

Resource Committee Meeting
January 20, 2026
9:00 am

I. DECLARATION OF A QUORUM

II. PUBLIC COMMENTS

III. APPROVAL OF MINUTES

A. Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, November 11, 2025
(*EXHIBIT R-1*)

IV. CONSIDER AND RECOMMEND ACTION

A. FY'26 Year-to-Date Budget Report- November
(*EXHIBIT R-2 Stanley Adams*)

B. FY'26 Year-to-Date Budget Report-December
(*EXHIBIT R-3 Stanley Adams*)

C. January 2026 New Contracts Over 250K
(*EXHIBIT R-4 Ernest Savoy*)

D. January 2026 Contract Renewals Over 250K
(*EXHIBIT R-5 Ernest Savoy*)

E. January 2026 Contract Amendments Over 250K
(*EXHIBIT R-6 Ernest Savoy*)

F. January 2026 Interlocal Agreements
(*EXHIBIT R-7 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. January 2026 New Contracts 100K-250K
(*EXHIBIT R-8*)

B. January 2026 Contract Amendments 100K-250K
(*EXHIBIT R-9*)

C. January 2026 New Contracts Under 100K
(*EXHIBIT R-10*)

D. January 2026 Contract Amendments Under 100K
(*EXHIBIT R-11*)

- E. January 2026 Affiliation Agreement, Grants, MOU's and Revenues
Information Only
(*EXHIBIT R-12*)
- F. Supplier Diversity Report FY26 Q1
(*EXHIBIT R-13*)
- G. First Quarter Financials by Clinic
(*EXHIBIT R-14*)

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, NOVEMBER 11, 2025
MINUTES**

Mr. Gerald Womack, Chairman, called the meeting to order at 9:26 a.m. in the Room 109, 9401 Southwest Freeway, noting a quorum of the Committee was present.

RECORD OF ATTENDANCE

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

Committee Member Absent: J. Lykes

Other Board Member Present: Dr. K. Bacon, Dr. J. Lankford

1. CALL TO ORDER

Mr. G. Womack. called the Resource Committee meeting to order at 9:26 am.

2. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

Mr. G. Womack designated Dr. K. Bacon and J. Lankford 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 October 21, 2025.

MOTION: LANKFORD SECOND: MILLER, JR.

With unanimous affirmative votes,

BE IT RESOLVED that the Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, October 21, 2025, as presented under Exhibit R-1, are approved and recommended to the Full Board.

6. CONSIDER AND TAKE ACTION

A. November 2025 Contract Renewals Over 250K

MOTION: GEARING SECOND: MILLER, JR.

With unanimous affirmative votes,

BE IT RESOLVED November 2025 Contract Renewals Over 250K, as presented under R-2, are approved and recommended to the Full Board.

B. November 2025 Interlocal Agreements

MOTION: LANKFORD SECOND: MILLER, JR.

With unanimous affirmative votes,
BE IT RESOLVED November 2025 Interlocal Agreements, as presented under R-3, 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: BACON

SECOND: LANKFORD

With unanimous affirmative voted and there being no further business, the meeting was adjourned at 9:31 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
November 30, 2025

Fiscal Year 2026

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
November 30, 2025
Non-GAAP / Budgetary-Basis Reporting
Unaudited - Subject to Change

	For the Month Ended				Fiscal Year to Date			
	Original Budget	Actual	Variance \$	%	Original Budget	Actual	Variance \$	%
Operating Revenues								
State General Revenue	\$ 11,145,628	\$ 11,116,358	(29,270)	0%	\$ 33,436,884	\$ 32,935,449	(501,435)	-1%
Harris County and Local	4,683,587	4,876,813	193,226	4%	14,050,761	14,176,580	125,819	1%
Federal Contracts and Grants	4,466,048	4,038,784	(427,264)	-10%	13,398,144	13,360,810	(37,334)	0%
State Contract and Grants	1,993,454	1,622,181	(371,273)	-19%	5,980,362	5,431,088	(549,274)	-9%
Third Party Billing	3,465,049	2,855,870	(609,179)	-18%	10,395,147	9,543,567	(851,580)	-8%
Charity Care Pool	3,590,350	3,590,350	-	0%	10,771,050	10,771,049	(1)	0%
Directed Payment Programs	450,000	437,942	(12,058)	-3%	1,350,000	1,313,827	(36,173)	-3%
Patient Assistance Program (PAP)	1,098,200	1,050,226	(47,974)	-4%	3,294,600	3,585,849	291,249	9%
Interest Income	277,083	126,921	(150,162)	-54%	831,249	465,145	(366,104)	-44%
Operating Revenues, total	\$ 31,169,399	\$ 29,715,445	\$ (1,453,954)	-5%	\$ 93,508,197	\$ 91,583,364	\$ (1,924,833)	-2%
Operating Expenditures								
Salaries and Fringe Benefits	\$ 20,480,600	\$ 19,524,631	955,969	5%	\$ 61,441,800	\$ 61,939,880	\$ (498,080)	-1%
Contracts and Consultants	1,260,282	900,848	359,434	29%	3,780,846	2,606,179	1,174,667	31%
Contracts and Consultants-HCPC	3,960,586	3,881,426	79,160	2%	11,881,758	11,662,279	219,479	2%
Supplies	354,213	374,959	(20,746)	-6%	1,062,639	865,077	197,562	19%
Drugs	2,310,715	1,899,987	410,728	18%	6,932,145	7,088,201	(156,056)	-2%
Purchases, Repairs and Maintenance of:								
Equipment	156,054	204,916	(48,862)	-31%	468,162	396,195	71,967	15%
Building	281,354	481,257	(199,903)	-71%	844,062	691,357	152,705	18%
Vehicle	90,602	77,448	13,154	15%	271,806	231,060	40,746	15%
Software	346,270	368,195	(21,925)	-6%	1,038,810	824,079	214,731	21%
Telephone and Utilities	318,602	254,257	64,345	20%	955,806	854,196	101,610	11%
Insurance, Legal and Audit	209,827	218,653	(8,826)	-4%	629,481	586,967	42,514	7%
Travel & Training	252,185	237,532	14,653	6%	756,555	447,881	308,674	41%
Dues & Subscriptions	630,342	660,773	(30,431)	-5%	1,891,026	1,471,938	419,088	22%
Other Expenditures	371,551	391,908	(20,357)	-5%	1,114,653	1,376,416	(261,763)	-23%
Operating Expenditures, total	\$ 31,023,183	\$ 29,476,790	\$ 1,546,393	5%	\$ 93,069,549	\$ 91,041,705	\$ 2,027,844	2%
Operating Activities -								
Change in Fund Balance/Net Position	\$ 146,216	\$ 238,655	\$ 92,439		\$ 438,648	\$ 541,659	\$ 103,011	

The Harris Center for Mental Health and IDD
Results of Financial Operations and Comparison to Original Budget - Capital Outlay & Debt Service Related Activities
November 30, 2025
Non-GAAP / Budgetary-Basis Reporting
Unaudited - Subject to Change

	For the Month Ended				Fiscal Year to Date			
	Original Budget	Actual	Variance \$	%	Original Budget	Actual	Variance \$	%
Revenues								
Harris County and Local (CHC)	\$ -	\$ 623,404	623,404		\$ -	\$ 623,404	\$ 623,404	
State Contract and Grants (HHSC)	-	-	-		-	-	-	
Revenues, total	\$ -	\$ 623,404	\$ 623,404		\$ -	\$ 623,404	\$ 623,404	
Expenditures								
Debt Service	\$ 146,216	\$ 1,223,231	\$ (1,077,015)	-737%	\$ 438,648	\$ 1,223,231	\$ (784,583)	-179% G
Capital outlay	-	1,183,466	(1,183,466)		-	1,298,658	(1,298,658)	H
Expenditures, total	\$ 146,216	\$ 2,406,697	\$ (2,260,481)		\$ 438,648	\$ 2,521,889	\$ (2,083,241)	
Excess (Deficiency) of revenues over expenditures	\$ (146,216)	\$ (1,783,293)	\$ (1,637,077)	1120%	\$ (438,648)	\$ (1,898,485)	\$ (1,459,837)	
Other Financing Sources								
Sale of Capital Assets	-	-	-		-	70,401	70,401	
Other Financing Sources	-	-	-		-	-	-	
Other Financing Uses	-	-	-		-	-	-	
Other Financing Sources, total	\$ -	\$ -	\$ -		\$ -	\$ 70,401	\$ 70,401	
Capital Outlay & Debt Service Activities -								
Change in Fund Balance/Net Position	\$ (146,216)	\$ (1,783,293)	\$ (1,637,077)		\$ (438,648)	\$ (1,828,084)	\$ (1,389,436)	

The Harris Center for Mental Health and IDD
Notes to Statements Presented
Non-GAAP / Budgetary-Basis reporting
November 30, 2025

Results of Financial Operations and Comparison to Original Budget

A Federal Contract and Grants

The unfavorable variances include Help Line Contracts of \$119K, Federal Block Grant of \$119K, and most significantly ECI of \$174K. We're projecting \$424K for November's ECI payment on a budget of \$444K. However, this month's revenue also included -\$205K from October for revenue booked but not received. Due to a subsequent adjustment to the amount allowed for the MAC Program Income reduction, we now expect to receive the \$205K difference in December.

B State Contract and Grants

The Jail Based Comp Rest Pilot were historically underspent and estimates are based on the previous 12 months. This accounted for \$174K of the variance. We've seen an increase beginning in October and expect to see this revenue trend upward.

C Third Party Billing

Local Patient Fees were unfavorable by \$313K due to patient account write-off's and \$117K in Local Private Insurance within Pharmacy due to a decline in prescriptions. Prescription orders filled fell 18% from October to November.

D Interest Income

The unfavorable variance in Interest Income is consistent with the ending cash balances from prior month. As cash balances have increased, we expect to see an increase in Interest Income going forward.

E Salaries and Fringe Benefits

November included 20 working days, which is less than average (21.75). Our budget for salaries and fringe benefits is straight-line throughout the year.

F Drugs

\$280K in Pharmacy rebates were received in November which covered two quarters. We project this to be \$100K to \$140K on a quarterly basis.

G Debt Service

In November, we paid \$675K for principal and \$548K for interest on the Revenue Bonds, Series 2024. These principal and interest payments are due semiannually in November and May.

H Capital Outlay

November includes \$873K in construction costs for the 6168 Apartments, \$75K for mold remediation, \$69K for an asbestos abatement project, and \$42K for an extreme indoor WIFI radio.

The Harris Center for Mental Health and IDD

Balance Sheet

November 30, 2025

Non-GAAP / Budgetary-Basis Reporting

Unaudited - Subject to Change

	October - 2025	November - 2025	Change
Assets			
Current Assets			
Cash and Cash Equivalents			
Cash and Petty Cash	\$ 19,256,258	\$ 14,271,155	\$ (4,985,103)
Cash Equivalents	22,659,652	47,046,540	24,386,888
Cash and Cash Equivalents, total	\$ 41,915,910	\$ 61,317,695	\$ 19,401,785 AA
Inventories, Deposits & Prepays	7,261,941	8,892,542	1,630,601
Accounts Receivable:			
Patient A/R, net of allowance	1,579,202	1,588,630	9,428
A/R from other governments	58,396,027	42,871,652	(15,524,375) BB
Other A/R	165,468	589,866	424,398
Current Assets, total	\$ 109,318,548	\$ 115,260,385	\$ 5,941,837
Restricted Cash and Cash Equivalents	19,973,557	19,973,557	-
Capital Assets:			
Land	12,709,144	12,709,144	-
Building and Improvements	55,610,903	55,610,903	-
Right-to-use assets (Leases & SBITA)	6,312,466	6,312,466	-
Furniture, Equipment and Vehicles	7,960,059	7,996,133	36,074
Construction in Progress	11,376,400	11,376,400	-
Accumulated Depreciation/Amortization	(38,908,961)	(38,908,961)	-
Capital Assets, net total	\$ 55,060,011	\$ 55,096,085	\$ 36,074
Total Assets	\$ 184,352,116	\$ 190,330,027	\$ 5,977,911
Liabilities & Fund Balance/Net Position			
Liabilities			
Accounts Payable and Accrued Liabilities	\$ 18,627,917	\$ 19,701,552	\$ 1,073,635
Unearned Revenues	12,583,885	18,822,635	6,238,750 CC
Noncurrent liabilities:			
Due within one year	2,599,540	2,614,540	15,000
Due in more than one year	39,213,583	38,533,469	(680,114)
Liabilities, total	\$ 73,024,925	\$ 79,672,196	\$ 6,647,271
Fund Balance/Net Position			
Net Investment in Capital Assets	42,307,084	43,018,158	711,074
Restricted for Capital Projects	19,973,557	19,973,557	-
Nonspendable	7,261,941	8,892,542	1,630,601
Assigned	15,434,386	15,434,386	-
Unassigned/Unrestricted	26,092,009	24,625,612	(1,466,397)
Change in fund balance/net position	258,213	(1,286,425)	(1,544,638)
Fund Balance/Net Position, Total	\$ 111,327,191	\$ 110,657,831	\$ (669,360)
Total Liabilities & Fund Balance/Net Position	\$ 184,352,116	\$ 190,330,027	\$ 5,977,911

The Harris Center for Mental Health and IDD
Notes to Statements Presented
Non-GAAP / Budgetary-Basis reporting
November 30, 2025

Balance Sheet

AA Cash and Investments

Cash on hand was restored to our average balance as the 1st quarter payment of \$39M for the Performance Contract was received in November.

BB A/R from Other Governments

The decrease of \$15.5M is primarily attributable to receipt of the Performance Contract for the 1st quarter. See Note AA above.

CC Unearned Revenues

As noted in October, the 1st quarter payment for the FY26-FY27 State Performance Contract was delayed. It was received in November and resulted in an increase of Cash and Unearned Revenues and a decrease of A/R from Other Governments.

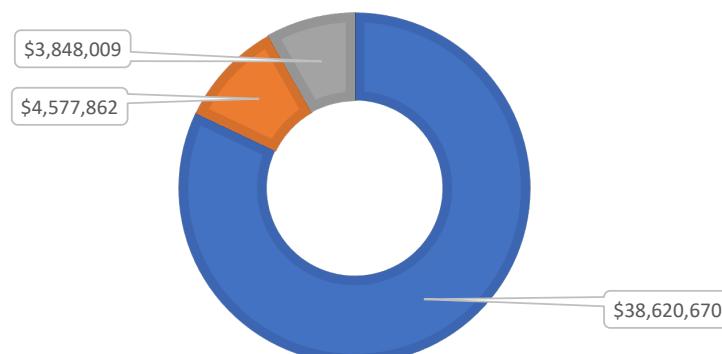
The Harris Center for Mental Health and IDD

Investment Portfolio

November 30, 2025

Local Government Investment Pools (LGIPs)	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Balance	Portfolio %	Monthly Yield
<i>Texas CLASS</i>							
Texas CLASS General Fund	14,261,761.70	\$ 30,600,000	\$ (6,300,000)	\$ 58,909	\$ 38,620,670	82.09%	4.11%
<i>TexPool</i>							
TexPool Prime	4,562,454.87			15,407	4,577,862	9.73%	4.11%
TexPool General Fund	3,835,435.00			12,574	3,848,009	8.18%	3.99%
<i>TexPool Sub-Total</i>	<u>8,397,890</u>	-	-	27,980	8,425,870	17.91%	4.05%
Total Investments	\$ 22,659,652	\$ 30,600,000	\$ (6,300,000)	\$ 86,889	\$ 47,046,540	100.00%	4.10%
Additional Interest on Checking Accounts							
				40,032			
Total Interest Earned during the current month							
				<u>126,921</u>			

Investment Portfolio Weight



■ Texas CLASS General Fund ■ TexPool Prime ■ TexPool General Fund

3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	4.28%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 week)	4.14%
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 November 30, 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:

Roxanne Carr

Roxanne Carr
Controller

The Harris Center for Mental Health and IDD

Monthly Report of Financial Transactions Related to Payments of Liabilities for Employee Benefits

November 30, 2025

Vendor	Description	Monthly Not-To-Exceed ⁽¹⁾	Nov-25	Fiscal Year to Date Total
Lincoln Financial Group (LFG)	Retirement Funds (401a, 403b, 457)	\$3,650,000	\$3,098,641	\$7,174,810
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,300,000	\$2,535,047	\$7,798,066
UNUM	Life Insurance	\$310,000	\$202,455	\$404,726

Notes:

⁽¹⁾ As established by the Board Resolution approved October 28, 2025: Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items effective September 1, 2025.

