	(102,163)	(299,788)	(401,951)
Other Expenditures	(208,835)	(151,112)	(359,947)
Total Operating Expenditures	\$ (539,755)	\$ (1,574,361)	\$ (2,114,116)

Net Impact as of 08/31/2025	\$ (3,566,332)
Original Estimated Net Impact	(2,964,477)
Difference to estimate as of 08/31/2025	\$ (601,855)

EXHIBIT R-3

SEPTEMBER 2025 AMENDMENTS OVER 250k

SEPTEMBER 2025
FISCAL YEAR 2026

[illegible]



Executive Contract Summary

Contract Section

Contractor*

Facility Interiors, Inc

Contract ID #*

2024-0982

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

9/16/2025

Parties* (?)

Facility Interiors and The Harris Center

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)? *

- ☐ Yes ☒ No

Funding Information*

- ☐ New Contract ☒ Amendment

Contract Term Start Date* (?)

1/15/2025

Contract Term End Date* (?)

10/31/2025

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

Current Contract Amount*

\$ 360,957.96

Increase Not to Exceed*

\$ 18,538.00

Revised Total Not to Exceed (NTE)

*\$ 379,495.96

Fiscal Year* (?)

2025

Amount* (?)

\$ 379,495.96

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

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

storage fees for furniture from May 2025 to August 2025. Furniture cannot be delivered until building fire sprinkler is operable. Currently scheduled for delivery 08/27/2025. Increasing contract NTE to cover cost, and extending contract to end of October in case something happens and we have to store the furniture longer.

Contract Owner*

Karen Hurst

Previous History of Contracting with Vendor/Contractor*

☒ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided*

2025 - furniture

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

☒ Yes ☐ No ☐ Unknown

Please provide the HUB status*

WBE - Women owned business.

Community Partnership* (?)

☐ Yes ☒ No ☐ Unknown

Supporting Documentation Upload (?)

2H24225.001-FI STORAGE-080625.pdf

73.26KB

Vendor/Contractor Contact Person**Name***

Facility Interiors, Inc / Alan Thompson

Address*

Street Address

1433 W Frankford Road, Ste. 130

Address Line 2

Ste 203

City

Carrollton

Postal / Zip Code

77265

State / Province / Region

TX

Country

US

Phone Number*

8329544869

Email*

alan@fmgi.com

Budget Section**Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 10,888.00	900040
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

see attached invoice

Project WBS (Work Breakdown Structure)* (?)

FM21.1126.23 6168 Apartments

Requester Name

Harper, Sarah

Submission Date

8/13/2025

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

8/13/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Karen E. Hurst

Approval Date

8/14/2025

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

8/14/2025

EXHIBIT R-4

SEPTEMBER 2025 INTERLOCAL AGREEMENTS

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
INTERLOCALSSEPTEMBER 2025
FISCAL YEAR 2026

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
1	Aldine Independent School District	To Perform Screenings and Clinical assessments, Psychosocial Services as needed to Students	New Contract	8/20/2025 - 8/31/2026	General Revenue (GR)	New MOU to provide screenings and clinical assessments, psychosocial services as needed, and follow-up services to students within the Aldine Independent School District.
2	City of Tomball Police Department	Clinician Officer Remote Evaluation Program Services (CORE)	Amendment	9/1/2025 - 8/31/2026	County	New Joinder Interlocal Agreement for an additional 2 iPads to Tomball Police Department to connect with clinicians to aid in suicide prevention, identifying individuals who may also be a danger to self or others and deterioration and link to these individuals to mental health treatment for the CORE program.
3	Harris County Juvenile Probation Department	Psychiatric and Medication Management Services	New Contract	9/1/2025 - 8/31/2026	County	New replacement Interlocal Agreement to provide comprehensive psychiatric services to youth assigned to HCJPD pre and post adjudication facilities. [FY26 Revised Revenue NTE: \$616,250.00].
4	Harris County Juvenile Probation Department	Multi-Systemic Therapy Services (MST) for the Harris County Juvenile Probation Department	Renewal	9/1/2025 - 8/31/2026	County	Annual renewal of Interlocal Agreement to provide Multi-Systemic Therapy Services (MST) for the Harris County Juvenile Probation Department. [FY26 Revenue NTE: \$367,000.00].
5	Harris County Juvenile Probation Department	Continuity of Care to Youth under the Supervision of Harris County Juvenile Probation Department	New Contract	10/1/2025 - 9/30/2026	County	New Interlocal Agreement to provide continuity of care to youth under the supervision of Harris County Juvenile Probation Department. [FY26/27 Revenue NTE: \$428,392.20].
6	Harris County Resources for Children and Adults	AWARE Harris Projective Narrative via SAMSHA Program for Agency's Clinicians to provide therapy, crisis intervention, substance abuse counseling, group therapy and education to children and adolescents.	Renewal	9/30/2025 - 10/1/2026	Federal Grant	Renewal of Agreement for the AWARE Harris Projective Narrative via SAMSHA Program for Agency's Clinicians to provide therapy, crisis intervention, substance abuse counseling, group therapy and education to children and adolescents. [FY26 Revenue NTE: \$830,650.00].
7	La Porte Independent School District	To Perform Screenings and Clinical Assessments and Psychosocial services to Students	New Contract	8/22/2025 - 8/31/2026	General Revenue (GR)	New MOU to provide screenings and clinical assessments, psychosocial services as needed, and follow-up services to students within the Aldine Independent School District.
8	Lone Star College Police Department	Interlocal Agreement to confirm the mutual understanding of The Harris Center and Lone Star College Police Department as a referral partner.	New Contract	8/18/2025 - 8/31/2031	General Revenue (GR)	Interlocal Agreement to confirm the mutual understanding of The Harris Center and Lone Star College Police Department as a referral partner. This interlocal agreement will assist both parties in being able to share needed referral and disposition information for individuals needing help with their mental health needs.
9	TCOOMMI (Adult and Juvenile)	Services for Adult and Juvenile Offenders diagnosed with Mental Illness and/or Impairment identified as needing COC services or long-term support and treatment.	New Contract	9/1/2025 - 8/31/2027	State	Annual renewal of Agreement to provide services for Adult and Juvenile Offenders diagnosed with mental illness and/or impairment identified as needing COC services or long-term support and treatment. [FY26 Revenue NTE: \$3,992,000.00].
10	Texas Department of Family and Protective Services	In partnership with The Department of Family and Protective Services (DFPS) for families residing in Harris County (Region 6A).	New Contract	9/1/2025 - 8/31/2026	State Grant	New Interlocal (Replacement) Agreement with the Texas Department of Family and Protective Services to provide families residing in Harris County (Region 6A) to receive evidence-based services through the Harris Center to help prevent entry into the foster care system. Services include High Fidelity Wraparound or Multisystemic Therapy (MST) treatment. [FY26 Revenue NTE: \$1,689,959.10].

