

Resource Committee Meeting
April 21, 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, March 17, 2026
(EXHIBIT R-1)
- IV. **CONSIDER AND RECOMMEND ACTION**
 - A. FY'26 Year-to-Date Budget Report-March
(EXHIBIT R-2 Stanley Adams)
 - B. April 2026 New Contracts Over 250K
(EXHIBIT R-3 Ernest Savoy)
 - C. April 2026 Interlocal Agreements
(EXHIBIT R-4 Ernest Savoy)
- V. **EXECUTIVE SESSION-**
 - ***As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.***
- VI. **RECONVENE INTO OPEN SESSION**
- VII. **CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION**
- VIII. **INFORMATION ONLY**
 - A. April 2026 Contract Amendments 100K-250K
(EXHIBIT R-5)
 - B. April 2026 New Contracts Under 100K
(EXHIBIT R-6)
 - C. April 2026 Contract Renewals Under 100K
(EXHIBIT R-7)
 - D. April 2026 Amendments Under 100K
(EXHIBIT R-8)
 - E. April 2026 Affiliation Agreement, Grants, MOU's and Revenues Information Only
(EXHIBIT R-9)
 - F. Second Quarter Financial by clinics & NPC
(EXHIBIT R-10)
 - G. Revenue Management Metrics

(EXHIBIT R-11)

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, MARCH 17, 2026
MINUTES**

Mr. Gerald Womack, Chairman, called the meeting to order at 9:00 a.m. in the Room 109, 9401 Southwest Freeway, noting a quorum of the Committee was present.

RECORD OF ATTENDANCE

Committee Members in Attendance: G. Womack, J. Lykes
Committee Member Absent: Dr. M. Miller Jr. , Dr. R. Gearing
Other Board Member Present: Dr. K. Bacon, Dr. J. Lankford, BG (Ret.) E. Grantham

1. CALL TO ORDER

Mr. G. Womack. called the Resource Committee meeting to order at 9:00 am.

2. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

Mr. G. Womack designated Dr. K. Bacon, J. Lankford, BG (Ret.) E. Grantham 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 February 17, 2026.

MOTION: LYKES SECOND: BACON

With unanimous affirmative votes,

BE IT RESOLVED that the Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, February 17, 2026, as presented under Exhibit R-1, are approved and recommended to the Full Board.

6. CONSIDER AND RECOMMEND ACTION

A. FY'26 Year-To-Date Budget Report-February

MOTION: BACON SECOND: LYKES

With unanimous affirmative votes,

BE IT RESOLVED FY'26 Year-To-Date Budget Report-February, as presented under R-2, are approved and recommended to the Full Board.

B. March 2026 New Contracts Over 250K

MOTION: BACON SECOND: LYKES

With unanimous affirmative votes,

BE IT RESOLVED March 2026 New Contracts Over 250K, as presented under R-3, are approved and recommended to the Full Board.

C. March 2026 Interlocal Agreements

MOTION: LYKES SECOND: BACON

With unanimous affirmative votes,

BE IT RESOLVED March 2026 Interlocal Agreements, as presented under R-4, are approved and recommended to the Full Board.

7. REVIEW AND COMMENT

- A. Mid-Year Budget Update-Stanley Adams and Roxanne Carr presented the Mid-Year Budget Update to the Resource Committee.
- B. Pharmacy Prescription Billing Financials-Stanley Adams and Holly Cumbie presented the Pharmacy Prescription Billing Financials to the Resource Committee.

8. EXECUTIVE SESSION-No Executive Session needed.

9. RECOVENE INTO OPEN SESSION

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

11. ADJOURN

MOTION: BACON SECOND: LYKES

With unanimous affirmative voted and there being no further business, the meeting was adjourned at 10:02 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
March 31, 2026**

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
Combined - Results of Financial Operations and Comparison to Original Budget
March 31, 2026
Non-GAAP / Budgetary-Basis Reporting
Unaudited - Subject to Change

	For the Month Ended				Fiscal Year to Date				
	Original Budget	Actual	Variance \$	%	Original Budget	Actual	Variance \$	%	
Revenues									
State General Revenue	\$ 11,145,628	\$ 11,102,479	\$ (43,149)	0%	\$ 78,019,396	\$ 77,291,709	\$ (727,687)	-1%	
Harris County and Local	4,683,587	4,192,907	(490,680)	-10%	32,785,109	32,167,308	(617,801)	-2%	A
Federal Contracts and Grants	4,466,048	5,064,774	598,726	13%	31,262,336	32,237,669	975,333	3%	B
State Contract and Grants	1,993,454	1,664,348	(329,106)	-17%	13,954,178	12,059,848	(1,894,330)	-14%	C
Third Party Billing	3,465,049	3,849,412	384,363	11%	24,255,343	22,396,266	(1,859,077)	-8%	D
Charity Care Pool	3,590,350	4,054,613	464,263	13%	25,132,450	28,382,397	3,249,947	13%	E
Directed Payment Programs	450,000	437,942	(12,058)	-3%	3,150,000	3,397,149	247,149	8%	
Patient Assistance Program (PAP)	1,098,200	1,476,263	378,063	34%	7,687,400	9,038,807	1,351,407	18%	F
Interest Income	277,083	204,310	(72,773)	-26%	1,939,581	1,277,319	(662,262)	-34%	
Revenues, total	\$ 31,169,399	\$ 32,047,048	\$ 877,649	3%	\$ 218,185,793	\$ 218,248,472	\$ 62,679	0%	
Expenditures									
Salaries and Fringe Benefits	\$ 20,480,600	\$ 20,281,268	\$ 199,332	1%	\$ 143,364,200	\$ 144,416,571	(1,052,371)	-1%	
Contracts and Consultants	1,260,282	880,254	380,028	30%	8,821,974	5,866,073	2,955,901	34%	
Contracts and Consultants-HCPC	3,960,586	4,578,615	(618,029)	-16%	27,724,102	28,279,173	(555,071)	-2%	G
Supplies	354,213	476,021	(121,808)	-34%	2,479,491	2,980,858	(501,367)	-20%	
Drugs	2,310,715	2,615,020	(304,305)	-13%	16,175,005	17,610,567	(1,435,562)	-9%	F
Purchases, Repairs and Maintenance of:									
Equipment	156,054	121,084	34,970	22%	1,092,378	962,426	129,952	12%	
Building	281,354	281,733	(379)	0%	1,969,478	1,588,164	381,314	19%	
Vehicle	90,602	72,164	18,438	20%	634,214	495,393	138,821	22%	
Software	346,270	324,048	22,222	6%	2,423,890	1,795,416	628,474	26%	
Telephone and Utilities	318,602	303,418	15,184	5%	2,230,214	2,102,438	127,776	6%	
Insurance, Legal and Audit	209,827	210,843	(1,016)	0%	1,468,789	1,434,948	33,841	2%	
Travel & Training	252,185	236,994	15,191	6%	1,765,295	1,432,257	333,038	19%	
Dues & Subscriptions	630,342	783,227	(152,885)	-24%	4,412,394	4,047,538	364,856	8%	H
Other Expenditures	371,551	548,580	(177,029)	-48%	2,600,857	3,098,751	(497,894)	-19%	I
Expenditures, total	\$ 31,023,183	\$ 31,713,269	\$ (690,086)	-2%	\$ 217,162,281	\$ 216,110,573	\$ 1,051,708	0%	
Excess (Deficiency) of Operating Revenues over Expenditures	\$ 146,216	\$ 333,779	\$ 187,563		\$ 1,023,512	\$ 2,137,899	\$ 1,114,387		
Capital Outlay & Debt Service Activities									
Debt Service	146,216	-	146,216		1,023,512	1,223,231	(199,719)		
Capital outlay	-	1,349,896	(1,349,896)		-	4,806,320	(4,806,320)		B
Other Financing Sources (Uses)									
Insurance proceeds	-	-	-		-	1,618	1,618		
Sale of Capital Assets	-	-	-		-	189,901	189,901		
Other Financing Sources	-	301,530	301,530		-	495,750	495,750		J
Other Sources (Uses) of Funds, total	\$ (146,216)	\$ (1,048,366)	\$ (902,150)		\$ (1,023,512)	\$ (5,342,282)	\$ (4,318,770)		
Change in Fund Balance/Net Position	\$ -	\$ (714,587)	\$ (714,587)		\$ -	\$ (3,204,383)	\$ (3,204,383)		

The Harris Center for Mental Health and IDD
Notes to Statements Presented
Non-GAAP / Budgetary-Basis reporting
March 31, 2026

Results of Financial Operations and Comparison to Original Budget

A Harris County and Local

A few Harris County programs contributed to the unfavorable variance in March. The Sheriff Dept was unfavorable by \$115K due to a true-up that resulted in a credit to the funder. Juvenile Probation (\$182K) and Harris County Court Admin (\$72K) were also unfavorable to budget.

B Federal Contract and Grants

The Agency was awarded approximately \$4M in grant funding from the Texas Parks and Wildlife Department for the construction of our Northeast Clinic. We recognized \$1.3M in grant revenue upon Capital Outlay payment to Flintco, LLC related to construction .

C State Contract and Grants

Slower than expected spending and vacancies led to unfavorable variances in Local Harris SB292 (\$68K), Texas Correctional Office TCOMI-Special Need (\$42K), and Healthy Community (\$73K).

D Third Party Billing

Revenue in March increased most significantly in Local Private Insurance (\$255K) and Federal Medicaid (\$221K).

E Charity Care Pool

We will receive \$5.7M more than originally expected of Public Health Provider Charity Care Program payments. We've true-up the balance in January of 2026 and expect a favorable variance of \$464K each month for the remaining of the year.

F Patient Assistance Program (PAP)

Favorable variance in PAP Pharmacy revenue is consistent with unfavorable variance in Drugs.

G Contracts and Consultants - HCPC

Unfavorable budget variance primarily driven by additional costs recognized in the current fiscal year at the new rates of the existing psychiatric beds effective September 1, 2025.

H Dues & Subscriptions

Two significant invoices were paid in March that did not meet the prepaid threshold including RLDatix \$80K and Carahsofttec \$\$69K.

