

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

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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 (EXHBIT 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

Board of Trustees Resource Committee Meeting (08/19/2025) MINUTES Page 1 of 3 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 August2025 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

Γ		F	or the Month E	nde	d		1 [Fiscal Year to	Date	<u> </u>		1
	Original				Variance			Original			Variance		1
	Budget		Actual		\$	%		Budget	Actual		\$	%	
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%	Α
State Contract and Grants	1,886,853		1,255,985		(630,868)	-33%		22,242,236	19,253,867		(2,988,369)	-13%	В
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%	Ε
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

		F	or the Month	End	ed			Fiscal Year to Date						
	Original				Variance		Original				Variance			
	Budget		Actual		\$	%		Budget		Actual		\$	%	
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		July 25		August 25		change
Current Assets						
Cash and Cash Equivalents						
Cash and Petty Cash	\$	11,624,856	\$	18,462,361	\$	6,837,505
Cash Equivalents	Ą	64,277,767	Ų	51,980,410	Ą	(12,297,357)
Cash and Cash Equivalents, total	\$	75,902,623	\$	70,442,771	\$	(5,459,852) AA
•	*		*		*	
Inventories, Deposits & Prepaids Accounts Receivable:		7,894,912		4,365,530		(3,529,382)
		1 715 040		1 742 000		27.017
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	Ψ	27,257,491	Ψ.	9,678,920	Ψ	(17,578,571) CC
Noncurrent liabilities:		27,237,131		3,070,320		(17,370,371)
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)
	T	- //	7	22,237,20	r	(-// /- /
Fund Balance/Net Position		42 020 77 5		A1 0C0 700		(061 007)
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.

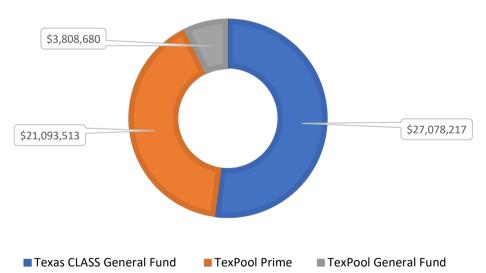
CC Unearned Revenues

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)	Beg	inning Balance	Transfer In		Tr	ansfer Out	Interest In	come	End	ding Balance	Portfolio %	Monthly Yield
Texas CLASS Texas CLASS General Fund		26,977,450.80					10	00,766		27,078,217	52.09%	4.39%
TexPool												
TexPool Prime		33,505,512				(12,500,000)	8	88,001		21,093,513	40.58%	4.42%
TexPool General Fund		3,794,804					:	13,876		3,808,680	7.33%	4.31%
TexPool Sub-Total		37,300,316		-		(12,500,000)	10	01,877		24,902,193	47.91%	4.40%
Total Investments	\$	64,277,767	\$	-	\$	(12,500,000)	20	02,643	\$	51,980,410	100.00%	4.40%
	Addi	tional Interest on	Checking Aco	counts	5	_	3	33,051				
	Tota	l Interest Earned	during the cu	ırrent	mor	nth	23	35,694				





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 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 2	2024	1	FY	202	5		Total	
Operating Revenues City of Houston - TIRZ (Local) City of Houston - ARPA (Federal) Tenant Rent (Local) Total Operating Revenues	\$ 100,528 387,181 -	\$	487,709	\$ 149,472 112,819 85,768	\$	348,059	\$ 250,000 500,000 85,768	· \$	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 08/31/20	25:		
	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)
	-	-	-

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

SNAPSHOT SUMMARY CONTRACT AMENDMENTS MORE THAN \$250,000

SEPTEMBER 2025 FISCAL YEAR 2026

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS								
	ADMINISTRATION					6 6			
1	Facility Interiors, Inc	Furniture for the 6168 South Loop East Apartments	\$360,957.96	\$18,538.00	\$379,495.96	1/15/2025 - 10/31/2025	General Revenue (GR)	Request for Proposal	Amendment to increase the NTE and extend the term through October to cover the cost of storage fees from May 2025 to October 2025 for furniture that cannot be delivered until the building's fire sprinkler system is operable.
	CPEP/CRISIS SERVICES							//	
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	MENTAL HEALTH								
	MENTAL HEALTH SERVICES-ECI								
	LEASES								
			Name of the last						
-									
			301		Declaration of		176		
	Comment of the commen								
			TO THE OWNER						
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								Mark The said	

HARRIS 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 th	nan \$250 000 00)
Board Approval (Total NTE Amount is \$250,00	
Grant Proposal	3.00 0.1.1111,
Revenue	
SOW-Change Order-Amendment#	
Other Other	
Procurement Method(s)*	
Check all that Apply	
	Competitive Proposal
Competitive Bid Request for Proposal	☐ Competitive Proposal ☐ Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
☐ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Does this contract contain an element of Infor	rmation Technology (Hardware, Software, or Professional Services)?
○ Yes ® No	
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)

10/31/2025

Current Contract Amount*

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

\$ 360,957.96

1/15/2025

Increase Not to Exceed* \$ 18,538.00			
Revised Total Not to Exceed (NTE)			
* \$ 379,495.96			
Fiscal Year* (?)	Amount* (?)		
2025	\$ 379,495.96		
Funding Source*			
General Revenue (GR)			
Contract Description / Type * (?)			
Personal/Professional Services	Consultant		
Consumer Driven Contract	New Contract/Agreement		
Memorandum of Understanding	Amendment to Existing Contract		
Affiliation or Preceptor	Service/Maintenance		
□ BAA/DUA	☐ IT/Software License Agreement		
Pooled Contract	Lease		
Renewal of Existing Contract	Other		
Justification/Purpose of Contract/Description	on of Services Being Provided* (?)		
storage fees for furniture from May 2025 to Aug building fire sprinkler is operable. Currently sch contract NTE to cover cost, and extending cont happens and we have to store the furniture long	gust 2025. Furniture cannot be delivered until neduled for delivery 08/27/2025. Increasing tract to end of October in case something		
Contract Owner*			
Karen Hurst			
Previous History of Contracting with Vendo	r/Contractor*		
Yes No Unknown			
Please add previous contract dates and what	at services were provided*		
2025 - furniture			
Vendor/Contractor a Historically Underutiliz	zed 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	on (
Name*			
Facility Interiors, Inc / Alan Thompson			

Address* Street Address 1433 W Frankford Road, Ste. 130 Address Line 2 Ste 203 State / Province / Region City Carrollton TX Postal / Zip Code Country 77265 US Phone Number* 8329544869 Email* alan@fmgi.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* Budget Unit Number* Expense/GL Code No. * 900040 1126 \$ 10,888.00 Secondary Budget Manager **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 **Submission Date** Requester Name Harper, Sarah 8/13/2025 Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 8/13/2025 Procurement Approval File Upload (?) Approved by Approval Date Sign 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 *		
Approved by *	Approval Date*	

EXHIBIT R-4

SEPTEMBER 2025 INTERLOCAL AGREEMENTS

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY INTERLOCALS

SEPTEMBER 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].

11	The University of Texas M. D. Anderson Cancer Center	Health Care Services via Mobile Unit at the 9401 Southwest location and at the Northwest Clinic location.	New Contract	9/1/2025 - 9/30/2025	General Revenue (GR)	New Agreement to provide mobile unit mammogram services one-time mobile unit service at the 9401 Southwest location and the Northwest Clinic location at 3737 Dacoma. MD Anderson will bill participating employees' health insurance directly for
12	YES Prep Public Schools, Inc.	Screening and Clinical Assessments including Psychosocial Services to Students at the YES Prep Public Schools	New Contract	8/13/2025 - 8/31/2026	General Revenue (GR)	services rendered. New MOU to allow the Harris Center to perform screening and clinical assessments, psychosocial services as needed, and follow-up services to students at YES Prep Public Schools.
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Executive Contract Summary

Mental Health and IDD				
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 Cen	ter for Mental Health and IDD			
	ter for welltar realth and 155			
Agenda Item Submitted For: * (?)				
Information Only (Total NTE Amount is Less than \$2				
Board Approval (Total NTE Amount is \$250,000.00 c	or more)			
Grant Proposal Revenue				
SOW-Change Order-Amendment#				
Other				
_				
Procurement Method(s)*				
Check all that Apply				
Competitive Bid	Competitive Proposal			
Request for Proposal Request for Application	Sole Source			
Request for Quote	Request for Qualification Tag-On			
Interlocal	Consumer Driven			
Not Applicable (If there are no funds required)	Other			
Does this contract contain an element of Information*	on Technology (Hardware, Software, or Professional Services)?			
○ Yes ● No				
Funding Information*				
New Contract Amendment				
Contract Term Start Date* (?)	Contract Term End Date* (?)			
8/20/2025	8/31/2026			
If contract is off-cycle, specify the contract term (?)				
Fiscal Year* (?)	Amount* (?)			
2026	\$ 0.00			

Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	☐ Other
Justification/Purpose of Contract/Description of Serv	vices Being Provided* (?)
To perform screenings and clinical assessments, psychological process to students within the Aldine Independent	
Contract Owner*	
Tiffanie Williams-Brooks	
Previous History of Contracting with Vendor/Contrac	tor*
Yes O No Unknown	
Please add previous contract dates and what service 2022-2025	es were provided*
Vendor/Contractor a Historically Underutilized Busin	ess (HUB)* (?)
○ Yes ○ No ● Unknown	
Community Partnership * (?)	
Yes O No O Unknown	
Specify Name*	
Aldine Independent School District	
Supporting Documentation Upload (?)	
Vandar/Contractor Contact Dayson	
Vendor/Contractor Contact Person	
Name*	
Abel Garza	
Address*	
Street Address	
2520 West West Thorne Boulevard	
Address Line 2	
Ste 203	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77073-3406	United States
Phone Number*	
2819856203	
2010000200	