[illegible]



Executive Contract Summary

Contract Section

Contractor*

Aldine Independent School District

Contract ID #*

NA

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

9/16/2025

Parties* (?)

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

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)? *

- ☐ Yes ☒ No

Funding Information*

- ☒ New Contract ☐ Amendment

Contract Term Start Date* (?)

8/20/2025

Contract Term End Date* (?)

8/31/2026

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

Fiscal Year* (?)

2026

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

To perform screenings and clinical assessments, psychosocial services as needed, and follow-up services to students within the Aldine Independent School District.

Contract Owner*

Tiffanie Williams-Brooks

Previous History of Contracting with Vendor/Contractor*
☒ Yes ☐ No ☐ Unknown
Please add previous contract dates and what services were provided*

2022-2025

Vendor/Contractor a Historically Underutilized Business (HUB)* (?)
☐ Yes ☐ No ☒ Unknown
Community Partnership* (?)
☒ Yes ☐ No ☐ Unknown
Specify Name*

Aldine Independent School District

Supporting Documentation Upload (?)**Vendor/Contractor Contact Person****Name***

Abel Garza

Address*

Street Address

2520 West West Thorne Boulevard

Address Line 2

Ste 203

City

Houston

Postal / Zip Code

77073-3406

State / Province / Region

TX

Country

United States

Phone Number*

2819856203

Email*

agarza2@aldineisd.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

Budget Manager

Smith, Janai

Secondary Budget Manager

Shelby, Debbie

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Bowser, Mohagony

Submission Date

8/21/2025

Budget Manager Approval(s)

Approved by

Debbie Chambers & Shelby

Approval Date

8/26/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Stephanie Williams-Brooks, M.A., LBSW, LISW

Approval Date

8/28/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/29/2025



Executive Contract Summary

Contract Section

Contractor*

City of Tomball (Police Department)

Contract ID #*

2025-1110

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

9/16/2025

Parties* (?)

Harris County Sheriff's Office and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)? *

- ☒ Yes ☐ No

Funding Information*

- ☐ New Contract ☒ Amendment

Contract Term Start Date* (?)

9/1/2025

Contract Term End Date* (?)

8/31/2026

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

Fiscal Year* (?)

2026

Funding Source *

County

Contract Description / Type * (?)

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

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

The clinician officer remote evaluation program services all of Harris County providing licensed clinicians to complete mental health assessments collaborating with Harris County Sheriff deputies.

*This contract is to add an additional 2 iPads to Tomball PD to connect with clinicians to aid in suicide prevention, identifying individuals who may also be a danger to self or others and deterioration and link to these individuals to mental health treatment.

Director: Kisha Lorio

Contract Owner *

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor *

☒ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided *

Currently under contract.

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

☐ Yes ☐ No ☒ Unknown

Community Partnership * (?)

☒ Yes ☐ No ☐ Unknown

Specify Name *

Harris County Sheriff's Office

Supporting Documentation Upload (?)**Vendor/Contractor Contact Person****Name ***

Sgt. Courtney White

Address *

Street Address

400 Fannin Street

Address Line 2

City

Tomball

Postal / Zip Code

77375-4618

State / Province / Region

TX

Country

US

Phone Number*

281-351-5451

Email*

cwhite@tomballtx.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9259	\$ 0.00	0

Budget Manager

Oshman, Jodel

Secondary Budget Manager

Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

Prusuant to the ILA the Agency will submit a detailed report and invoice to the county for review and approval on a monthly basis.

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Singh, Patricia

Submission Date

8/8/2025

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

8/8/2025

IT Director Approval

Approved by

Anthony Jones

Approval Date

8/12/2025

IT Approval Comments

Approved - AJones

Contract Owner Approval

Approved by

Kim Kornmayer

Approval Date

8/12/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/12/2025



Executive Contract Summary

Contract Section

Contractor*

Harris County Juvenile Probation Department

Contract ID #*

2025-1064

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

9/16/2025

Parties* (?)

The Harris Center for MH and IDD Services and Harris County Juvenile Probation Department

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)? *

- ☐ Yes ☒ No

Funding Information*

- ☒ New Contract ☐ Amendment

Contract Term Start Date* (?)

9/1/2025

Contract Term End Date* (?)

8/31/2026

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

Fiscal Year* (?)

2026

Amount* (?)

\$ 616,250.00

Funding Source*

County

Contract Description / Type* (?)

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

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

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

To provide comprehensive psychiatric services to youth assigned to HCJPD pre and post adjudication facilities. Psychiatric and Medication Management.

Contract Owner*

Sean McElroy

Previous History of Contracting with Vendor/Contractor*

☒ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided*

9/1/24-8/31/25 psychiatric services to at-risk youth

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

☐ Yes ☐ No ☒ Unknown

Community Partnership* (?)

☒ Yes ☐ No ☐ Unknown

Specify Name*

Harris County

Supporting Documentation Upload (?)**Vendor/Contractor Contact Person****Name***

Scott Elliott

Address*

Street Address

1001 Preston St

Address Line 2

Suite 670

City

Houston

Postal / Zip Code

77002-1839

State / Province / Region

TX

Country

United States

Phone Number*

7132744898

Email*

scott.elliott@pur.hctx.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6901	\$ 616,250.00	540000
Budget Manager	Secondary Budget Manager	
Williams-Wesley, Sheenia	Reyes, Elizabeth	

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Williams-Wesley, Sheenia

Submission Date

8/5/2025

Budget Manager Approval(s)

Approved by

Sheenia Williams-Wesley

Approval Date

8/5/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Sean McElroy

Approval Date

8/6/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/6/2025



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID# *

2023-0778

Contractor Name *

Harris County Juvenile Probation Department

Service Provided* (?)

Multi-Systemic Therapy Services (MST) for the Harris County Juvenile Probation Department

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

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

Contract Description / Type

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

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

- ☐ Yes
- ☒ No
- ☐ Unknown

Contract NTE* (?)

\$ 367,000.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Mohagany Bowser

Contract Owner*

Tiffanie Williams-Brooks

File Upload (?)**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?***

Multisystemic Therapy (MST) aligns closely with The Harris Center for Mental Health and IDD's 2025–2027 Strategic Plan, supporting its core domains: Quality, People, Integration, Access, Community, and Innovation.

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.*
6622	\$ 367,000.00	403010
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Shelby, Debbie	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)

2026

Amount* (?)

\$ 367,000.00

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

Tiffanie Williams-Brooks

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Contract Owner Approval

Approved by

Tiffanie Williams-Brooks, M.A., L.P.C.S.

Contracts Approval

Approve *

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

Approved by*

Belinda Stude

Approval Date*

8/29/2025

9/2/25, 2:13 PM

Contracts Approval

Executive Contract Summary

Contract Section

Contractor*

Harris County Juvenile Probation Department

Contract ID #*

N/A

Presented To*

- ☐ Resource Committee
☒ Full Board

Date Presented*

9/16/2025

Parties* (?)