EXHIBIT R-3

The Harris Center for Mental Health and IDD

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

Fiscal Year 2026

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
December 31, 2025
Non-GAAP / Budgetary-Basis Reporting
Unaudited - Subject to Change

	For the Month Ended				Fiscal Year to Date			
	Original Budget	Actual	Variance \$	%	Original Budget	Actual	Variance \$	%
Operating Revenues								
State General Revenue	\$ 11,145,628	\$ 11,084,947	(60,681)	-1%	\$ 44,582,512	\$ 44,020,396	(562,116)	-1%
Harris County and Local	4,683,587	4,311,364	(372,223)	-8%	18,734,348	18,487,944	(246,404)	-1%
Federal Contracts and Grants	4,466,048	3,884,448	(581,600)	-13%	17,864,192	17,245,257	(618,935)	-3%
State Contract and Grants	1,993,454	1,688,700	(304,754)	-15%	7,973,816	7,119,788	(854,028)	-11%
Third Party Billing	3,465,049	3,616,089	151,040	4%	13,860,196	13,159,656	(700,540)	-5%
Charity Care Pool	3,590,350	3,590,350	-	0%	14,361,400	14,361,399	(1)	0%
Directed Payment Programs	450,000	769,495	319,495	71%	1,800,000	2,083,322	283,322	16%
Patient Assistance Program (PAP)	1,098,200	1,314,979	216,779	20%	4,392,800	4,900,828	508,028	12%
Interest Income	277,083	314,646	37,563	14%	1,108,332	779,791	(328,541)	-30%
Operating Revenues, total	\$ 31,169,399	\$ 30,575,018	\$ (594,381)	-2%	\$ 124,677,596	\$ 122,158,381	\$ (2,519,215)	-2%
Operating Expenditures								
Salaries and Fringe Benefits	\$ 20,480,600	\$ 21,194,667	(714,067)	-3%	\$ 81,922,400	\$ 83,134,546	\$ (1,212,146)	-1%
Contracts and Consultants	1,260,282	302,881	957,401	76%	5,041,128	2,909,059	2,132,069	42%
Contracts and Consultants-HCPC	3,960,586	3,887,426	73,160	2%	15,842,344	15,549,705	292,639	2%
Supplies	354,213	384,266	(30,053)	-8%	1,416,852	1,249,343	167,509	12%
Drugs	2,310,715	2,603,905	(293,190)	-13%	9,242,860	9,692,107	(449,247)	-5%
Purchases, Repairs and Maintenance of:								
Equipment	156,054	83,853	72,201	46%	624,216	480,049	144,167	23%
Building	281,354	238,485	42,869	15%	1,125,416	929,842	195,574	17%
Vehicle	90,602	62,890	27,712	31%	362,408	293,949	68,459	19%
Software	346,270	179,967	166,303	48%	1,385,080	1,004,046	381,034	28%
Telephone and Utilities	318,602	325,018	(6,416)	-2%	1,274,408	1,179,214	95,194	7%
Insurance, Legal and Audit	209,827	181,791	28,036	13%	839,308	768,759	70,549	8%
Travel & Training	252,185	257,767	(5,582)	-2%	1,008,740	705,648	303,092	30%
Dues & Subscriptions	630,342	726,487	(96,145)	-15%	2,521,368	2,198,425	322,943	13%
Other Expenditures	371,551	81,765	289,786	78%	1,486,204	1,458,181	28,023	2%
Operating Expenditures, total	\$ 31,023,183	\$ 30,511,168	\$ 512,015	2%	\$ 124,092,732	\$ 121,552,873	\$ 2,539,859	2%
Operating Activities -								
Change in Fund Balance/Net Position	\$ 146,216	\$ 63,850	\$ (82,366)		\$ 584,864	\$ 605,508	\$ 20,644	

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

	For the Month Ended				Fiscal Year to Date			
	Original Budget	Actual	Variance \$	%	Original Budget	Actual	Variance \$	%
Revenues								
Harris County and Local (CHC)	\$ -	\$ -	\$ -	-	\$ -	\$ 623,404	\$ 623,404	
State Contract and Grants (HHSC)	-	-	-	-	-	-	-	-
Revenues, total	\$ -	\$ -	\$ -	-	\$ -	\$ 623,404	\$ 623,404	
Expenditures								
Debt Service	\$ 146,216	\$ -	\$ 146,216	100%	\$ 584,864	\$ 1,223,231	\$ (638,367)	-109%
Capital outlay	-	47,645	\$ (47,645)		-	1,346,302	(1,346,302)	
Expenditures, total	\$ 146,216	\$ 47,645	\$ 98,571		\$ 584,864	\$ 2,569,533	\$ (1,984,669)	
Excess (Deficiency) of revenues over expenditures	\$ (146,216)	\$ (47,645)	\$ 98,571	-67%	\$ (584,864)	\$ (1,946,129)	\$ (1,361,265)	
Other Financing Sources								
Sale of Capital Assets	-	106,030	106,030		-	176,431	176,431	
Other Financing Sources	-	-	-		-	-	-	-
Other Financing Uses	-	-	-		-	-	-	-
Other Financing Sources, total	\$ -	\$ 106,030	\$ 106,030		\$ -	\$ 176,431	\$ 176,431	
Capital Outlay & Debt Service Activities -								
Change in Fund Balance/Net Position	\$ (146,216)	\$ 58,385	\$ 204,601		\$ (584,864)	\$ (1,769,698)	\$ (1,184,834)	

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

Results of Financial Operations and Comparison to Original Budget

A Harris County and Local

The Agency has unearned income to help fund the 6168 apartments. There were no building expenses in December for the apartments, therefore, no revenue was recognized. Revenue recognized life to date is \$1.8M of which \$623K was from prior month.

B Federal Contract and Grants

Funding for the Mobile Crisis Outreach Team Grant was reduced following a budget adjustment from the Houston Police Department. The Agency was notified of the reduction in December and subsequently reduced revenue already recognized. The total impact was approximately \$578K

C State Contract and Grants

Variances primarily from Texas Correctional Office on Offenders with Mental Impairments - TCOMI (\$47K) and State HHSC (\$103K).

D Contracts and consultants

Actual invoices for West Oak were favorable to expenses accrued resulting in a pick-up for December.

E Drugs

The 13% unfavorable variance in Drug expense is offset by the 20% favorable variance in Patient Assistance Program revenue. The Patient Assistance Program is pass through revenue as it is offset by corresponding drug expense based on the volume of clients we serve.

F Dues & Subscriptions

Quarterly payment to Texas Council made in December totaling \$54K.

The Harris Center for Mental Health and IDD

Balance Sheet
December 31, 2025

Non-GAAP / Budgetary-Basis Reporting
Unaudited - Subject to Change

	November - 2025	December - 2025	Change	%
Assets				
Current Assets				
Cash and Cash Equivalents				
Cash and Petty Cash	\$ 14,271,155	\$ 18,194,070	\$ 3,922,915	27%
Cash Equivalents	47,046,540	60,429,752	13,383,212	28%
Cash and Cash Equivalents, total	\$ 61,317,695	\$ 78,623,822	\$ 17,306,127	28% AA
Inventories, Deposits & Prepays	8,892,542	8,458,863	(433,679)	-5%
Accounts Receivable:				
Patient A/R, net of allowance	1,588,630	1,732,082	143,452	9%
A/R from other governments	42,871,652	10,603,626	(32,268,026)	-75% BB
Other A/R	589,866	684,192	94,326	16%
Current Assets, total	\$ 115,260,385	\$ 100,102,585	\$ (15,157,800)	-13%
Restricted Cash and Cash Equivalents	19,973,557	19,973,557	-	0%
Capital Assets:				
Land	12,709,144	12,709,144	-	0%
Building and Improvements	55,610,903	55,610,903	-	0%
Right-to-use assets (Leases & SBITA)	6,312,466	6,312,466	-	0%
Furniture, Equipment and Vehicles	7,996,133	7,996,133	-	0%
Construction in Progress	11,376,400	11,376,400	-	0%
Accumulated Depreciation/Amortization	(38,908,961)	(38,908,961)	-	0%
Capital Assets, net total	\$ 55,096,085	\$ 55,096,085	\$ -	0%
Total Assets	\$ 190,330,027	\$ 175,172,227	\$ (15,157,800)	-8%
Liabilities & Fund Balance/Net Position				
Liabilities				
Accounts Payable and Accrued Liabilities	\$ 19,701,552	\$ 13,289,338	\$ (6,412,214)	-33%
Unearned Revenues	18,822,635	10,395,452	(8,427,183)	-45%
Noncurrent liabilities:				
Due within one year	2,614,540	2,614,540	-	0%
Due in more than one year	38,533,469	45,870,771	7,337,302	19%
Liabilities, total	\$ 79,672,196	\$ 72,170,101	\$ (7,502,095)	-9%
Fund Balance/Net Position				
Net Investment in Capital Assets	43,018,158	43,018,158	-	0%
Restricted for Capital Projects	19,973,557	19,973,557	-	0%
Nonspendable	8,892,542	8,458,863	(433,679)	-5%
Assigned	15,434,386	15,434,386	-	0%
Unassigned/Unrestricted	24,625,612	17,281,351	(7,344,261)	-30%
Change in fund balance/net position	(1,286,425)	(1,164,190)	122,235	-10%
Fund Balance/Net Position, Total	\$ 110,657,831	\$ 103,002,126	\$ (7,655,705)	-7%
Total Liabilities & Fund Balance/Net Position	\$ 190,330,027	\$ 175,172,227	\$ (15,157,800)	-8%

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

Balance Sheet

AA Cash and Investments

Cash increased significantly as the 2nd quarter payment of \$39M for the Performance Contract was received in December.

BB A/R from Other Governments

The \$32M decrease is primarily attributable to receipt of the Performance Contract for the 2nd quarter. See Note AA above.

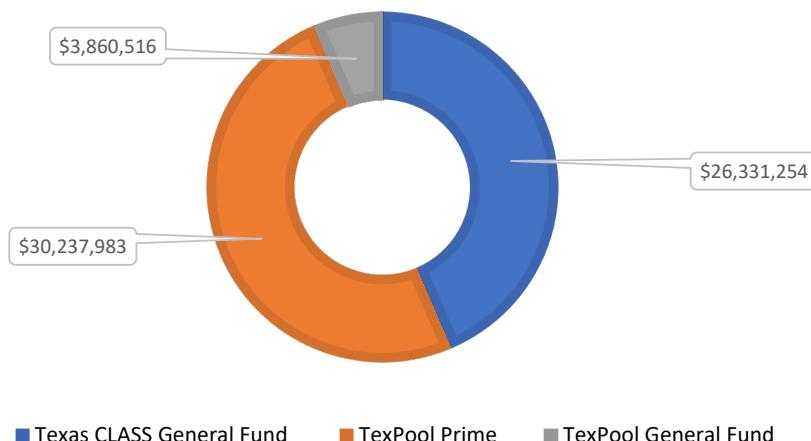
The Harris Center for Mental Health and IDD

Investment Portfolio

December 31, 2025

Local Government Investment Pools (LGIPs)	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Balance	Portfolio %	Monthly Yield
<i>Texas CLASS</i>							
Texas CLASS General Fund	38,620,670.36	\$ -	\$ (12,411,822)	\$ 122,405	\$ 26,331,254	43.57%	4.11%
<i>TexPool</i>							
TexPool Prime	4,577,861.56	30,200,000	(4,600,000)	60,121	30,237,983	50.04%	4.11%
TexPool General Fund	3,848,008.51			12,507	3,860,516	6.39%	3.99%
<i>TexPool Sub-Total</i>	8,425,870	30,200,000	(4,600,000)	72,629	34,098,499	56.43%	4.09%
Total Investments	\$ 47,046,540	\$ 30,200,000	\$ (17,011,822)	\$ 195,034	\$ 60,429,752	100.00%	4.10%
Additional Interest on Checking Accounts							
Total Interest Earned during the current month							
234,856							

Investment Portfolio Weight



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	4.28%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 week)	4.14%
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 December 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:

Roxanne Carr

Roxanne Carr
Controller

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

Vendor	Description	Monthly Not-To- Exceed ⁽¹⁾	Dec-25	Fiscal Year to Date Total
Lincoln Financial Group (LFG)	Retirement Funds (401a, 403b, 457)	\$3,650,000	\$1,929,235	\$9,104,045
Cigna	Health and Dental Insurance	\$3,300,000	\$0	\$7,798,066
UNUM	Life Insurance	\$310,000	\$0	\$601,451

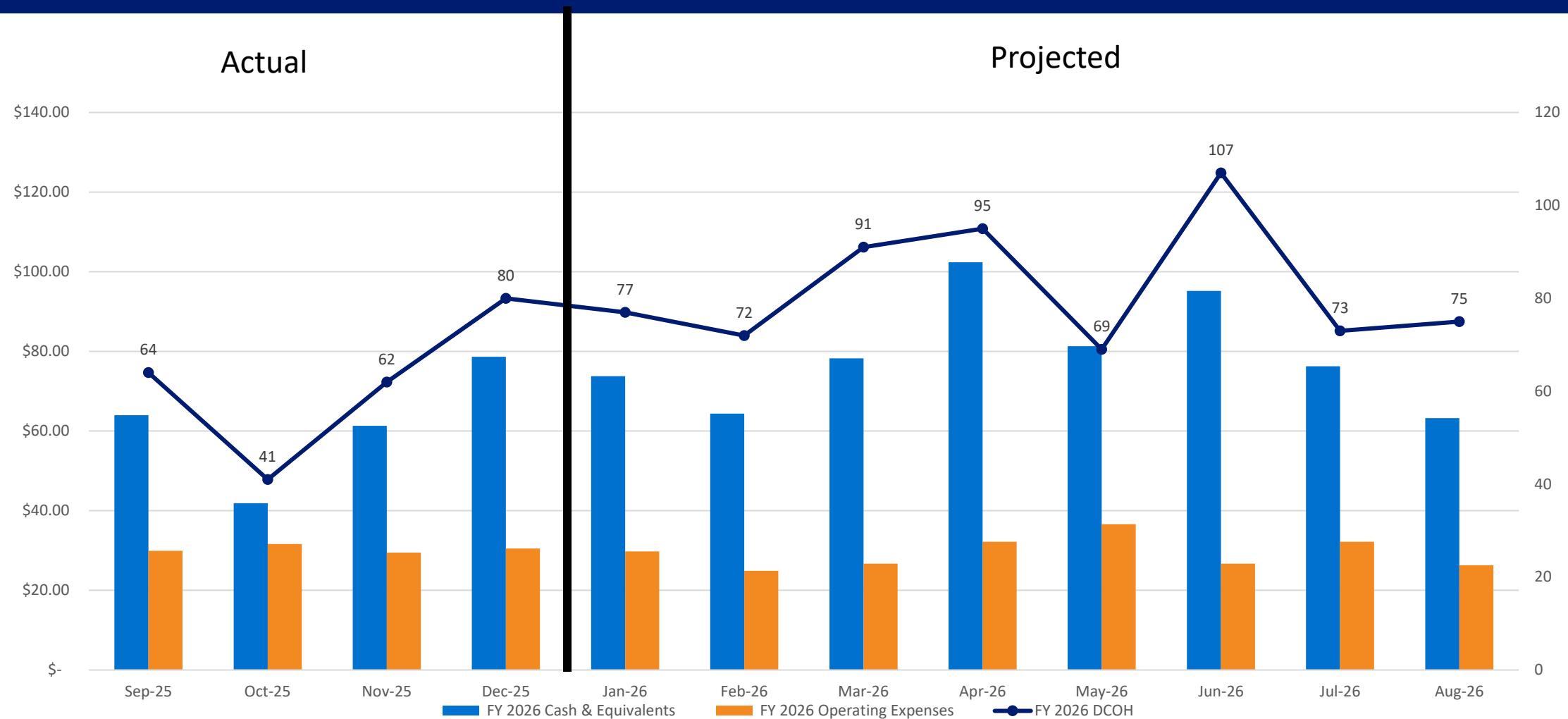
Notes:

⁽¹⁾ As established by the Board Resolution approved October 28, 2025: Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items effective September 1, 2025.

Additional Analysis – December 2025

Days-Cash-On-Hand (DCOH)– as of 12/31/2025

Month-over-month (“MoM”) (\$ amounts in millions)

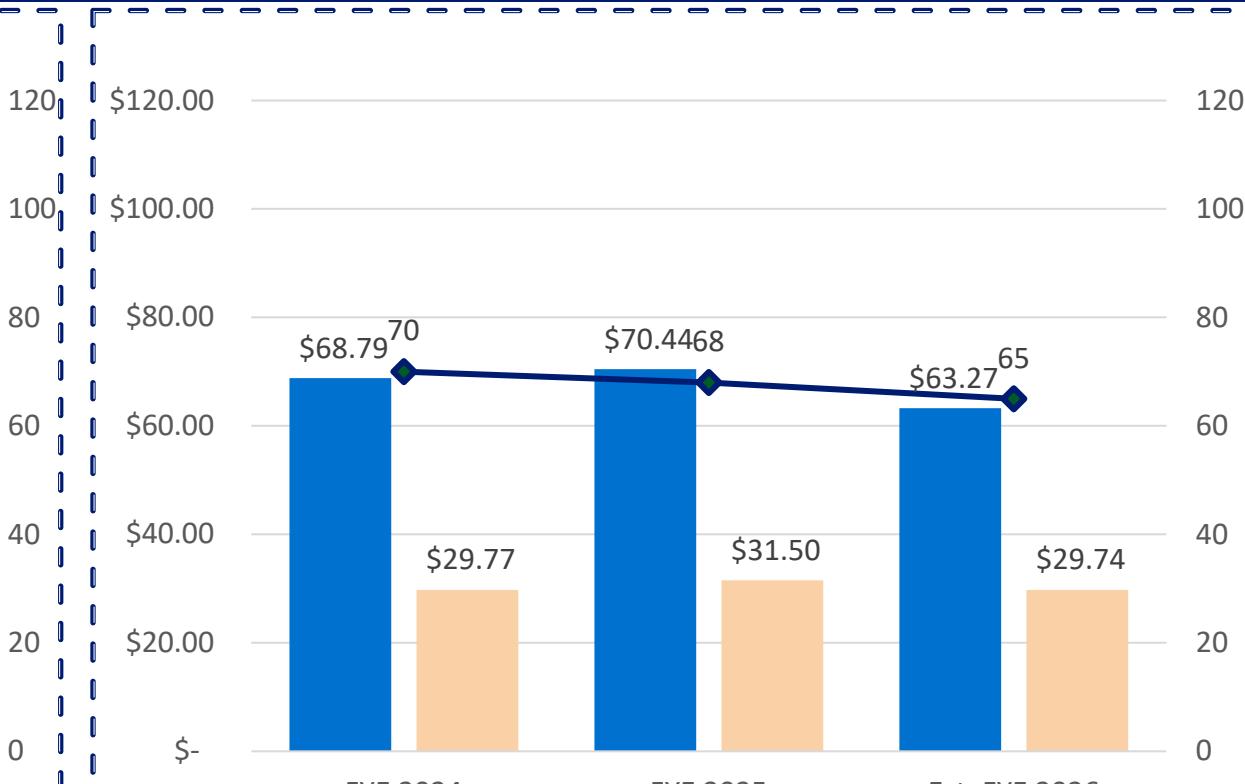


DCOH = Cash & Equivalents @ Month End divided by Daily Operating Expenses

Months in FY 2026 after current Month are based on projections

Days-Cash-On-Hand (DCOH)– as of 12/31/2025

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



Cash & Equivalents Monthly Operating Expenses DCOH

Cash & Equivalents Avg. Monthly Operating Expenses DCOH

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

Months in FY 2026 after current Month are based on projections

Capital Outlay – as of 12/31/2025



Project/Funding Source	Year-to-date Total
Facilities Capital Projects	319,412
Fund Balance	319,412
IT Capital Projects	48,925
Fund Balance	48,925
6168 Apartments	879,615
CHC Grant (9271)	629,450
COH Loan (9272)	250,165
Northeast Clinic Design and Construction	41,146.00
Bond Series 2024	41,146
NPC Renovation	13,425
Bond Series 2024	13,425
SW Foundation Repair	3,734
Bond Series 2024	3,734
Emergency Projects	40,046
Fund Balance	40,046
Grand Total	1,346,302

Funding Source/Project	Year-to-date Total
Fund Balance	\$ 408,383
Facilities Capital Projects	\$ 319,412
IT Capital Projects	\$ 48,925
Emergency Projects	\$ 40,046
Bond Series 2024	\$ 58,305
Northeast Clinic Design and Construction	\$ 41,146
NPC Renovation	\$ 13,425
SW Foundation Repair	\$ 3,734
CHC Grant (9271)	\$ 629,450
6168 Apartments	\$ 629,450
COH Loan (9272)	\$ 250,165
6168 Apartments	\$ 250,165
Grand Total	\$ 1,346,302

EXHIBIT R-4

JANUARY 2026
NEW CONTRACTS
OVER 250k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
NEW CONTRACTS
GREATER THAN \$250,000

JANUARY 2026
FISCAL YEAR 2026



Executive Contract Summary

Contract Section



Select Header For This Contract *

Administration

Contractor *

Autoarch Architects, LLC

Contract ID # *

new

Presented To *

- Resource Committee
- Full Board

Date Presented *

1/20/2026

Parties * (?)