Email* agarza2@aldineisd.org		
Budget Section		0
REFERENCE CONTRACTOR C	tanda aparata and an in a state of the sale of	
Budget Units and Amou	ints Charged to	each Budget Unit
Budget Unit Number* 4323	Amount Charg \$ 0.00	ged to Unit* Expense/GL Code No.*
Budget Manager Smith, Janai		Secondary Budget Manager Shelby, Debbie
Provide Rate and Rate Descript N/A	ions if applicable* (?)
Project WBS (Work Breakdown N/A	Structure)* (?)	
Requester Name		Submission Date
Bowser, Mohagony		8/21/2025
Budget Manager Appro	val(s)	<u>^</u>
Approved by		
Debbie Chambers Shelby		Approval Date 8/26/2025
Procurement Approval		6
File Upload (?)		
Approved by		Approval Date
Contract Owner Approv	ral	<u> </u>
Approved by		
Giffman Abetinums Brooks, OMA LBPS vS		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

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Mental H	LARRIS LENTER ealth and I	

Executive Contract Summary

Mental Health and IDD	
Contract Section	<u>^</u>
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	r Mental Health and IDD
Agenda Item Submitted For: * (?)	
Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00	or more)
Grant Proposal Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application Request for Quote	Request for Qualification Tag-On
☑ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
	on Technology (Hardware, Software, or Professional Services)?
*	
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2025	8/31/2026
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	
2026	

Funding Source*				
County				
Contract Description / Type * (?)				
Personal/Professional Services	Consultant			
Consumer Driven Contract	New Contract/Agreement			
Memorandum of Understanding	Amendment to Existing Contract			
Affiliation or Preceptor	Service/Maintenance			
BAA/DUA	☐ IT/Software License Agreement			
Pooled Contract	Lease			
Renewal of Existing Contract	Other			
Justification/Purpose of Contract/Description of Serv	vices Being Provided* (?)			
The clinician officer remote evaluation program services				
licensed clinicians to complete mental health assessmer 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 als	to be a danger to self or others and			
deterioration and link to these individuals to mental healt	h treatment.			
Director: Kisha Lorio				
Contract Owner*				
Kim Kornmayer				
Previous History of Contracting with Vendor/Contracting	ctor*			
Yes No Unknown				
Please add previous contract dates and what services were provided*				
Currently under contract.				
Vendor/Contractor a Historically Underutilized Busin	ess (HUB)* (?)			
Yes No Unknown				
Community Partnership * (?)				
Yes No Unknown				
Specify Name*				
Harris County Sheriff's Office				
Supporting Documentation Upload (?)				
Vendor/Contractor Contact Person	<u> </u>			
*				
Name*				
Sgt. Courtnay White				
Address*				
Street Address				
400 Fannin Street				
Address Line 2				
City	State / Province / Region			
Tomball	TX			
Postal / Zip Code	Country			
77375-4618	US			

Phone Number*			
281-351-5451			
Email*			
cwhite@tomballtx.gov			
Budget Section			O
Budget Units and Amou	ınts Charged to each Bu	udget Unit	annon no care con consentan consentan and an Assachan As
Budget Unit Number*	Amount Charged to Unit	* Expense/GL Code	No.*
9259	\$ 0.00	0	
Budget Manager		dary Budget Manager	
Oshman, Jodel	Ramirez	z, Priscilla	
Provide Rate and Rate Descript	tions if applicable * (?)		
Prusuant to the ILA the Agency w and invoice to the county for revie monthly basis.			
Project WBS (Work Breakdown	Structure)* (?)		
Requester Name	Submis	ssion Date	
Singh, Patricia	8/8/2025	5	
Budget Manager Appro	val(s)		ô
Approved by			
Todel Oshman	Approv: 8/8/2025		
Oraci Oshman	6/6/2025	5	
IT Director Approval			•
Approved by			
letter been	Approv		
Anthony Jones	8/12/202	25	
IT Approval Comments			
Approved - AJones			
Contract Owner Approv	al		0
Approved by			
Kin Kah Ju Aveh	Approva 8/12/202		
Kin Kopnmayer	6/12/202	23	
Contracts Approval			

Approve*

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

Approved by*

Belinda Stude

Approval Date*
8/12/2025

HARRIS CENTER for Mental Health and IDD	Executive Contract Summary	一日 一
Contract Se	ection	
Contractor*		
Harris County Ju	venile Probation Department	
Contract ID #*		
2025-1064		
Presented To*		

Contract Section	0
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 \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	☐ Other
Does this contract contain an element of Information*	on Technology (Hardware, Software, or Professional Services)?
Yes No	
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2025	8/31/2026
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2026	\$ 616,250.00

Funding Source*		
County		
Contract December 17 * (2)		
Contract Description / Type * (?)		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA	☐ IT/Software License Agreement	
Pooled Contract	Lease	
Renewal of Existing Contract	Other	
Justification/Purpose of Contract/Descriptio	n of Services Being Provided* (?)	
To provide comprehensive psychiatric services adjudication facilities. Psychiatric and Medication	to youth assigned to HCJPD pre and post	
Contract Owner*		
Sean McElroy		
	*	
Previous History of Contracting with Vendor	Contractor	
Yes No Unknown		
Please add previous contract dates and wha	t services were provided*	
9/1/24-8/31/25 psychiatric services to at-risk you	uth	
Vendor/Contractor a Historically Underutilize	ad Business (HUR)* (?)	
Yes No Unknown	au Business (110B)	
Community Partnership * (?)		
Specify Name*		
Harris County		
Supporting Documentation Upload (?)		
Vendor/Contractor Contact Perso		
vendon contractor contact r erso		
Name*		
Scott Elliott		
Address*		
Street Address		
1001 Preston St		
Address Line 2		
Suite 670	0.4.40	
City	State / Province / Region	
Houston	TX	
Postal / Zip Code	Country	
77002-1839	United States	
Phone Number*		
7132744898		

Email* scott.elliott@pur.hctx.net				
Budget Section) policina de la companya de la comp		5
Budget Units and Amour	nts Charged to	each Budget	t Unit	
Budget Unit Number*	Amount Charge \$ 616,250.00	ed to Unit*	Expense/GL Code No.* 540000	
Budget Manager Williams-Wesley, Sheenia		Secondary Bur Reyes, Elizabet		
Provide Rate and Rate Description	ons if applicable * (?)			
Project WBS (Work Breakdown S	Structure)* (?)			
Requester Name		Submission Da	Pate	
Williams-Wesley, Sheenia	ral/a)	8/5/2025		5
Budget Manager Approv	ai(s)			
Approved by		Approval Date		
Sheenia Williams-Westey		8/5/2025		
Procurement Approval				9
File Upload (?)				
Approved by		Approval Date		
Contract Owner Approva	al			0
Approved by				TOTAL CONTRACT
Sean McEtroy		Approval Date 8/6/2025		
Contracts Approval				
Approve* Yes No, reject entire submission Return for correction				

Belinda Studo

Approval Date*
8/6/2025

Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	on
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 C	County Juvenile Probation
Department Department	out of the control of
Renewal Term Start Date*	Renewal Term End Date *
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00 o	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal Not Applicable (If there are no funds required)	☐ Consumer Driven☐ Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding Affiliation or Preceptor	 Amendment to Existing Contract Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busi	iness (HUB) (?)
Yes	WITTEN
No No	
Unknown	

Contract NTE* (?) \$ 367,000.00 Rate(s)/Rate(s) Description Unit(s) Served* N/A G/L Code(s)* N/A Current Fiscal Year Purchase Order Number* N/A Contract Requestor* 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 Expense/GL Code No.* Budget Unit Number* Amount Charged to Unit* 403010 6622 \$ 367,000.00 Budget Manager* Secondary Budget Manager* Smith, Janai Shelby, Debbie Provide Rate and Rate Descriptions if applicable * (?) Project WBS (Work Breakdown Structure)* (?) N/A Fiscal Year* (?) Amount* (?) 2026 \$ 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?* Services change?*
Is the payment deadline different than net (45)?* Yes No
Are there any changes in the Performance Targets?* Yes No
Are there any changes to the Submission deadlines for notes or supporting documentation?* Yes No
File Upload (?)
Contract Owner
Contract Owner* (?) Please Select Contract Owner Tiffanie Williams-Brooks
Budget Manager Approval(s)
Approved by
Debbie Chambers Shelby
Contract Owner Approval
Approved by
Elitanis Whitemas Brooks, MC4, LEIC 15
Contracts Approval
Approve*
 Yes No, reject entire submission Return for correction

Belinda Stude

Approval Date* 8/29/2025

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 Co	ounty Juvenile Probation Department
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$250) Board Approval (Total NTE Amount is \$250,000.00 or reconstruction of the second o	
Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other

Does this contract contain an element of Info	ormation Technology (Hardware, Software, or Professional
○ Yes ② No	
Funding Information *	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
10/1/2025	9/30/2026
If contract is off-cycle, specify the contract to County fiscal year	erm (?)
Fiscal Year* (?)	Amount* (?)
2026	\$ 392,692.85
Fiscal Year* (?)	Amount*(?)
2027	\$ 35,699.35
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 Justification/Purpose of Contract/Description To provide continuity of care to youth under the Probation Department. Contract Owner* Sean McElroy	
Previous History of Contracting with Vendo	r/Contractor*
© Yes ○ No ○ Unknown	

Please add previous contract dates and what service 10/1/24 - 09/30/25 COC for Youth with JPD	es were provided*
Vendor/Contractor a Historically Underutilized Busi	ness (HUB)* ^(?)
○ Yes ○ No ② Unknown	
Community Partnership * (?)	
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	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77002-1839	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

Williams-Wesley, Sheenia

Submission Date

8/27/2025

Budget Manager Approval(s)

Approved by

Approval Date

Sheenia Williams-Wostey

8/27/2025

Procurement Approval

File Upload (?)