The Harris Center for MH and IDD Services and Harris County Juvenile Probation Department

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

9/2/25, 2:13 PM

Contracts Approval

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)? *☐ Yes ☒ No**Funding Information ***☒ New Contract ☐ Amendment**Contract Term Start Date * (?)**

10/1/2025

Contract Term End Date * (?)

9/30/2026

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

County fiscal year

Fiscal Year * (?)

2026

Amount * (?)

\$ 392,692.85

Fiscal Year * (?)

2027

Amount * (?)

\$ 35,699.35

Funding Source *

County

Contract Description / Type * (?)

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

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

To provide continuity of care to youth under the supervision of Harris County Juvenile Probation Department.

Contract Owner *

Sean McElroy

Previous History of Contracting with Vendor/Contractor *☒ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided *

10/1/24 - 09/30/25 COC for Youth with JPD

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

☐ Yes ☐ No ☒ Unknown

Community Partnership * (?)

☒ Yes ☐ No ☐ Unknown

Specify Name *

Harris County

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name *

Ebony Breeding

Address *

Street Address

1001 Preston Street

Address Line 2

Suite 670

City

Houston

State / Province / Region

TX

Postal / Zip Code

77002-1839

Country

US

Phone Number *

7132744438

Email *

ebony.breeding@pur.hctx.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
6901	\$ 428,392.20	540000

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

Provide Rate and Rate Descriptions if applicable * (?)

n/a

Project WBS (Work Breakdown Structure) * (?)

n/a

Requester Name	Submission Date
Williams-Wesley, Sheenia	8/27/2025

Budget Manager Approval(s)

Approved by

Sheenia Williams-Wesley

Approval Date

8/27/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Sean McElroy

Approval Date

8/28/2025

9/2/25, 2:13 PM

Contracts Approval

Contracts Approval

Approve *

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

Approved by **Belinda Stude***Approval Date ***

9/2/2025



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2025

Contract ID# *

2024-0973

Contractor Name *

Harris County Resources for Children and Adults

Service Provided* (?)

AWARE Harris Projective Narrative via SAMSHA Program for Agency's Clinicians to provide therapy, crisis intervention, substance abuse counseling, group therapy and education to children and adolescents.

Renewal Term Start Date *

9/30/2025

Renewal Term End Date *

10/1/2026

Term for Off-Cycle Only (For Reference Only)
Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- ☐ Yes
☒ No
☐ Unknown

Contract NTE* (?)

\$ 721,180.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Mohagany Bowser

Contract Owner*

Tiffanie Williams-Brooks

File Upload (?)

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 additional position will allow program to provide added support to Sheldon ISD community within the scope of works.

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.*
4110	\$ 830,650.00	435031
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Shelby, Debbie	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)

2026

Amount* (?)

\$ 830,650.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

Federal Grant

Contract Content Changes

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

☐ Yes ☒ No

Will the scope of the Services change?*

☐ Yes ☒ No

Is the payment deadline different than net (45)?*

☐ Yes ☒ No

Are there any changes in the Performance Targets?*

☐ Yes ☒ No

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

☐ Yes ☒ No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Tiffanie Williams-Brooks

Budget Manager Approval(s)

Approved by

Janae Lynnette Smith

Contract Owner Approval

Approved by

Tiffanie Williams-Brooks, M.A., L.P.C.S.

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/26/2025



Executive Contract Summary

Contract Section


Contractor*

La Porte Independent School District

Contract ID #*

N/A

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

9/16/2025

Parties* (?)

La Porte Independent School District and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)? *

- ☐ Yes ☒ No

Funding Information*

- ☒ New Contract ☐ Amendment

Contract Term Start Date* (?)

8/22/2025

Contract Term End Date* (?)

8/31/2026

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

Fiscal Year* (?)

2026

Amount* (?)

\$ 0.00

Funding Source *

General Revenue (GR)

Contract Description / Type* (?)

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

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

To perform screenings and clinical assessments, psychosocial services as needed, and follow-up services to students at La Porte Independent School District.

Contract Owner*

Tiffanie Williams-Brooks

Previous History of Contracting with Vendor/Contractor*

☒ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided*

2017-present

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

☐ Yes ☐ No ☒ Unknown

Community Partnership* (?)

☒ Yes ☐ No ☐ Unknown

Specify Name*

La Porte Independent School District

Supporting Documentation Upload (?)**Vendor/Contractor Contact Person****Name***

Nancy Orellana

Address*

Street Address

1002 San Jacinto Street

Address Line 2

Ste 203

City

La Porte

Postal / Zip Code

77571-5461

State / Province / Region

TX

Country

US

Phone Number*

2816047000

Email*

orellanabarban@lpsd.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4323	\$ 0.00	000000
Budget Manager		Secondary Budget Manager
Smith, Janai		Shelby, Debbie

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Bowser, Mohagony

Submission Date

8/22/2025

Budget Manager Approval(s)

Approved by

Debbie Chambers & Shelby

Approval Date

8/25/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

William Williams-Brooks, M.A., LSP, CAS

Approval Date

8/26/2025

Contracts Approval

Approve*

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

Approved by *

Belinda Stude

Approval Date *

8/29/2025



Executive Contract Summary

Note: Please use Google Chrome as the preferred browser

[Click here for ECS User Guide](#)

Contract Section

Contractor Name *

Lone Star College Police Department

Contract ID # *

na

For New Contracts Type 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)
☐ Grant Proposal
☐ Revenue
☐ SOW-Change Order-Amendment#
☐ Other

Procurement Method(s) *

Check all that Apply

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

Funding Information *

- ☒ New Contract ☐ Amendment

Contract Term Start Date * (?)

5/21/2025

Contract Term End Date * (?)

8/31/2026

If contract is off-cycle, specify the contract term

Fiscal Year * (?)

2026

Amount * (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

The care coordination agreement serves to confirm a mutual understanding of The Harris Center and Lone Star College Police Department as a referral partner.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

☒ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided*
current contract with CIRT

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

☐ Yes ☐ No ☒ Unknown

Community Partnership* (?)

☐ Yes ☐ No ☒ Unknown

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

This contract allows the agency to provide services in the community to increase community engagement.