Autoarch and The Harris Center

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

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 * (?)

2/2026

Contract Term End Date * (?)

8/31/2027

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

Fiscal Year* (?)	Amount* (?)
2026	\$ 385,000.00

Funding Source*

State Grant

Contract Description / Type* (?)

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

Contract Owner*

Ben Mendez

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

2022 to present for pool, architectural services,

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Autoarch 20250930-HC Proposal-Burnett Bayland C.pdf 207.54KB

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

provides housing for services for youth population at risk

Vendor/Contractor Contact Person**Name***

Autoarch Architects, LLC / Lina Sabouni

Address*

Street Address

6200 Savoy Drive #100

Address Line 2

City

State / Province / Region

Houston

TX

Postal / Zip Code

Country

77036

US

Phone Number*

8323268321

Email*

lina@autoarch.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1503	\$ 385,000.00	900040

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Moynihan, Kelly

Provide Rate and Rate Descriptions if applicable * (?)

see attached proposal - NTE \$385,000.00

Project WBS (Work Breakdown Structure)* (?)

SB30.03.1503 CWOP

Requester Name	Submission Date
Harper, Sarah	11/26/2025

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

11/26/2025

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

12/2/2025

Contract Owner Approval

Approved by

Ben Mendez

Approval Date

12/8/2025

Contracts Approval

Approved by

Belinda Stude

Approval Date

12/16/2025

EXHIBIT R-5

JANUARY 2026

RENEWALS OVER 250k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

**SNAPSHOT SUMMARY
CONTRACT RENEWALS
MORE THAN \$250,000**

JANUARY 2026
FISCAL YEAR 2026



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2026

Contract ID#*

2024-0830

Contractor Name *

ePlus Technology, Inc.

Service Provided* (?)

Checkpoint Infinity Protection Software

Renewal Term Start Date*

2/1/2026

Renewal Term End Date*

1/31/2027

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other TIPS # 230105

Contract Description / Type

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

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 282,000.00

Rate(s)/Rate(s) Description

36 Month Contract Year 2-\$282,000 Year 3-\$282,000

Unit(s) Served*

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

CT144083

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)**Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year?*** Yes No**Were Services delivered as specified in the contract?*** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession?*** Yes No**Did Contractor adhere to the contracted schedule?* (?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner?* (?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)** Yes No**Did Contractor render services consistent with Agency policy and procedures?* (?)** Yes No**Maintained legally required standards for certification, licensure, and/or training?* (?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor?* (?)** Yes No

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

Software and hardware that protects and supports end users, hardware, software, data, and internet.

Renewal Information for Next Fiscal Year**Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 283,000.00	553002

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

Provide Rate and Rate Descriptions if applicable * (?)

Year 3 of 3

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2026	\$ 283,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts**Contract Funding Source***

General Revenue (GR)

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)**Contract Owner****Contract Owner* (?)**

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)**Approved by***Ricardo Campbell***Contract Owner Approval****Approved by***Mustafa Cothiawala***Contracts Approval****Approve***

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

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

1/7/2026



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2026

Contract ID#*

2023-0813

Contractor Name *

Escape Velocity Holdings, Inc. d/b/a Trace3, LLC

Service Provided* (?)

Crowdstrike Falcon Complete Threat Protection Software and Support

Renewal Term Start Date*

12/16/2025

Renewal Term End Date*

12/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

<input type="checkbox"/> Competitive Bid <input type="checkbox"/> Request for Proposal <input type="checkbox"/> Request for Application <input type="checkbox"/> Request for Quote <input type="checkbox"/> Interlocal <input type="checkbox"/> Not Applicable (If there are no funds required)	<input type="checkbox"/> Competitive Proposal <input type="checkbox"/> Sole Source <input type="checkbox"/> Request for Qualification <input checked="" type="checkbox"/> Tag-On <input type="checkbox"/> Consumer Driven <input checked="" type="checkbox"/> Other Choice Partners: 21/031KN-55.
---	---

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 284,516.27

Rate(s)/Rate(s) Description

Year 2 Cost: \$284,516.27 (Do not know 3rd year rate)

Unit(s) Served*

1130

G/L Code(s)*

570000

Current Fiscal Year Purchase Order Number*

CT144100

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)**Evaluation of Current Fiscal Year Performance**

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

 Yes No

Were Services delivered as specified in the contract?*

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No**Renewal Determination**

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

 Yes No

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

Protects Center's endpoints and users from malicious actors

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 284,516.27	574000

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

Provide Rate and Rate Descriptions if applicable* (?)

See Attached
Year 3 of 3
Choice Partners - 25/018MF

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2026	\$ 284,516.27

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

FY2026 Trace3 - CyberArk Renewal.pdf

227.04KB

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)**Approved by***Ricardo Campbell***Contract Owner Approval****Approved by***Mustafa Cochinnwala***Contracts Approval****Approve***

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

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

11/3/2025

EXHIBIT R-6

JANUARY 2026

AMENDMENTS OVER 250k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

**SNAPSHOT SUMMARY
CONTRACT AMENDMENTS
MORE THAN \$250,000**

JANUARY 2026
FISCAL YEAR 2026



Executive Contract Summary

Contract Section


Contractor*

Aptean

Contract ID #*

6115

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/20/2026

Parties* (?)

Aptean (Ross) and The Harris Center

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

10/25/2025

Contract Term End Date* (?)

10/24/2026

If contract is off-cycle, specify the contract term (?)
Current Contract Amount*

\$ 414,179.15

Increase Not to Exceed*

\$ 2,650.00

Revised Total Not to Exceed (NTE)*

\$ 416,829.15

Fiscal Year* (?)**Amount* (?)**

2026

\$ 416,829.15

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other CT145242

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

Reconfiguring CT Approval Process per Contracts Department Request

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

FY2010 - FY2026

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

- Yes
- No
- Unknown

Please provide an explanation*

N/A

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

FY26 Aptean Amend 2 - ApproveRemoval.pdf

689.07KB

Vendor/Contractor Contact Person**Name***

Keith Dailey

Address *

Street Address

1155 Perimeter Center West

Address Line 2

Suite 700

City

State / Province / Region

Atlanta

GA

Postal / Zip Code

Country

30338

US

Phone Number*

7703519600

Email*

keith.dailey@aptean.com

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 2,650.00	553002
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

See attached

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name**Submission Date**

Hurst, Richard

12/10/2025

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

12/10/2025

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

Sign

Approval Date**Contract Owner Approval**

Approved by

Mustafa Cockinwala

Approval Date

12/16/2025

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

12/16/2025

EXHIBIT R-7

JANUARY 2026

INTERLOCAL AGREEMENTS

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY INTERLOCALS

JANUARY 2026
FISCAL YEAR 2026



Executive Contract Summary

Contract Section



Contractor*

Harris County Dept. of Education

Contract ID #*

5080

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/20/2026

Parties * (?)

The Harris Center and Harris County Dept. of Education

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

<input type="checkbox"/> Competitive Bid	<input type="checkbox"/> Competitive Proposal
<input type="checkbox"/> Request for Proposal	<input type="checkbox"/> Sole Source
<input type="checkbox"/> Request for Application	<input type="checkbox"/> Request for Qualification
<input type="checkbox"/> Request for Quote	<input type="checkbox"/> Tag-On
<input type="checkbox"/> Interlocal	<input type="checkbox"/> Consumer Driven
<input type="checkbox"/> Not Applicable (If there are no funds required)	<input checked="" type="checkbox"/> Other Amend Contract ID 5080

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

*

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/24/2024

Contract Term End Date* (?)

10/23/2026

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

FY26

Current Contract Amount*

\$ 17,575.90

Increase Not to Exceed*

\$ 214.00

Revised Total Not to Exceed (NTE)*

\$ 17,789.90

Fiscal Year* (?)**Amount* (?)**

2026

\$ 214.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Store old 811 property records at HCDE for record retention.

Contract Owner*

Nina Cook

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

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

Maria Richardson

Address*

Street Address

9401 Southwest Freeway

Address Line 2

City

State / Province / Region

Houston

TX

Postal / Zip Code

Country

77074

US

Phone Number*

8326436760

Email*

Maria.Richardson@TheHarrisCenter.org

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1177	\$ 214.00	571002

Budget Manager	Secondary Budget Manager
-----------------------	---------------------------------

Moynihan, Kelly	Campbell, Ricardo
-----------------	-------------------

Provide Rate and Rate Descriptions if applicable* (?)

Initial estimated costs: 10 boxes x.26=2.60 x 12=\$31.20; records retrievals=\$9.00 ; Service Fee \$2.00 for each new box = \$20.00; HCDE Standard storage box (Packed 25/Bundle) = \$68.75; Transportation Fee = \$25.00 x 2 = \$50.00; Permanent removal to close Account = \$3.50 per box x 10 = \$35.00.

Yearly estimated cost will decrease from \$213.95 -\$68.75 -\$20.00= \$125.20

Project WBS (Work Breakdown Structure)* (?)

Initial estimated costs: 10 boxes x.26=2.60 x 12=\$31.20; records retrievals=\$9.00 ; Service Fee \$2.00 for each new box = \$20.00; HCDE Standard storage box (Packed 25/Bundle) = \$68.75; Transportation Fee = \$25.00 x 2 = \$50.00; Permanent removal to close Account = \$3.50 per box x 10 = \$35.00.

Yearly estimated cost will decrease from \$213.95 -\$68.75 -\$20.00= \$125.20

Requester Name

Richardson, Maria

Submission Date

10/27/2025

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

10/28/2025

Contract Owner Approval**Approved by***Nina Cook***Approval Date**

11/17/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

12/2/2025



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2026

Contract ID#*

2023-0680

Contractor Name *

Harris County Juvenile Probation

Service Provided* (?)

Forensics and Psychological Services (Triad) for the Harris County Juvenile Probation department. [FY26/27 Revenue NTE: \$1,894,048.00.

Renewal Term Start Date *

10/1/2025

Renewal Term End Date *

9/30/2026

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

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

Contract Description / Type

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

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 1,894,048.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Sheenia Williams-Wesley

Contract Owner*

Sean McElroy

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?***

Providing psychological evaluations, psychiatric assessments, forensic evaluations, and other mental health services to at-risk and delinquent youth referred to the JPD

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.*
6701	\$ 1,894,048.00	540000

Budget Manager*

Williams-Wesley, Sheenia

Secondary Budget Manager*

Reyes, Elizabeth

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)**Amount* (?)**

2026

\$ 1,736,211.00

Fiscal Year* (?)**Amount* (?)**

2027

\$ 157,837.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts**Contract Funding Source***

County

Contract Content Changes

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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner**Contract Owner*** (?)

Please Select Contract Owner

Sean McElroy

Budget Manager Approval(s)

Approved by

Contract Owner Approval

Approved by

Contracts Approval**Approve*** Yes No, reject entire submission Return for correction

Approved by *

Belinda Sunde

Approval Date *

11/19/2025



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Select Header For This Contract *

Interlocal

Current Fiscal Year

2026

Contract ID#*

7089

Contractor Name *

Houston Downtown Management District ("HDMD")

Renewal Term Start Date

1/1/2026

Renewal Term End Date

12/31/2026

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)

Check all that Apply

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

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

Contract Description / Type

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

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 270,500.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Amber Honsinger

Contract Owner*

Kim Kornmayer

File Upload (?)**Renewal Determination**

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

Yes No

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

Provides access to the unhoused

Renewal Information for Next Fiscal Year**Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9238	\$ 270,500.00	540000

Budget Manager*

Oshman, Jodel

Secondary Budget Manager*

Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable (?)

NA

Project WBS (Work Breakdown Structure) (?)

NA

Fiscal Year* (?)

2026

Amount* (?)

\$ 270,500.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

Private Grant

Contract Content Changes**Are there any required changes to the contract language?* (?)** Yes No**Will the scope of the Services change?*** Yes No**Is the payment deadline different than net (45)?*** Yes No**Are there any changes in the Performance Targets?*** Yes No**Are there any changes to the Submission deadlines for notes or supporting documentation?*** Yes No**File Upload (?)****Contract Owner****Contract Owner* (?)**

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

*Jadel Oshman***Contract Owner Approval**

Approved by

*Kim Kornmayer***Contracts Approval**

Approved by

Belinda Stude

Approval Date

12/8/2025



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Select Header For This Contract *

Administration

Current Fiscal Year

2026

Contract ID#*

2022-0572

Contractor Name *

CyberOne, LLC

Renewal Term Start Date

12/8/2025

Renewal Term End Date

12/7/2026

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)

Check all that Apply

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

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

Contract Description / Type

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

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 215,785.00

Rate(s)/Rate(s) Description

\$215,785.00 annual fee. Three-year commitment paid annually (Commitment period ends on 12/7/2025).

Unit(s) Served*

1147

G/L Code(s)*

900020

Current Fiscal Year Purchase Order Number*

CT144508

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)**Evaluation of Current Fiscal Year Performance**

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Please Explain*

DNR - 3 year initial term has expired, and need new TagOn and 3 quotes.

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

N/A

Budget Manager Approval(s)**Approved by**

Sign

Contract Owner Approval**Approved by**

Mustafa Cochinwala

Contracts Approval**Approved by**

Belinda Stude

Approval Date

11/25/2025



Executive Contract Summary

Contract Section


Contractor*

Klein Independent School District

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/20/2026

Parties* (?)

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

Agenda Item Submitted For:* (?) (2)

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

Procurement Method(s)*

Check all that Apply

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

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

*

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

1/5/2026

Contract Term End Date* (?)

8/31/2026

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

2026

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

The Harris Center for Mental Health and IDD will be available to offer Klein ISD students and families mental health resources outside of the school day.

Contract Owner*

Tiffanie Williams-Brooks

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

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

Kalya Shaw

Address*

Street Address

7200 Spring Cypress Road

Address Line 2

City

State / Province / Region

Spring

TX

Postal / Zip Code

Country

77379

US

Phone Number*

832-249-4703

Email*

kshaw@kleinisd.net

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

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

Budget Manager	Secondary Budget Manager
Shelby, Debbie	Smith, Janai

Provide Rate and Rate Descriptions if applicable* (?)

0.00

Project WBS (Work Breakdown Structure)* (?)

0.00

Requester Name	Submission Date
Bowser, Mohagony	12/11/2025

Budget Manager Approval(s)



Approved by

Debbie Chambers Shelly

Approval Date

12/17/2025

Procurement Approval



File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

Shelby Williams-Bowen, MPA, LCSW

Approval Date

12/18/2025

Contracts Approval



Approve*

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

Approved by*

Belinda Stude

Approval Date*

12/30/2025



Executive Contract Summary

Contract Section



Select Header For This Contract *

Interlocal

Contractor *

Texas Department of Family and Protective Services

Contract ID # *

NA

Presented To *

- Resource Committee
- Full Board

Date Presented *

1/20/2026

Parties * (?)

Department of Family and Protective Services
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 MOU

Procurement Method(s) *

Check all that Apply

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

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

- Yes
- No

Funding Information *

- New Contract
- Amendment

Contract Term Start Date * (?)

12/8/2025

Contract Term End Date * (?)

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 * (?)