Approved by

Approval Date

Sign

Contract Owner Approval

Approved by

Approval Date

Sean McElroy

8/28/2025

Contracts Approval		······································
Approve*		
(i) Yes		
○ No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date *	
Belinda Stude	9/2/2025	

Current Fiscal Year Contract Inform	ation
Current Fiscal Year	
025	
ontract ID#*	
024-0973	
ontractor Name*	
larris County Resources for Children and Adults	
ervice Provided* (?)	
WARE Harris Projective Narrative via SAMSHA P	rogram for Agency's Clinicians to provide
nerapy, crisis intervention, substance abuse couns hildren and adolescents.	
Renewal Term Start Date*	Renewal Term End Date*
/30/2025	10/1/2026
erm for Off-Cycle Only (For Reference Only)	
genda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less tha	
Board Approval (Total NTE Amount is \$250,000.	.uu or more)
Grant Proposal	
Revenue	
Revenue SOW-Change Order-Amendment#	
Revenue	
Revenue SOW-Change Order-Amendment#	
Revenue SOW-Change Order-Amendment# Other	
Revenue SOW-Change Order-Amendment# Other Procurement Method(s)*	Competitive Proposal
Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply	Competitive Proposal Sole Source
Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid	Sole Source
Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal	The second secon
Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application	Sole Source Request for Qualification
Revenue SOW-Change Order-Amendment# Other Crocurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote	Sole SourceRequest for QualificationTag-On
Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal	Sole SourceRequest for QualificationTag-OnConsumer Driven
Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	Sole SourceRequest for QualificationTag-OnConsumer Driven
Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type	Sole Source Request for Qualification Tag-On Consumer Driven Other
Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services	Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant
Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract	Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement
Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding	Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract
Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor	Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance

No Outract NTE**(?) \$ 721,180.00 Rate(s)/Rate(s) Description N/A Unit(s) Served* N/A G/IL 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 S 830,650.00 Provide Rate and Rate Descriptions if applicable* (?) N/A Project WBS (Work Breakdown Structure)* (?) N/A	Vendor/Contractor a Historically	Underutilized Business (HUB) (?)	
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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)* (?)	File Upload (?)		
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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)* (?)	Yes No		
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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)* (?)	Renewal information for	inext riscal real	
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Budget Manager* Smith, Janai Shelby, Debbie Provide Rate and Rate Descriptions if applicable* (?) N/A Project WBS (Work Breakdown Structure)* (?)			
Smith, Janai Shelby, Debbie Provide Rate and Rate Descriptions if applicable* (?) N/A Project WBS (Work Breakdown Structure)* (?)			
Provide Rate and Rate Descriptions if applicable* (?) N/A Project WBS (Work Breakdown Structure)* (?)			
N/A Project WBS (Work Breakdown Structure)* (?)	Smith, Janai	Shelby, De	bbie
		ons if applicable* (?)	
	Project WRS (Work Broakdown 9	Structure*(?)	
		Structure) (1)	
	N/A		

Fiscal Year* (?)	Amount* (?)
2026	\$ 830,650.00
Next Fiscal Year Not to Exceed Amount f	or Master Pooled Contracts
Contract Funding Source* Federal Grant	
Contract Content Changes	
Are there any required changes to the co	ntract language?* (?)
Will the scope of the Services change?*	
Yes No	
Is the payment deadline different than no	t (45)?*
Yes No	
Are there any changes in the Performance Yes No	e Targets?*
	*
Yes No	n deadlines for notes or supporting documentation?*
File Upload (?)	
Contract Owner	
Contract Owner* (?)	
Please Select Contract Owner Tiffanie Williams-Brooks	
Budget Manager Approval(s)	
Approved by	
Janai Lynnette Smith	
Contract Owner Approval	•
Approved by	
Geffrans (Lettinaus Brooks, VIICA, LET C. 5	
Contracts Approval	

Α	n	n	rn	.,	_	*
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- Yes
- O No, reject entire submission
- O Return for correction

Belinda Stude

Approval Date* 8/26/2025

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Executive	Contract	Summary
	Executive	Executive Contract

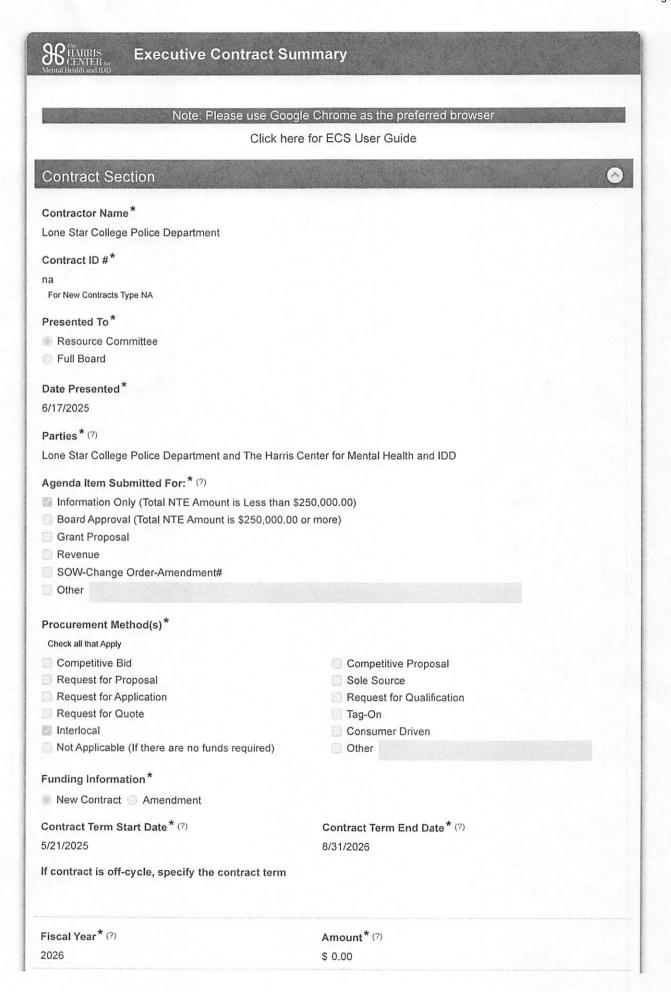
Mental Health and IDD					
Contract Section					
Contractor*					
La Porte Independent School District Contract ID #* N/A					
				Presented To*	
				Resource Committee	
Full Board					
Date Presented*					
9/16/2025					
Parties* (?)					
La Porte Independent School District and The Harris C	Center for Mental Health and IDD				
Agenda Item Submitted For:* (?)					
Information Only (Total NTE Amount is Less than \$	250,000.00)				
Board Approval (Total NTE Amount is \$250,000.00	or more)				
Grant Proposal					
Revenue					
SOW-Change Order-Amendment#					
☐ Other					
Procurement Method(s)*					
Check all that Apply					
Competitive Bid	Competitive Proposal				
Request for Proposal	Sole Source				
Request for Application	Request for Qualification				
Request for Quote	Tag-On				
Interlocal	Consumer Driven				
Not Applicable (If there are no funds required)	Other				
	on Technology (Hardware, Software, or Professional Services)?				
*					
Yes No					
Funding Information*					
New Contract Amendment					
Contract Term Start Date * (?)	Contract Term End Date * (?)				
8/22/2025	8/31/2026				
If contract is off-cycle, specify the contract term (?)					
Fiscal Year* (?)	Amount* (?)				
2026	\$ 0.00				

Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
	Consultant
Personal/Professional Services Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Se	rvices Being Provided* (?)
To perform screenings and clinical assessments, psych	
follow-up services to students at La Porte Independent	School district.
Contract Owner*	
Tiffanie Williams-Brooks	
Previous History of Contracting with Vendor/Contra	ctor*
Yes No Unknown	
Please add previous contract dates and what service	es were provided*
2017-present	
Vendor/Contractor a Historically Underutilized Busi	ness (HIIR)* (?)
	11000 (1100)
Yes No Unknown	
Community Partnership* (?)	
Yes O No O Unknown	
Specify Name*	
La Porte Independent School District	
Supporting Documentation Upload (?)	
capporting Decamonication opious (v)	
V 1 /0 / 1 1 0 1 1 1	
Vendor/Contractor Contact Person	Ô
Name*	
Nancy Orellana	
Address*	
Street Address	
1002 San Jacinto Street	
Address Line 2	
Ste 203	
	Chate / Description / Description
City La Porte	State / Province / Region
	TX
Postal / Zip Code	Country
77571-5461	US
Phone Number*	
2816047000	

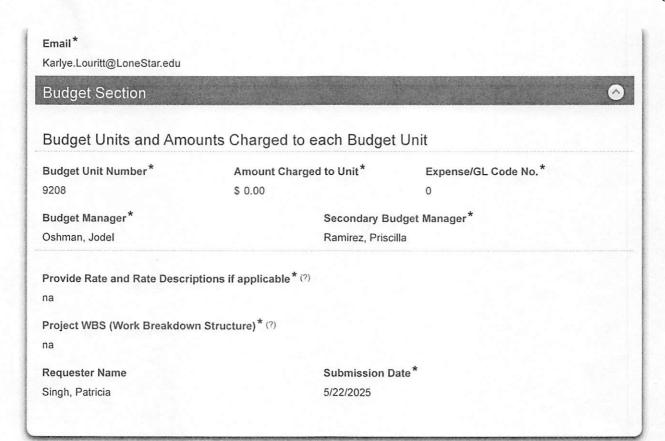
Email* orellanabarban@lpisd.org			
Budget Section			<u> </u>
Budget Units and Amou	nts Charged to	each Budget U	nit
Budget Unit Number* 4323	Amount Charge	ed to Unit*	Expense/GL Code No.*
Budget Manager Smith, Janai		Secondary Budg Shelby, Debbie	et Manager
Provide Rate and Rate Descripti N/A	ons if applicable* (?)		
Project WBS (Work Breakdown N/A	Structure)* (?)		
Requester Name		Submission Date	
Bowser, Mohagony		8/22/2025	
Budget Manager Approv	/al(s)	and the second second	<u> </u>
Approved by			
Debbie Chambers Shelby		Approval Date 8/25/2025	
Procurement Approval			
File Upload (?)			
Approved by		Approval Date	
Contract Owner Approve	al		Ó
Approved by			
Ellana Williams Brecht, MC1,LS/C+S		Approval Date 8/26/2025	
Contracts Approval			
Approve*			
YesNo, reject entire submission			
Return for correction			