I Other Expenditures

Respite Care Reimbursement increased by 23% of it's 3 month trend to \$160K.

J Other Financing Sources

TPWD provided \$250K in proceeds for the 6168 property.

The Harris Center for Mental Health and IDD

Balance Sheet

March 31, 2026

Non-GAAP / Budgetary-Basis Reporting

Unaudited - Subject to Change

	February - 2026	March - 2026	Monthly Change
Assets			
Current Assets			
Cash and Cash Equivalents			
Cash and Petty Cash	\$ 16,525,156	\$ 72,902,370	\$ 56,377,215 AA
Cash Equivalents	47,640,602	47,107,560	(533,042)
Cash and Cash Equivalents, total	\$ 64,165,758	\$ 120,009,930	\$ 55,844,173
Inventories, Deposits & Prepaids	11,741,588	7,306,487	(4,435,101)
Accounts Receivable:			
Patient A/R, Net of Allowance	1,297,610	2,007,086	709,476
A/R from Other Governments	55,273,324	28,527,306	(26,746,018) AA
Other A/R	579,474	555,009	(24,465)
Current Assets, total	\$ 133,057,754	\$ 158,405,818	\$ 25,348,065
Restricted Cash and Cash Equivalents	20,404,538	19,973,558	(430,981)
Capital Assets:			
Land	21,064,529	21,064,529	-
Building and Improvements	81,855,633	81,855,633	-
Right-to-use Assets (Leases & SBITA)	5,265,206	5,265,206	-
Furniture, Equipment and Vehicles	8,376,668	8,376,669	1
Construction in Progress	11,960,561	11,960,561	-
Accumulated Depreciation/Amortization	(41,918,607)	(41,918,607)	-
Capital Assets, net total	\$ 86,603,990	\$ 86,603,991	\$ 1
Total Assets	\$ 240,066,282	\$ 264,983,367	\$ 24,917,085
Liabilities & Fund Balance/Net Position			
Liabilities			
Accounts Payable and Accrued Liabilities	\$ 18,476,863	\$ 10,615,252	\$ (7,861,611)
Unearned Revenues	39,860,234	73,498,525	33,638,291 AA
Noncurrent Liabilities:			
Due within one year	27,592,259	27,192,175	(400,084)
Due in more than one year	15,829,553	16,084,629	255,076
Forgivable Long-Term Obligations	13,377,334	13,627,499	250,165
Liabilities, total	\$ 115,136,243	\$ 141,018,080	\$ 25,881,837
Fund Balance/Net Position			
Net Investment in Capital Assets	67,059,355	66,378,211	(681,145)
Restricted for Capital Projects	20,404,538	19,973,558	(430,981)
Nonspendable	11,741,588	7,306,487	(4,435,101)
Assigned	23,619,360	23,619,360	-
Unassigned/Unrestricted	4,594,993	9,892,055	5,297,061
Change in Fund Balance/Net Position	(2,489,796)	(3,204,383)	(714,587)
Fund Balance/Net Position, Total	\$ 124,930,039	\$ 123,965,287	\$ (964,752)
Total Liabilities & Fund Balance/Net Position	\$ 240,066,282	\$ 264,983,367	\$ 24,917,085

The Harris Center for Mental Health and IDD
Notes to Statements Presented
Non-GAAP / Budgetary-Basis reporting
March 31, 2026

Balance Sheet

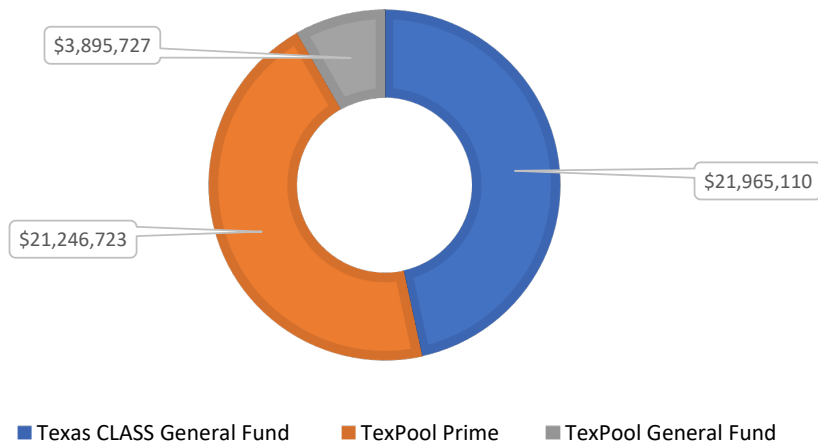
AA Cash and Petty Cash

The increase in cash was due to \$24M Q3 State Performance Contract payment and \$48M Charity Care Pool payment. Consequently **AR from Other Governments** decreased and **Unearned Revenues** increased.

**The Harris Center for Mental Health and IDD
Investment Portfolio
March 31, 2026**

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	16,181,850	\$ 19,800,000	\$ (14,100,000)	\$ 83,259	\$ 21,965,110	46.63%	3.78%
<i>TexPool</i>							
TexPool Prime	27,575,138	-	(6,400,000)	71,585	21,246,723	45.10%	3.79%
TexPool General Fund	3,883,614	-	-	12,113	3,895,727	8.27%	3.67%
<i>TexPool Sub-Total</i>	<u>31,458,752</u>	<u>-</u>	<u>(6,400,000)</u>	<u>83,699</u>	<u>25,142,451</u>	<u>53.37%</u>	<u>3.78%</u>
Total Investments	\$ 47,640,602	\$ 19,800,000	\$ (20,500,000)	166,958	\$ 47,107,560	100.00%	3.78%
				Additional Interest on Checking Accounts	37,352		
				Total Interest Earned during the current month	<u>204,310</u>		

Investment Portfolio Weight



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	3.81%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 week)	3.63%
Interest Rate - JPMorgan Hybrid Checking	2.25%
Earnings credit rate (ECR) - JPMorgan Hybrid Checking	2.15%

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of March 31, 2026, 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
March 31, 2026

Vendor	Description	Monthly Not-To-Exceed ⁽¹⁾	Mar-26	Fiscal Year to Date Total
Lincoln Financial Group (LFG)	Retirement Funds (401a, 403b, 457)	\$3,650,000	\$2,048,206	\$15,382,624
BCBS/Cigna ⁽²⁾	Health and Dental Insurance	\$3,300,000	\$4,676,562	\$17,727,610
UNUM	Life Insurance	\$310,000	\$259,958	\$1,320,824

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.

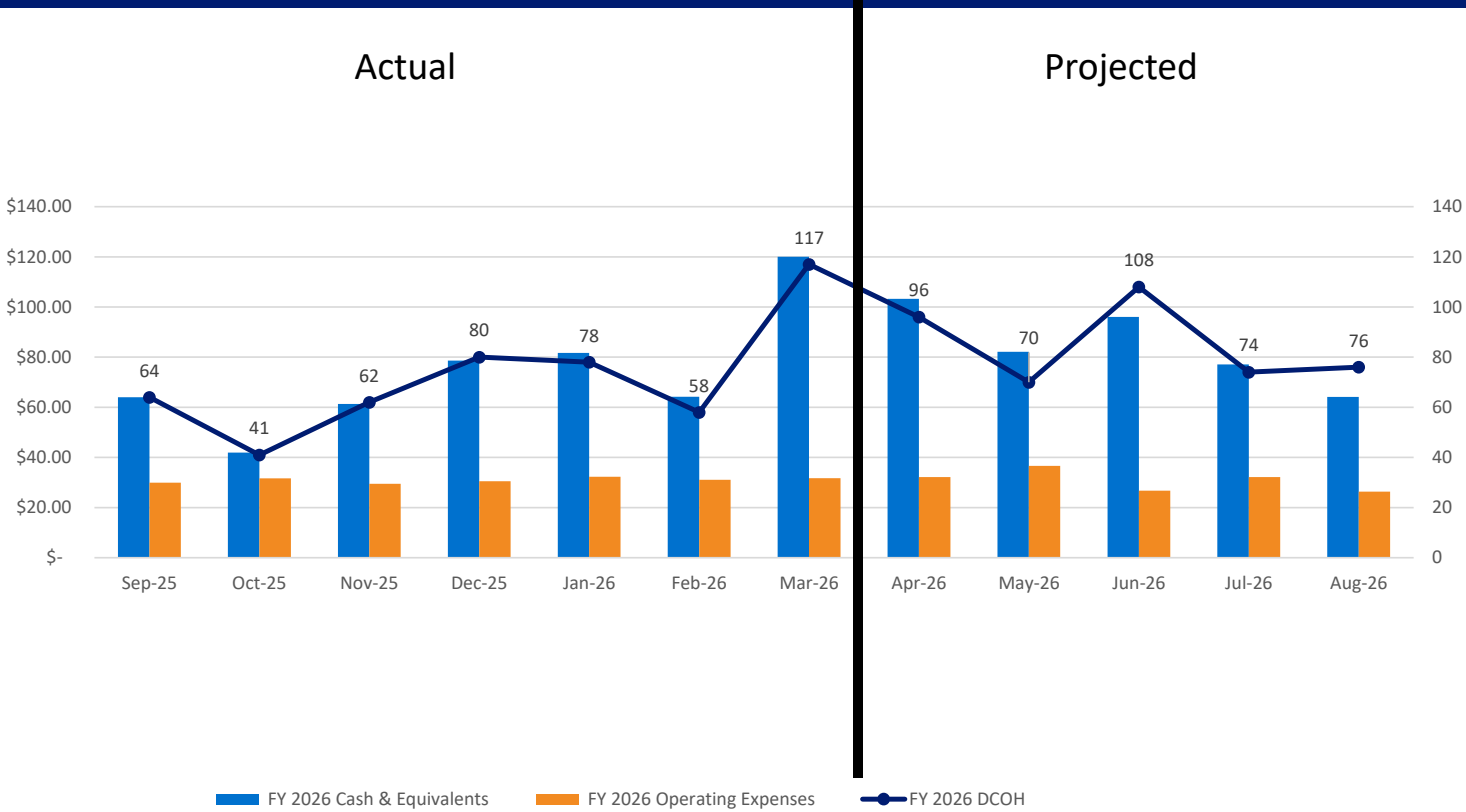
⁽²⁾ BCBS/Cigna - the invoices for FEB26 and MAR26 premiums were paid in March. The second payment was approved by the Board of Trustees.