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

Contract Owner*

Lance Britt

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

MOU-ARP-DFPS Interlocal.docx

78.95KB

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

Facilitation of substance use and recovery services and referrals

Vendor/Contractor Contact Person**Name***

Leshia Fisher

Address*

Street Address

Texas Health and Human Services

Address Line 2

City

State / Province / Region

Austin

TX

Postal / Zip Code

Country

78751-2316

US

Phone Number*

936-525-2170

Email*

Leshia.Fisher@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.*
2802	\$ 0.00	NA
Budget Manager	Secondary Budget Manager	
Smith, Janai	Shelby, Debbie	

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name **Submission Date**
Boswell, Jennifer 12/8/2025

Budget Manager Approval(s)



Approved by

Approval Date

12/10/2025

Procurement Approval



File Upload (?)

Approved by

Approval Date

Contract Owner Approval



Approved by

Approval Date

12/12/2025

Contracts Approval



Approved by

Approval Date

12/16/2025



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2025

Contract ID#*

5736

Contractor Name*

University of Texas Health Science Center @ Houston - HCPC

Service Provided* (?)

Mental Health-In Patient Psychiatric Beds, Inpatient Competency Restoration, Voluntary/Involuntary Civic Beds and DFPS

Renewal Term Start Date*

9/1/2025

Renewal Term End Date*

8/31/2026

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

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

Contract Description / Type

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

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 48,255,298.00

Rate(s)/Rate(s) Description

\$700.00 per bed day; \$238,088 (Post-Charge Medication Reimbursement)

Unit(s) Served*

2221, 2186, 2252, 0000

G/L Code(s)*

543069, 543002, 543076, 126006

Current Fiscal Year Purchase Order Number*

CT144588-Competency, CT144589-Medication, CT144604-DFPS

Contract Requestor*

Lance Britt

Contract Owner*

Lance Britt

File Upload (?)**Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year?*** Yes No**Were Services delivered as specified in the contract?*** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession?*** Yes No**Did Contractor adhere to the contracted schedule?* (?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner?* (?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)** Yes No**Did Contractor render services consistent with Agency policy and procedures?* (?)** Yes No**Maintained legally required standards for certification, licensure, and/or training?* (?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor?* (?)** Yes No

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

Contractual requirement

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.*
2221	\$ 654,890.00	543069

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2222	\$ 4,467,600.00	543056

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9300	\$ 1,712,580.00	543059

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2186	\$ 35,551,204.00	543002

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2252	\$ 1,314,000.00	543076

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

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2026	\$ 49,610,274.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

49,610,274.00

Contract Funding Source*

State

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)

Approved by

Janai Lynnette Smith

Approved by

Debbie Chambers Shelly

Contract Owner Approval

Approved by

Lance Britt

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

12/18/2025

EXHIBIT R-8

JANUARY 2026

NEW CONTRACTS

100k – 250k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

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

JANUARY 2026
FISCAL YEAR 2026



Executive Contract Summary

Contract Section


Contractor*

Castor Security

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/20/2026

Parties* (?)

Castor Security and The Harris Center

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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

*

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

1/1/2026

Contract Term End Date* (?)

12/31/2027

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

2026

Amount* (?)

\$ 114,989.94

Fiscal Year* (?)	Amount* (?)
2027	\$ 114,989.94

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Provides real time Security as a Service and managed detection/response services

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

DTG - Wirespeed 2-Year Quote - DTGQ4734-01.pdf	152.07KB
The Harris Center Wirespeed Quote 1149 Rev 6.pdf	63.06KB
Wirespeed Direct 2-Year Quote 1062.pdf	46.43KB
Castor Security- COI.pdf	573.99KB
Castor Security 2025 W-9.pdf	212.46KB

Vendor/Contractor Contact Person**Name***

Jay McKinzie

Address*

Street Address

934 Chantilly Lane

Address Line 2

City

State / Province / Region

Houston

TX

Postal / Zip Code

Country

77018-3216

US

Phone Number*

832-596-5023

Email*

jmckinzie@castorsecurity.io

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 229,979.88	574000
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

\$114,989.94 per year for 2 years

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Hurst, Richard	11/25/2025

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

11/25/2025

Procurement Approval**File Upload (?)****Approved by***Sharon Brauner***Approval Date**

11/25/2025

Contract Owner Approval**Approved by***Mustafa Cochinwala***Approval Date**

11/30/2025

Contracts Approval**Approve***

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

Approved by *

Belinda Stude

Approval Date *

12/4/2025



Executive Contract Summary

Contract Section



Contractor*

Monica Hand

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/20/2026

Parties* (?)

Monica Hand and The Harris Center

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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* (?)

12/15/2025

Contract Term End Date* (?)

8/31/2026

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

Fiscal Year* (?)	Amount* (?)
2026	\$ 117,408.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Contractor will provide Epic EHR training and support

Contract Owner*

Lance Britt

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Please provide the HUB status*

WBE - Women owned business.

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

EXHIBIT A Monica Hand.docx

21.99KB

Vendor/Contractor Contact Person**Name***

Monica Hand

Address*

Street Address

210 Whiting Street

Address Line 2

Unit G

City

State / Province / Region

El Segundo

CA

Postal / Zip Code

Country

90245

USA

Phone Number*

805-215-2922

Email *

Monicanicolehand@gmail.com

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2975	\$ 58,704.00	540000

Budget Manager	Secondary Budget Manager
Shelby, Debbie	Smith, Janai

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
4975	\$ 58,704.00	540000

Budget Manager	Secondary Budget Manager
Shelby, Debbie	Smith, Janai

Provide Rate and Rate Descriptions if applicable * (?)

79.33/hour

Project WBS (Work Breakdown Structure) * (?)

N/A

Requester Name	Submission Date
Hurst, Richard	11/21/2025

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

11/21/2025

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Lance Britt

Approval Date

12/1/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

12/2/2025

EXHIBIT R-9

JANUARY 2026

AMENDMENTS 100k - 250k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

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

JANUARY 2026
FISCAL YEAR 2026



Executive Contract Summary

Contract Section


Contractor *

J Taylor & Associates

Contract ID # *

2024-0969

Presented To *

- Resource Committee
- Full Board

Date Presented *

1/20/2026

Parties * (?)

J Taylor & Associates and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

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

- Yes
- No

Funding Information *

- New Contract
- Amendment

Contract Term Start Date * (?)

9/1/2025

Contract Term End Date * (?)

8/31/2026

If contract is off-cycle, specify the contract term (?)
Current Contract Amount *

\$ 60,000.00

Increase Not to Exceed*

\$ 50,000.00

Revised Total Not to Exceed (NTE)*

\$ 110,000.00

Fiscal Year* (?)

2026

Amount* (?)

\$ 110,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This service provides support for physician compensation and to support financial services.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

We've been contracting with them for several years with the same services.

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

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

Frances M. Cintron

Address *

Street Address
4800 Overton Circle
Address Line 2

City	State / Province / Region
Fort Worth	TX
Postal / Zip Code	Country
76109-4428	US

Phone Number *

817-924-5900

Email *

fcintron@jtaylor.com

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

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

Budget Manager	Secondary Budget Manager
Moynihan, Kelly	Campbell, Ricardo

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No.*
1134	\$ 50,000.00	542000

Budget Manager	Secondary Budget Manager
Moynihan, Kelly	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable * (?)

NA

Project WBS (Work Breakdown Structure) * (?)

NA

Requester Name

Escobar, Ninja

Submission Date

11/20/2025

Budget Manager Approval(s)**Approved by**

Ricardo Campbell

Approval Date

11/21/2025

Contract Owner Approval**Approved by**

Ninfa Escobar

Approval Date

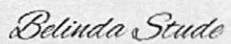
11/21/2025

Contracts Approval

Approve *

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

Approved by *

A handwritten signature in cursive script that reads "Belinda Stude".

Approval Date *

11/25/2025



Executive Contract Summary

Contract Section



Select Header For This Contract *

Administration

Contractor *

Stephanie Cunningham

Contract ID # *

2025-1004

Presented To *

- Resource Committee
- Full Board

Date Presented *

1/20/2026

Parties * (?)

The Harris Center Foundation of Mental Health and IDD, The Harris Center for Mental Health and IDD, and Stephanie Cunningham

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

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

- Yes
- No

Funding Information *

- New Contract
- Amendment

Contract Term Start Date * (?)

1/1/2026

Contract Term End Date * (?)

8/31/2026

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

Current Contract Amount*

\$ 60,000.00

Increase Not to Exceed*

\$ 40,000.00

Revised Total Not to Exceed (NTE)*

\$ 100,000.00

Fiscal Year* (?)**Amount* (?)**

2026

\$ 40,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Contract Owner*

Keena Pace

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

1/1/2025-1/31/2025

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)**How does this contract support Agency/Unit Strategic priorities?***

Executive Director for The Harris Center Foundation for Mental Health and IDD

Vendor/Contractor Contact Person**Name***

Stephanie Cunningham

Address *

Street Address

1106 River Bend Rd

Address Line 2

City

State / Province / Region

Sweeny

TX

Postal / Zip Code

Country

77480

US

Phone Number*

3468073823

Email *

stephanie.cunningham@theharriscenter.org

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 40,000.00	542000
Budget Manager		Secondary Budget Manager
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable * (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name**Submission Date**

Oquin, Shiela

12/8/2025

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

12/8/2025

Contract Owner Approval**Approved by***Keena Pace***Approval Date**

12/15/2025

Contracts Approval

Approved by

Belinda Stude

Approval Date

12/16/2025



Executive Contract Summary

Contract Section


Contractor *

Waste Management of Texas, Inc.

Contract ID #*

2022-0455

Presented To *

- Resource Committee
- Full Board

Date Presented *

1/20/2026

Parties * (?)

Waste Management and The Harris Center

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

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

*

- Yes
- No

Funding Information *

- New Contract
- Amendment

Contract Term Start Date * (?)

9/1/2025

Contract Term End Date * (?)

8/31/2026

If contract is off-cycle, specify the contract term (?)
Current Contract Amount *

\$ 100,000.00

Increase Not to Exceed*

\$ 5,500.00

Revised Total Not to Exceed (NTE)*

\$ 105,500.00

Fiscal Year* (?)**Amount* (?)**

2026

\$ 105,500.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

addition of services at 6168 South Loop East from Oct 2025 thru August 2026

Contract Owner*

Ben Mendez

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

2016 to present

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

Yes No Unknown

Please provide an explanation*

does not meet criteria

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

The Harris Center WW Proposal.PDF

22.99KB

Vendor/Contractor Contact Person**Name***

Waste Management / Ryan Ellis

Address*

Street Address

520 East Corporate Drive

Address Line 2

City

State / Province / Region

Lewisville

TX

Postal / Zip Code

Country

75057-6400

US

Phone Number*

2816028365

Email*

rellis6@wm.com

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 5,500.00	569006
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Moynihan, Kelly	

Provide Rate and Rate Descriptions if applicable* (?)

see attached, increasing contract by \$5,500 for new NTE of
\$105,500.00

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name**Submission Date**

Harper, Sarah

12/18/2025

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

12/18/2025

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

Sign

Approval Date**Contract Owner Approval**

Approved by



Approval Date

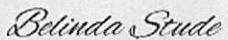
12/23/2025

Contracts Approval

Approve *

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

Approved by *



Approval Date *

12/31/2025

EXHIBIT R-10

JANUARY 2026
NEW CONTRACTS
UNDER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
NEW CONTRACTS
LESS THAN \$100,000JANUARY 2026
FISCAL YEAR 2026

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS						
	ADMINISTRATION						
1	Albertsons Safeway, LLC (Randalls Food & Drugs LP)	Pharmacy Drug Dispensing Services to provide Specialized packaging for ACT team patients with Medicaid, Medicare Part D or private insurance.	\$20,000.00	3/1/2026 - 8/31/2026	General Revenue (GR)	Request for Quote	On November 19th, 2025, a Request for Quotation (RFQ) was received for Pharmacy External Drug Dispensing Services. 216 vendors were notified and one quote was received and deemed responsive. Based on the project team's evaluation, it was recommended to award Albertsons Safeway, LLC for an initial one (1) year contract with four (4) optional annual renewals. FY26 NTE: \$20,000 with a total NTE \$100,000.00 funded annually for five years.
2	Binswanger Glass	Glass Doors Replacement at the 6160 South Loop East Location	\$41,569.00	11/17/2025 - 8/31/2026	General Revenue (GR)	Request for Quote	New Agreement for replacement of the old exterior glass doors at 6160 South Loop East to better secure the facility. [FY26 NTE: \$40,569.00 plus \$1,000.00 contingency].
3	DuraPier d/b/a Facilities Sources LTD	General Construction	\$12,605.38	11/24/2025 - 8/31/2026	General Revenue (GR)	Tag-On Choice Partners 87-25692R	New Agreement to construct an exam room for a new unit and additional millwork for storage.
4	LegalEASE Group	High-Quality Legal Services for Employees with access for Assistance with Various Legal Matters	\$0.00	1/1/2026 - 12/31/2026	General Revenue (GR)	..	New Agreement to provide Agency employees with access to affordable, high-quality legal services with various legal matter including estate planning, family law, real estate, and consumer protection. There is no cost to the Agency which is a pass through for employee payments from paychecks.
5	LivingWorks Education USA, Inc.	Suicide Prevention Training Services	\$56,700.00	11/19/2025 - 11/18/2026	State Grant	Sole Source	New Agreement to provide suicide prevention training with Living Works ASIST as required by grant.
6	Thomson Reuters Business	West Proflex Legal Subscription Services	\$2,445.00	9/1/2025 - 8/31/2028	General Revenue (GR)	Subscription Subscription	New Agreement to upgrade the current subscription to West Proflex for Legal Services and Contracts Department. Formerly known as Westlaw.
	CPEP/CRISIS SERVICES						
7	Phoenix House Texas	Staff Development, Training and Support Services	\$2,000.00	11/17/2025 - 8/31/2026	Federal Grant	..	New Agreement to provide Staff Development, Training and support for inpatient/outpatient substance use treatment, recovery and resources.
8	Principle HS LLC	Mobile X-Ray Services to Clients in Crisis at a Harris Center Crisis Facility	\$14,990.00	1/5/2026 - 8/31/2026	General Revenue (GR)	Request for Quote	A request for quote for a new vendor to provide mobile X-Ray Services was completed by Purchasing. The Crisis Services department recommendation is to move forward with Principle HS, LLS based on the best value. The contract is for an initial one (1) year contract with four (4) contract renewal options with an annual NTE: \$14,990.00. The total NTE for five years is \$74,950.00.
	FORENSICS						
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES						
	MENTAL HEALTH						
9	Kirsten Johnston	Program Management Services for the Continuity of Care ("COC") Department	\$71,354.00	11/14/2025 - 8/31/2026	State	..	New Agreement to provide Program Management services for network development team-bill invoice claiming, contract management and authority oversight for the COC department.



Award Recommendation
REQUEST FOR QUOTATION (RFQ)
PHARMACY EXTERNAL DRUG DISPENSING SERVICES FY26-0350

Purchasing received quotes for Pharmacy External Drug Dispensing Services on Wednesday, November 19, 2025.

Two hundred and four (204) vendors were identified in this area of interest from our procurement software and were notified of this opportunity. Twelve (12) vendors were identified from buyer research and previous vendor list were also notified of this opportunity. One (1) quote was received. The quote was deemed responsive and evaluated by the project team.

The Project Team consisted of the following members: Frances Otto, Buyer II, Luming Li, Chief Medical Officer, Holly Cumbie, Senior Director Pharmacy Programs, and Teri Garland, Pharmacy Operations Coordinator.

Based on the project team's evaluation of responses received, it is recommended to award Albertsons Safeway LLC. This recommendation is based on the team's belief that these vendors offer the best value to The Harris Center.

The initial contract period is anticipated to begin upon award of contract for one (1) base year with four (4) optional annual renewals at the sole discretion of The Harris Center based upon satisfactory performance and annual budget appropriations, which will be reviewed on an annual basis. The contract shall commence with a tentative commencement date, and shall remain in effect unless terminated, canceled, or extended. The first contract year will begin upon award of contract and end on August 31, 2026, subject to budget approval. The initial fiscal year budget requested is \$20,000.00, subject to the appropriation and availability of funds. The total NTE (Not to Exceed) requested for the five years is \$100,000.00 funded annually. The Funding Source is Pharmacy Operations (1135).

FY26 NTE: \$20,000.00

FY27 NTE: \$20,000.00

FY28 NTE: \$20,000.00

FY29 NTE: \$20,000.00

FY30 NTE: \$20,000.00

Submitted By:

DocuSigned by:

Frances Otto

18F5333C825405
 Frances Otto, CTCD
 Buyer II

Reviewed By:

DocuSigned by:

Nina Cook

516344091377403
 Nina Cook, MBA, CTCM, CTCD
 Purchasing Director

Recommended By:

DocuSigned by:

Stanley Adams

516344091377404
 Stanley Adams, MBA
 Chief Financial Officer



Executive Contract Summary

Contract Section


Contractor*

Albertsons Safeway, LLC

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/20/2026

Parties* (?)

The Harris Center for Mental Health and IDD and Safeway, Inc.

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

3/1/2026

Contract Term End Date* (?)

8/31/2026

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

2026

Amount* (?)

\$ 20,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

To meet the pharmacy drug dispensing services plan needs and provide specialized packaging for ACT team patients with Medicaid, Medicare Part D or private insurance.