Belinda Stude

Approval Date* 8/29/2025



Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Se	prvices Being Provided* (?)
The care coordination agreement serves to confirm a r	
Center and Lone Star College Police Department as a	
Contract Owner*	
Kim Kornmayer	
Previous History of Contracting with Vendor/Contra	actor*
Please add previous contract dates and what servi	ces were provided*
current contract with CIRT	ood word provided
current contract with one	
Vendor/Contractor a Historically Underutilized Bus	iness (HUB)* (?)
Yes No Unknown	
Community Partnership* (?)	
○ Yes ○ No ◎ Unknown	
How does this contract support Agency/Unit Strate	egic priorities?*
This contract allows the agency to provide services in	
community engagement.	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	<u> </u>
Vendon Contractor Contact Ferson	
Name*	
Karlye Louritt	
Address*	
Street Address	
20515 Texas 249	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77070-2764	US
Dhana Nimbar*	
Phone Number*	
346-325-9531	



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

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 De	epartment of Criminal Justice	
Agenda Item Submitted For: * (?)		
☐ Information Only (Total NTE Amount is Less than \$250	0,000,000	
Board Approval (Total NTE Amount is \$250,000.00 or		
Grant Proposal	··-·- ·	
Revenue		
SOW-Change Order-Amendment#		
Other		
Procurement Method(s) *		
Check all that Apply		
Competitive Bid	Competitive Proposal	
Request for Proposal	[] Sole Source	
Request for Application	Request for Qualification	
Request for Quote	☐ Tag-On	
Interlocal	Consumer Driven	
Not Applicable (If there are no funds required)	Other	

Does this contract contain an element of Information Services)?*	n Technology (Hardware, Software, or Professional
○ Yes ⊚ No	
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2025	8/31/2027
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2026	\$ 3,992,000.00
Fiscal Year* (?)	Amount*(?)
2027	\$ 3,992,000.00
Funding Source*	
State	
Contract Description / Type * (?)	
Personal/Professional Services	☐ Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	 Amendment to Existing Contract
Affiliation or Preceptor	○ Service/Maintenance
[] BAA/DUA	IT/Software License Agreement
Pooled Contract	() Lease
Renewal of Existing Contract	() Other
Justification/Purpose of Contract/Description of Se	rvices Being Provided * (?)
To provide services for Adult and Juvenile Offenders dia impairment identified as needing COC services or long-	-
Contract Owner*	
Monalisa Jiles	
Previous History of Contracting with Vendor/Contra	ctor*

Please add previous contract dates and what service	es were provided *	
9/1/23 - 8/31/25 COC and support services for Adults and Juvenile		
Vendor/Contractor a Historically Underutilized Busin	ness (HUB) * (?)	
○ Yes ○ No ⊚ Unknown		
Community Partnership * (?)		
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	State / Province / Region	
Austin	TX	
Postal / Zip Code	Country	
78728	US	
Phone Number*		
5126712134		
Email*		
fiscaltcoommi@tdcj.texas.gov		
Budget Section		

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-Westey

8/27/2025

Procurement Approval

File Upload (?)

Approved by

Approval Date

Sign

Contract Owner Approval		
Approved by		
	Approval Date	
Monatisa Wittiams Tites	8/27/2025	
Contracts Approval		
Approve*		
③ Yes		
○ No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date *	
Belinda Stude	8/29/2025	
Deunau Duae	0/29/2023	

HARRIS Executive Contract Sur	mmary
Contract Section	
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	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Does this contract contain an element of Informati	ion Technology (Hardware, Software, or Professional Service
○ Yes ⑥ No	
Funding Information*	
New Contract	

Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2025	8/31/2026
If contract is off-cycle, specify the contract term (?)	

Fiscal Year* (?)

2026

Funding Source* State Grant				
Contract Description / Type* (?)				
Personal/Professional Services	Consultant			
Consumer Driven Contract	New Contract/Agreement			
Memorandum of Understanding	Amendment to Existing Contract			
Affiliation or Preceptor	Service/Maintenance			
BAA/DUA	☐ IT/Software License Agreement			
Pooled Contract	Lease			
Renewal of Existing Contract	Other			
Justification/Purpose of Contract/Description 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*				
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 ⑤ 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	State / Province / Region			
Austin Page 1/7 in Code	TX			
Postal / Zip Code	Country			
78751-2312	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 * (?) Project WBS (Work Breakdown Structure)* (?) Requester Name **Submission Date** 8/5/2025 Bowser, Mohagony Budget Manager Approval(s) Approved by Approval Date Janai Lynnette Smith 8/5/2025 Procurement Approval File Upload (?) Approved by **Approval Date** Sign Contract Owner Approval Approved by Approval Date Ellowa Philliams Broks, M. H. LSK. S 8/8/2025 **Contracts Approval** Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 8/11/2025

HARRIS CENTER OF

Executive Contract Summary

Mental Health and IDD		
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 \$2	50,000.00)	
Board Approval (Total NTE Amount is \$250,000.00 c	or more)	
Grant Proposal		
Revenue		
SOW-Change Order-Amendment# Other		
Procurement Method(s)*		
Check all that Apply		
Competitive Bid	Competitive Proposal	
Request for Proposal	Sole Source	
Request for Application	Request for Qualification	
Request for Quote	Tag-On	
Not Applicable (If there are no funds required)	Consumer DrivenOther	
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 * (?)	Contract Term End Date * (?)	
9/1/2025	9/30/2025	
If contract is off-cycle, specify the contract term (?)		
, , , ,		

Fiscal Year* (?)	Amount* (?)
2026	\$ 0.00
Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description	on of Services Being Provided* (?)
Providing a one-time service at 9401SW and D	
Agency for MD Anderson to provide the mobile	
Anderson will bill participating employees' heal	
Contract Owner*	
Kip Baughman	
Previous History of Contracting with Vendo	r/Contractor *
Yes No Unknown	
Vendor/Contractor a Historically Underutiliz	red Business (HUB)* (?)
Yes No Unknown	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
MDACC_Harris Center - License Agrmt. for Us	e of Project Facility - Mobile 2.18MB
Mammography.docx	
Vendor/Contractor Contact Person	on 💍
Name*	
Jacqueline M. Speier	
Address*	
Street Address	
7007 Bertner Avenue	
Address Line 2	
Ste 203	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77030	US
Phone Number*	
713-792-5092	

Email* jmspeier@mdanderson.org			
Budget Section		and the state of t	○
Budget Units and Amo	unts Charged to ea	ch Budget Un	it
Budget Unit Number*	Amount Charged \$ 0.00	to Unit*	Expense/GL Code No.* 549009
Budget Manager Campbell, Ricardo		Secondary Budget Campbell, Ricardo	Manager
Provide Rate and Rate Descrip	otions if applicable* (?)		
Project WBS (Work Breakdown/a	n Structure)* (?)		
Requester Name		Submission Date	
Abraham, Suja	VIOLOGICAL PROPERTY OF THE PARTY OF THE PART	3/22/2025	
Budget Manager Appro	oval(s)		٥
Approved by Ricardo Campbell		Approval Date 8/22/2025	
Procurement Approval			•
File Upload (?)			
Approved by		Approval Date	
Sign			
Contract Owner Appro	val		<u> </u>
Approved by		Approval Date 3/25/2025	
Contracts Approval		ne san an an ann an San San San San San San	
Approve* Yes No, reject entire submission Return for correction			

Approved by *

Belinda Stude

Approval Date* 8/25/2025 HARRIS CENTER jor

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* (?)	tental Hadib and IDD
YES Prep Public Schools and The Harris Center for M	iental nealth and IDD.
Agenda Item Submitted For: * (?)	
Information Only (Total NTE Amount is Less than \$	(250,000.00)
Board Approval (Total NTE Amount is \$250,000.00	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Does this contract contain an element of Informati	ion Technology (Hardware, Software, or Professional Services)?
*	
○ Yes ® No	
Funding Information *	
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
8/13/2025	8/31/2026
If contract is off-cycle, specify the contract term (?))
Fiscal Year* (?)	Amount* (?)
LICOUR LOUI V	Contours 177

Funding Source*	
General Revenue (GR)	
Contract Description / Type* (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of S	
To perform screening and clinical assessments, psych follow-up services to students at YES Prep Public Sch	
Contract Owner*	
Tiffanie Williams-Brooks	
Previous History of Contracting with Vendor/Contr	ractor*
Yes No Unknown	
Vendor/Contractor a Historically Underutilized Bus	siness (HUB)* (?)
Yes No Unknown	
Community Partnership * (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	<u> </u>
Name*	
Kawana Coulon	
Address*	
Street Address	
5455 South Loop East	
Address Line 2	
Ste 203	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77033	US
Phone Number*	
713-967-9155	
Email*	
Kawana.Coulon@yesprep.org	
Budget Section	

Budget Units and Amoun	its Charged to each B	3udget Unit
Budget Unit Number* 4323	Amount Charged to Unit	it* Expense/GL Code No.*
Budget Manager Smith, Janai		ndary Budget Manager y, Debbie
Provide Rate and Rate Description	ons if applicable * (?)	
Project WBS (Work Breakdown S 0.00	tructure)* (?)	
Requester Name Bowser, Mohagony	Submi 8/14/20	nission Date 2025
Budget Manager Approva	al(s)	○
Approved by Janai Lynnette Smith	Appro 8/14/20	oval Date 2025
Procurement Approval		
File Upload (?)		
Approved by	Appro	oval Date
Contract Owner Approva	l	
Approved by Refine Welliams Brooks, MCL LSUCS	Appro 8/14/20	oval Date 2025
Contracts Approval		
Approve* Yes No, reject entire submission Return for correction Approved by * Belinda Stude	Appro 8/15/20	oval Date* 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

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS						
	ADMINISTRATION						
	CPEP/CRISIS SERVICES						
	FORENSICS						
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES						
	MENTAL HEALTH						
1	Empower Parent, Inc. d/b/a MST Services, LLC	Multi-System Therapy (MST) Training Services	\$100,000.00	9/1/2025 - 8/31/2026	State	Interlocal	New Agreement (replacement) to provide MST training and services for juveniles leaving the Juvenile Detention Center.
	MENTAL HEALTH SERVICES-ECI						
	LEASES						