Additional Analysis – March 2026

Days-Cash-On-Hand (DCOH)– as of 03/31/2026

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

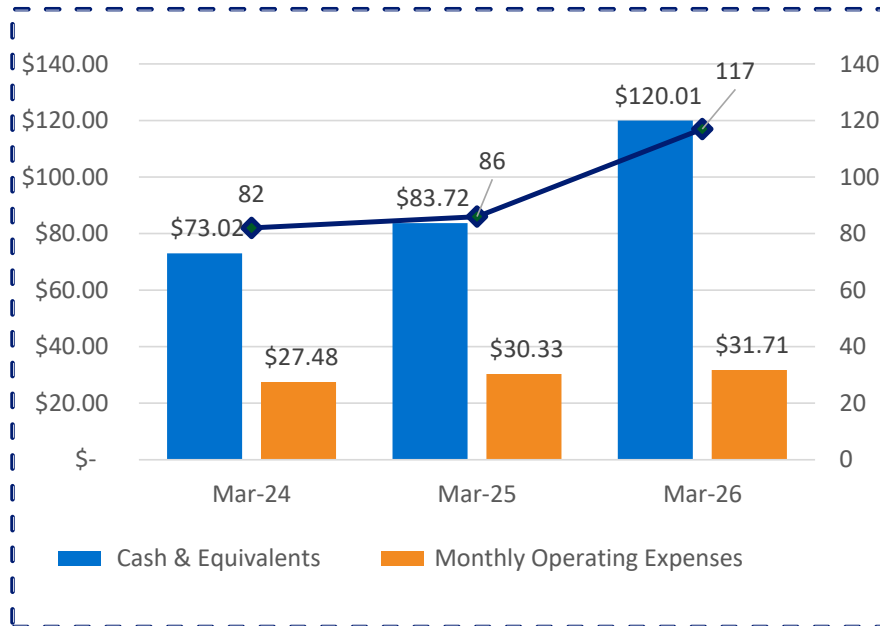


DCOH = Cash & Equivalents @ Month End divided by Daily Operating Expenses
Months in FY 2026 after current Month are based on projections

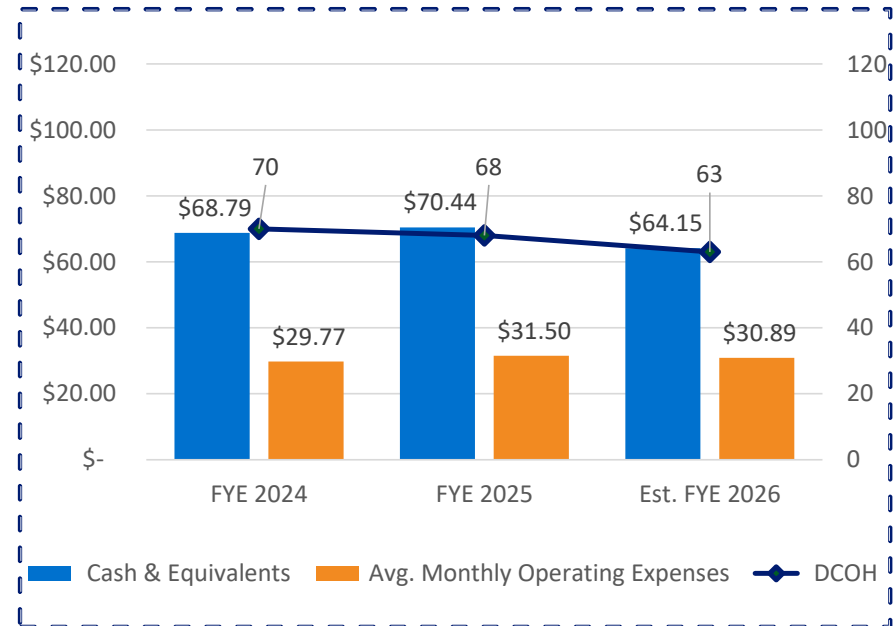
Days-Cash-On-Hand (DCOH) Year-over-year ("YoY") (\$ amounts in millions)



For the Month Ending 3/31



For the Fiscal Year Ending 8/31



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 03/31/2026

Project/Funding Source	Year-to-date Total
Facilities Capital Projects	408,507
Fund Balance	408,507
IT Capital Projects	48,925
Fund Balance	48,925
6168 Apartments	921,583
CHC Grant (9271)	671,419
COH Loan (9272)	250,165
Northeast Clinic Design and Construction	3,365,937
TPWD Grant (4781)	3,286,797
Bond Series 2024	79,140
NPC Renovation	13,425
Bond Series 2024	13,425
SW Foundation Repair	3,734
Bond Series 2024	3,734
Emergency Projects	44,209
Fund Balance	44,209
Grand Total	4,806,320

Funding Source/Project	Year-to-date Total
Fund Balance	\$ 501,641
Facilities Capital Projects	\$ 408,507
IT Capital Projects	\$ 48,925
Emergency Projects	\$ 44,209
Bond Series 2024	\$ 96,299
Northeast Clinic Design and Construction	\$ 79,140
NPC Renovation	\$ 13,425
SW Foundation Repair	\$ 3,734
CHC Grant (9271)	\$ 671,419
6168 Apartments	\$ 671,419
COH Loan (9272)	\$ 250,165
6168 Apartments	\$ 250,165
TPWD Grant (4781)	\$ 3,286,797
Northeast Clinic Design and Construction	\$ 3,286,797
Grand Total	\$ 4,806,320

EXHIBIT R-3

**APRIL 2026
NEW CONTRACTS
OVER 250k**

Contract Section **Contractor***

Huitt Zollars Inc.

Contract ID #*

n/a

Presented To* Resource Committee Full Board**Date Presented***

4/21/2026

Parties* (?)

Huitt Zollars and The Harris Center

Agenda Item Submitted For:* (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other**Procurement Method(s)***

Check all that Apply

 Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other**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* (?)**

4/1/2026

Contract Term End Date* (?)

8/31/2028

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

Fiscal Year* (?)

2026

Amount* (?)

\$ 611,906.00

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* (?)

new contract for Acritectural Design Services for new NPC renovation on project SB30.04.1504 NPC using funds in unit 1504 gl code 900040, architect picked from Master Pool contract 2022-0315 but separate contract needed for this project, \$581,906.00 plus \$30,000.00 contingency for NTE of \$611,906.00

Contract Owner*

Ben Mendez

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

2012 to present in architectural pool

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

certificate - Huitt-Zollars, Inc - The Harris Center for Mental Health and IDD.pdf	17.77KB
Executive Contract Summary - Huitt-Zollars.pdf	335.89KB
HZ 2026 W9.pdf	183.93KB
NPC reno - Architect justification.docx	42.42KB
The Harris Center for Mental Health and IDD_Huitt-Zollars, Inc._2526 H-Z	750.84KB
Master_4-2-2026_1586159065.pdf	
The Harris Center NPC Renovation_HZ Proposal_2026 0306.pdf	935.35KB

Vendor/Contractor Contact Person 

Name*

Huitt-Zollars, Inc / Phillip Soule

Address *

Street Address

1001 Fannin Street, Suite 400

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77002

Country

US

Phone Number *

7136221180

Email *

psoule@huitt-zollars.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1504	\$ 611,906.00	900040
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Moynihan, Kelly	

Provide Rate and Rate Descriptions if applicable* (?)

see attachments - \$581,906.00 per proposal plus \$30,000.00 contingency for NTE of \$611,906.00

Project WBS (Work Breakdown Structure)* (?)

SB30.04.1804 NPC

Requester Name

Harper, Sarah

Submission Date

4/6/2026

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

4/6/2026

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

4/7/2026

Contract Owner Approval

Approved by

Ben Mendez

Approval Date

4/7/2026

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

4/8/2026

EXHIBIT R-4

APRIL 2026
INTERLOCAL AGREEMENTS



Executive Contract Summary

Contract Section



Contractor*

City of Houston

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/21/2026

Parties* (?)

The Harris Center for Mental Health & IDD and the City of Houston

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

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* (?)

4/21/2026

Contract Term End Date* (?)

8/31/2026

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

Estimated on or around April for 3 years (4/21/26 - 4/30/29)

Fiscal Year* (?)

2026

Amount* (?)

\$ 1.00

Fiscal Year* (?) Amount* (?)
2027 \$ 1.00

Fiscal Year* (?) Amount* (?)
2028 \$ 1.00

Funding Source*
Private Pay Source

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* (?)

New lease agreement with the City of Houston for the lease of space located at 419 Emancipation Street, Houston, Texas 77003 for the superhub homeless program via the Emancipation Operator notice (final name of program to be determined).

Contract Owner*
Kim Kornmayer

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

Please add previous contract dates and what services were provided*
City of Houston CIRT, etc in CPEP

Vendor/Contractor a Historically Underutilized Business (HUB)* (?)
 Yes No Unknown

Community Partnership* (?)
 Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name*
Melody N. Barr, Assistant Director, Public Services & Harvey Economic Development

Address*

Street Address

2100 Travis Street

Address Line 2

9th Floor

City

Houston

State / Province / Region

TX

Postal / Zip Code

77002-8709

Country

US

Phone Number*

832-394-6124

Email*

melody.barr@houstontx.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9901	\$ 1.00	555000
Budget Manager		Secondary Budget Manager
Ramirez, Priscilla		Puente, Giovanni

Provide Rate and Rate Descriptions if applicable* (?)

Leasing space for \$1.00, utilities will be charged separately under the Emancipation Operator contract.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Ramirez, Priscilla

Submission Date

4/2/2026

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Approval Date

4/2/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kim KORNMEYER

Approval Date

4/6/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

4/6/2026



Executive Contract Summary

Contract Section



Contractor*

Department of Veteran Affairs (VA)

Contract ID #*

36C25626D0042

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/21/2026

Parties* (?)

The Harris Center for Mental Health & IDD and VA

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 checked="" type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

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

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

3/1/2026

Contract Term End Date* (?)