Supporting Documentation Upload (?)**Vendor/Contractor Contact Person****Name***

Karlye Louritt

Address*

Street Address

20515 Texas 249

Address Line 2

City

Houston

Postal / Zip Code

77070-2764

State / Province / Region

TX

Country

US

Phone Number*

346-325-9531

Email*

Karlye.Louritt@LoneStar.edu

Budget Section**Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 0.00	0

Budget Manager*

Oshman, Jodel

Secondary Budget Manager*

Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Singh, Patricia

Submission Date*

5/22/2025

MEETING AGENDA - 1:1 Meeting with Mia

Location: Belinda's Office

Date: July 11, 2025

Time: 2:00 PM – 3:00 PM

Agenda details

- I. Contract Renewals
 - a. Process Q&A
 - b. Pending Review
 - c. Contract Renewal
 - d. Direct Care/Indirect Care Contracts
 - Discussed: Processing renewals and basics
 - Master Pool Contract procedures: Adding new vendors and processing renewals for pooled contractors
 - Documents via DocuSign and required documents
 - Direct Care vs Direct Care Agreements
 - Contract Renewal Amendment for Direct Care and new language
 - Exhibits (whether to include etc.)
 - Requisitions for Leases/Automatic Renewals etc.
 - Pharmacy Clinics DBA legal name
 - Reviewed and discussed drafts of renewals
- II. ROSS (Schedule for separate meeting)
- III. New Contracts (separate meeting)
- IV. Resources/Tools/Needs
 - a. Contract Templates
 - b. Board documents and Info
 - c. Miscellaneous

9/2/25, 2:15 PM

Contracts Approval

Executive Contract Summary

Contract Section

Contractor*

TCOOMMI Adult and Juvenile

Contract ID #*

6915

Presented To*

- ☐ Resource Committee
- ☒ Full Board

Date Presented*

9/16/2025

Parties* (?)

The Harris Center for MH and IDD Services and Texas Department of Criminal Justice

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

9/2/25, 2:15 PM

Contracts Approval

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)? *

☐ Yes ☒ No

Funding Information *

☒ New Contract ☐ Amendment

Contract Term Start Date * (?)

9/1/2025

Contract Term End Date * (?)

8/31/2027

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

Fiscal Year * (?)

2026

Amount * (?)

\$ 3,992,000.00

Fiscal Year * (?)

2027

Amount * (?)

\$ 3,992,000.00

Funding Source *

State

Contract Description / Type * (?)

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

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

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

To provide services for Adult and Juvenile Offenders diagnosed with mental illness and/or impairment identified as needing COC services or long-term support and treatment.

Contract Owner *

Monalisa Jiles

Previous History of Contracting with Vendor/Contractor *

☒ Yes ☐ No ☐ Unknown

9/2/25, 2:15 PM

Contracts Approval

Please add previous contract dates and what services were provided *

9/1/23 - 8/31/25 COC and support services for Adults and
Juvenile

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

☐ Yes ☐ No ☒ Unknown

Community Partnership * (?)

☒ Yes ☐ No ☐ Unknown

Specify Name *

Department of Criminal Justice Texas

Supporting Documentation Upload (?)**Vendor/Contractor Contact Person**

Name *

TCOOMMI Manager

Address *

Street Address

4616 West Howard Lane

Address Line 2

Suite 200

City

Austin

State / Province / Region

TX

Postal / Zip Code

78728

Country

US

Phone Number *

5126712134

Email *

fiscaltcoommi@tdcj.texas.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

9/2/25, 2:15 PM

Contracts Approval

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6801	\$ 1,674,632.00	540000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6302	\$ 6,309,368.00	540000

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

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name	Submission Date
Williams-Wesley, Sheenia	8/27/2025

Budget Manager Approval(s)

Approved by

Approval Date

Sheenia Williams-Wesley

8/27/2025

Procurement Approval

File Upload (?)

Approved by

Approval Date

Sign

9/2/25, 2:15 PM

Contracts Approval

Contract Owner Approval

Approved by*Monalisa Williams Jiles***Approval Date**

8/27/2025

Contracts Approval

Approve *

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

Approved by **Belinda Stude***Approval Date ***

8/29/2025



Executive Contract Summary

Contract Section


Contractor*

Texas Department of Family Services

Contract ID #*

N/A

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

9/16/2025

Parties* (?)

Texas Department of Family Services and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)? *

- ☐ Yes ☒ No

Funding Information *

- ☒ New Contract ☐ Amendment

Contract Term Start Date* (?)

9/1/2025

Contract Term End Date* (?)

8/31/2026

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

Fiscal Year* (?)

2026

Funding Source*

State Grant

Contract Description / Type* (?)

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

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

In partnership with The Department of Family and Protective Services (DFPS), families residing in Harris County (Region 6A) will receive evidence-based services through the Harris Center for Mental Health and IDD. These services will include High Fidelity Wraparound or Multisystemic Therapy (MST) treatment.

Contract Owner*

Tiffanie Williams-Brooks

Previous History of Contracting with Vendor/Contractor*

☒ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided*

FY 2024/2025

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

☐ Yes ☐ No ☒ Unknown

Community Partnership* (?)

☐ Yes ☐ No ☒ Unknown

Supporting Documentation Upload (?)

Form FFPS 2030_v.1.3-7.07.2025-TFF-Provider.xlsx

875.82KB

Vendor/Contractor Contact Person**Name***

Heather Thorp

Address*

Street Address

701 West 51st Street

Address Line 2

City

Austin

Postal / Zip Code

78751-2312

State / Province / Region

TX

Country

US

Phone Number*

512438358

Email*

Heather.Thorp@dfps.texas.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4161	\$ 1,689,959.10	437003
Budget Manager		Secondary Budget Manager
Smith, Janai		Shelby, Debbie

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Bowser, Mohagony

Submission Date

8/5/2025

Budget Manager Approval(s)

Approved by

Janai Lynette Smith

Approval Date

8/5/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

William Williams-Brooks, M.A., LSP, S

Approval Date

8/8/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/11/2025



Executive Contract Summary

Contract Section


Contractor*

The University of Texas M. D. Anderson Cancer Center

Contract ID #*

n/a

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

8/22/2025

Parties* (?)

The Harris Center for Mental Health and IDD ("Owner"), and The University of Texas M. D. Anderson Cancer Center ("Licensee")

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)?*

☐ Yes ☒ No

Funding Information*

☒ New Contract ☐ Amendment

Contract Term Start Date* (?)

9/1/2025

Contract Term End Date* (?)

9/30/2025

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

Fiscal Year* (?)

2026

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

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

Providing a one-time service at 9401SW and Dacoma location. There will be no cost to the Agency for MD Anderson to provide the mobile unit services on Agency premises. MD Anderson will bill participating employees' health insurance directly for services rendered.

Contract Owner*

Kip Baughman

Previous History of Contracting with Vendor/Contractor*

☐ Yes ☒ No ☐ Unknown

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

☐ Yes ☐ No ☒ Unknown

Community Partnership* (?)

☐ Yes ☐ No ☒ Unknown

Supporting Documentation Upload (?)