Executive Contract Summary

Mental Health and IDD						
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 He	path and IDD					
	ealth and IDD.					
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$25	50 000 00)					
Board Approval (Total NTE Amount is \$250,000.00 or						
Grant Proposal						
Revenue SOW-Change Order-Amendment#						
Other						
P**						
Procurement Method(s)* Check all that Apply						
Competitive Bid	Competitive Proposal					
Request for Proposal	Sole Source					
Request for Application Request for Quote	Request for Qualification Tag-On					
Interlocal	Consumer Driven					
Not Applicable (If there are no funds required)	Other					
Does this contract contain an element of Information	n Technology (Hardware, Software, or Professional Services)?					
*						
○ Yes ◎ No						
Funding Information *						
New Contract Amendment						
Contract Term Start Date * (?)	Contract Term End Date * (?)					
9/1/2025	8/31/2026					
If contract is off-cycle, specify the contract term (?)						
Fiscal Year* (?)	Amount* (?)					
2026	\$ 100,000.00					

Funding Source*	
State	
0	
Contract Description / Type* (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description	of Services Being Provided* (?)
Increase continuity of services for juveniles leav services in the community.	
Contract Owner*	
Tiffanie Williams-Brooks	
B	*
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 Underutilize	d Business (HUB)* (?)
○ Yes ○ No ⑩ Unknown	
Community Partnership* (?)	
○ Yes ○ No ⊚ Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Perso	n 🛆
75114517 55114 55114 55114 55114 55114 55114 55114 55114 55114 55114 55114 55114 55114 55114 55114 55114 55114	
Name*	
Brenda Szumski	
Address*	
Street Address	
3490 Piedmont Road Northeast	
Address Line 2	
Ste 203	
City	State / Province / Region
Atlanta	GA
Postal / Zip Code	Country
30305-1743	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 * (?) Project WBS (Work Breakdown Structure)* (?) Submission Date Requester Name Bowser, Mohagony 8/19/2025 Budget Manager Approval(s) Approved by Approval Date Debbie Chambers Shelby 8/26/2025 Procurement Approval File Upload (?) Approved by Approval Date Sign **Contract Owner Approval** Approved by Approval Date Ellow Philliams Brooks, Med. 1812.5 8/28/2025 Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 8/29/2025

EXHIBIT R-6

SEPTEMBER 2025 AMENDMENTS 100k - 250k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY CONTRACT AMENDMENTS BETWEEN \$100,000 AND \$250,000

SEPTEMBER 2025 FISCAL YEAR 2026

CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
ACCESS								
ADMINISTRATION								
Cardinal Health Pharmacy Services, LLC	Remote Order Pharmacy Support Services	\$120,000.00	\$20,000.00	\$140,000.00	9/1/2025 - 10/31/2025	General Revenue (GR)	Request for Quote	Amendment to increase the NTE and extend the term through October 31, 2025, to ensure services are not interrupted since the final RFP award will not be finalized until nearly the end of the term.
Everbridge, Inc.	Agency's Mass Notifications via text, email, or voice as well as Safety Connection Base Services which allows the Harris Center to quickly send updates in real time	\$50,000.00	\$102,862.35	\$152,862.35	8/31/2025 - 8/30/2028	General Revenue (GR)	Tag-On	Amendment to increase the NTE due to a new 36-month quote to be paid annually. FY26 NTE: \$48,969.23, FY27 NTE: \$50,928.00 and FY28 NTE: \$52,065.12.
CPEP/CRISIS SERVICES								
FORENSICS								
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
MENTAL HEALTH								
MENTAL HEALTH SERVICES-ECI								
LEASES		3555353						
	ACCESS ADMINISTRATION Cardinal Health Pharmacy Services, LLC Everbridge, Inc. CPEP/CRISIS SERVICES FORENSICS INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES MENTAL HEALTH MENTAL HEALTH	ADMINISTRATION Cardinal Health Pharmacy Services, LLC Everbridge, Inc. Agency's Mass Notifications via text, email, or voice as well as Safety Connection Base Services which allows the Harris Center to quickly send updates in real time CPEP/CRISIS SERVICES INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES MENTAL HEALTH MENTAL HEALTH	ACCESS ADMINISTRATION Cardinal Health Pharmacy Services, LLC Everbridge, Inc. Agency's Mass Notifications via text, email, or voice as well as Safety Connection Base Services which allows the Harris Center to quickly send updates in real time CPEP/CRISIS SERVICES INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES MENTAL HEALTH MENTAL HEALTH MENTAL HEALTH SERVICES-ECI	ACCESS ADMINISTRATION Cardinal Health Pharmacy Services, LLC Everbridge, Inc. Agency's Mass Notifications via text, email, or voice as well as Safety Connection Base Services which allows the Harris Center to quickly send updates in real time CPEP/CRISIS SERVICES INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES MENTAL HEALTH MENTAL HEALTH MENTAL HEALTH MENTAL HEALTH SERVICES-ECI	ACCESS ADMINISTRATION Cardinal Health Pharmacy Services, LLC Everbridge, Inc. Agency's Mass Notifications via text, email, or voice as well as Safety Connection Base Services which allows the Harris Center to quickly send updates in real time CPEP/CRISIS SERVICES INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES MENTAL HEALTH MENTAL HEALTH MENTAL HEALTH MENTAL HEALTH SERVICES-ECI	ACCESS ADMINISTRATION Cardinal Health Pharmacy Services, LLC Everbridge, Inc. Agency's Mass Notifications via text, email, or voice as well as Safety Connection Base Services which allows the Harris Center to quickly send updates in real time CPEP/CRISIS SERVICES INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES MENTAL HEALTH MENTAL HEALTH MENTAL HEALTH MENTAL HEALTH SERVICES-ECI MENTAL HEALTH SERVICES-ECI ADMINISTRATION S120,000.00 S120,000.00 S140,000.00 S140,0	ACCESS ADMINISTRATION Cardinal Health Pharmacy Services, LLC Everbridge, Inc. Agency's Mass Notifications via text, email, or voice as well as Safety Connection Base Services which allows the Harris Center to quickly send updates in real time CPEP/CRISIS SERVICES FORENSICS FORENSICS INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES MENTAL HEALTH MEN	ACCESS ACCESS ACCESS ACCESS ADMINISTRATION Cardinal Health Pharmacy Services, LLC ADMINISTRATION Cardinal Health Pharmacy Services, LLC ACCESS

Q HARRIS

Mental Health and IDD	illary
0-1-10-1	
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
	oonto isi mondi roodhi ana ibb
Agenda Item Submitted For:* (?)	
Information Only (Total NTE Amount is Less than \$250	
Board Approval (Total NTE Amount is \$250,000.00 or Grant Proposal	more)
Revenue	
SOW-Change Order-Amendment#	
Other	
<u>.</u>	
Procurement Method(s)*	
Check all that Apply	Commetitive Present
Competitive Bid Request for Proposal	Competitive Proposal Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
☐ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
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 * (?)	Contract Term End Date * (?)
9/1/2025	10/31/2025
If contract is off-cycle, specify the contract term (?)	
in contract is on-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* (?)	Amount* (?)
2025	\$ 140,000.00
Funding Source*	
General Revenue (GR)	
Contract Description / Type* (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Mendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	☐ Other
Justification/Purpose of Contract/Description of	Services Being Provided * (?)
Remote Order Pharmacy Support Services	convicted Borng Froviaca
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	
Contract Owner*	
Holly Cumbie	
	treator*
Previous History of Contracting with Vendor/Cor	itractor
Yes No Unknown	
Please add previous contract dates and what ser	rvices were provided*
09/01/2024-08/31/2025	
Vendor/Contractor a Historically Underutilized B	usiness (HUB)* (?)
○ Yes ○ No ⊚ Unknown	
Community Partnership* (?)	
Yes No Unknown	
Tes No Workingwii	
Supporting Documentation Upload (?)	
The Harris Center for Mental Health and IDD - RPS	- 20210401 A3
20250901_Clean V2.pdf	96.27KB
Vendor/Contractor Contact Person	<u> </u>
*	
Name*	
Rachana Patel	

Address* Street Address 13651 Dublin Court Address Line 2 City State / Province / Region Stafford TX Postal / Zip Code Country 77477-4317 Phone Number* 9192109925 Email* rachana.patel01@cardinalhealth.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* Budget Unit Number* 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)* (?) Requester Name Submission Date Garland, Teri 8/12/2025 Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 8/12/2025 Procurement Approval File Upload (?) Approved by Approval Date Sign **Contract Owner Approval**

Approved by		
Holly Cumbic	Approval Date 8/12/2025	
Contracts Approval		
Approve*		
Yes		
 No, reject entire submission 		
 Return for correction 		
Approved by*		
	Approval Date *	
Belinda Stude	8/13/2025	

HARRIS CENTER for Mental Health and IDD	Executive Contract Sur	nmary
Contract Se	ection	<u> </u>
Contractor* Everbridge		
Contract ID #* 7807		
Presented To* Resource Co	mmittee	
Date Presented 9/16/2025	*	
Parties* (?) Everbridge and T	The Harris Center	
Information O Board Approv Grant Propos Revenue	abmitted For: * (?) Inly (Total NTE Amount is Less than \$2 Inly (Total NTE Amount is \$250,000.00 or Inly (Total NTE Amount is Less than \$250,000.00 or Inly (Total NTE Amount is Less than \$250,000.00 or Inly (Total NTE Amount is Less than \$250,000.00 or Inly (Total NTE Amount is Less than \$250,000.00 or Inly (Total NTE Amount is \$250,000.00 or Inly (Total NTE Amou	
Procurement M		
Competitive E Request for A Request for A Interlocal	Bid Proposal Application	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
Does this contr	act contain an element of Informatio	n Technology (Hardware, Software, or Professional Services)?
Yes No		
Funding Inform New Contract	ation* t Amendment	
Contract Term 9	Start Data * (2)	Contract Term End Date * (?)