8/31/2026

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

03/01/2026 to 02/28/2027

Fiscal Year* (?)

2026

Fiscal Year* (?)

2027

Funding Source*

Federal 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* (?)

To provide sober living residential services to eligible veterans for Michael E. DeBakey Veteran Affairs Medical Center in Houston, TX at the Main Street campus.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

FY26, sober living residential services

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

26D0042 36C25626N0400-SOBER LIVING signed.pdf	251.08KB
ATT 1 QASP SOBER LIVING rev 1 5 .docx	27.16KB
ATT D2 - WD 2015-5233 REV 32 dated 2 DEC 2025 Harris County.pdf	4.58MB
C03 36C25626D0042- SOBER LIVING SERVICES signed.pdf	1.76MB
Fw_ FULLY EXECUTED CONTRACT- 36C25626D0042 AND TASK ORDER 26N0400-SOBER LIVING- HOUSTON.pdf	6.74MB

Vendor/Contractor Contact Person



Name*

Karen A. Battie, Contract Specialist, Medical Sharing Team

Address *

Street Address

1800 Buckner Street

Address Line 2

City

Shreveport

Postal / Zip Code

71101-4440

State / Province / Region

LA

Country

US

Phone Number *

318-990-5960

Email *

Karen.Battie@va.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9284	\$ 428,220.00	435083

Budget Manager

Secondary Budget Manager

Provide Rate and Rate Descriptions if applicable* (?)

\$60 per day up to 39 veterans per day for a remaining 183 days between 3/1/26 to 8/31/26 equals max revenue of \$428,220.00 for FY26.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Ramirez, Priscilla

Submission Date

3/16/2026

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Approval Date

3/16/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kim Kornmayer

Approval Date

3/16/2026

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

3/17/2026



Executive Contract Summary

Contract Section



Contractor*

Harris County Department of Education

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/21/2026

Parties* (?)

Harris County Department of Education and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

Does this contract contain an element of 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* (?)

7/31/2028

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

Fiscal Year* (?)

2026

Amount* (?)

\$ 0.00

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* (?)

Partnership between Harris County Department of Education Head Start and The Harris Center ECI program to ensure a smooth and effective transition for children from ECI Services into HCDE Head Start. This would optimize services for children (0-3) with disabilities or developmental delays and their families. HCDE Head Start will submit referrals to ECI program to ensure that Early Head Start students receive evaluations and determination of eligibility for Early Childhood Intervention services.

Contract Owner*

Dr. Evanthe Collins

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

Specify Name*

Harris County Department of Education

Supporting Documentation Upload (?)

The Harris Center -ECI MOU 2026 3-27-26.pdf 214.34KB

Vendor/Contractor Contact Person

Name*

Armando Rodriguez

Address*

Street Address

6300 Irvington Court

Address Line 2

City

Houston

Postal / Zip Code

77022

State / Province / Region

Tx

Country

US

Phone Number*

713-696-2179

Email*

arodriguez@hcde-texas.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3360	\$ 0.00	000000
Budget Manager Degracia, Ericka		Secondary Budget Manager Johnson, Kenyonika

Provide Rate and Rate Descriptions if applicable* (?)

No compensation will be owed to either party for the services described in MOU.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Degracia, Ericka

Submission Date

3/30/2026

Budget Manager Approval(s)

Approved by

Ericka Degracia

Approval Date

3/30/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

3/30/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/30/2026



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2026

Contract ID#*

2025-1006

Contractor Name*

Harris County Office of County Administration

Service Provided* (?)

Community Mental Health Grant program including services for the Joint Processing Center (JPC) and Outpatient Competency Restoration (OCR) [FY26 Revenue NTE: \$4,230,000.00]

Renewal Term Start Date*

9/1/2026

Renewal Term End Date*

8/31/2027

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

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* (?)

\$ 4,230,000.00

Rate(s)/Rate(s) Description

\$4,230,000.00 in kind match

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Priscilla Ramirez

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?*

Jail Diversion related priorities through Outpatient Competency Restoration (OCR) program as well as the Harris County Jail Processing Center.

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.*
9402	\$ 681,527.00	403026

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9407	\$ 1,433,473.00	403026

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Provide Rate and Rate Descriptions if applicable* (?)

Grant reimbursable per contract, \$2,115,000 annually, with 1:1 in kind match of \$2,115,000 annually for a total of \$4,230,000.

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)

2026

Amount* (?)

\$ 2,115,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Contract Owner Approval

Approved by

KIM KORNMEYER

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/16/2026



Executive Contract Summary

Contract Section



Contractor*

Harris County Sheriff's Office

Contract ID #*

na

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/21/2026

Parties* (?)

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

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

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

*

- Yes No

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2025

Contract Term End Date* (?)

8/31/2026

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

Fiscal Year* (?)

2026

Funding Source*

County

Contract Description / Type* (?)

- 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* (?)

Amendment to contract with Friendswood Police Department as half of this location is Harris County and the other half is Galveston County; a relationship with Gulf Coast LMHA will be built.

Revenue contract in the amount of \$853,600

iPad requested: 4

Director: Kisha Lorio

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

currently under contract

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Specify Name*

Harris County

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name*

Rebecca Saenz

Address*

Street Address

1600 Whitaker Dr

Address Line 2

City

Friendswood

Postal / Zip Code

77546-4177

State / Province / Region

TX

Country

US

Phone Number*

832-704-7777

Email*

Rsaenz@friendswood.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9259	\$ 853,600.00	403024

Budget Manager

Oshman, Jodel

Secondary Budget Manager

Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Singh, Patricia

Submission Date

3/12/2026

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

3/12/2026

IT Director Approval

Approved by

Anthony Jones

Approval Date

3/13/2026

IT Approval Comments

Approved - AJones

Contract Owner Approval

Approved by

Kim Kornmayer

Approval Date

3/13/2026

Contracts Approval

Approve*

Yes

No, reject entire submission

Return for correction

Approved by*

Belinda Stude

Approval Date*

3/16/2026



Executive Contract Summary

Contract Section



Contractor*

Harris County Sheriff's Office

Contract ID #*

na

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/21/2026

Parties* (?)

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

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

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

- Yes No

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2025

Contract Term End Date* (?)

8/31/2026

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

Fiscal Year* (?)

2026

Funding Source *

County

Contract Description / Type* (?)

- 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* (?)

Amendment to contract with Webster Police Department
 This is a Revenue contract in the amount of \$853,600
 iPad requested: 2
 Director: Kisha Lorio

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Currently under contract

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Harris County

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Jeremy Edge, Assistant Chief of Police

Address*

Street Address

217 Pennsylvania Avenue

Address Line 2

City

Webster

Postal / Zip Code

77598-5228

State / Province / Region

TX

Country

US

Phone Number*

281-316-4153

Email*

judge@websterpd.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9259	\$ 853,600.00	403024
Budget Manager Oshman, Jodel		Secondary Budget Manager Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Singh, Patricia

Submission Date

3/19/2026

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

3/19/2026

IT Director Approval

Approved by

Anthony Jones

Approval Date

3/23/2026

IT Approval Comments

Approved - AJones

Contract Owner Approval

Approved by

Kim KORNMEYER

Approval Date

3/23/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/30/2026



Executive Contract Summary

Contract Section



Contractor*

Texas A&M University -Victoria

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/21/2026

Parties* (?)

Texas A&M University -Victoria and The Harris Center for Mental Health & IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

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

- Yes No

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

4/1/2026

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* (?)

- 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* (?)

Transfer of the campus from University of Houston - Victoria to Texas A&M University - Victoria.

The University has decided to cancel any existing agreements under U of H Victoria and start completely over with a new agreement only under Texas A &M University – Victoria.

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 (?)

TAMUV Cert of Insurance.pdf	466.73KB
PSYC 6304 2025 Fall Practicum Syllabus.pdf	477.04KB

Vendor/Contractor Contact Person

Name*

Danielle Todaro, Psy.D.

Address*

Street Address

3007 N Ben Wilson St

Address Line 2

City

Victoria

Postal / Zip Code

77901-5731

State / Province / Region

Texas

Country

United States

Phone Number*

8327792440

Email*

todarod@uhv.edu

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	N/A
Budget Manager Moynihan, Kelly		Secondary Budget Manager Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name Hemanes, Danyette	Submission Date 3/16/2026
--	-------------------------------------

Budget Manager Approval(s)

Approved by

Kelly E. Moynihan

Approval Date

3/17/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mirya Escobar

Approval Date

3/17/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/27/2026



Executive Contract Summary

Contract Section



Contractor*

Tropical Texas Behavioral Health

Contract ID #*

na

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/21/2026

Parties* (?)

Tropical Texas Behavioral Health and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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

*

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

4/20/2026

Contract Term End Date* (?)

8/31/2026

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

Fiscal Year* (?)

2026

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 ILA

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

Amendment to modify the GLcode to 421026 and modify the start date to match the Interlocal Agreement, 04/20/2026.

This interlocal agreement is entered into pursuant to Chapter 791 of the Texas Government Code, by and between Tropical Texas Behavioral Health (TTBH) and The Harris Center for Mental Health and IDD (Harris Center), with the approval of Texas Health and Human Services Commission (HHSC) for the purpose of permitting the utilization of state funds for in-patient psychiatric services.

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 (?)

TTBH.Harris Center agreement- 03122026.docx

19.07KB

Vendor/Contractor Contact Person

Name*

W. Terry Crocker, CEO

Address*

Street Address

1901 South 24th Avenue

Address Line 2

City

Edinburg

Postal / Zip Code

78539-6533

State / Province / Region

TX

Country

US

Phone Number*

(956)289-7258

Email*

Tcrocker@ttbh.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9223	\$ 950,000.00	421026
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Singh, Patricia

Submission Date

3/18/2026

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

3/18/2026

Contract Owner Approval

Approved by

KIM KORNMEYER

Approval Date

3/19/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/23/2026

EXHIBIT R-5

APRIL 2026
AMENDMENTS 100k - 250k



Executive Contract Summary

Contract Section



Contractor*

ABC Home and Commercial Services

Contract ID #*

2025-1078

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/21/2026

Parties* (?)