Contract Owner*

Holly Cumbie

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

09/01/2025-02/28/2026

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

1-3-DEVIATION FORM 11.18.25.pdf	219.69KB
1-4-SIGNATURE PAGE 11.18.25.pdf	212.5KB
1-Evaluation criteria Answers 2.pdf	677.32KB
1-FRANCHISE TAX ACCOUNT STATUS.pdf	74.76KB
1-TX debarred-vendor-list.pdf	67.79KB
Albertsons Safeway LLC (LA 742382).pdf	294.36KB
Col Albertsons Companies Inc - The Harris Center for - 25112135045224 - 570116823190.pdf	589.32KB
Pricing Sheet Pharmacy External Drug Dispensing Services (BT-48BC) (2) (1).xlsx	48.4KB
SAM Search Results Albertsons Safeway.pdf	271.21KB
Complete_with_Docusign_AWARD_RECOMMENDATION_.pdf	255.72KB

Vendor/Contractor Contact Person**Name***

Julie Spier

Address*

Street Address

14610 Memorial Drive

Address Line 2

City

State / Province / Region

Houston

TX

Postal / Zip Code

Country

77079

United States

Phone Number*

7132683861

Email*

julie.spier@safeway.com

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 20,000.00	547003
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name**Submission Date**

Garland, Teri

12/21/2025

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

12/22/2025

Procurement Approval**File Upload (?)****Approved by***Sharon Brauner***Approval Date**

12/26/2025

Contract Owner Approval

Approved by

Holly Cumbie

Approval Date

12/26/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

12/29/2025



**6160 Improvements
Due Diligence Request for Quote
Project# FY26-0354**

Purchasing received a request from Karen Hurst, Assistant Director Facility Services, for the replacement of old glass exterior building doors at 6160 Sout Loop East. The replacement of the glass doors will assist with indoor temperature management.

The Facilities Services Department met with prospective vendors, and they provided quotes for the replacement of the glass doors.

Quotes for the three (3) vendors:

- **Binswanger Glass: \$40,569.00**
- **Facilities Sources: \$147,033.31**
- **Virtue Construction Partners LLC: \$56,422.13**

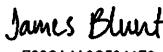
The Facility Services recommendation is to move forward with the vendor that meets all the team's requirements, price, and their plan for executing/phasing of the project.

Binswanger Glass

The total NTE (Not to Exceed) for a one (1) year contract is \$40,569.00 + \$1,000.00 for contingency = NTE \$41,569.00.

FY26 - \$41,569.00 (Funding Source: Unit 1126, GL Code 900040)

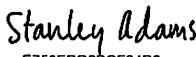
Submitted By:

 11/10/2025
James Blunt, C.P.M.
Buyer II

Recommended By:

 11/10/2025
Sharon Brauner, C.P.M., A.P.P.
Purchasing Manager

DocuSigned by:

 11/10/2025
Stanley Adams, MBA
Chief Financial Officer



Executive Contract Summary

Contract Section


Contractor*

Binswanger Glass

Contract ID #*

n/a

Presented To *

- Resource Committee
- Full Board

Date Presented*

1/20/2026

Parties* (?)

Binswanger Glass and The Harris Center

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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* (?)

11/17/2025

Contract Term End Date* (?)

8/31/2026

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

2026

Amount* (?)

\$ 41,569.00

Funding Source*

General Revenue (GR)

Contract Description / Type * (?)

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

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

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

FM25.1126.01 6160 Improvements - replacement of old exterior glass doors at 6160 South Loop East to better secure the facility - quote \$40,569.00 plus \$1,000.00 contingency for NTE of \$41,569.00 1126/900040

Contract Owner*

Karen Hurst

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

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

- Yes
- No
- Unknown

Please provide an explanation*

does not meet criteria

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Binswanger Enterprises W9 PO Box.pdf	100.06KB
Binswanger Quote 2025-10-13.pdf	58.39KB
COI - Binswanger exp 09_01_2026.pdf	22.63KB
Debarment - SAM.pdf	685.85KB
Debarment - Texas Franchise Tax.pdf	79KB
Due_Diligence_Letter_-_6160_Improvements.pdf	272.8KB

Vendor/Contractor Contact Person**Name***

Binswanger Glass / Ammie Read

Address*

Street Address

15116 Highway 3 #1

Address Line 2

City

State / Province / Region

Webster

TX

Postal / Zip Code

Country

77598

USA

Phone Number*

2813695608

Email*

aread@binswangerglass.com

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 41,569.00	900040

Budget Manager

Campbell, Ricardo

Secondary Budget Manager

Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

see attached quote - \$40,569.00 plus \$1,000.00 contingency
for NTE of \$41,569.00

Project WBS (Work Breakdown Structure)* (?)

FM25.1126.01 6160 Improvements

Requester Name

Harper, Sarah

Submission Date

11/12/2025

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

11/12/2025

Procurement Approval**File Upload (?)****Approved by***Sharon Brauner***Approval Date**

11/13/2025

Contract Owner Approval**Approved by***Karen E. Hurst***Approval Date**

11/13/2025

Contracts Approval

Approve*

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

Approved by *

Belinda Stude

Approval Date*

11/13/2025



**Millwork and Sink Addition
Due Diligence – Tag-on
Project# FY26-0361**

Purchasing received a request from Karen Hurst, Assistant Director Facility Services, for millwork on a storage room converted to exam room on the unit at NPC, 1502 Ben Taub Loop. The work consisted of the installation of one wall hung lavatory and one tall storage cabinet. Remove a mounted cabinet and re-install higher up on the wall.

The Facilities Services Department met with Dura Pier Facilities Services, LTD. The vendor provided a quote for the millwork and sink addition. Dura Pier Facilities Services has a contract with the purchasing cooperative, Choice Partners.

Quote for services:

- **Dura Pier Facilities Services: \$12,605.38**

The Facility Services recommendation is to move forward with the vendor that meets all the team's requirements, price, tag-on with Choice Partners and their plan for executing/phasing of the project.

Dura Pier Facilities Services, LTD

The total NTE (Not to Exceed) for a one (1) year contract is \$12,605.38.

FY26 - \$12,605.38 (Funding Source: Unit 9206, GL Code 557001)

Submitted By:

James Blunt

11/17/2025

P92CA44A6C5944F0
James Blunt, C.P.M.
Buyer II

Recommended By:

Sharon Brauner

11/17/2025

288C3C5A6B9941A
Sharon Brauner, C.P.M., A.P.P.
Purchasing Manager

DocuSigned by:

Stanley Adams

11/17/2025

E758EDD6BCF04D1
Stanley Adams, MBA
Chief Financial Officer



Executive Contract Summary

Contract Section


Contractor*

DuraPier dba Facilities Sources LTD

Contract ID #*

n/a

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/20/2026

Parties* (?)

DuraPier/The Harris Center

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

<input type="checkbox"/> Competitive Bid	<input type="checkbox"/> Competitive Proposal
<input type="checkbox"/> Request for Proposal	<input type="checkbox"/> Sole Source
<input type="checkbox"/> Request for Application	<input type="checkbox"/> Request for Qualification
<input type="checkbox"/> Request for Quote	<input checked="" type="checkbox"/> Tag-On
<input type="checkbox"/> Interlocal	<input type="checkbox"/> Consumer Driven
<input type="checkbox"/> Not Applicable (If there are no funds required)	<input checked="" type="checkbox"/> Other Choice Partners 87-25692R

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* (?)

11/24/2025

Contract Term End Date* (?)

8/31/2026

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

2026

Amount* (?)

\$ 12,605.38

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

exam room needed on new unit and additional millwork is needed for storage

Contract Owner*

Karen Hurst

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

various projects/services since FY20

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

Yes No Unknown

Please provide the HUB status*

MWBE - Minority or Women owned business enterprise.

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

87-25692R - 1502 Ben Taub Loop - Millwork Sink Addition (002).pdf	4.83MB
Debarment - SAMS.pdf	746.88KB
Debarment - Texas Tax Franchise.pdf	97.2KB
Project Request - Millwork Sink Addition (002).pdf	14.43KB
DuraPier Facilities Sources exp 8-29-2026 (002).pdf	103.85KB
SIGNED - Due_Diligence_Letter_-_Millwork_&_Sink_Addition (1).pdf	268.3KB

Vendor/Contractor Contact Person**Name***

DuraPier dba Facilities Sources LTD / Wayne Bryant

Address*

Street Address

PO Box 2016

Address Line 2

City

State / Province / Region

Houston

TX

Postal / Zip Code

Country

77347

USA

Phone Number*

7133375700

Email*

wayne@facilitiessources.com

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 12,605.38	557001

Budget Manager

Oshman, Jodel

Secondary Budget Manager

Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

see attached proposal

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Harper, Sarah

Submission Date

11/19/2025

Budget Manager Approval(s)**Approved by***Jodel Oshman***Approval Date**

11/19/2025

Procurement Approval**File Upload (?)****Approved by***Sharon Brauner***Approval Date**

11/19/2025

Contract Owner Approval**Approved by***Karen E. Hurst***Approval Date**

11/19/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

11/20/2025



Executive Contract Summary

Contract Section


Contractor*

LegalEASE Group

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/20/2026

Parties* (?)

The Harris Center for Mental Health and IDD and LegalEase

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 There is no cost to THC, we are a pass through for employee payments from paychecks.

Procurement Method(s)*

Check all that Apply

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

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

*

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

1/1/2026

Contract Term End Date* (?)

12/31/2026

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

Fiscal Year* (?)	Amount* (?)
2026	\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

To provide employees with access to affordable, high-quality legal services that help protect their personal and financial well-being. The LegalEASE plan offers expert assistance for a wide range of legal matters—including estate planning, family law, real estate, and consumer protection—helping employees manage life events with confidence and reducing stress that can affect workplace productivity.

Contract Owner*

Kip Baughman

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Employer Agreement_TheHarrisCenter.docx

116.79KB

Vendor/Contractor Contact Person**Name***

Bobby Heaston

Address*

Street Address

5151 San Felipe St ste 2300

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77056-3607

Country

US

Phone Number*

713-785-7400 ext 3003

Email *

bobby_heston@legaleaseplan.com

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

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

Budget Manager	Secondary Budget Manager
Moynihan, Kelly	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable * (?)

No cost to THC, it's employee paid

Project WBS (Work Breakdown Structure) * (?)

n/a

Requester Name	Submission Date
Abraham, Suja	10/24/2025

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

10/24/2025

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

Sign

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

10/27/2025

Contracts Approval**Approve ***

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

Approved by*

Belinda Stude

Approval Date*

11/10/2025



Executive Contract Summary

Contract Section



Select Header For This Contract *

Administration

Contractor *

LivingWorks Education USA, Inc.

Contract ID # *

2025-1147

Presented To *

- Resource Committee
- Full Board

Date Presented *

1/20/2026

Parties * (?)

The Harris Center and Living Works

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

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

- Yes
- No

Funding Information *

- New Contract
- Amendment

Contract Term Start Date * (?)

11/19/2025

Contract Term End Date * (?)

11/18/2026

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

Fiscal Year* (?)	Amount* (?)
2026	\$ 56,700.00

Funding Source*

State Grant

Contract Description / Type * (?)

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

Contract Owner*

Trudy Leidich

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*
unknown. FY24

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

The Harris Center LW ASIST v12 T4T Jan 2025 00000970 (002).pdf 254.88KB

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

Grant required; Please note a PO has already been issued for this payment.

Vendor/Contractor Contact Person**Name***

Mike Kinzel

Address*

Street Address

on file

Address Line 2

City

State / Province / Region

on file

Texas

Postal / Zip Code

Country

on file

USA

Phone Number*

587 482-2029

Email*

mike.kinzel@livingworks.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1182	\$ 56,700.00	542000
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

See attached document

Project WBS (Work Breakdown Structure)* (?)

See attached

Requester Name	Submission Date
Bittner, Tiffany	11/19/2025

Budget Manager Approval(s)

Approved by*Ricardo Campbell***Approval Date**

11/19/2025

Procurement Approval

File Upload (?)**Approved by***Sharon Brauner***Approval Date**

11/20/2025

Contract Owner Approval

Approved by*Gertrude Leidich***Approval Date**

11/20/2025

Contracts Approval

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

11/25/2025



Executive Contract Summary

Contract Section


Contractor*

Thomson Reuters Business

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

11/11/2025

Parties* (?)

The Harris Center for Mental Health and IDD and Thomson Reuters Business

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2025

Contract Term End Date* (?)

8/31/2028

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

2026

Amount* (?)

\$ 2,445.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Upgrading Thomson Reuters subscription to West Proflex for Legal Services and Contracts Department. Minimum terms - 36 months

Contract Owner*

Kendra Thomas

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

May 1, 2014 to present

Thomson Reuters - Westlaw Subscription Services

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

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

Randy Lysdale

Address*

Street Address

Thomson Reuters-West Payment Center

Address Line 2

P.O.Box 6292

City

State / Province / Region

Carol Stream

IL

Postal / Zip Code

Country

60197

US

Phone Number*

646-540-3000

Email*

randy.lysdale@thomsonreuters.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No.*
1110	\$ 2,445.00	574000

Budget Manager	Secondary Budget Manager
Moynihan, Kelly	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable * (?)

NA

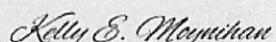
Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Gerardo, Christina	10/17/2025

Budget Manager Approval(s)

Approved by



Approval Date

10/20/2025

Procurement Approval

File Upload (?)

Approved by



Approval Date

Contract Owner Approval

Approved by



Approval Date

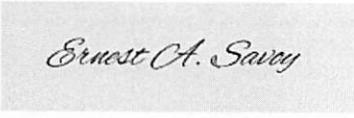
10/27/2025

Contracts Approval

Approve *

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

Approved by *



Approval Date *

10/30/2025



Executive Contract Summary

Contract Section



Select Header For This Contract *

CPEP/Crisis Services

Contractor *

Phoenix House Texas

Contract ID # *

2025-1148

Presented To *

- Resource Committee
- Full Board

Date Presented *

1/20/2026

Parties * (?)

The Harris Center Substance Use Disorder Outreach Program (SUDOP), Projects for Assistance in Transitioning from Homelessness (PATH) and Phoenix House Texas

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 Training and support for inpatient/outpatient substance use treatment, recovery and resources.

Procurement Method(s) *

Check all that Apply

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

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

- Yes
- No

Funding Information *

- New Contract
- Amendment

Contract Term Start Date * (?)

11/17/2025

Contract Term End Date * (?)

8/31/2026

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

Fiscal Year* (?) **Amount*** (?)
2026 \$ 2,000.00

Funding Source*

Federal Grant

Contract Description / Type* (?)

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

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

PHT W9.pdf 407.62KB

The Harris Center for Mental Health and IDD_Phoenix Houses of Texas
Inc._25-26 Master wPL_11-18-2025_233988211.pdf 93.28KB

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

Staff Development, Training and support for inpatient/outpatient substance use treatment, recovery and resources.

Vendor/Contractor Contact Person**Name***

Drew Dutton, President and CEO

Address*

Street Address

2345 Reagan Street

Address Line 2

City

State / Province / Region

Dallas

TX

Postal / Zip Code

Country

75219-3225

US

Phone Number*

817-932-5050

Email*

DDutton@phoenixhousetx.org

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9263	\$ 2,000.00	549005

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

\$1000.00 Bi-Annual Training (\$2000 yearly)

Project WBS (Work Breakdown Structure)* (?)

\$1000.00 Bi-Annual (\$2000.00 yearly)

Requester Name	Submission Date
Sesay, Omar	11/13/2025

Budget Manager Approval(s)**Approved by***Jodel Oshman***Approval Date**

11/13/2025

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

Sign

Approval Date**Contract Owner Approval****Approved by***Kim Kornmayer***Approval Date**

11/17/2025

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

11/21/2025



**Due Diligence Review
REQUEST FOR QUOTE
Mobile X-Ray Services
Project #FY26-0345**

Purchasing received a request from the Crisis Services Department for Mobile X-Ray Services.

Twelve (12) vendors were identified in this area of interest by our procurement Software and were notified of this opportunity. Twenty-one (21) vendors were identified from buyer research and previous vendor list were also contacted. Two responses were received.

The Project Team consisted of the following members: Rosalind Armstrong, Buyer II, Priscilla Ramirez, Budget Manager (CPEP), Evelyn Locklin, Senior Director, Emergency Services and Residential Programs, Kim Kornmayer, Vice President for Crisis Services, Ricardo Veyna, Nurse Manger, Christopher Villarete, Nursing Supervisor, Giovanni Puente, Budget Analyst CPEP, and, Kristi Gertson, Sr. Director - Nurse Division.

The Crisis Services department recommendation is to move forward with Principle HS LLC based on best value.

The initial contract period is anticipated to begin upon award of the contract for one (1) base year with four (4) optional annual renewals at the sole discretion of The Harris Center based upon satisfactory performance and annual budget appropriations, which will be reviewed on an annual basis. The contract shall commence with a tentative commencement date, and shall remain in effect unless terminated, canceled, or extended. Subsequent contract years will begin on September 1st and end on August 31st.

The initial fiscal year budget requested is \$14,990.00, subject to the appropriation and availability of funds. The total NTE (Not to Exceed) requested for the five years is \$74,950.00 funded annually. The charges will be allocated for various units using the service.

FY26 NTE- \$14,990.00

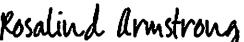
FY27 NTE- \$14,990.00

FY28 NTE- \$14,990.00

FY29 NTE- \$14,990.00

FY30 NTE- \$14,990.00

Submitted By:


Rosalind Armstrong
Buyer II

DCB20BC5E5874BB
Rosalind Armstrong, BSBA

Buyer II

5103740933774C8
Nina Cook, MBA, CTCM, CTCD
Director of Purchasing

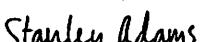
5103740933774C8
Nina Cook, MBA, CTCM, CTCD
Director of Purchasing

Reviewed By:


Sharon Brauner
258C3C5A6EFF941B
Sharon Brauner, C.P.M., A.P.P.
Purchasing Manager

5103740933774C8
Sharon Brauner, C.P.M., A.P.P.
Purchasing Manager

Recommended By:


Stanley Adams
5103740933774C8
Stanley Adams, MBA
Chief Financial Officer

5103740933774C8
Stanley Adams, MBA
Chief Financial Officer



Executive Contract Summary

Contract Section


Contractor*

Principle HS LLC

Contract ID #*

na

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/20/2026

Parties* (?)