8/30/2028

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

Current Contract Amount*

\$ 50,000.00

8/31/2025

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	
F *		
Funding Source* General Revenue (GR)		
Contract Description / Type * (?)		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/	Agreement
Memorandum of Understanding	Amendment to	Existing Contract
Affiliation or Preceptor	Service/Mainte	enance
BAA/DUA	IT/Software Lic	cense Agreement
Pooled Contract	Lease	
Renewal of Existing Contract	Other	
Justification/Purpose of Contract/Description of S	Services Being Provided	* (?)
Safety Notifications via text, email, or voice. Allows the	e Harris Center to quickly	send
updates in real time to all or a subset of employees d	epending on circumstance	35.
Contract Owner*		
Mustafa Cochinwala		
Previous History of Contracting with Vendor/Cont	tractor*	
Yes \(\text{No} \) Unknown		
Please add previous contract dates and what ser	vices were provided*	
FY 2021 - FY2025		
Vendor/Contractor a Historically Underutilized Bu	siness (HUB)* (?)	
Yes No Unknown		
Community Partnership* (?)		
○ Yes No ○ Unknown		
Supporting Documentation Upload (?)		
The Harris Center & Everbridge 3 Year Renewal Quo	te.pdf	389.58KB
Everbridge - Harris County Master Services Agreeme		
Tag-on).pdf		1.34MB
Everbridge - Harris County MSA Renewal Letter.pdf		335.98KB
210.5114go Trainis Odunty Work Neriewai Letter.pur		355.30ND

Vendor/Contractor Contact Person

A

Name* Alyssa Johnson Address* Street Address 8300 Boone Blvd Address Line 2 Suite 800 City State / Province / Region Vienna VA Postal / Zip Code Country USA 22182 Phone Number* 925-302-6991 Email* alyssa.johnson@everbridge.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 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 Submission Date Hurst, Richard 8/6/2025 Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 8/6/2025 IT Director Approval Approved by Approval Date Anthony Jones 8/6/2025

IT Approval Comments Approved		
Procurement Approval		<u> </u>
File Upload (?)		
Approved by Sign	Approval Date	
Contract Owner Approval		<u> </u>
Approved by Mustafa Cochinwala	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

SNAPSHOT SUMMARY NEW CONTRACTS LESS THAN \$100,000

SEPTEMBER 2025 FISCAL YEAR 2026

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS			ALTERNATION AND ALTERNATION AN			
	ADMINISTRATION						
1	Sugar Land Astros, LLC d/b/a SL Baseball, LLC	Lease of Space for Employee Appreciation Picnic	\$51,405.00	10/1/2025 - 10/31/2025	Private Pay Source	•••	New Event Lease Agreement to host the annual Employee Appreciation Picnic which will also include the Agency's annual benefits fair.
	CPEP/CRISIS SERVICES						
2	Houston Recovery Center (HRC) LGC - Sobering Center	Training Services to the Harris Center Staff	\$2,000.00	9/1/2025 - 8/31/2026	State Grant	Consumer Driven	New contract replacement for the Houston Recovery Center to provide training to the Harris Center staff on how to administer Narcan.
	FORENSICS						
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES						
	MENTAL HEALTH						
	MENTAL HEALTH SERVICES-ECI						
	LEASES						
					74		

HARRIS E	Executive	Contract Summar	Y
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Contract Section	<u> </u>
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 Heal	Ith and IDD
Agenda Item Submitted For: * (?)	
☐ Information Only (Total NTE Amount is Less than \$2 ☐ Board Approval (Total NTE Amount is \$250,000.00 o	
Grant Proposal	in more)
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven Other .
Not Applicable (If there are no funds required)	Giller .
Does this contract contain an element of Informatio *	n Technology (Hardware, Software, or Professional Services)?
Yes No	
Funding Information*	
New Contract	
	2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
Contract Term Start Date * (?)	Contract Term End Date * (?)
10/1/2025	10/31/2025
If contract is off-cycle, specify the contract term (?)	
Fiscal Vear* (?)	Amount*(?)
Fiscal Year* (?) 2026	Amount* (?) \$ 51,405.00

Funding Source*	
Private Pay Source	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor BAA/DUA	Service/Maintenance
Pooled Contract	☐ IT/Software License Agreement
	Lease
Renewal of Existing Contract	Other Other
Justification/Purpose of Contract/Description of	Services Being Provided * (?)
We are using this venue to host our annual employed fair).	e picnic (to include our annual beneifts
Contract Owner*	
Ninfa Escobar	
Previous History of Contracting with Vendor/Con	tractor*
Yes No Unknown	
	*
Please add previous contract dates and what ser	vices were provided"
We contracted with them, last year.	
Vendor/Contractor a Historically Underutilized Bu	usiness (HUB)* (?)
O Yes O No Unknown	그 아무리 얼마를 다 가게 되었다.
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
The Harris Center 2025 - SL Baseball-FY25 Event Li	icense 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	State / Province / Region
Sugar Land	TX
Postal / Zip Code	Country
77498-1852	US
*	
Phone Number*	
281-207-9116	
Email*	
ejuarez@astros.com	

Budget Section			○
Budget Units and Amoun	ts Charged to e	ach Budget Ur	nit
Budget Unit Number* 1111	Amount Charged \$ 51,405.00	I to Unit*	Expense/GL Code No.* 549009
Budget Manager Campbell, Ricardo		Secondary Budge Campbell, Ricardo	t Manager
Provide Rate and Rate Descriptionsee attached proposal	ns if applicable * (?)		
Project WBS (Work Breakdown St	tructure)* (?)		
Requester Name		Submission Date	
Escobar, Ninfa		8/12/2025	
Budget Manager Approva	al(s)	an ekonomiet den ander bestelle de	⊘
Approved by			
Ricardo Campbell		Approval Date 8/12/2025	
Procurement Approval		se in a mainte artises super la seconda martini and a	O
File Upload (?)			
Approved by		Approval Date	
Sign			
Contract Owner Approval			•
Approved by		Approval Date	
Escobar, Ninfa		8/13/2025	
Contracts Approval			
Approve*			
YesNo, reject entire submissionReturn for correction			
Approved by *			
Belinda Stude		Approval Date * 8/14/2025	

HARRIS CENTER,

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 Competitive Bid Request for Proposal Request for Proposal Request for Application Request for Application	•
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 Competitive Bid Competitive Proposal Request for Proposal Sole Source	
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 Competitive Bid Request for Proposal Request for Proposal Sole Source	
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 Competitive Bid Request for Proposal Request for Proposal Sole Source	
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 Competitive Bid Request for Proposal Sole Source	
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 Competitive Bid Request for Proposal Sole Source	
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 Competitive Bid Request for Proposal Sole Source	
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 Competitive Bid Request for Proposal Sole Source	
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 Competitive Bid Request for Proposal Sole Source	
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 Competitive Bid Request for Proposal Sole Source	
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 Competitive Bid Request for Proposal Sole Source	
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s) * Check all that Apply Competitive Bid Request for Proposal Sole Source	
Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Sole Source	
Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Sole Source	
Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Sole Source	
Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Sole Source	
SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Competitive Bid Sole Source	
Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Sole Source	
Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Sole Source	
Check all that Apply Competitive Bid Request for Proposal Sole Source	
Competitive Bid Competitive Proposal Sole Source	
Request for Proposal Sole Source	
Request for Proposal Sole Source	
Treducer for Application	
Request for Quote Tag-On	
☐ Interlocal ☐ Consumer Driven	
Not Applicable (If there are no funds required)	
Does this contract contain an element of Information Technology (Hardware, Software, or Professional Ser	vices)?
*	
Yes No	
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?) Contract Term End Date * (?)	
9/1/2025 8/31/2026	
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?) Amount* (?)	
2026 \$ 2,000.00	

Funding Source*	
State Grant	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
 Renewal of Existing Contract 	Other
Justification/Purpose of Contract/Description	on of Services Being Provided* (?)
This contract will allow the Houston Recovery	
staff on how to administer Narcan.	
Contract Owner*	
Kim Kornmayer	
Previous History of Contracting with Vendo	r/Contractor*
Yes O No O Unknown	
Please add previous contract dates and wh	at services were provided*
Currently under contract	
Vendor/Contractor a Historically Underutiliz	zed Business (HUB)* (?)
Yes No Unknown	
Community Partnership * (?)	
○ Yes ○ No ⊚ Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	
Vendon Contractor Contact r erst	
Name*	
Leonard Kincaid	
Address*	
Street Address	
150 North Chenevert Street	
Address Line 2	
Ste 203	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77002-2219	US
Phone Number*	
713-236-7802	
Email*	
lkincaid@houstonrecoverycenter.org	

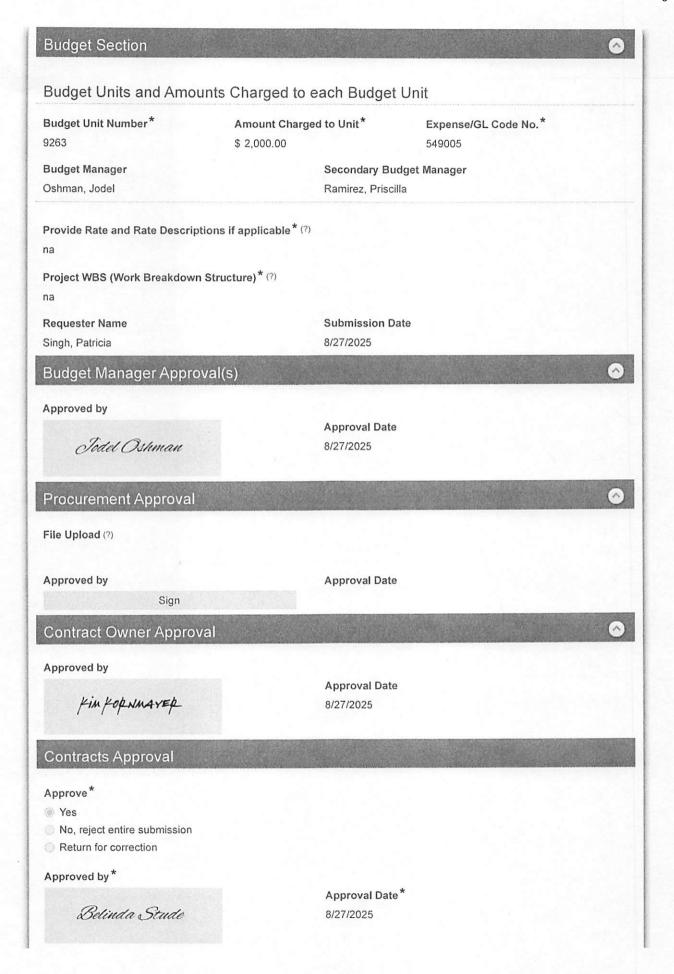


EXHIBIT R-8

SEPTEMBER 2025 RENEWALS UNDER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY CONTRACT RENEWALS LESS THAN \$100,000