ABC 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*

\$ 88,399.20

Increase Not to Exceed*

\$ 20,000.00

Revised Total Not to Exceed (NTE)*

\$ 108,399.20

Fiscal Year* (?)

2026

Amount* (?)

\$ 108,399.20

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 PO CT#145373

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

need to increase the PO CT#145373 current amount \$88,399.20 by \$20,000.00 to a new NTE of \$108,399.20 due to an increase in call outs for bed bug inspections and treatments, also adding the 6168 Apartments unit 1868 to the contract for monthly services - add the additional funds to 1899/569005

Contract Owner*

Ben Mendez

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

at least 2012 if not prior for bed bug services, FY2026 for all pest control services

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

ABC Home & Com Svcs / Steve Estrada

Address *

Street Address

11934 Barker Cypress Road

Address Line 2

City

Cypress

Postal / Zip Code

77433-1802

State / Province / Region

TX

Country

US

Phone Number *

2817309500

Email *

sestrada@goanteater.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1899	\$ 20,000.00	569005

Budget Manager

Campbell, Ricardo

Secondary Budget Manager

Moynihan, Kelly

Provide Rate and Rate Descriptions if applicable* (?)

adding \$20,000.00 to contract to get thru the rest of FY2026 due to adding buildings and an increased amount of call-outs for bed bug services, this should get us thru the end of the FY

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Harper, Sarah

Submission Date

3/13/2026

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

3/13/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ben Mendez

Approval Date

3/13/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/16/2026



Executive Contract Summary

Contract Section



Contractor*

Forvis Mazars, LLP

Contract ID #*

2025-1071

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/21/2026

Parties* (?)

FORVIS MAZARS, LLP 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 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 <input type="text"/> |

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

- Yes No

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

8/20/2025

Contract Term End Date* (?)

8/31/2026

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

Current Contract Amount*

\$ 150,000.00

Increase Not to Exceed*

\$ 20,000.00

Revised Total Not to Exceed (NTE)*

\$ 170,000.00

Fiscal Year* (?)

2026

Amount* (?)

\$ 170,000.00

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* (?)

AUDIT OF ANNUAL FINANCIAL STATEMENTS and DPCU and the GASB101 adoption/restatement work

Contract Owner*

Stanley Adams

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

AUDIT OF ANNUAL FINANCIAL STATEMENTS

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

Yes No Unknown

Please provide an explanation*

NA

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Tracy Young

Address *

Street Address

2700 Post Oak Boulevard

Address Line 2

Ste 1500

City

Houston

Postal / Zip Code

77056

State / Province / Region

TX

Country

United States

Phone Number *

7134994600

Email *

tracy.young@us.forvismazars.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1122	\$ 170,000.00	57800
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

Oquin, Shiela

Submission Date

2/17/2026

Budget Manager Approval(s)

Approved by



Approval Date

2/18/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Stanley Adams

Approval Date

3/9/2026

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

3/11/2026



Executive Contract Summary

Contract Section



Contractor*

J Taylor and Associates

Contract ID #*

2024-0969

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/21/2026

Parties* (?)

JTaylor (existing contractor) and THC: add-on to existing contract for additional services

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 add-on to existing PO |

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* (?)

4/1/2026

Contract Term End Date* (?)

8/31/2026

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

Current Contract Amount*

\$ 110,000.00

Increase Not to Exceed*

\$ 50,000.00

Revised Total Not to Exceed (NTE)*

\$ 160,000.00

Fiscal Year* (?)

2026

Amount* (?)

\$ 50,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

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

The objective of this work effort is to provide consulting services in support of reporting and calculations related to the physician compensation program for the Harris Center's physician group on behalf of the Human Resources department of the Harris Center.

Contract Owner*

Kip Baughman

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Physician Compensation Review (HR) and Payer Services
(Accounting) - both are current services

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

JTaylor SOW for Phy Comp Calc 20260310.docx

86.41KB

Vendor/Contractor Contact Person

Name*

Matt Riesen

Address *

Street Address

4800 Overton Plaza

Address Line 2

Suite 360

City

Fort Worth

Postal / Zip Code

76109

State / Province / Region

TX

Country

United States

Phone Number *

8175467025

Email *

mriesen@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	\$ 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

Baughman, Kip

Submission Date

3/10/2026

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

3/12/2026

Contract Owner Approval

Approved by

KIP BAUGHMAN

Approval Date

3/12/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/12/2026



Executive Contract Summary

Contract Section



Contractor*

P-Nursing (LVNs, RNs, MAs)

Contract ID #*

2021-0149

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/21/2026

Parties* (?)

NURSING SERVICES /Various vendors.

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 <input type="text"/> |

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*

\$ 177,996.00

Increase Not to Exceed*

\$ 40,000.00

Revised Total Not to Exceed (NTE)*

\$ 217,996.00

Fiscal Year* (?)

2026

Amount* (?)

\$ 217,996.00

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 ADD FUNDS TO UNITS 9206 AND 1153 TO ENSURE STAFFING FOR AGENCY NURSING.

Contract Owner*

Kia Walker

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

- 2025-2026 - current year - Nursing services
- 2024-2025
- 2023-2024
- 2022-2023
- 2021-2022

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

JWS HEALTH CONSULTANTS INC DBA ULTRASTAFF

Address*

Street Address

1818 MEMORIAL DR

Address Line 2

City

HOUSTON

State / Province / Region

TX

Postal / Zip Code

77007

Country

USA

Phone Number*

713-816-6621

Email*

RUSSCHEIMAN@ULTRASTAFF.COM

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1153	\$ 92,567.49	540502

Budget Manager	Secondary Budget Manager
Moynihan, Kelly	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 59,000.00	540502

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3530	\$ 31,432.31	540502

Budget Manager	Secondary Budget Manager
Degracia, Ericka	Collins, Evanthe

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3550	\$ 8,000.00	540502

Budget Manager	Secondary Budget Manager
Degracia, Ericka	Collins, Evanthe

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3609	\$ 8,044.00	540502

Budget Manager	Secondary Budget Manager
Degracia, Ericka	Collins, Evanthe

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3611	\$ 7,000.00	540502

Budget Manager	Secondary Budget Manager
Degracia, Ericka	Collins, Evanthe

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2213	\$ 8,000.00	540502

Budget Manager	Secondary Budget Manager
Shelby, Debbie	Smith, Janai

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2214	\$ 3,000.00	540502

Budget Manager	Secondary Budget Manager
Shelby, Debbie	Smith, Janai

Provide Rate and Rate Descriptions if applicable* (?)

Master pooled contract for Temporary Nursing Personnel Services for Licensed Vocational Nurses (LVN), Registered Nurses (RN), Medical Assistants (MAs), Licensed Practical Nurses (LPNs), Psych Techs, and Certified Nursing Assistants (CNAs)

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name	Submission Date
Conger, Lesley	3/26/2026

Budget Manager Approval(s)

Approved by

Kelly E. Moynihan

Approval Date
3/26/2026

Approved by

Jodel Oshman

Approval Date
3/27/2026

Approved by

Ericka Degracia

Approval Date
3/27/2026

Approved by

Debbie Chambers Shelby

Approval Date
3/27/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

Walker, Kia

Approval Date

3/27/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/30/2026

EXHIBIT R-6

**APRIL 2026
NEW CONTRACTS
UNDER 100k**



Executive Contract Summary

Contract Section



Contractor*

Any Occasion Tents & Events, LLC

Contract ID #*

n/a

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/21/2026

Parties* (?)

Any Occasion 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* (?)

3/9/2026

Contract Term End Date* (?)

3/18/2026

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

Fiscal Year* (?)

2026

Amount* (?)

\$ 7,493.21

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* (?)

tent rental (includes tent, flooring, chairs, tables, linens, and fans) for the groundbreaking ceremony at the new NE location at 7529 Little York Rd, Houston, TX 77016 on 3/16/2026 from 10am to 1pm. Any Occasion will deliver the tent on 3/14/2026 and remove the tent after the ceremony on 3/16/26. 1816/595000 unit/gl code NTE \$7,493.21

Contract Owner*

Ben Mendez

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 (?)

Any Occasion Quote 231229195.pdf	897.81KB
AOTE - W9 - 2026.pdf	653.85KB
COI Any Occasion.pdf	419.95KB

Vendor/Contractor Contact Person

Name*

Any Occasion / Lynne or Kelley for contract info / Kathy Dacy

Address*

Street Address

5714 Bissonnet Street

Address Line 2

City

Houston

Postal / Zip Code

77081-6501

State / Province / Region

TX

Country

US

Phone Number*

7136629724

Email*

kathy@anyoccasionhouston.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1808	\$ 7,493.21	595000
Budget Manager Campbell, Ricardo		Secondary Budget Manager Moynihan, Kelly

Provide Rate and Rate Descriptions if applicable* (?)
 see attached quote - \$7,493.21 in 1808/595000 (for 1816 New NE Property unit)

Project WBS (Work Breakdown Structure)* (?)
 FM21.1126.18 NE Programming and Design - we are NOT charging the project but is for the groundbreaking for this project

Requester Name	Submission Date
Harper, Sarah	3/5/2026

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

3/5/2026

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

3/5/2026

Contract Owner Approval

Approved by

Ben Mendez

Approval Date

3/6/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/6/2026



Executive Contract Summary

Contract Section



Contractor*

Hilton Garden Inn

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

3/17/2026

Parties* (?)

Hilton Garden Inn 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 <input type="text"/> only available option for the date of the event |

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* (?)

3/2/2026

Contract Term End Date* (?)

8/31/2026

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

Fiscal Year* (?)

Amount* (?)

2026

\$ 15,000.00

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* (?)

This is the venue for our Leadership Development Institute.

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 used for several years now.

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Paloma Lopez

Address*

Street Address

722 Bonaventure Way

Address Line 2

City

Sugar Land

Postal / Zip Code

77479

State / Province / Region

Texas

Country

US

Phone Number*

2813255909

Email*

paloma.lopez@hilton.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1975	\$ 15,000.00	549005
Budget Manager Campbell, Ricardo		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** 3/2/2026

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date
3/2/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date
3/2/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*
3/3/2026



Executive Contract Summary

Contract Section



Contractor*

The Westin Oaks Galleria Houston

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/21/2026

Parties* (?)