MDACC_Harris Center - License Agrmt. for Use of Project Facility - Mobile
Mammography.docx

2.18MB

Vendor/Contractor Contact Person**Name***

Jacqueline M. Speier

Address*

Street Address

7007 Bertner Avenue

Address Line 2

Ste 203

City

Houston

Postal / Zip Code

77030

State / Province / Region

TX

Country

US

Phone Number*

713-792-5092

Email*

jmspeier@mdanderson.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1111	\$ 0.00	549009
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

Requester Name

Abraham, Suja

Submission Date

8/22/2025

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

8/22/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kip BAUGHMAN

Approval Date

8/25/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/25/2025



Executive Contract Summary

Contract Section

Contractor*

YES Prep Public Schools

Contract ID #*

NA

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

9/16/2025

Parties* (?)

YES Prep Public Schools and The Harris Center for Mental Health and IDD.

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)?

*

- ☐ Yes ☒ No

Funding Information*

- ☒ New Contract ☐ Amendment

Contract Term Start Date* (?)

8/13/2025

Contract Term End Date* (?)

8/31/2026

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

To perform screening and clinical assessments, psychosocial services as needed, and follow-up services to students at YES Prep Public Schools.

Contract Owner*

Tiffanie Williams-Brooks

Previous History of Contracting with Vendor/Contractor*

☐ Yes ☐ No ☒ Unknown

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

☐ Yes ☐ No ☒ Unknown

Community Partnership* (?)

☐ Yes ☐ No ☒ Unknown

Supporting Documentation Upload (?)**Vendor/Contractor Contact Person****Name***

Kawana Coulon

Address*

Street Address

5455 South Loop East

Address Line 2

Ste 203

City

Houston

Postal / Zip Code

77033

State / Province / Region

TX

Country

US

Phone Number*

713-967-9155

Email*

Kawana.Coulon@yesprep.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

Budget Manager

Smith, Janai

Secondary Budget Manager

Shelby, Debbie

Provide Rate and Rate Descriptions if applicable* (?)

0.00

Project WBS (Work Breakdown Structure)* (?)

0.00

Requester Name

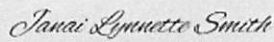
Bowser, Mohagony

Submission Date

8/14/2025

Budget Manager Approval(s)

Approved by



Approval Date

8/14/2025

Procurement Approval

File Upload (?)

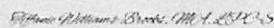
Approved by

Sign

Approval Date

Contract Owner Approval

Approved by



Approval Date

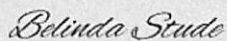
8/14/2025

Contracts Approval

Approve*

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

Approved by*



Approval Date*

8/15/2025

EXHIBIT R-5

SEPTEMBER 2025
NEW CONTRACTS
100k – 250k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
NEW CONTRACTS
\$100,000 to \$250,000

SEPTEMBER 2025
FISCAL YEAR 2026

[illegible]



Executive Contract Summary

Contract Section

Contractor*

Empower Parent, Inc. d/b/a MST Services, LLC

Contract ID #*

NA

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

9/16/2025

Parties* (?)

MST Services, LLC and The Harris Center for Mental Health and IDD.

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)? *

☐ Yes ☒ No

Funding Information*

☒ New Contract ☐ Amendment

Contract Term Start Date* (?)

9/1/2025

Contract Term End Date* (?)

8/31/2026

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

Fiscal Year* (?)

2026

Amount* (?)

\$ 100,000.00

Funding Source*

State

Contract Description / Type* (?)

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

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

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

Increase continuity of services for juveniles leaving the Juvenile Detention Center and MST services in the community.

Contract Owner*

Tiffanie Williams-Brooks

Previous History of Contracting with Vendor/Contractor*

☒ Yes
 ☐ No
 ☐ Unknown

Please add previous contract dates and what services were provided*

2023-2025

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

☐ Yes
 ☐ No
 ☒ Unknown

Community Partnership* (?)

☐ Yes
 ☐ No
 ☒ Unknown

Supporting Documentation Upload (?)**Vendor/Contractor Contact Person****Name***

Brenda Szumski

Address*

Street Address

3490 Piedmont Road Northeast

Address Line 2

Ste 203

City

Atlanta

Postal / Zip Code

30305-1743

State / Province / Region

GA

Country

US

Phone Number*

8438568226

Email*

Brenda.Szumski@mstservices.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4160	\$ 100,000.00	542000
Budget Manager	Secondary Budget Manager	
Smith, Janai	Shelby, Debbie	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Bowser, Mohagony

Submission Date

8/19/2025

Budget Manager Approval(s)

Approved by

Debbie Chambers & Shelby

Approval Date

8/26/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

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

Approval Date

8/28/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/29/2025



EXHIBIT R-6

SEPTEMBER 2025

AMENDMENTS 100k - 250k

SEPTEMBER 2025
FISCAL YEAR 2026

[illegible]



Executive Contract Summary

Contract Section


Contractor*

Cardinal Health Pharmacy Services, LLC

Contract ID #*

7828

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

9/16/2025

Parties* (?)

Cardinal Health Pharmacy Services, LLC and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)?

*

- ☐ Yes ☒ No

Funding Information*

- ☐ New Contract ☒ Amendment

Contract Term Start Date* (?)

9/1/2025

Contract Term End Date* (?)

10/31/2025

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

Current Contract Amount*

\$ 120,000.00

Increase Not to Exceed*

\$ 20,000.00

Revised Total Not to Exceed (NTE)*

\$ 140,000.00

Fiscal Year* (?)

2025

Amount* (?)

\$ 140,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)☐ Personal/Professional Services☐ Consumer Driven Contract☐ Memorandum of Understanding☐ Affiliation or Preceptor☐ BAA/DUA☐ Pooled Contract☐ Renewal of Existing Contract☐ Consultant☐ New Contract/Agreement☒ Amendment to Existing Contract☐ Service/Maintenance☐ IT/Software License Agreement☐ Lease☐ Other**Justification/Purpose of Contract/Description of Services Being Provided* (?)**

Remote Order Pharmacy Support Services

LOA is attached to extend to 10.31.2025, to ensure services are not interrupted since the final RFP award will not be finalized until nearly the end of the term.

Contract Owner*

Holly Cumbie

Previous History of Contracting with Vendor/Contractor*☒ Yes ☐ No ☐ Unknown**Please add previous contract dates and what services were provided***

09/01/2024-08/31/2025

Vendor/Contractor a Historically Underutilized Business (HUB)* (?)☐ Yes ☐ No ☒ Unknown**Community Partnership* (?)**☐ Yes ☐ No ☒ Unknown**Supporting Documentation Upload (?)**

The Harris Center for Mental Health and IDD - RPS - 20210401 A3

20250901_Clean V2.pdf

96.27KB

Vendor/Contractor Contact Person**Name***

Rachana Patel

Address*

Street Address

13651 Dublin Court

Address Line 2

City

Stafford

Postal / Zip Code

77477-4317

State / Province / Region

TX

Country

U

Phone Number*

9192109925

Email*

rachana.patel01@cardinalhealth.com

Budget Section**Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No. *
1135	\$ 20,000.00	553002
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

Requester Name

Garland, Teri

Submission Date

8/12/2025

Budget Manager Approval(s)**Approved by***Ricardo Campbell***Approval Date**

8/12/2025

Procurement Approval**File Upload (?)****Approved by**

Sign

Approval Date**Contract Owner Approval**

Approved by

Holly Cambie

Approval Date

8/12/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/13/2025



Executive Contract Summary

Contract Section


Contractor*

Everbridge

Contract ID #*

7807

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

9/16/2025

Parties* (?)