SEPTEMBER 2025 FISCAL YEAR 2026

LESS THAN \$100,000								
	PRODUCT/SERVICE DESCRIPTION	FY 2025 NTE AMOUNT	FY 2026 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS	
ACCESS					222.000			
ADMINISTRATION								
CPEP/CRISIS SERVICES								
FORENSICS								
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
Annie Vu	Respite & Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAB)	\$22,580.00	\$22,580.00	9/1/2025 - 8/31/2026	Federal	Consumer Driven	Annual renewal of Agreement for Respite & Community First Choice (CFC) - Persona Assistance Services/Habilitation (PAS/HAB) to consumers.	
Armando Cabral	Respite and/or Community First Choice Personal Assistance / Habilitation Services (CFC	\$24,500.00	\$24,500.00	9/1/2025 - 8/31/2026	Federal	Consumer Driven	Annual renewal of Agreement for Community First Services (CFC) and Respite Services.	
CC Assessment Services, Inc.	Psychological Testing/Evaluation for Eligible Consumers	\$49,000.00	\$49,000.00	9/1/2025 - 8/31/2026	State	Consumer Driven	Annual renewal of Agreement for Psychological testing/evaluation for eligible consumers.	
MENTAL HEALTH								
MENTAL HEALTH SERVICES-ECI								
LEASES								
		3000						
	FORENSICS FORENSICS INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES Annie Vu Armando Cabral CC Assessment Services, Inc. MENTAL HEALTH MENTAL HEALTH	ACCESS ADMINISTRATION CPEP/CRISIS SERVICES FORENSICS INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES Annie Vu Respite & Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAB) Armando Cabral Respite and/or Community First Choice Personal Assistance / Habilitation Services (CFC PAS/HAB) CC Assessment Services, Inc. Psychological Testing/Evaluation for Eligible Consumers MENTAL HEALTH MENTAL HEALTH	ACCESS ADMINISTRATION CPEP/CRISIS SERVICES FORENSICS INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES Annie Vu Respite & Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAB) Armando Cabral Respite and/or Community First Choice Personal Assistance / Habilitation Services (CFC PAS/HAB) CC Assessment Services, Inc. Psychological Testing/Evaluation for Eligible Consumers MENTAL HEALTH MENTAL HEALTH MENTAL HEALTH MENTAL HEALTH SERVICES-ECI	ACCESS ADMINISTRATION CPEP/CRISIS SERVICES FORENSICS INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES Annie Vu Respite & Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAB) Armando Cabral Respite and/or Community First Choice \$22,580.00 \$22,580.00 CC Assessment Services, Inc. Psychological Testing/Evaluation for Eligible Consumers MENTAL HEALTH MENTAL H	ACCESS ADMINISTRATION CPEP/CRISIS SERVICES FORENSICS INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES Annie Vu Respite & Community First Choice (CFC) - Personal Assistance Services/ Habilitation (PAS/HAB) Armando Cabral Respite and/or Community First Choice (CFC) - Passonal Assistance / Habilitation Services (CFC PAS/HAB) CC Assessment Services, Inc. Psychological Testing/Evaluation for Eligible Consumers MENTAL HEALTH MENTAL HEALTH MENTAL HEALTH SERVICES-ECI	ACCESS ADMINISTRATION CPEP/CRISIS SERVICES FORENSICS INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES Annie Vu Respite & Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HaB) Armando Cabral Respite and/or Community First Choice (S22,580.00 9/1/2025 - 8/31/2026 Federal Choice Personal Assistance Services/Habilitation (PAS/HaB) Armando Cabral Respite and/or Community First Choice Personal Assistance Services/Habilitation (PAS/HaB) CC Assessment Services, Inc. Psychological Testing/Evaluation for Eligible Consumers MENTAL HEALTH MENTAL HEALTH MENTAL HEALTH MENTAL HEALTH SERVICES-ECI	ACCESS ADMINISTRATION CPEP/CRISIS SERVICES FORENSICS INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES Annie Vu Respite & Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAB) Armando Cabral Respite and/or Community First Choice (CFC - Personal Assistance / Habilitation Services (CFC - PAS/HAB) CC Assessment Services, Inc. Psychological Testing/Evaluation for Eligible Consumers MENTAL HEALTH MENTAL HEALTH MENTAL HEALTH SERVICES-ECI	

Minnes Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	on
Current Fiscal Year	
2025	
Contract ID#*	
2022-0520	
Contractor Name *	
Annie Vu	
Service Provided* (?)	
Respite & Community First Choice (CFC) - Personal A	ssistance Services/Habilitation
(PAS/HAB)	
Renewal Term Start Date*	Renewal Term End Date *
9/1/2025	8/31/2026
3/1/2023	0/3/1/2020
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal Request for Application	Sole Source
Request for Quote	Request for QualificationTag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA Pooled Contract	IT/Software License Agreement
Renewal of Existing Contract	☐ Lease ☐ Other
Vendor/Contractor a Historically Underutilized Busi	
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?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?) • Yes • No
Were reports, billing and/or invoices submitted in a timely manner?* (?) Yes No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
Did Contractor render services consistent with Agency policy and procedures?* (?) Yes No
Maintained legally required standards for certification, licensure, and/or training?* (?) 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.* \$ 15,080.00 543009 3585 Secondary Budget Manager* Budget Manager* Degracia, Ericka Collins, Evanthe Budget Unit Number* Amount Charged to Unit* Expense/GL Code No. * 3585 \$ 7,500.00 54305 Secondary Budget Manager* 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 Amount* (?) Fiscal Year* (?) 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

Contract Owner		
Contract Owner* (?)		
Please Select Contract Owner		
Dr. Evanthe Collins		
Budget Manager Approval(s)		C
Approved by		
E O		
Ericka Degracia		
Contract Owner Approval		
Approved by		
Evanthe Collins		
Evanine Cours		
Contracts Approval		
Approve*		
Yes		
 No, reject entire submission 		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	8/29/2025	

HARRIS CENTER

Annual Renewal Evaluation

Mental Health and IDO	
Current Fiscal Year Contract Information	on
Current Fiscal Year	
2025	
Contract ID#*	
2022-0530	
*	
Contractor Name* Armando Cabral	
Service Provided* (?)	
Respite and/or Community First Choice Personal Assis PAS/HAB)	stance / Habilitation Services (CFC
	*
Renewal Term Start Date*	Renewal Term End Date *
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	
Board Approval (Total NTE Amount is \$250,000.00	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Bus	iness (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?*
Did Contractor adhere to the contracted schedule?* (?)
Yes No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
Did Contractor render services consistent with Agency policy and procedures?* (?)
⊚ Yes ○ No
Maintained legally required standards for certification, licensure, and/or training?* (?)
No 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 Secondary Budget Manager* 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* (?) \$ 24,500.00 2026 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?* 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)		<u> </u>
Approved by		
Ericka Degracia		
Contract Owner Approval		Ĉ
Approved by		
Evanthe Collins		
Contracts Approval		
Approve*		
YesNo, reject entire submissionReturn for correction		
Approved by *		
Belinda Stude	Approval Date* 8/21/2025	

HARRIS CENTER for Mental Health and IDD	Annual Renewal Evaluation	
Current Fisc	cal Year Contract Information	
Current Fiscal Y	ear	
2025		
Contract ID#*		

Mental Health and IDD	
Current Fiscal Year Contract Information	on
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*	Renewal Term End Date *
9/1/2025	8/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
☐ Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
☐ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Bus	iness (HUB) (?)
○ Yes	
○ No	
@ Halmann	

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?* (?) See 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?* (?)

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* (?) \$ 49,000.00 2026 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		9
Contract Owner* (?)		
Please Select Contract Owner		
Dr. Evanthe Collins		
Budget Manager Approval(s)	e	9
Approved by		
Ericka Degracia		
Contract Owner Approval	•	5
Approved by		
Evanthe Collins		
Contracts Approval		
Approve*		
Yes		
No, reject entire submissionReturn for correction		
Approved by*		
Belinda Stude	Approval Date* 8/22/2025	

EXHIBIT R-9

SEPTEMBER 2025 AMENDMENTS UNDER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY CONTRACT AMENDMENTS LESS THAN \$100,000

SEPTEMBER 2025 FISCAL YEAR 2026

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS								1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	ADMINISTRATION								
1	Carco Group, Inc. DBA PreCheck	Agency Wide Personnel Background Investigation Services.	\$75,000.00	\$18,000.00	\$93,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Proposal	Amendment to increase the FY25 NTE to cover invoices through the current fiscal year.
2	Curalinc, LLC	Agency-Wide Employee Assistance Program (EAP) Services	\$65,000.00	\$25,000.00	\$90,000.00	8/11/2025 - 12/31/2029	General Revenue (GR)	Competitive Proposal	Amendment to increase the NTE for the addition of Fitness for Duty evaluation services through Support Linc for employees to assess an employee's ability to perform essential job functions safely as part of the EAP. The Agency will be billed at a rate of \$5,000 per Fitness for Duty evaluation.
3	Data Shredding of Texas, Inc.	Agency Wide Document Destruction Services	\$24,441.00	\$495.00	\$24,936.00	9/1/2025 - 8/31/2026	General Revenue (GR)	Request for Quote	Amendment to increase the NTE for adding another unit and additional funds for current units.
	CPEP/CRISIS SERVICES								
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	MENTAL HEALTH								
	MENTAL HEALTH SERVICES-ECI								
	LEASES								

	WELL STORY	
HOYA	144366	1
D-2:15	41211	RIS
roit	HAR CEN	TER
Derille	CANCELLAND	H SPI R SU(2)
- vens		1111161219