Principle HS LLC and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

12/22/2025

Contract Term End Date* (?)

8/31/2026

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

2026

Amount* (?)

\$ 14,990.00

Fiscal Year* (?)	Amount* (?)
2027	\$ 14,990.00
Fiscal Year* (?)	Amount* (?)
2028	\$ 14,990.00
Fiscal Year* (?)	Amount* (?)
2029	\$ 14,990.00
Fiscal Year* (?)	Amount* (?)
2030	\$ 14,990.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

To provide mobile X-ray services to clients in crisis at a Harris Center crisis facility.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

COI 2025-2026.pdf	15.33KB
debarred-vendor-list (002).pdf	67.8KB
Due_Diligence-Mobile_X-Ray_Services_-_RA_12-9-2025.doc.pdf	165.51KB
FRANCHISE TAX ACCOUNT STATUS-PHS 1125.pdf	36.62KB
Principle Health - 2024 Audit - Final.pdf	1.54MB
SAM.GOV.pdf	82.03KB
The Harris Center for Mental Health and IDD - Pricing Sheet- Mobile X-Ray Service (1) (4).xlsx	11.91KB
2023 W9 PHS (1).pdf	100.03KB

Vendor/Contractor Contact Person**Name***

Chris Light

Address *

Street Address

16840 Buccaneer Lane STE 261

Address Line 2

City

State / Province / Region

Houston

TX

Postal / Zip Code

Country

77058

US

Phone Number *

8329325968

Email *

clight@principlehs.com

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No.*
9205	\$ 8,200.00	543031

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No.*
9209	\$ 1,100.00	543031

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No.*
9403	\$ 1,890.00	543031

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No.*
9407	\$ 450.00	543031

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No.*
9261	\$ 150.00	543031

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No.*
9264	\$ 350.00	543031

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 350.00	543031
Budget Manager		Secondary Budget Manager
Ramirez, Priscilla		Puente, Giovanni
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9405	\$ 2,500.00	543031
Budget Manager		Secondary Budget Manager
Ramirez, Priscilla		Puente, Giovanni

Provide Rate and Rate Descriptions if applicable* (?)

See the attached document.

Project WBS (Work Breakdown Structure)* (?)

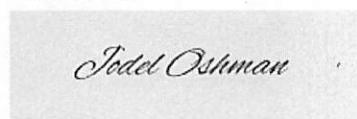
na

Requester Name	Submission Date
Singh, Patricia	12/10/2025

Budget Manager Approval(s)



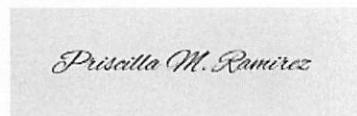
Approved by



Approval Date

12/10/2025

Approved by



Approval Date

12/10/2025

Procurement Approval



File Upload (?)

Approved by



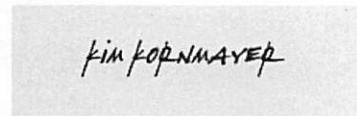
Approval Date

12/10/2025

Contract Owner Approval



Approved by



Approval Date

12/11/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

12/16/2025



Executive Contract Summary

Contract Section


Contractor *

kirsten Johnston

Contract ID #*

NA

Presented To *

- Resource Committee
- Full Board

Date Presented *

1/20/2026

Parties * (?)

Kirsten Johnston

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

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

- Yes
- No

Funding Information *

- New Contract
- Amendment

Contract Term Start Date * (?)

11/14/2025

Contract Term End Date * (?)

8/31/2026

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

9/1/25 to 8/31/26

Fiscal Year * (?)

2026

Amount * (?)

\$ 71,354.00

Funding Source*

State

Contract Description / Type* (?)

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

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

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

Existing employee moved out of state. Contracting with her to continue to provide services in network development team-bill invoice claiming, contract management, authority oversight

Contract Owner*

Lance Britt

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

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

Kirsten Johnston

Address*

Street Address

12666 Cove St

Address Line 2

City

State / Province / Region

longmont

co

Postal / Zip Code

Country

80504

United States

Phone Number*

832-926-6247

Email*

kirsten.johnston@theharriscenter.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1131	\$ 71,354.00	542000
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Smith, Janai	

Provide Rate and Rate Descriptions if applicable* (?)

\$30.34/hr

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Manley, Cami

Submission Date

10/14/2025

Budget Manager Approval(s)



Approved by

Debbie Chambers Shelby

Approval Date

10/14/2025

Procurement Approval



File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

Lance Britt

Approval Date

10/15/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

11/11/2025

EXHIBIT R-11

JANUARY 2026

AMENDMENTS UNDER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

**SNAPSHOT SUMMARY
CONTRACT AMENDMENTS
LESS THAN \$100,000**

JANUARY 2026
FISCAL YEAR 2026



Executive Contract Summary

Contract Section


Contractor *

Alpha Demolition & Remediation, LLC

Contract ID #*

2025-1055

Presented To *

- Resource Committee
- Full Board

Date Presented*

1/20/2026

Parties * (?)

Alpha Demolition & The Harris Center

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date * (?)

4/14/2025

Contract Term End Date * (?)

12/31/2025

If contract is off-cycle, specify the contract term (?)
Current Contract Amount*

\$ 73,353.00

Increase Not to Exceed*

\$ 4,000.00

Revised Total Not to Exceed (NTE)*

\$ 77,353.00

Fiscal Year* (?)

2026

Amount* (?)

\$ 77,353.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

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

Need to increase the NTE for modifications and changes made to the scope of work, proposal for the change in scope attached to remove a wall and create a door, Current PO NTE is \$73,353.00, increasing by \$4,000.00 for new NTE of \$77,353.00 in 1126/900040 for FM25.1126.01 6160 Improvements

Contract Owner*

Karen Hurst

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

current contract, remediation services

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

alphademolitionremediationllc_estimate_2025-301.pdf	109.31KB
alphademolitionremediationllc_estimate_2025-305 2.pdf	106.47KB

Vendor/Contractor Contact Person**Name***

Alpha Demolition & Remediation, LLC / Jose Fraire

Address *

Street Address

7710 Cherry Park Drive

Address Line 2

City

State / Province / Region

Houston

TX

Postal / Zip Code

Country

77095

US

Phone Number*

3468047589

Email *

jose@alphadr-tx.com

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 4,000.00	900040
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable * (?)

see attached proposals, increase current NTE of \$73,353.00
by \$4,000.00 to new NTE of \$77,353.00

Project WBS (Work Breakdown Structure)* (?)

FM25.1126.01 6160 Improvements

Requester Name**Submission Date**

Harper, Sarah

11/5/2025

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

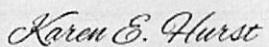
11/5/2025

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

Sign

Contract Owner Approval

Approved by



Approval Date

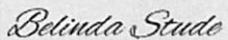
11/5/2025

Contracts Approval

Approve*

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

Approved by *



Approval Date*

11/5/2025



Executive Contract Summary

Contract Section


Contractor*

BDO USA, P.C.

Contract ID #*

2025-1052

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/20/2026

Parties * (?)

BDO USA, P.C. & The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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

*

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

5/1/2025

Contract Term End Date* (?)

8/31/2026

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

Administrative Change

Current Contract Amount*

\$ 84,000.00

Increase Not to Exceed*

\$ 12,000.00

Revised Total Not to Exceed (NTE)*

\$ 96,000.00

Fiscal Year* (?)**Amount* (?)**

2025

\$ 84,000.00

Fiscal Year* (?)**Amount* (?)**

2026

\$ 12,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

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

6. Innovation

6.1 Enhance financial platforms with technology integration

Contract Owner*

Stanley Adams

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

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

Corey Eide

Address*

Street Address

2300 Patterson Avenue SouthEast

Address Line 2

Suite 100

City

State / Province / Region

Grand Rapids

MI

Postal / Zip Code

Country

49512

United States

Phone Number*

703-770-1079

Email*

stateandlocal@bdo.com

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 96,000.00	542000
Budget Manager		Secondary Budget Manager
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

285 x\$295 = \$84,000.00
 2 x \$3540.00 & 1 x \$1180.00 = \$8,260.00 (Fees)
 2 x\$1750.00 = \$3,500.00 (Est Travel Costs)

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name**Submission Date**

Oquin, Sheila

12/16/2025

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

12/16/2025

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

Sign

Contract Owner Approval

Approved by

Stanley Corwin Adams

Approval Date

12/17/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

12/18/2025



Executive Contract Summary

Contract Section


Contractor*

BoardBookit, Inc. d/b/a Govenda

Contract ID #*

2021-0047

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/20/2026

Parties* (?)

BoardBookit and The Harris Center

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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

*

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

1/15/2025

Contract Term End Date* (?)

11/15/2026

If contract is off-cycle, specify the contract term (?)
Current Contract Amount*

\$ 3,000.00

Increase Not to Exceed*

\$ 12,000.00

Revised Total Not to Exceed (NTE)*

\$ 15,000.00

Fiscal Year* (?)**Amount* (?)**

2026

\$ 15,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Board Portal to make Board Process easier and materials easily accessible

Contract Owner*

Wayne Young

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY2025

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

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

Board Book it, Inc.

Address *

Street Address
900 Parish Street
Address Line 2
Suite 102
City
Pittsburgh
Postal / Zip Code
15220

State / Province / Region
PA
Country
US

Phone Number *

412-436-5180

Email *

more@onboardmeetings.com

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1101	\$ 12,000.00	542000
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable * (?)

n/a

Project WBS (Work Breakdown Structure) * (?)

n/a

Requester Name

Franco, Veronica

Submission Date

10/17/2025

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

10/17/2025

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

10/24/2025

IT Approval Comments

Approved - AJones

Procurement Approval

File Upload (?)

Approved by

Approval Date

Sign

Contract Owner Approval



Approved by

Approval Date

10/30/2025

Contracts Approval

Approve *

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

Approved by *

Approval Date *

11/3/2025



Executive Contract Summary

Contract Section


Contractor*

Highspring

Contract ID #*

2021-0145

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/20/2026

Parties * (?)

The Harris Center and Highspring

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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

*

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2025

Contract Term End Date* (?)

8/31/2026

If contract is off-cycle, specify the contract term (?)
Current Contract Amount*

\$ 1.00

Increase Not to Exceed*

\$ 55,000.00

Revised Total Not to Exceed (NTE)*

\$ 55,001.00

Fiscal Year* (?)**Amount* (?)**

2026

\$ 55,001.00

Funding Source*

State Grant

Contract Description / Type* (?)

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

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

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

Create electronic forms in EPIC for IDD

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

FY21-FY25

Electronic Forms Building

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

FundingDoc.docx

62.27KB

Highspring LLC- Name change and Renewal- FY26 - FE.pdf

1.57MB

Vendor/Contractor Contact Person**Name***

Paul Meyer

Address*

Street Address
5501 Virginia Way

Address Line 2

City	State / Province / Region
Brentwood	TN
Postal / Zip Code	Country
37027-7680	US

Phone Number*

281-705-2368

Email*

paul.meyer@highspring.com

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3971	\$ 55,000.00	542000
Budget Manager		Secondary Budget Manager
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

\$120.00-\$150.00/hour depending on experience

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hurst, Richard

Submission Date

11/25/2025

Budget Manager Approval(s)**Approved by***Ericka Degracia***Approval Date**

11/25/2025

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

Sign

Approval Date**Contract Owner Approval**

Approved by

Mustafa Cochinnala

Approval Date

11/30/2025

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

12/1/2025



Executive Contract Summary

Contract Section


Contractor*

Humble Elevator Service Inc

Contract ID #*

2024-0908

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/20/2026

Parties* (?)

The Harris Center for MH and IDD and Humble Elevator Service Inc

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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

- Yes
- No

Funding Information *

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2025

Contract Term End Date* (?)

8/31/2026

If contract is off-cycle, specify the contract term (?)
Current Contract Amount*

\$ 11,885.84

Increase Not to Exceed*

\$ 6,318.04

Revised Total Not to Exceed (NTE)*

\$ 18,203.88

Fiscal Year* (?)**Amount* (?)**

2026

\$ 18,203.88

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

To Add 3809 Main St and 1104 Alabama

Service for these two buildings will begin 1/2/2026

Contract Owner*

Ben Mendez

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

2015 to Present

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

2025 AMENDMENT 01 - Additional locations.pdf

373.62KB

Vendor/Contractor Contact Person**Name***

Linda Whitney

Address*

Street Address
P. O. Box 2948
Address Line 2
140 A S. Houston Ave, STE 600

City	State / Province / Region
Humble	TX
Postal / Zip Code	Country
77347	US

Phone Number*

2815402698

Email*

helpdesk@humbleelevator.com

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 6,318.04	569009
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Moynihan, Kelly	

Provide Rate and Rate Descriptions if applicable* (?)

See Attached.

Adding \$6,318.04 for two locations

Total NTE \$18,203.88

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Cantu-Espinoza, Lisa

Submission Date

12/10/2025

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

12/10/2025

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

Sign

Contract Owner Approval

Approved by

Ben Mendez

Approval Date

12/11/2025

Contracts Approval

Approve*

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

Approved by *

Belinda Stude

Approval Date*

12/15/2025



Executive Contract Summary

Contract Section


Contractor*

TE-KO Contractors Inc

Contract ID #*

2025-1090

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/20/2026

Parties* (?)

TE-KO and The Harris Center

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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* (?)

7/1/2025

Contract Term End Date* (?)

12/31/2025

If contract is off-cycle, specify the contract term (?)
Current Contract Amount*

\$ 45,047.00

Increase Not to Exceed*

\$ 9,348.00

Revised Total Not to Exceed (NTE)*

\$ 54,395.00

Fiscal Year* (?)

2026

Amount* (?)

\$ 54,395.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

PO CT# 144991 - need to add \$9,348.00 to NTE due to wall damage that was found after flooring abatement was completed along the baseboard portion of the walls in various rooms, and the purchase and installation of the vinyl wall mural for the lobby. Current contract amount is \$45,047.00, need to increase by \$9,348.00, for total NTE of \$54,395.00 on project FM25.1126.01 6160 Improvements thru 1126/900040 (\$500 contingency for issues that may arise when doing the vinyl wall mural)

Contract Owner*

Karen Hurst

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

2012 to present / painting

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

Yes No Unknown

Please provide an explanation*

does not meet criteria

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

TEKO Harris Center 6160 South Loop East.pdf	968.18KB
ContractManagement_002.pdf	306.42KB

Vendor/Contractor Contact Person**Name***

Te-Ko Contractors Inc / Sud Pugil

Address *

Street Address
1310 Boyles Street
Address Line 2
City
Houston
Postal / Zip Code
77020-7537

State / Province / Region

TX

Country

US

Phone Number *

71367575821

Email *

sud.pugil@tekocontractors.com

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1126	\$ 9,348.00	900040
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable * (?)

see attached quote (\$8,848.00 plus \$500 contingency for wall mural - total increase of \$9,348.00)

Project WBS (Work Breakdown Structure) * (?)

FM25.1126.01 6160 Improvements

Requester Name

Harper, Sarah

Submission Date

11/4/2025

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

11/4/2025

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

Sign

Approval Date**Contract Owner Approval**

Approved by



Approval Date

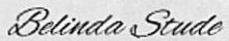
11/4/2025

Contracts Approval

Approve *

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

Approved by *



Approval Date *

11/5/2025



Executive Contract Summary

Contract Section


Contractor*

The Ballroom at Tanglewood

Contract ID #*

2025-1136

Presented To *

- Resource Committee
- Full Board

Date Presented*

1/20/2026

Parties* (?)

The Ballroom at Tanglewood and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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* (?)

11/1/2025

Contract Term End Date* (?)

8/31/2026

If contract is off-cycle, specify the contract term (?)
Current Contract Amount*

\$ 16,000.00

Increase Not to Exceed*

\$ 1,000.00

Revised Total Not to Exceed (NTE)*

\$ 17,000.00

Fiscal Year* (?)

2026

Amount* (?)

\$ 17,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

We are utilizing this venue for the annual employee recognition luncheon.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

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

Craig Howard

Address*

Street Address

560 Texas Avenue

Address Line 2

City

State / Province / Region

Houston

TX

Postal / Zip Code

Country

77002

US

Phone Number*

713-400-1299

Email*

craig@theballroomhouston.com

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

1108

Amount Charged to Unit*

\$ 17,000.00

Expense/GL Code No.*

549009

Budget Manager

Moynihan, Kelly

Secondary Budget Manager

Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Escobar, Ninfa

Submission Date

11/11/2025

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

11/12/2025

Contract Owner Approval**Approved by***Ninfa Escobar***Approval Date**

11/12/2025

Contracts Approval**Approve***

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

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

11/12/2025



Executive Contract Summary

Contract Section


Contractor*

Xerox Corporation

Contract ID #*

2021-0236

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/20/2026

Parties* (?)

Xerox and The Harris Center

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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

*

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2025

Contract Term End Date* (?)