The Westin Oaks Houston Galleria and The Harris Center for Mental Health & IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

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

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

4/13/2026

Contract Term End Date* (?)

8/31/2027

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

Fiscal Year* (?)

2027

Amount* (?)

\$ 25,000.00

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* (?)

This will serve as the venue for the annual Employee Recognition luncheon.

Contract Owner*

Danyette Hemanes

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Employee Recognition luncheon, 2024

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

11172026_CR1 The Harris Center for Mental Health (1).pdf 288.63KB

Vendor/Contractor Contact Person

Name*

Patrick Pham

Address*

Street Address

5060 West Alabama

Address Line 2

City

Houston

Postal / Zip Code

77056

State / Province / Region

Texas

Country

US

Phone Number*

713-770-6265

Email*

Patrick.Pham@marriott.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 25,000.00	549009

Budget Manager	Secondary Budget Manager
Moynihan, Kelly	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Hemanes, Danyette	3/30/2026

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

3/31/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Danyette Hemanes

Approval Date

3/31/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

4/1/2026



Executive Contract Summary

Contract Section



Contractor*

Aneika Pruitt d/b/a Cadia Counseling and Wellness, PLLC

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/21/2026

Parties* (?)

Cadia Counseling and Wellness, PLLC and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

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

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

3/9/2026

Contract Term End Date* (?)

8/31/2026

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

Fiscal Year* (?)

2026

Amount* (?)

\$ 1,250.00

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* (?)

Cadia Counseling and Wellness, PLLC will provide services to the parents/caregivers of ECI individuals (ages 0-3) that require a need for counseling services.

This contract is directly based upon need and does not have anything to do with our staff on leave or vacancies.

Contract Owner*

Dr. Evanthe Collins

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

Specify Name*

Cadia Counseling and Wellness, PLLC

Supporting Documentation Upload (?)

TXCAD184. 2025.pdf	46.46KB
W9 - Harris Center.pdf	8.41MB

Vendor/Contractor Contact Person

Name*

Aneika Pruitt

Address*

Street Address

11999 Katy Fwy Frontage Road ste 150r

Address Line 2

City

Houston

Postal / Zip Code

77079

State / Province / Region

TX

Country

US

Phone Number*

832-698-9494

Email*

aneika@cadiacounseling.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3360	\$ 1,250.00	543028
Budget Manager	Secondary Budget Manager	
Degracia, Ericka	Johnson, Kenyonika	

Provide Rate and Rate Descriptions if applicable* (?)

Per Aneika Pruitt, Cadia Counseling & Wellness NTE amount for intakes is \$375 and the NTE amount for subsequent sessions is \$175.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Degracia, Ericka

Submission Date

3/2/2026

Budget Manager Approval(s)

Approved by

Ericka Degracia

Approval Date

3/2/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

3/3/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/4/2026



Executive Contract Summary

Contract Section



Contractor*

Behavioral Analytics of Texas

Contract ID #*

2025-1014

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/21/2026

Parties* (?)

Behavioral Analytics of Texas and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

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

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

3/6/2026

Contract Term End Date* (?)

8/31/2026

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

Fiscal Year* (?)

2026

Amount* (?)

\$ 2,500.00

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* (?)

Behavioral Analytics of Texas shall deliver Early Childhood Intervention (ECI) services to eligible infants and toddlers (birth through age three) and their families served through the Harris Center in accordance with federal and Texas law. Services to be provided: Nursing, Dietitian services, Occupational Therapy, Physical Therapy, Speech Therapy, and Counseling.

Contract Owner*

Dr. Evanthe Collins

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

Specify Name*

Behavioral Analytics of Texas

Supporting Documentation Upload (?)

BAT FORM W9.pdf	79.85KB
COI.pdf	299.54KB

Vendor/Contractor Contact Person

Name*

Dr. Rafael Simmons

Address*

Street Address

17302 House Hahl Road Suite 329

Address Line 2

City

Cypress

Postal / Zip Code

77433

State / Province / Region

Tx

Country

United States

Phone Number*

832-353-8219

Email*

rsimmons@baoftexas.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3360	\$ 250.00	540502

Budget Manager	Secondary Budget Manager
Degracia, Ericka	Johnson, Kenyonika

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3360	\$ 2,500.00	543012

Budget Manager	Secondary Budget Manager
Degracia, Ericka	Johnson, Kenyonika

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3360	\$ 300.00	543028

Budget Manager	Secondary Budget Manager
Degracia, Ericka	Johnson, Kenyonika

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3360	\$ 450.00	543013

Budget Manager	Secondary Budget Manager
Degracia, Ericka	Johnson, Kenyonika

Provide Rate and Rate Descriptions if applicable* (?)

See uploaded document

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Degracia, Ericka	3/30/2026

Budget Manager Approval(s)

Approved by

Ericka Degracia

Approval Date

3/30/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

3/30/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/30/2026



Executive Contract Summary

Contract Section



Contractor*

Monica Brown

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/21/2026

Parties* (?)

Monica Brown and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

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

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

2/1/2026

Contract Term End Date* (?)

8/31/2026

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

Fiscal Year* (?)

2026

Amount* (?)

\$ 2,500.00

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 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 checked="" 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* (?)

Monica Brown, MHS, CCC-SLP, LSVT-LOUD will provide services to individuals (ages 0-3) that require a need for speech-language pathology services. These services will supplement existing ECI speech therapy services in the event there are staff on leave, vacancies and/or there is an increased demand that cannot be supported by existing staff. After one year, we will evaluate whether to review.

*Pooled Contract

Contract Owner*

Dr. Evanthe Collins

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

Specify Name*

Monica Brown

Supporting Documentation Upload (?)

ASHA cert.pdf	250.28KB
MB Contractor W9 form..pdf	232.4KB
Professional liability insurance.PDF	214.63KB
Texas EI Contract.pdf	102.58KB

Vendor/Contractor Contact Person

Name*

Monica Brown, MHS CCC-SLP, LSVT-LOUD, C.D.S

Address*

Street Address

2623 Keene Street

Address Line 2

City

Houston

Postal / Zip Code

77009

State / Province / Region

TX

Country

US

Phone Number*

314-446-9106

Email*

monicabslp@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3360	\$ 2,500.00	543012
Budget Manager Degracia, Ericka	Secondary Budget Manager Johnson, Kenyonika	

Provide Rate and Rate Descriptions if applicable* (?)

Please see attachment for information

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Degracia, Ericka

Submission Date

3/2/2026

Budget Manager Approval(s)

Approved by

Ericka Degracia

Approval Date

3/2/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

3/3/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/4/2026



Executive Contract Summary

Contract Section



Contractor*

Toni Falco Drysdale Dietitian Services, LLC

Contract ID #*

2024-0853

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/21/2026

Parties* (?)

Toni Falco Drysdale Dietitian Services LLC and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

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

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

1/30/2026

Contract Term End Date* (?)

8/31/2026

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

N/A

Fiscal Year* (?)

2026

Amount* (?)

\$ 450.00

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* (?)

Toni Falco Drysdale Dietitian Services LLC will provide services to individuals (ages 0-3) that require a need for dietitian services. These services will supplement ECI services in the event there is an identified need for nutrition/dietary services."

This contract is directly based upon need and does not have anything to do with our staff on leave or vacancies. The program does not have any dieticians on staff.

Contract Owner*

Dr. Evanthe Collins

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

Specify Name*

Toni Falco Drysdale Dietitian Services LLC

Supporting Documentation Upload (?)

202511~1.PDF	1.04MB
2026-2028 DRYSDALE LD LICENSE exp jan 31 2028.pdf	205.47KB
W9 TFDLLC SIGNED dated 1-20-2026.pdf	525.5KB
Feb2026 PROPOSAL CONTRACT RD TFDLLC.doc	50KB

Vendor/Contractor Contact Person

Name*

Toni Falco Drysdale, MA,RD,LD,FAND

Address*

Street Address

P.O Box 420

Address Line 2

City

Pinehurst

Postal / Zip Code

77362

State / Province / Region

Tx

Country

US

Phone Number*

713-818-8671

Email*

tdrysdale3732@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3360	\$ 450.00	543013
Budget Manager Degracia, Ericka		Secondary Budget Manager Johnson, Kenyonika

Provide Rate and Rate Descriptions if applicable* (?)

Please see attachment for information

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Degracia, Ericka

Submission Date

2/19/2026

Budget Manager Approval(s)

Approved by

Ericka Degracia

Approval Date

2/19/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

2/25/2026

Contracts Approval

Approve*

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

Approved by *

Belinda Stude

Approval Date *

3/4/2026

EXHIBIT R-7

APRIL 2026 RENEWALS UNDER 100k



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID#*

2020-0036

Contractor Name*

Health Mart Atlas, LLC

Service Provided* (?)

Pharmacy Services Administration Organization

Renewal Term Start Date*

3/25/2026

Renewal Term End Date*

3/24/2027

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

- | | |
|--|--|
| <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 |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 9,600.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

Not Required

Contract Requestor*

Teri Garland

Contract Owner*

Holly Cumbie

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?*

Third party billing

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.*
1135	\$ 0.00	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

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

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance 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

Holly Cumbie

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Holly Cumbie

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/17/2026



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID#*

2023-0637

Contractor Name*

Quantum Market Research, Inc.

Service Provided* (?)

This contract is to maintain our employee engagement efforts; Quantum Workplace not only provides the employee engagement survey we use, but also the platform to acquire response and the analytics to make the data actionable to improve employee engagement.

Renewal Term Start Date*

3/23/2026

Renewal Term End Date*

3/7/2027

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

- | | |
|--|--|
| <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 |

Contract Description / Type

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

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

- Yes
 No
 Unknown

Contract NTE* (?)

\$ 50,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1108

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

CT145239

Contract Requestor*

Danyette Hemanes

Contract Owner*

Danyette Hemanes

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? *

This contract is to maintain our employee engagement efforts; Quantum Workplace not only provides the employee engagement survey we use, but also the platform to acquire response and the analytics to make the data actionable to improve employee engagement.