Executive Contract Summary

Mental Health and IDD	
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 Cente	r for Mental Health and IDD
Agenda Item Submitted For: * (?)	
Information Only (Total NTE Amount is Less than \$25	
Board Approval (Total NTE Amount is \$250,000.00 o Grant Proposal	r more)
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
InterlocalNot Applicable (If there are no funds required)	Consumer DrivenOther
Does this contract contain an element of Information *	n Technology (Hardware, Software, or Professional Services)?
○ Yes ◎ No	
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2024	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* (?)	Amount* (?)
2025	\$ 93,000.00
Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
☐ BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	☐ Other
Justification/Purpose of Contract/Description of	of Services Being Provided * (?)
We require the completion of Personnel Backgroun	
Contract Owner*	
Ninfa Escobar	
	*
Previous History of Contracting with Vendor/Co	ontractor
Yes No Unknown	
Please add previous contract dates and what s	ervices 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	
Vendon/Gontractor Contact r elson	
Name*	
Lisa Roman	

Address* Street Address 5000 Corporate Centre Drive Address Line 2 Ste 203 City State / Province / Region NY Holtsville Postal / Zip Code Country 11742 US Phone Number* 631-862-9300 Email* Iroman@cisive.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No. * \$ 93,000.00 543025 1108 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Moynihan, Kelly Provide Rate and Rate Descriptions if applicable * (?) Project WBS (Work Breakdown Structure)* (?) NA Requester Name Submission Date 8/5/2025 Escobar, Ninfa Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 8/5/2025 Procurement Approval File Upload (?) Approved by Approval Date Sign **Contract Owner Approval**

Approved by		
Escobar, Ninfa	Approval Date 8/7/2025	
Contracts Approval		
Approve*		
Yes		
 No, reject entire submission 		
Return for correction		
Approved by *		
,	Approval Date*	
Belinda Stude	8/11/2025	
Cumu Cum	or in motion	

HERRIS Executive Contract Sur	mmary
Contract Section	6
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 Cura	Linc, LLC
Agenda Item Submitted For: * (?)	
Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other This is a contract amendment with new NTE	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
☐ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other New NTE
Does this contract contain an element of Information*	on Technology (Hardware, Software, or Professional Services)?
⊚ Yes ⊚ No	
Funding Information*	,
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
8/11/2025	12/31/2029
If contract is off-cycle, specify the contract term (?)	
Current Contract Amount*	
\$ 65,000.00	

\$ 25,000.00	
Revised Total Not to Exceed (NTE)*	
\$ 90,000.00	
Fiscal Year* (?)	Amount* (?)
2026	\$ 90,000.00
2020	\$ 90,000.00
Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
☐ BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description	on of Services Being Provided* (?)
The addition of Fitness for Duty evaluation servagency with an objective and professional mea perform essential job functions safely. This servorganizational risk, and promotes a safe and he	ins to assess an employee's ability to vice supports compliance, reduces
The agency will be billed at a rate of \$5,000 pe	r Fitness for Duty evaluation.
Contract Owner*	
Kip Baughman	
Previous History of Contracting with Vendo	r/Contractor*
Yes No Unknown	
Vendor/Contractor a Historically Underutiliz	red Business (HUB)* (?)
Yes No Unknown	
Community Partnership* (?)	
Yes No 🖲 Unknown	
Supporting Documentation Upload (?)	
CuraLinc Healthcare - First EAP Amendment for	or The Harris Center for Mental
Health and IDD.pdf	253.59KB
Vendor/Contractor Contact Perso	
Vendor/Contractor Contact Perso	וופ
Vendor/Contractor Contact Perso	וופ

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

Submission Date

Abraham, Suja

8/22/2025

Budget Manager Approval(s)



Approved by

Kelly &. Maynihan

Approval Date 8/22/2025

Contract Owner Approval



Approved by

KIP BAUGHMAN

Approval Date 8/25/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*
8/25/2025

HARRIS CENTER 10

Executive Contract Summary

Mental Health and IDD	
Contract Section	
Contractor*	
Data Shredding of Texas, Inc.	
Contract ID #*	
2025-1083	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
9/16/2025	
5 * (2)	
Parties* (?)	Markett and and IDD (The Unit of the Control of the
Data Shredding of Texas, Inc. and The Harris center for	or 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	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Does this contract contain an element of Information	on Technology (Hardware, Software, or Professional Services)
*	
Yes No	
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2025	8/31/2026
If contract is off-cycle, specify the contract term (?)	
Current Contract Amount*	
\$ 24,441.00	
¥ 27,771.00	

\$ 495.00		
Revised Total Not to Exceed (NTE)*		
\$ 24,936.00		
Fiscal Year* (?)	Amount* (?)	na alive dana danak da anda busa
2026	\$ 24,936.00	
Funding Source*		
General Revenue (GR)		
Contract Description / Type * (?)		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
■ BAA/DUA	IT/Software License Agreement	
Pooled Contract	Lease	
Renewal of Existing Contract	Other	
Justification/Purpose of Contract/Description	of Services Being Provided* (?)	
Contractor will pick up documents weekly/bimon specified by program/site and destroy them as re	thly/monthly (once every 4 weeks) as	
new unit 9208; increasing funds on purchase or		
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 Underutilize	d Business (HUB)* (?)	
Yes No Unknown		
Community Partnership* (?)		
Yes No Unknown		
Supporting Documentation Upload (?)		
Vendor/Contractor Contact Person	n	•
_		
Name*		

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 Oshman, Jodel Secondary Budget Manager

Ramirez, Priscilla

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

0211

\$ 2,275.00

543034

Budget Manager Oshman, Jodel Secondary Budget Manager

Ramirez, Priscilla

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

2180

\$ 65.00

543034

Budget Manager

Smith, Janai

4 00.00

Secondary Budget Manager

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 Degracia, Ericka Secondary Budget Manager

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)* (?) Requester Name **Submission Date** Burnett-Gipson, Annell 8/8/2025 Budget Manager Approval(s) Approved by **Approval Date** Todel Oshman 8/11/2025 Approved by Approval Date Janai Lynnette Smith 8/11/2025 Approved by **Approval Date** Ericka Degracia 8/11/2025 Approved by Approval Date Sheenia Williams-Wesley 8/12/2025 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date Mustafa Cochinwala 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

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY AFFILIATIONS, REVENUE, AND MOUS

SEPTEMBER 2025 FISCAL YEAR 2026

-	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
	AFFILIATION					
	MOU					
1	Houston Recovery Center LGC - Sobering Center	Collaboration for the provision of substance abuse servicesHarris County	New Contract	9/1/2025 - 8/31/2026	General Revenue (GR)	New MOU for the collaboration with the Houston Recovery Center, LGC for the provision of substance abuse services for residents of Harris County.
	REVENUE					
+						
1						
+						
1						
1						
+						
1						
+						
+						
#						
+						
1						
1						
+			ng filian in			
1						
+						
1						
1						
+						
1		W. Carlotte				
+						
1						
-						

HARRIS CENTER OF

Executive Contract Summary

Mental Health and IDO	
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	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	☐ Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal Not Applicable (If there are no funds required)	Consumer Driven Other
Not Applicable (if there are no funds required)	_ Other
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2025	8/31/2028
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2026	\$ 0.00
Fiscal Year* (?)	Amount* (?)
2027	\$ 0.00

Fiscal Year* (?)	Amount* (?)
2028	\$ 0.00
Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Descripti	on of Services Being Provided * (?)
Collaboration for the provision of substance at	ouse servicesHarris County
Contract Owner*	
Kim Kornmayer	
	*
Previous History of Contracting with Vendo	or/Contractor "
Yes No Unknown	
Please add previous contract dates and wh	nat services were provided*
Currently have an MOU in place	
Vd10dddili-dillllddili-	and Dusiness (HIID)* (2)
Vendor/Contractor a Historically Underutilia	zed Busiliess (HOB) (1)
Yes No Unknown	
Community Partnership * (?)	
Yes No Unknown	
Specify Name*	
Houston Recovery Center LGC	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Pers	on 📀
Name*	
Leonard Kincaid	
Leonard Kincaid	
Address*	
Street Address	
150 North Chenevert Street	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77002-2219	US
Phone Number*	
713-236-7802	
110-200-1002	

lkincaid@houstonrecoverycenter	.org			
Budget Section				Ć
Budget Units and Amo	unts Charged to each	Budget Unit		
Budget Unit Number* 9263	Amount Charged to U \$ 0.00	nit* Ex	pense/GL Code No.*	
Budget Manager Oshman, Jodel		ondary Budget Mai irez, Priscilla	nager	
Provide Rate and Rate Descrip	tions if applicable * (?)			
Project WBS (Work Breakdown	Structure)* (?)			
Requester Name	Sub	mission Date		
Singh, Patricia	5/29.	/2025		
омы у не остава должно простоя става на подачи в обще		roval Date		•
Budget Manager Appro		roval Date		•
Approved by Jodel Oshman	Арр	roval Date /2025		•
Approved by Jodel Oshman	Арр			6
Approved by	Арр			6
Approved by Jodel Oshman Procurement Approval File Upload (?)	App 5/29			6
Approved by Sodel Oshman Procurement Approval File Upload (?)	App 5/29	/2025		6
Approved by Jodel Oshman Procurement Approval File Upload (?) Approved by Sign	App 5/29.	/2025		6
Approved by Jodel Oshman Procurement Approval File Upload (?) Approved by	App 5/29.	/2025		6
Approved by Sodel Oshman Procurement Approval File Upload (?) Approved by Sign Contract Owner Approval	App 5/29	roval Date		6
Approved by Sodel Oshman Procurement Approval File Upload (?) Approved by Sign Contract Owner Approv	App 5/29	roval Date		6
Approved by Sign Contract Owner Approv Approved by Fin FOFNMAYEF	App 5/29	roval Date		6
Approved by Sign Contract Owner Approved by Approved by	App 5/29	roval Date		6
Approved by Sign Contract Owner Approval Approved by Fin FOP NMAYEP Contracts Approval	App 5/29	roval Date		6

Approved by *

Belinda Stude

Approval Date* 5/29/2025