8/31/2026

If contract is off-cycle, specify the contract term (?)
Current Contract Amount*

\$ 16,987.05

Increase Not to Exceed*

\$ 26,312.95

Revised Total Not to Exceed (NTE)*

\$ 43,300.00

Fiscal Year* (?)**Amount* (?)**

2026

\$ 43,300.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

<input type="checkbox"/> Personal/Professional Services	<input type="checkbox"/> Consultant
<input type="checkbox"/> Consumer Driven Contract	<input type="checkbox"/> New Contract/Agreement
<input type="checkbox"/> Memorandum of Understanding	<input checked="" type="checkbox"/> Amendment to Existing Contract
<input type="checkbox"/> Affiliation or Preceptor	<input type="checkbox"/> Service/Maintenance
<input type="checkbox"/> BAA/DUA	<input type="checkbox"/> IT/Software License Agreement
<input type="checkbox"/> Pooled Contract	<input type="checkbox"/> Lease
<input type="checkbox"/> Renewal of Existing Contract	<input checked="" type="checkbox"/> Other CT145288

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

Printshop services for The Harris Center

Increase to pay for past FY2025 services and also adjust for FY2026 services.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY2021-FY2025

Print Shop Equipment

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

Yes No Unknown

Please provide an explanation*

N/A

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

2021-0236 - Xerox (Mail Room) - Service Level Agreement - Fully Executed.pdf

10.36MB

Vendor/Contractor Contact Person**Name***

Kurt Gilbert

Address *

Street Address
PO Box 674911
Address Line 2
City
Dallas
Postal / Zip Code
75267

State / Province / Region
TX
Country
United States

Phone Number *

800-413-3526

Email *

kgilbert@dahill.com

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1107	\$ 43,300.00	552002
Budget Manager	Secondary Budget Manager	
Moynihan, Kelly	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable * (?)

\$1022 per month
RATE: Xerox V280 Color MFP -
\$551.02 per month (Color
Copies - \$0.030 per copy;
Black and White Copies -
\$0.006 per copy). Xerox
PrimeLink B9125 B&W MFP -
\$455.60 per month (Black and
White Copies - \$.003 per
copy).

Project WBS (Work Breakdown Structure) * (?)

N/A

Requester Name

Hurst, Richard

Submission Date

11/5/2025

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

11/6/2025

Procurement Approval**File Upload (?)**

Approved by

Approval Date

Sign

Contract Owner Approval



Approved by

Approval Date

Mustafa Cochranwala

11/6/2025

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

11/6/2025

EXHIBIT R-12

JANUARY 2026

**AFFILIATION AGREEMENTS,
GRANTS, MOU'S AND
REVENUES**

INFORMATION ONLY

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY AFFILIATIONS, REVENUE, AND MOUs

JANUARY 2026
FISCAL YEAR 2026



Executive Contract Summary

Contract Section


Contractor*

Harmony House

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/20/2026

Parties* (?)

Harmony House and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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

*

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

1/1/2026

Contract Term End Date* (?)

8/31/2026

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

FY26

Fiscal Year* (?)

2026

Amount* (?)

\$ 0.00

Funding Source *

Private Pay Source

Contract Description / Type * (?)

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

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

The Harris Center and Harmony House will work collaboratively to provide both behavioral health and housing supports to mutual clients housed at Harmony House locations. Behavioral Health and housing information will be shared between agencies on an as needed basis to ensure housing and health stability.

Contract Owner *

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor *

Yes No Unknown

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

Yes No Unknown

Community Partnership * (?)

Yes No Unknown

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

Preston Witt

Address *

Street Address

702 Girard Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77007

Country

US

Phone Number *

713-221-6213

Email *

preston_witt@harmonyhouse.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9245	\$ 0.00	NA

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Oshman, Jodel

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Honsinger, Amber	12/8/2025

Budget Manager Approval(s)

Approved by



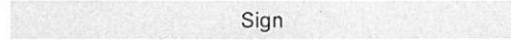
Approval Date

12/9/2025

Procurement Approval

File Upload (?)

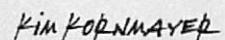
Approved by



Approval Date

Contract Owner Approval

Approved by



Approval Date

12/10/2025

Contracts Approval

Approve*

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

Approved by *



Approval Date*

12/15/2025



Executive Contract Summary

Contract Section



Contractor*

TC Practice Management, LLC d/b/a Texas Clinic

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/20/2026

Parties* (?)

The Harris Center for Mental Health and IDD and TC Practice Management, LLC d/b/a Texas Clinic-Texas Clinic Healthcare System
(Texas Clinic Fulton, Galleria, Grand Parkway, Melbourne, and Westview)

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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

*

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

1/5/2026

Contract Term End Date* (?)

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* (?)

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

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

The purpose of this Memorandum of Understanding (MOU) is to establish a non-financial, collaborative partnership between The Harris Center for Mental Health and IDD ("The Harris Center") and Texas Clinic Healthcare System ("Texas Clinic") to expand access to opioid treatment, primary and dental care, behavioral health, peer support services, and community education. Together, our organizations aim to improve treatment access for individuals with Opioid Use Disorder (OUD), enhance coordinated car

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

9/1/24-6-30-25. MAT Services (contract)

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

TC Practice Management, LLC d/b/a Texas Clinic

Supporting Documentation Upload (?)

THE HARRIS CENTER MOUD 08-31-26.docx

25.25KB

Vendor/Contractor Contact Person**Name***

Zeeshan Shamsi, Director of Operations

Address *

Street Address
6501 Fulton St
Address Line 2

City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77022-5905	US

Phone Number*

(713) 694 8100

Email*

zeeshan@texasclinic.com

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

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

Provide Rate and Rate Descriptions if applicable* (?)

0.00

Project WBS (Work Breakdown Structure)* (?)

0.00

Requester Name

Sesay, Omar

Submission Date

12/22/2025

Budget Manager Approval(s)**Approved by***Jodel Oshman***Approval Date**

12/22/2025

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

Sign

Approval Date**Contract Owner Approval**

Approved by

Kim Kornmayer

Approval Date

12/23/2025

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

12/31/2025



Executive Contract Summary

Contract Section


Contractor*

The Women's Home

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/20/2026

Parties* (?)

The Harris Center Projects for Assistance in Transition from Homelessness (PATH) and Substance Use Disorder Outreach Program (SUDOP) MOU with The Women's Home.

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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

*

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

11/11/2025

Contract Term End Date* (?)

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* (?)

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

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

The purpose of this MOU is to outline the responsibilities of both Parties in relation to a collaboration of services to ensure that Consumers receive substance use treatment services, inpatient or outpatient and other related social and mental health services offered through continuum of care.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Current contract #7822 The Women's Home and The Harris Center. This contract is owned by Mental Health (Lance Britt)

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

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

Bethany Fields-The Women's Home

Address*

Street Address

607 Westheimer Road

Address Line 2

City

State / Province / Region

Houston

TX

Postal / Zip Code

Country

77006-3915

US

Phone Number*

832-431-5452

Email*

bfields@thewomenshome.org

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9263	\$ 0.00	0.00

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Sesay, Omar	11/11/2025

Budget Manager Approval(s)**Approved by***Jodel Oshman***Approval Date**

11/11/2025

Procurement Approval**File Upload (?)****Approved by***Sign***Approval Date****Contract Owner Approval****Approved by***Kim Kornmayer***Approval Date**

11/11/2025

Contracts Approval**Approve***

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

Phone Number*

832-431-5452

Email*

bfields@thewomenshome.org

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9263	\$ 0.00	0.00

Budget Manager

Oshman, Jodel

Secondary Budget Manager

Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Sesay, Omar

Submission Date

11/11/2025

Budget Manager Approval(s)**Approved by***Jodel Oshman***Approval Date**

11/11/2025

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

Sign

Approval Date**Contract Owner Approval****Approved by***Kim Kornmayer***Approval Date**

11/11/2025

Contracts Approval**Approve***

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

Approved by*

Belinda Stude

Approval Date*

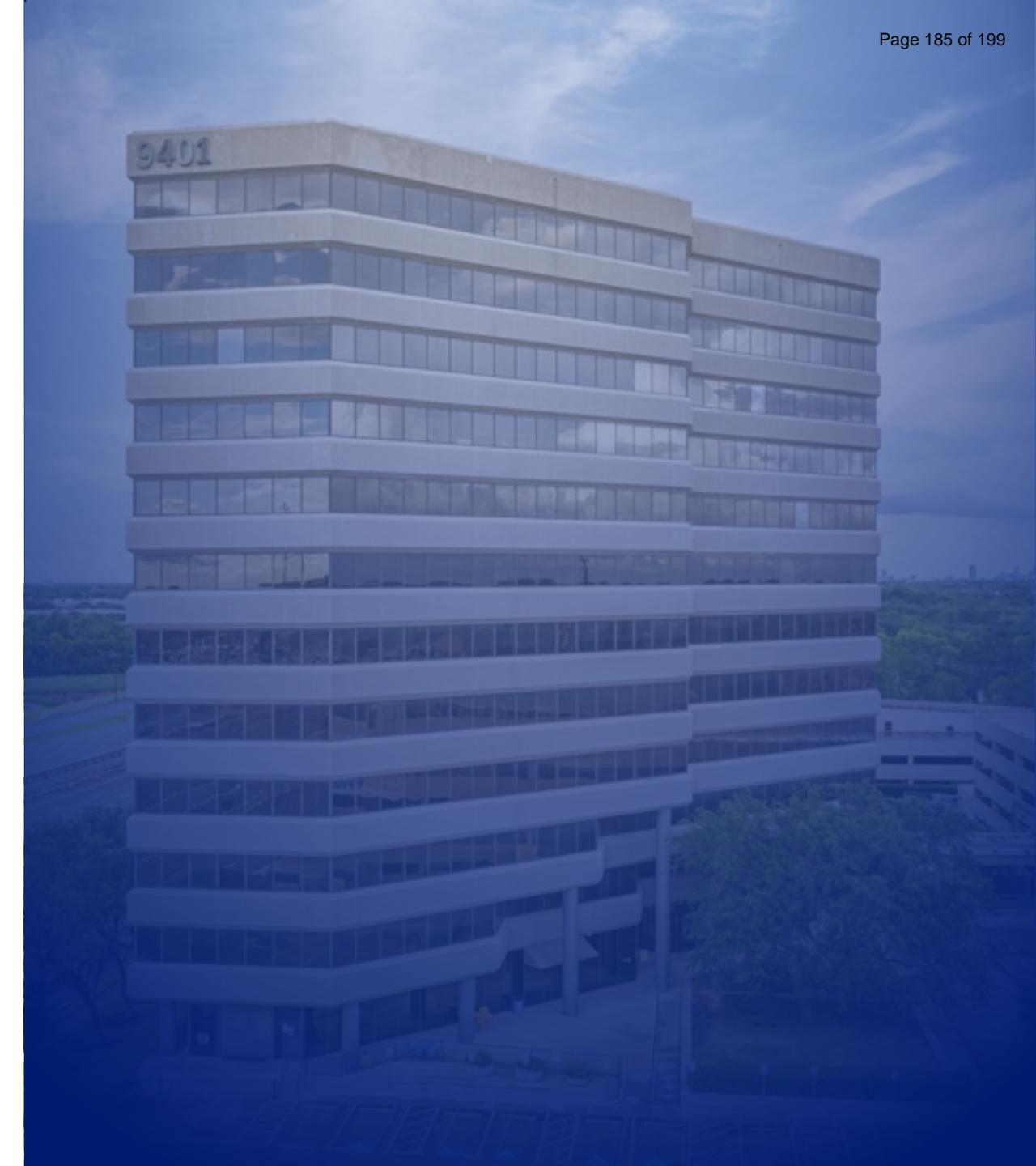
11/12/2025

EXHIBIT R-13

Supplier Diversity Report

Q1 FY2026

Presented by: Stanley Adams, CFO, MBA
January 20, 2026



Overview

- Q1 FY2026 HUB Spent Report
- New HUB Program Emergency Guidelines (Texas Comptroller)

Q1 FY2026 HUB Report (1 of 2)

Vendor Name	FY2026 Q1 Spend (\$)	Description	Local Vendor		
			Greater Houston	State of Texas	HUB
Ultra Medical Cleaning	314,611	Janitorial services	x	x	x
DAAS Inc	89,356	Flooring Contractors	x	x	x
Ultra Staff	76,916	Temporary Staffing	x	x	x
LABUSA	46,575	Technology Company	x	x	x
Rey De La Reza Architects	45,036	Architecture services	x	x	x
Metropolitan Landscape*	43,757	Landscape	x	x	x
The Burnett Companies Consolidated	36,868	Specialist Staffing	x	x	x
Webhead	34,846	Technology Company	x	x	x
Innovation Network	23,170	Networks, storage & cloud migration	x	x	x
MasterWord Services INC	22,088	Translation and interpretation services	x	x	x
The Warring Group	21,000	PR/Media Relations	x	x	x
Virtue Construction	15,711	Interior and exterior renovations and repairs	x	x	x
SATORI MARKETING, LLC	15,028	Marketing and Communications	x	x	x
High-Tech Insulation	13,789	HVAC Insulation			
Right Now Pest	12,055	Pest Control and Exterminator	x	x	x
Universe Technical Translation	10,664	Translation and interpretation services	x	x	x
Nightingale Interpreting	10,255	Translation and interpretation services	x	x	x
M Strategic Partners, INC	9,746	Design and Construction	x	x	x
Melody's Place LLC	6,813	A home-like residential facility providing habilitation and support	x	x	x
Globo Language Solutions	6,052	Translation and interpretation services			x
A-Rocket Moving & Storage	4,538	Moving services	x	x	x
Next Level Urgent Care	2,220	Urgent care/workers' comp	x	x	x
Crystal Communications Ltd	1,305	Data, IP, and video communications systems integration	x	x	x
Total HUB Spend	\$ 862,399				

* Did not renew HUB certification during FY2023

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

Q1 FY2026 HUB Report (2 of 2)

- Q1 FY2026 HUB spend = **\$862,399**
- Q1 FY2026 discretionary spend = **\$6,886,411**
- HUB spend % = **13%**
- Exclusion categories from discretionary spend
 - *Intergovernmental contracts*
 - *Key service contracts with non-profits (Easter Seals)*
 - *University systems (BCM for residency program)*
 - *Enterprise software (EHR, ERP)*
 - *Leases*
 - *Supported housing*
 - *Pharmaceuticals*
 - *Utilities*
 - *Physician services*
 - *Trade organizations (National Council, Texas Council)*
 - *Employee reimbursements*

New HUB Program Emergency Guidelines (Texas Comptroller)

Effective December 2, 2025

- **Emergency rules issued** to align the HUB program with **Texas & U.S. Constitution equal-protection requirements**
- **HUB program restructured** → now serves **Service-Disabled Veteran-Owned Small Businesses (SDV)** only
- Program renamed **Veteran Heroes United in Business (VetHUB)**
- **Race, ethnicity, or gender-based certifications eliminated**
- Existing HUB certifications will be **revoked** unless SDV ownership & control is proven
- **Statewide utilization goals removed**
- **New subcontracting plan form issued**
- **No impact to existing state contracts**
- HUB directory still used to **verify certification status**



Questions: VetHUBprogram@cpa.texas.gov

More info: Comptroller FAQs website

New HUB Program Emergency Guidelines (Texas Comptroller)



Texas Comptroller of Public Accounts

New HUB Guidelines Issued for State Agencies

The Comptroller of Public Accounts today issued emergency rules, effective immediately, to ensure the Historically Underutilized Business (HUB) program complies with the Texas Constitution and U.S. Constitution. The emergency rules posted on the [Texas Register](#) revise the eligibility standards for the program, remove statewide utilization goals, and instruct agencies and their employees to implement the program in a way that upholds the equal protection guarantees of our federal and state law. While emergency rules are temporary, the Comptroller's office intends to amend the Texas Administrative Code through the normal rulemaking process to incorporate these changes and make them [enduring](#).

Under the emergency rules, the program will serve small businesses owned by service-disabled veterans (SDV), regardless of race, sex or ethnicity and will [be referred](#) to as Veteran Heroes United in Business, or VetHUB. Businesses that were [certified](#) in the past based on their owners' race, ethnicity, or gender will no longer qualify, unless they prove ownership and control by SDVs. The Comptroller's office will act promptly to revoke the certifications of businesses that no longer qualify, and the Comptroller will resume certifications once the certification portal and workflows [are changed](#) to comply with the emergency rules.

Agencies and vendors will still use the HUB directory to verify certification status. An agency or vendor still must check the certification on the date it relies on that status to comply with a law or contract. For questions about certification or the HUB directory, contact VetHUBprogram@cpa.texas.gov.

The emergency rules do not change the processes of identifying subcontracting opportunities in a solicitation and requiring, receiving, and reviewing subcontracting plans. The emergency rules give agencies added discretion over accepting and amending subcontracting plans. In drafting solicitations, agencies should no longer refer to statewide utilization goals. Agencies may use the percentage goals that were previously in rule if appropriate or may establish utilization goals that are more appropriate for their solicitations. For questions about the exercise of agency discretion, agencies should confer with their legal counsel.

The Comptroller's office has posted a new [subcontracting plan form](#) that reflects the emergency rules. The previous form is still usable under these emergency rules because the methods of achieving compliance have not changed. However, the form refers to statewide goals that are no longer in place, which may confuse vendors. If vendors have questions about which form to use or how to complete it, they should contact the agency conducting the procurement.

These actions will not affect existing contracts with the state of Texas. Please visit our [website](#) for [to access](#) frequently asked questions.