Everbridge and The Harris Center

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)? *

- ☒ Yes ☐ No

Funding Information*

- ☐ New Contract ☒ Amendment

Contract Term Start Date* (?)

8/31/2025

Contract Term End Date* (?)

8/30/2028

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

Current Contract Amount*

\$ 50,000.00

Increase Not to Exceed*

\$ 102,862.35

Revised Total Not to Exceed (NTE)*

\$ 152,862.35

Fiscal Year* (?)	Amount* (?)
2026	\$ 48,969.23
Fiscal Year* (?)	Amount* (?)
2027	\$ 50,928.00
Fiscal Year* (?)	Amount* (?)
2028	\$ 52,965.12

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Safety Notifications via text, email, or voice. Allows the Harris Center to quickly send updates in real time to all or a subset of employees depending on circumstances.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*
☒ Yes ☐ No ☐ Unknown
Please add previous contract dates and what services were provided*

FY 2021 - FY2025

Vendor/Contractor a Historically Underutilized Business (HUB)* (?)
☐ Yes ☐ No ☒ Unknown
Community Partnership* (?)
☐ Yes ☒ No ☐ Unknown
Supporting Documentation Upload (?)

The Harris Center & Everbridge 3 Year Renewal Quote.pdf	389.58KB
Everbridge - Harris County Master Services Agreement - Fully Executed (New Tag-on).pdf	1.34MB
Everbridge - Harris County MSA Renewal Letter.pdf	335.98KB

Vendor/Contractor Contact Person

Name*

Alyssa Johnson

Address*

Street Address

8300 Boone Blvd

Address Line 2

Suite 800

City

Vienna

Postal / Zip Code

22182

State / Province / Region

VA

Country

USA

Phone Number*

925-302-6991

Email*

alyssa.johnson@everbridge.com

Budget Section**Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 152,862.35	553002
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

YR1 - \$48,969.23

YR2 - \$50,928.00

YR3 - 52,965.12

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hurst, Richard

Submission Date

8/6/2025

Budget Manager Approval(s)**Approved by***Ricardo Campbell***Approval Date**

8/6/2025

IT Director Approval**Approved by***Anthony Jones***Approval Date**

8/6/2025

IT Approval Comments

Approved

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cechinnala

Approval Date

8/11/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/13/2025

EXHIBIT R-7

SEPTEMBER 2025
NEW CONTRACTS
UNDER 100k

Executive Contract Summary

Contract Section



Contractor*

Sugar Land Astros, LLC d/b/a SL Baseball, LLC

Contract ID #*

NA

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

9/16/2025

Parties* (?)

SL Baseball LLC and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)? *

- ☐ Yes ☒ No

Funding Information*

- ☒ New Contract ☐ Amendment

Contract Term Start Date* (?)

10/1/2025

Contract Term End Date* (?)

10/31/2025

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

Fiscal Year* (?)

2026

Amount* (?)

\$ 51,405.00

Funding Source*

Private Pay Source

Contract Description / Type* (?)

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

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

We are using this venue to host our annual employee picnic (to include our annual benefits fair).

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

☒ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided*

We contracted with them, last year.

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

☐ Yes ☐ No ☒ Unknown

Community Partnership* (?)

☐ Yes ☐ No ☒ Unknown

Supporting Documentation Upload (?)

The Harris Center 2025 - SL Baseball-FY25 Event License Agreement Sugar Land.docx 199.53KB

Vendor/Contractor Contact Person**Name***

Eduardo Juarez

Address*

Street Address

1 Stadium Drive

Address Line 2

Ste 203

City

Sugar Land

Postal / Zip Code

77498-1852

State / Province / Region

TX

Country

US

Phone Number*

281-207-9116

Email*

ejuarez@astros.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1111	\$ 51,405.00	549009
Budget Manager		Secondary Budget Manager
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

see attached proposal

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Escobar, Ninfa

Submission Date

8/12/2025

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

8/12/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Escobar, Ninfa

Approval Date

8/13/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/14/2025





Executive Contract Summary

Contract Section

Contractor*

Houston Recovery Center (HRC) LGC - Sobering Center

Contract ID #*

2025-1115

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

9/16/2025

Parties* (?)

Houston Recovery Center (HRC) LGC - Sobering Center and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)? *

- ☐ Yes ☒ No

Funding Information*

- ☒ New Contract ☐ Amendment

Contract Term Start Date* (?)

9/1/2025

Contract Term End Date* (?)

8/31/2026

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

Fiscal Year* (?)

2026

Amount* (?)

\$ 2,000.00

Funding Source *

State Grant

Contract Description / Type * (?)

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

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

This contract will allow the Houston Recovery Center to provide training to Harris Center staff on how to administer Narcan.

Contract Owner *

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor *

☒ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided *

Currently under contract

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

☐ Yes ☐ No ☒ Unknown

Community Partnership * (?)

☐ Yes ☐ No ☒ Unknown

Supporting Documentation Upload (?)**Vendor/Contractor Contact Person****Name ***

Leonard Kincaid

Address *

Street Address

150 North Chenevert Street

Address Line 2

Ste 203

City

Houston

Postal / Zip Code

77002-2219

State / Province / Region

TX

Country

US

Phone Number *

713-236-7802

Email *

lkincaid@houstonrecoverycenter.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9263	\$ 2,000.00	549005
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Singh, Patricia

Submission Date

8/27/2025

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

8/27/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kim Kopnmayer

Approval Date

8/27/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/27/2025

EXHIBIT R-8

SEPTEMBER 2025 RENEWALS UNDER 100k

[illegible]



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2025

Contract ID# *

2022-0520

Contractor Name *

Annie Vu

Service Provided* (?)

Respite & Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAB)

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

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

Contract Description / Type

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

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

- ☐ Yes
- ☐ No
- ☒ Unknown

Contract NTE* (?)

\$ 22,580.00

Rate(s)/Rate(s) Description

543005 \$7,500.00; 543009 \$15,080.00

Unit(s) Served*

3585

G/L Code(s)*

543005; 543009

Current Fiscal Year Purchase Order Number*

CT144164

Contract Requestor*

Rosa Wells

Contract Owner*

Dr. Evanthe Collins

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

☐ Yes ☒ No

Were Services delivered as specified in the contract?*

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

Renewal Determination

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

☒ Yes ☐ No

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

the contract will provide Respite and Community First Choice Service (CFC)-pAS/HAB to a TxHmL Waiver Individual.