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. *
1108	\$ 53,250.00	553002
Budget Manager *	Secondary Budget Manager *	
Moynihan, Kelly	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable * (?)

N/A

Project WBS (Work Breakdown Structure) * (?)

N/A

Fiscal Year * (?)	Amount * (?)
2026	\$ 53,250.00

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 (?)

Quantum INV35486.pdf	53.25KB
[http][WN5F6DV20D1MZW][v][PO_CT145239_638966592915039797].PDF	164.34KB

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Danyette Hemanes

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Danyette Hemanes

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/27/2026

EXHIBIT R-8

APRIL 2026

AMENDMENTS UNDER 100k

Contract Section **Contractor***

Customer Expressions Corporation d/b/a Case IQ

Contract ID #*

2024-0967

Presented To*

- Resource Committee
 Full Board

Date Presented*

4/21/2026

Parties* (?)

Customer Expressions Corporation d/b/a Case IQ 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* (?)

12/29/2025

Contract Term End Date* (?)

12/29/2026

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

Current Contract Amount*

\$ 16,100.00

Increase Not to Exceed*

\$ 29,225.00

Revised Total Not to Exceed (NTE)*

\$ 45,325.00

Fiscal Year* (?)

2026

Amount* (?)

\$ 45,325.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

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

The amendment includes additional professional services and licenses, which are required for the Compliance Department to enable a Compliance module.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

FY24 - Present

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Customer Expressions Corp. - General 2026.pdf	274.73KB
The Harris Center for Mental Health and IDD - Case IQ Subscription Services Agreement .docx	121.5KB

Vendor/Contractor Contact Person



Name*

Cydney Roy

Address*

Street Address

300 March Road

Address Line 2

City

Ottawa

Postal / Zip Code

K2K 2E4

State / Province / Region

ON

Country

CA

Phone Number*

18004656089

Email*

croy@caseiq.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1102	\$ 19,725.00	553003

Budget Manager	Secondary Budget Manager
Moynihan, Kelly	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1102	\$ 9,500.00	553002

Budget Manager	Secondary Budget Manager
Moynihan, Kelly	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

Professional Services = \$9,500.00

Subscription Fees = \$19,725.00

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Jones, Anthony

Submission Date

3/4/2026

Budget Manager Approval(s)

Approved by

Kelly E. Moynihan

Approval Date

3/5/2026

IT Director Approval

Approved by


Anthony Jones

Approval Date

3/5/2026

IT Approval Comments

Approved - AJones


Procurement Approval 

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval 

Approved by

Ninfa Escobar

Approval Date

3/6/2026

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

3/11/2026



Executive Contract Summary

Contract Section

Contractor*

Quantum Market Research, Inc.

Contract ID #*

2023-0637

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/21/2026

Parties* (?)

The Harris Center for Mental Health and IDD and Quantum Market Research, 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* (?)

3/7/2026

Contract Term End Date* (?)

3/6/2027

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

Current Contract Amount*

\$ 50,000.00

Increase Not to Exceed*

\$ 3,250.00

Revised Total Not to Exceed (NTE)*

\$ 53,250.00

Fiscal Year* (?)

2026

Amount* (?)

\$ 53,250.00

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* (?)

This contract is to maintain our employee engagement efforts; Quantum Workplace not only provides the employee engagement survey we use, but also the platform to acquire response and the analytics to make the data actionable to improve employee engagement.

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 contracted with Quantum since 2022

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Quantum Workplace + The Harris Center - 2026 Renewal Agreement.pdf 912.17KB

Vendor/Contractor Contact Person



Name*

Lucas Bruneau

Address*

Street Address

13810 FNB Parkway ste 401

Address Line 2

City

Omaha

State / Province / Region

NE

Postal / Zip Code

68154-5216

Country

US

Phone Number*

531-600-0412

Email*

lucas.bruneau@quantumworkplace.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 53,250.00	553002
Budget Manager	Secondary Budget Manager	
Moynihan, Kelly	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Escobar, Ninfa

Submission Date

3/12/2026

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

3/16/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

3/16/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/17/2026



Executive Contract Summary

Contract Section

Contractor*

Sagin Healthcare Consulting, LLC

Contract ID #*

NA

Presented To*

- Resource Committee
 Full Board

Date Presented*

2/9/2026

Parties* (?)

SAGIN HEALTHCARE CONSULTING AND THE HARRIS CENTER FOR MENTAL HEALTH AND IDD BOARD OF DIRECTORS

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* (?)

2/9/2026

Contract Term End Date* (?)

4/13/2026

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

Current Contract Amount*

\$ 8,000.00

Increase Not to Exceed*

\$ 500.00

Revised Total Not to Exceed (NTE)*

\$ 8,500.00

Fiscal Year* (?)

2026

Amount* (?)

\$ 8,500.00

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* (?)

This retreat for members of the Board Quality coming in April 2026. This retreat would be an opportunity to provide the members with an orientation to best practices in board oversight of quality at the Harris Center. The program would be used to clarify the roles and responsibilities of members, including how to manage the fine line between governance and management. Also to discuss the board role regarding oversight of individual and collective practitioner performance.

Contract Owner*

Trudy Leidich

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*

Todd Sagin, MD JD

Address*

Street Address

1805 Hilcrest Road

Address Line 2

City

Laverock

Postal / Zip Code

19038

State / Province / Region

PA

Country

United States

Phone Number*

2154029176

Email*

TSagin@SaginHealthcare.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1179	\$ 8,500.00	540200

Budget Manager

Moynihan, Kelly

Secondary Budget Manager

Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Conger, Lesley

Submission Date

3/30/2026

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

3/31/2026

IT Director Approval

Approved by

Anthony Jones

Approval Date

3/31/2026

IT Approval Comments

Approved - AJones

Procurement Approval

File Upload (?)

Approved by

Approval Date

Sign

Contract Owner Approval



Approved by

Approval Date

Trudy Leidich

3/31/2026

Contracts Approval

Approve *

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

Approved by *

Approval Date *

Belinda Stude

4/1/2026



Executive Contract Summary

Contract Section ^

Contractor*

ScriptPro USA, Inc.

Contract ID #*

5032

Presented To*

- Resource Committee
 Full Board

Date Presented*

4/21/2026

Parties* (?)

ScriptPro USA, Inc. 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 checked="" 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* (?)

9/1/2025

Contract Term End Date* (?)

8/31/2026

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

Current Contract Amount*

\$ 13,310.00

Increase Not to Exceed*

\$ 8,014.84

Revised Total Not to Exceed (NTE)*

\$ 21,324.84

Fiscal Year* (?)

2026

Amount* (?)

\$ 21,324.84

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* (?)

ScriptPro Robot IOS upgrade to WIN11. One-time fee for software upgrade \$7,636.96
Monthly support rate and subscription fee increases \$62.98 per month
Support & Maintenance for pharmacy equipment for the SE Clinic.

Contract Owner*

Holly Cumbie

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

09/01/2024-08/31/2025

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

PS33933_PSCS43373_WIN11_Upgrade.pdf

677.22KB

Vendor/Contractor Contact Person



Name*

Patrick George

Address *

Street Address

5828 Reeds Road

Address Line 2

City

State / Province / Region

Mission

KS

Postal / Zip Code

Country

66202-2740

US

Phone Number *

9133841008

Email *

pgeorge@scriptpro.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1135	\$ 377.88	553001

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1135	\$ 7,636.96	551001

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable * (?)

One-time fee for ScriptPro upgrade \$7,636.96
 Monthly support rate increase \$62.98 per month (\$62.98 x 6 months=\$377.88)

Project WBS (Work Breakdown Structure) * (?)

n/a

Requester Name	Submission Date
Garland, Teri	3/4/2026

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

3/4/2026

Procurement Approval

File Upload (?)

Approved by

Approval Date

Sign

Contract Owner Approval



Approved by

Approval Date

Holly Cumbie

3/4/2026

Contracts Approval

Approve*

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

Approved by*

Approval Date*

Belinda Stude

3/4/2026



Executive Contract Summary

Contract Section

**Contractor***

ScriptPro USA, Inc.

Contract ID #*

5031

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/21/2026

Parties* (?)

ScriptPro USA, Inc. and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

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

- Yes No

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2025

Contract Term End Date* (?)

8/31/2026

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

Current Contract Amount*

\$ 13,310.00

Increase Not to Exceed*

\$ 7,685.84

Revised Total Not to Exceed (NTE)*

\$ 20,995.84

Fiscal Year* (?)

2026

Amount* (?)

\$ 20,995.84

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* (?)

ScriptPro Robot IOS upgrade to WIN11. One-time fee for software upgrade \$7,385.96
Monthly support rate and subscription fee increase \$49.98 per month
Support & Maintenance for pharmacy equipment for the NW Clinic.

Contract Owner*

Holly Cumbie

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

09/01/2024-08/31/2025

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

PS33932_PSCS43372_WIN11_Upgrade.pdf

678.22KB

Vendor/Contractor Contact Person



Name*

Patrick George

Address *

Street Address

5828 Reeds Road

Address Line 2

City

State / Province / Region

Mission

KS

Postal / Zip Code

Country

66202-2740

US

Phone Number *

9133841008

Email *

pgeorge@scriptpro.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1135	\$ 299.88	553001

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1135	\$ 7,385.96	551001

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

One-time fee for ScriptPro upgrade \$7,385.96
 Monthly support rate increase \$49.98 per month (\$49.98 x 6 months=\$299.88)

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name	Submission Date
Garland, Teri	3/4/2026

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

3/4/2026

Procurement Approval

File Upload (?)

Approved by

Approval Date

Sign

Contract Owner Approval



Approved by

Approval Date

Holly Cumbie

3/4/2026

Contracts Approval

Approve*

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

Approved by*

Approval Date*

Belinda Stude

3/4/2026



Executive Contract Summary

Contract Section



Select Header For This Contract*

Intellectual Developmental Disability Services

Contractor*

The Center For Pursuit d/b/a The Center

Contract ID #*

2023-0728

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/21/2026

Parties* (?)