[VetHUB FAQ](#)

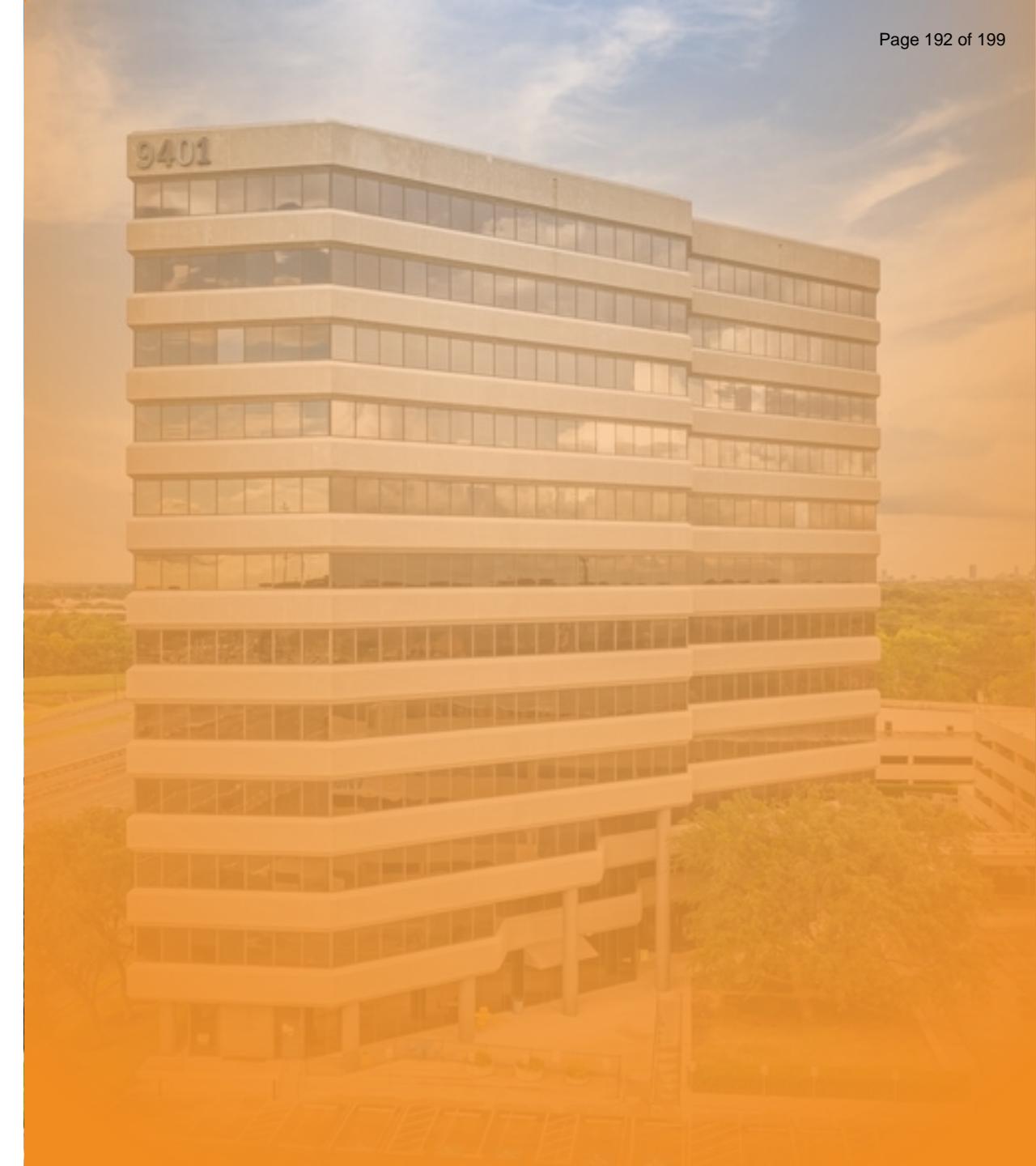
Thank you.

EXHIBIT R-14

Financials by Clinic + NPC

Q1FYTD FY2026

Presented by: Stan Adams, Chief Financial Officer
January 20, 2026

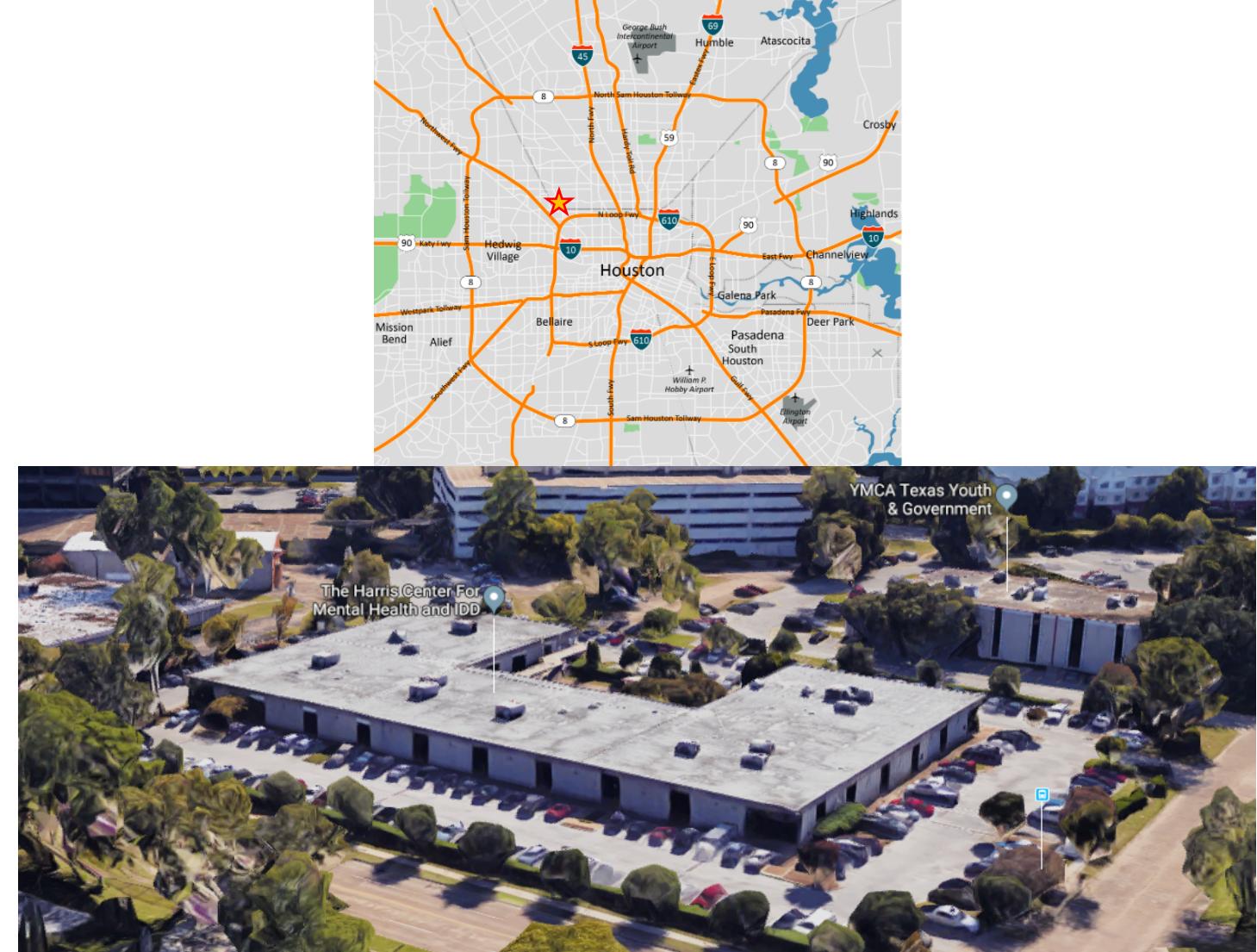


Northwest Community Service Center

Clinic Information	
Service Description	Adult Mental Health
Address	3737 Dacoma St
Patients Served	4,871
Facility Size	40,000 sq ft
Clinic FTEs	153

FY2026 Clinical Performance	
Annual Patient Visits	24,693
Average Monthly Patient V	8,231
Average No Show	20%
Average Patient Wait Time	24 Minutes
Average Third Next Available	2.00 Days
Average Patient Satisfaction	87%

FY2026 Q1 Financial Performance	
Revenues	\$4,730,008
Expenses	\$6,326,125
Gross Margin	(\$1,596,117)

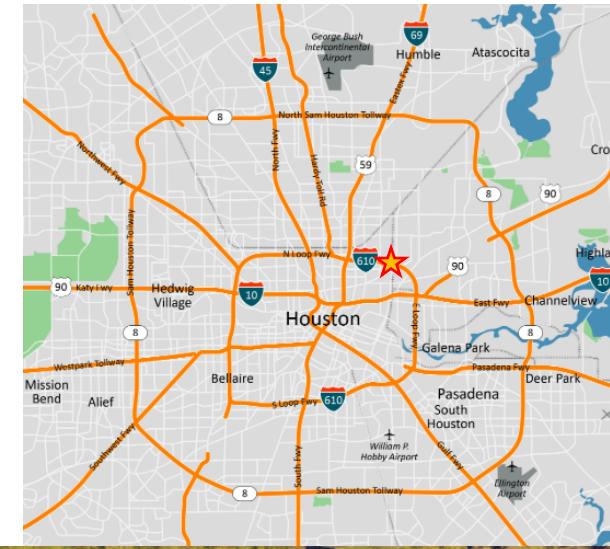


Northeast Community Service Center

Clinic Information	
Service Description	Adult Mental Health
Address	7200 N Loop East Fwy
Patients Served	3,092
Facility Size	18,000 sq ft
Clinic FTEs	82

FY2026 Clinical Performance	
Annual Patient Visits	9,683
Average Monthly Patient V	3,228
Average No Show	26%
Average Patient Wait Time	30 Minutes
Average Third Next Available	1.00 Day
Average Patient Satisfaction	81%

FY2026 Q1 Financial Performance	
Revenues	\$2,064,966
Expenses	\$3,676,799
Gross Margin	(\$1,611,833)

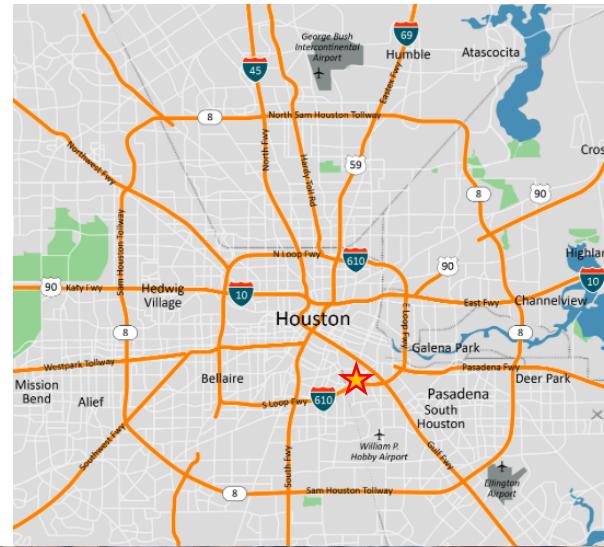


Southeast Community Service Center

Clinic Information	
Service Description	AMH & CAS
Address	5901 Long Dr
Patients Served	4,953
Facility Size	45,000 sq ft
Clinic FTEs	163

FY2026 Clinical Performance	
Annual Patient Visits	19,278
Average Monthly Patient V	6,426
Average No Show	26%
Average Patient Wait Time	32 Minutes
Average Third Next Available	2.00 Days
Average Patient Satisfaction	80%

FY2026 Q1 Financial Performance	
Revenues	\$ 6,093,562
Expenses	\$ 8,200,560
Gross Margin	\$ (2,106,998)

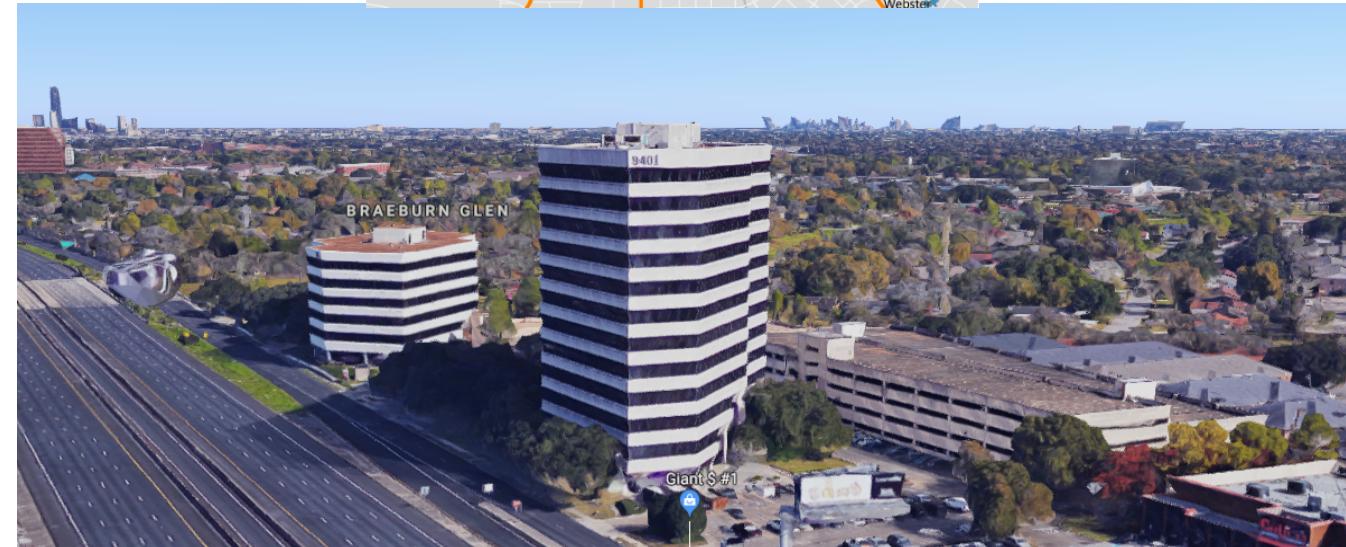
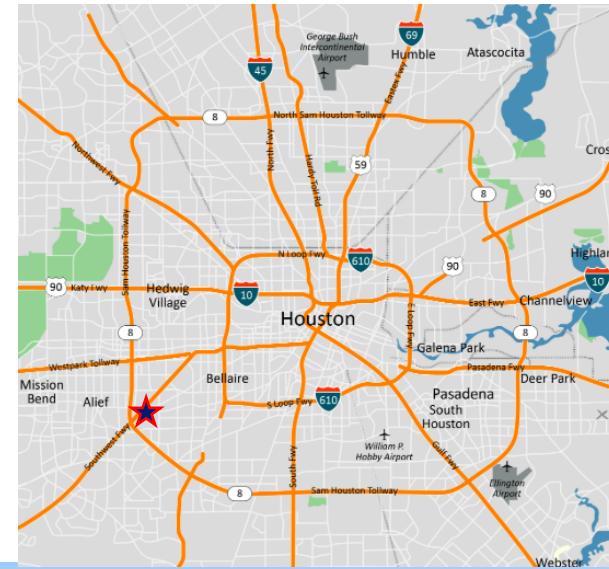


Southwest Community Service Center

Clinic Information	
Service Description	AMH & CAS
Address	9401 Southwest Fwy
Patients Served	4,949
Facility Size	37,770 sq ft (clinic space)
Clinic FTEs	190

FY2026 Clinical Performance	
Annual Patient Visits	17,010
Average Monthly Patient V	5,670
Average No Show	27%
Average Patient Wait Time	18 Minutes
Average Third Next Available	1.00 Day
Average Patient Satisfaction	87%

FY2026 Q1 Financial Performance	
Revenues	\$ 5,197,845
Expenses	\$ 7,654,652
Gross Margin	\$(2,456,808)



Neuro Psychiatric Center

Clinic Information	
Service Description	Psychiatric Emergency
Address	1502 Taub Loop
Patients Served	1,482
Facility Size	37,308 Sq Ft
Clinic FTEs	151

FY2026 Clinical Performance	
Annual Patient Visits	N/A
Average Monthly Patient V	N/A
Average No Show	N/A
Average Patient Wait Time	N/A
Average Third Next Available	N/A
Average Patient Satisfaction	N/A

FY2026 Q1 Financial Performance	
Revenues	\$3,893,946
Expenses	\$5,420,018
Gross Margin	(\$1,526,072)



Q1FYTD 2026 Detailed Financials

	Northwest CSC	Northeast CSC	Southeast CSC	Southwest CSC	Neuro Psychiatric Center
Revenues					
Harris County and Local	45,948	12,468	118,007	286,505	1,484,341
PAP / Samples	1,218,948	803,969	889,605	644,077	76
State General Revenue	2,206,779	776,784	3,550,287	3,239,908	2,105,145
State Contract and Grants	755,104	-	-	-	-
Federal Grants	155,436	278,216	930,580	513,201	-
3rd Party Billings	43,675	19,819	11,671	47,847	29,662
Net Patient Revenue	304,117	173,710	593,412	466,306	274,723
Revenue Total	4,730,008	2,064,966	6,093,562	5,197,845	3,893,946
Expenses					
Salaries	3,310,072	1,712,807	4,674,939	4,395,654	4,035,839
Fringe	927,571	503,287	1,439,726	1,386,051	961,596
Contract Labor	-	-	-	-	-
Travel & Training	21,629	7,642	74,272	17,802	31,553
Contracts and Consultant	4,450	637	36,604	16,454	136,464
Employee Recognition			28		
Supplies	10,911	5,652	20,813	15,736	18,177
Food	1,426	344	1,509	3,142	
Drugs	74,308	31,096	63,439	50,473	10,789
PAP Drugs	1,218,948	803,969	889,605	644,077	76
Pharmacy Use Fee	346,005	216,811	316,884	234,144	20,985
Pharmacy	-	-	368	-	-
Equipment (Purch, Rent, Maint)	180,614	272,046	354,464	390,561	128,244
Software (Purch, Rent, Maint)	189,338	85,140	224,693	158,636	27,959
Building (Purch, Rent, Maint)			29,434		5,636
Vehicle (Purch, Rent, Maint)	27,820	17,940	50,439	42,974	10,333
Telephone and Utilities	6,833	4,617	12,921	8,119	5,622
Insurance, Legal, Audit	110	45		175	248
Dues & Subscriptions	21,629	7,642	74,272	17,802	31,553
Capital Outlay	-	-	-	-	-
Other	6,088	45	-	175	248
Expense Total	6,326,125	3,676,799	8,200,560	7,654,652	5,420,018
Gross Margin	\$ (1,596,117)	\$ (1,611,833)	\$ (2,106,998)	\$ (2,456,808)	\$ (1,526,072)

Thank you.