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. *
3585	\$ 15,080.00	543009

Budget Manager *	Secondary Budget Manager *
Degracia, Ericka	Collins, Evanthe

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 7,500.00	54305

Budget Manager *	Secondary Budget Manager *
Degracia, Ericka	Collins, Evanthe

Provide Rate and Rate Descriptions if applicable * (?)

Rate \$11.50 per hour. Community First Choice (CFC) is personalized support or training provided to the Individual serviced,

Project WBS (Work Breakdown Structure) * (?)

\$11.50 Per hour. Respite service offers temporary relief to the main caregiver

Fiscal Year * (?)	Amount * (?)
2026	\$ 22,580.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

N/A

Contract Funding Source *

Federal

Contract Content Changes

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

☐ Yes ☒ No

Will the scope of the Services change? *

☐ Yes ☒ No

Is the payment deadline different than net (45)? *

☐ Yes ☒ No

Are there any changes in the Performance Targets? *

☐ Yes ☒ No

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

☐ Yes ☒ No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

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 *

8/29/2025



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2025

Contract ID# *

2022-0530

Contractor Name *

Armando Cabral

Service Provided* (?)

Respite and/or Community First Choice Personal Assistance / Habilitation Services (CFC PAS/HAB)

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

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

Contract Description / Type

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

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

- ☐ Yes
- ☐ No
- ☒ Unknown

Contract NTE* (?)

\$ 24,500.00

Rate(s)/Rate(s) Description

543005 \$ 15,000.00; 543009\$ 9,500.00

Unit(s) Served*

3585

G/L Code(s)*

543005; 543009

Current Fiscal Year Purchase Order Number*

CT144170

Contract Requestor*

Rosa Wells

Contract Owner*

Dr. Evanthe Collins

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

☐ Yes ☒ No

Were Services delivered as specified in the contract? *

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

Renewal Determination

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

☒ Yes ☐ No

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

The contract provides Community First Services (CFC) and Respite Services to an Individual enrolled in the TxHmL program.

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. *
3585	\$ 15,000.00	543009

Budget Manager *	Secondary Budget Manager *
Degracia, Ericka	Collins, Evanthe

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 9,500.00	54305

Budget Manager *	Secondary Budget Manager *
Degracia, Ericka	Collins, Evanthe

Provide Rate and Rate Descriptions if applicable * (?)

\$11.50 each. CFC provides support or training services to the Individual served, Respite offers temporary relief allowing to the main caregiver to take a break.

Project WBS (Work Breakdown Structure) * (?)

N/A

Fiscal Year * (?)	Amount * (?)
2026	\$ 24,500.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

N/A

Contract Funding Source *

Federal

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

☐ Yes ☒ No

Will the scope of the Services change? *

☐ Yes ☒ No

Is the payment deadline different than net (45)? *

☐ Yes ☒ No

Are there any changes in the Performance Targets? *

☐ Yes ☒ No

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

☐ Yes ☒ No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Erica 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*

8/21/2025



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2025

Contract ID#*

7871

Contractor Name*

CC Assessment Services, Inc.

Service Provided* (?)

Psychological testing/evaluation for eligible consumers

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

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

Contract Description / Type

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

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

- ☐ Yes
- ☐ No
- ☒ Unknown

Contract NTE* (?)

\$ 49,000.00

Rate(s)/Rate(s) Description

\$400.00 per evaluation to assist with psychological evaluation/assessments.

Unit(s) Served*

3355

G/L Code(s)*

540503

Current Fiscal Year Purchase Order Number*

CT144412

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 ☐ 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 Next Fiscal Year**Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3355	\$ 1,000.00	540503
Budget Manager *	Secondary Budget Manager *	
Degracia, Ericka	Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable * (?)

See attachment for rate and rate description.

Project WBS (Work Breakdown Structure) * (?)

NA

Fiscal Year * (?)	Amount * (?)
2026	\$ 49,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

NA

Contract Funding Source *

State

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

☒ Yes ☐ No

Please Explain *

1. The ARPA funding will not be extended for FY26.

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 (?)

FY 26.pdf

62.43KB

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*

8/22/2025

EXHIBIT R-9

SEPTEMBER 2025 AMENDMENTS UNDER 100k



Executive Contract Summary

Contract Section

Contractor*

Carco Group, Inc. DBA PreCheck

Contract ID #*

2023-0742

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

9/16/2025

Parties* (?)

Carco Group, Inc. DBA PreCheck and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)? *

- ☐ Yes ☒ No

Funding Information*

- ☐ New Contract ☒ Amendment

Contract Term Start Date* (?)

9/1/2024

Contract Term End Date* (?)

8/31/2025

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

Current Contract Amount*

\$ 75,000.00

Increase Not to Exceed*

\$ 18,000.00

Revised Total Not to Exceed (NTE)*

\$ 93,000.00

Fiscal Year* (?)

2025

Amount* (?)

\$ 93,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

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

We require the completion of Personnel Background Investigation Services.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*
☒ Yes ☐ No ☐ Unknown
Please add previous contract dates and what services were provided*

2023- present

Vendor/Contractor a Historically Underutilized Business (HUB)* (?)
☐ Yes ☐ No ☒ Unknown
Community Partnership* (?)
☐ Yes ☐ No ☒ Unknown
Supporting Documentation Upload (?)**Vendor/Contractor Contact Person****Name***

Lisa Roman

Address*

Street Address

5000 Corporate Centre Drive

Address Line 2

Ste 203

City

Holtsville

Postal / Zip Code

11742

State / Province / Region

NY

Country

US

Phone Number*

631-862-9300

Email*

lroman@cisive.com

Budget Section**Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 93,000.00	543025
Budget Manager	Secondary Budget Manager	
Moynihan, Kelly	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Escobar, Ninfa

Submission Date

8/5/2025

Budget Manager Approval(s)**Approved by***Ricardo Campbell***Approval Date**

8/5/2025

Procurement Approval**File Upload (?)****Approved by**

Sign

Approval Date**Contract Owner Approval**

Approved by

Escobar, Nina

Approval Date

8/7/2025

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

8/11/2025



Executive Contract Summary

Contract Section

Contractor*

CuraLinc, LLC

Contract ID #*

NA

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

8/22/2025

Parties* (?)

The Harris Center for Mental Health and IDD and CuraLinc, LLC

Agenda Item Submitted For: * (?)

- ☒ Information Only (Total NTE Amount is Less than \$250,000.00)
☐ Board Approval (Total NTE Amount is \$250,000.00 or more)
☐ Grant Proposal
☐ Revenue
☐ SOW-Change Order-Amendment#
☒ Other This is a contract amendment with new NTE

Procurement Method(s) *

Check all that Apply

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

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)? *

- ☐ Yes ☒ No

Funding Information*

- ☐ New Contract ☒ Amendment

Contract Term Start Date* (?)

8/11/2025

Contract Term End Date* (?)

12/31/2029

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

Current Contract Amount*

\$ 65,000.00

Increase Not to Exceed*

\$ 25,000.00

Revised Total Not to Exceed (NTE)*

\$ 90,000.00

Fiscal Year* (?)

2026

Amount* (?)

\$ 90,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)☐ Personal/Professional Services☐ Consumer Driven Contract☐ Memorandum of Understanding☐ Affiliation or Preceptor☐ BAA/DUA☐ Pooled Contract☐ Renewal of Existing Contract☐ Consultant☐ New Contract/Agreement☒ Amendment to Existing Contract☐ Service/Maintenance☐ IT/Software License Agreement☐ Lease☐ Other**Justification/Purpose of Contract/Description of Services Being Provided* (?)**

The addition of Fitness for Duty evaluation services through Support Linc will provide the agency with an objective and professional means to assess an employee's ability to perform essential job functions safely. This service supports compliance, reduces organizational risk, and promotes a safe and healthy workplace.

The agency will be billed at a rate of \$5,000 per Fitness for Duty evaluation.

Contract Owner*

Kip Baughman

Previous History of Contracting with Vendor/Contractor*☐ Yes ☐ No ☒ Unknown**Vendor/Contractor a Historically Underutilized Business (HUB)* (?)**☐ Yes ☐ No ☒ Unknown**Community Partnership* (?)**☐ Yes ☐ No ☒ Unknown**Supporting Documentation Upload (?)**

CuraLinc Healthcare - First EAP Amendment for The Harris Center for Mental Health and IDD.pdf 253.59KB

Vendor/Contractor Contact Person**Name***

Alex Seawall

Address*

Street Address

314 W Superior

Address Line 2

Ste 601

City

Chicago

Postal / Zip Code

60654

State / Province / Region

IL

Country

US

Phone Number*

312.300.3251

Email*

asewall@curalinc.com

Budget Section**Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 25,000.00	217049
Budget Manager	Secondary Budget Manager	
Moynihan, Kelly	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

(\$1.85) per Covered Employee per month

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Abraham, Suja

Submission Date

8/22/2025

Budget Manager Approval(s)**Approved by***Kelly E. Moynihan***Approval Date**

8/22/2025

Contract Owner Approval**Approved by***Kip BAUGHMAN***Approval Date**

8/25/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/25/2025



Executive Contract Summary

Contract Section

Contractor*

Data Shredding of Texas, Inc.

Contract ID #*

2025-1083

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

9/16/2025

Parties* (?)

Data Shredding of Texas, Inc. and The Harris center for Mental Health and IDD (The Harris Center)

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)? *

- ☐ Yes ☒ No

Funding Information*

- ☐ New Contract ☒ Amendment

Contract Term Start Date* (?)

9/1/2025

Contract Term End Date* (?)

8/31/2026

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

Current Contract Amount*

\$ 24,441.00

Increase Not to Exceed*

\$ 495.00

Revised Total Not to Exceed (NTE)*

\$ 24,936.00

Fiscal Year* (?)

2026

Amount* (?)

\$ 24,936.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

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

Contractor will pick up documents weekly/bimonthly/monthly (once every 4 weeks) as specified by program/site and destroy them as required by destruction certificate. Adding new unit 9208; increasing funds on purchase order for 4 units (2180, 2213, 3365 and 6801).

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

☒ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided*

FY2015-FY2019 Document Destruction
 FY2020-FY2024 Document Destruction
 FY2025 Document Destruction

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

☐ Yes ☐ No ☒ Unknown

Community Partnership* (?)

☐ Yes ☒ No ☐ Unknown

Supporting Documentation Upload (?)**Vendor/Contractor Contact Person****Name***

Annell Marie Burnett Gipson

Address*

Street Address

618 West 38th Street

Address Line 2

City

Houston

Postal / Zip Code

77018

State / Province / Region

TX

Country

United States

Phone Number*

7134639300

Email*

sales1@datashredservice.com

Budget Section**Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 225.00	543034

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9211	\$ 2,275.00	543034

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2180	\$ 65.00	543034

Budget Manager	Secondary Budget Manager
Smith, Janai	Shelby, Debbie

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2213	\$ 1,040.00	543034

Budget Manager	Secondary Budget Manager
Smith, Janai	Shelby, Debbie

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3365	\$ 1,040.00	543034

Budget Manager	Secondary Budget Manager
Degracia, Ericka	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6801	\$ 195.00	543034

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

Provide Rate and Rate Descriptions if applicable* (?)

\$15 for the 1st container and \$5 for each additional container per location (64G, 95G or Console). \$5 per box \$0.35 per media (VHS, CD, etc.)

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Burnett-Gipson, Annell

Submission Date

8/8/2025

Budget Manager Approval(s)

Approved by

Jodel Oshtman

Approval Date

8/11/2025

Approved by

Janae Lynette Smith

Approval Date

8/11/2025

Approved by

Ericka Degracia

Approval Date

8/11/2025

Approved by

Shernia Williams-Wesley

Approval Date

8/12/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cushmanala

Approval Date

8/14/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/14/2025

EXHIBIT R-10

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

[illegible]



Executive Contract Summary

Contract Section

Contractor*

Houston Recovery Center LGC - Sobering Center

Contract ID #*

na

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

9/16/2025

Parties* (?)

Houston Recovery Center LGC - Sobering Center and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- ☒ New Contract ☐ Amendment

Contract Term Start Date* (?)

9/1/2025

Contract Term End Date* (?)

8/31/2028

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

Fiscal Year* (?)

2026

Amount* (?)

\$ 0.00

Fiscal Year* (?)

2027

Amount* (?)

\$ 0.00

Fiscal Year* (?)

2028

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

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

Collaboration for the provision of substance abuse services--Harris County

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

☒ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided*

Currently have an MOU in place

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

☐ Yes ☐ No ☒ Unknown

Community Partnership* (?)

☒ Yes ☐ No ☐ Unknown

Specify Name*

Houston Recovery Center LGC

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Leonard Kincaid

Address*

Street Address

150 North Chenevert Street

Address Line 2

City

Houston

Postal / Zip Code

77002-2219

State / Province / Region

TX

Country

US

Phone Number*

713-236-7802

Email *

lkincaid@houstonrecoverycenter.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9263	\$ 0.00	0
Budget Manager		Secondary Budget Manager
Oshman, Jodel		Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Singh, Patricia

Submission Date

5/29/2025

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

5/29/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kim Kornmayer

Approval Date

5/29/2025

Contracts Approval

Approve*

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

Approved by *

Belinda Stude

Approval Date *

5/29/2025