The Center for Pursuit d/b/a The Center and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

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

- Yes No

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2025

Contract Term End Date* (?)

8/31/2026

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

Current Contract Amount*

\$ 35,374.00

Increase Not to Exceed*

\$ 29,737.00

Revised Total Not to Exceed (NTE)*

\$ 65,111.00

Fiscal Year* (?)

2026

Amount* (?)

\$ 62,374.00

Funding Source*

State

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 |

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY25, Residential Living Services (RO32)

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

The Center for Pursuit d/b/a The Center

Supporting Documentation Upload (?)

The Center Residential FY 26 Exhibit A.pdf	46.77KB
2023-0728 - The Center for Pursuit - Residential - FY 26 - FE.pdf	903.95KB

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

3.2 Number of individuals with a history of mental illness or IDD housed
 4.5 Increase the number of children and adults served in IDD/ASD services

Vendor/Contractor Contact Person



Name*

Damian Harris

Address *

Street Address

4400 Harrisburg Blvd

Address Line 2

City

Houston

Postal / Zip Code

77011

State / Province / Region

TX

Country

US

Phone Number *

713-525-8441

Email *

DHarris@pursuitcenter.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3570	\$ 29,737.00	543004

Budget Manager

Degracia, Ericka

Secondary Budget Manager

Collins, Evanthe

Provide Rate and Rate Descriptions if applicable* (?)

HHSC contract amendment approving an additional \$30,000 in general revenue to be used specifically for residential care. NTE amount \$65,111.00, effective date will be September 1, 2025.

\$170.88 per day per authorized consumer.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Degracia, Ericka

Submission Date

3/2/2026

Budget Manager Approval(s)

Approved by

Ericka Degracia

Approval Date

3/2/2026

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

3/3/2026

Contracts Approval

Approved by

Belinda Stude

Approval Date

3/4/2026

EXHIBIT R-9

APRIL 2026
AFFILIATION AGREEMENTS,
GRANTS, MOU'S AND
REVENUES
INFORMATION ONLY

Contract Section 

Select Header For This Contract *

Affiliation

Contractor *

Baylor College of Medicine

Contract ID # *

2026-1198

Presented To *

- Resource Committee
 Full Board

Date Presented *

4/21/2026

Parties * (?)

BCM and THC

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 * (?)

1/1/2026

Contract Term End Date * (?)

1/26/2027

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

Ongoing

Fiscal Year* (?)

2026

Amount* (?)

\$ 0.00

Funding Source*

Private Pay Source

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*

Danyalle Evans

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

Amendment to current PLA

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

- Yes
- No
- Unknown

Please provide an explanation*

Amendment to current PLA

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

PLA_FPpsych_TheHarrisCenterHarrisCountyJail_1539 (1) Baylor College of
Medicine.pdf 31.82KB

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

PLA

Vendor/Contractor Contact Person 

Name*

Wayne Goodman

Address*

Street Address

One Baylor Plaza, MS: BCM

Address Line 2

1977 Butler 4th floor

City

Houston

Postal / Zip Code

77030

State / Province / Region

Texas

Country

United States

Phone Number*

7137984945

Email*

wayne.goodman@bcm.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2405	\$ 0.00	0

Budget Manager

Smith, Janai

Secondary Budget Manager

Shelby, Debbie

Provide Rate and Rate Descriptions if applicable* (?)

Amendment to current PLA

Project WBS (Work Breakdown Structure)* (?)

Amendment to current PLA

Requester Name

Evans, Danyalle

Submission Date

2/17/2026

Budget Manager Approval(s)

Approved by

Janai Lynette Smith

Approval Date

2/20/2026

IT Director Approval

Approved by

Anthony Jones

Approval Date

2/23/2026

IT Approval Comments

This does not contain IT involvement.

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Danyalle Evans

Approval Date

2/24/2026

Contracts Approval



Approved by

Belinda Stude

Approval Date

2/24/2026



Executive Contract Summary

Contract Section

Contractor*

Ohio University

Contract ID #*

N/A

Presented To*
 Resource Committee

 Full Board

Date Presented*

4/21/2026

Parties* (?)

Ohio University and The Harris Center for Mental Health & IDD

Agenda Item Submitted For:* (?)
 Information Only (Total NTE Amount is Less than \$250,000.00)

 Board Approval (Total NTE Amount is \$250,000.00 or more)

 Grant Proposal

 Revenue

 SOW-Change Order-Amendment#

 Other

Procurement Method(s)*

Check all that Apply

 Competitive Bid

 Request for Proposal

 Request for Application

 Request for Quote

 Interlocal

 Not Applicable (If there are no funds required)

 Competitive Proposal

 Sole Source

 Request for Qualification

 Tag-On

 Consumer Driven

 Other

Does this contract contain an element of 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* (?)

3/31/2030

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

2026

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

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

This agreement will allow students enrolled in Ohio University Social Work Program to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

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 (?)

Clinical Practicum Information to Review During Initial Interview Field 48.94KB
 Practicum Application- updated Sp. 25-4 1 1.docx

Vendor/Contractor Contact Person

Name*

Blazier Sarah

Address*

Street Address

184 W Union St

Address Line 2

City

Athens

Postal / Zip Code

45701

State / Province / Region

OH

Country

United States

Phone Number*

7405939752

Email*

blaziers@ohio.edu

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	N/A

Budget Manager	Secondary Budget Manager
Moynihan, Kelly	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)
N/A

Project WBS (Work Breakdown Structure)* (?)
N/A

Requester Name	Submission Date
Hemanes, Danyette	3/19/2026

Budget Manager Approval(s)

Approved by	Approval Date
<i>Ricardo Campbell</i>	3/20/2026

Procurement Approval

File Upload (?)

Approved by	Approval Date
Sign	

Contract Owner Approval

Approved by	Approval Date
<i>Danyette Hemanes</i>	3/23/2026

Contracts Approval

Approve *

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

Approved by *	Approval Date *
<i>Belinda Stude</i>	4/6/2026



Executive Contract Summary

Contract Section



Contractor*

A-1 Affinity Care, LLC

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/21/2026

Parties* (?)

The Harris Center for Mental Health & IDD and A-1affinity Care LLC

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

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

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2025

Contract Term End Date* (?)

8/31/2026

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

NA

Fiscal Year* (?)

2026

Funding Source *

State Grant

Contract Description / Type* (?)

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

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

A-1 affinity Care LLC would like to contract with The Harris Center's Day Program for ISS Services.

Contract Owner *

Dr. Evanthe Collins

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 (?)

09-01-2025 ISS Rates.pdf

297.28KB

Vendor/Contractor Contact Person

Name *

Peninah Wachira

Address *

Street Address

14405 Walters Road suite 1008

Address Line 2

City

Houston

Postal / Zip Code

77014

State / Province / Region

TX

Country

US

Phone Number *

281.241.4344

Email *

peninahw@1affinitycarehcs.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	543008


Budget Manager	Secondary Budget Manager
Degracia, Ericka	Collins, Evanthe

Provide Rate and Rate Descriptions if applicable* (?)
See uploaded document

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

Requester Name	Submission Date
Wills, Thomas	3/12/2026

Budget Manager Approval(s) 


Approved by	Approval Date
	3/13/2026

Procurement Approval 

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval 

Approved by	Approval Date
	3/13/2026

Contracts Approval

Approve*

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

Approved by*	Approval Date*
	3/16/2026



Executive Contract Summary

Contract Section


Contractor*

Blue Cross Blue Shield of Texas

Contract ID #*

NA

Presented To*

- Resource Committee
 Full Board

Date Presented*

4/21/2026

Parties* (?)

Blue Cross Blue Shield of Texas and The Harris Center for MH & IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

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

- Yes No

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

3/3/2026

Contract Term End Date* (?)

3/3/2126

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

Fiscal Year* (?)

2026

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

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

Adding new contract to increase revenue

Contract Owner*

Eva Honeycutt

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 (?)

Medical_Group_-_THE_HARRIS_CNTR_FOR_MENTAL_HEALTH_-_BCBSTX_Original_Professional_Template_-_Texas_20.pdf 951.83KB

Vendor/Contractor Contact Person

Name*

Samuel Norris

Address*

Street Address

4800 Overton Plaza

Address Line 2

City

Fort Worth

Postal / Zip Code

76109

State / Province / Region

TX

Country

US

Phone Number*

817-924-5900

Email*

snorris@jtaylor.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1134	\$ 0.00	0

Budget Manager	Secondary Budget Manager
Moynihan, Kelly	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

See attached contract

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Wright, Veronica	3/3/2026

Budget Manager Approval(s)

Approved by

Kelly E. Moynihan

Approval Date

3/3/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Eva Honeycutt

Approval Date

3/3/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/4/2026



Executive Contract Summary

Contract Section



Contractor*

Cigna HealthCare of Texas

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/21/2026

Parties* (?)

Cigna HealthCare and The Harris Center for MH & IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

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

*

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

3/3/2026

Contract Term End Date* (?)

3/3/2126

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

Fiscal Year* (?)

2026

Funding Source*

Private Pay Source

Contract Description / Type* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

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

increase in revenue by contracting Cigna HealthCare

Contract Owner*

Eva Honeycutt

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 (?)

The Harris Center for Mental Health and IDD_Provider Group Agreement
 Draft_02.26.2026.pdf 90.47KB

Vendor/Contractor Contact Person

Name*

Samuel Norris

Address*

Street Address

4800 Overton Place Ste 360

Address Line 2

City

Fort Worth

Postal / Zip Code

76109

State / Province / Region

TX

Country

United States

Phone Number*

817-415-2864

Email*

snorris@jtaylor.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1134	\$ 0.00	0
Budget Manager	Secondary Budget Manager	
Moynihan, Kelly	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

See attached contract

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Wright, Veronica	3/3/2026

Budget Manager Approval(s)

Approved by

Kelly E. Moynihan

Approval Date
3/3/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Eva Honeycutt

Approval Date
3/3/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*
3/4/2026

EXHIBIT R-10

Financials by Clinic + NPC

Q2FYTD FY2026

Presented by: Stan Adams, Chief Financial Officer
April 21, 2026



Northwest Community Service Center

Clinic Information

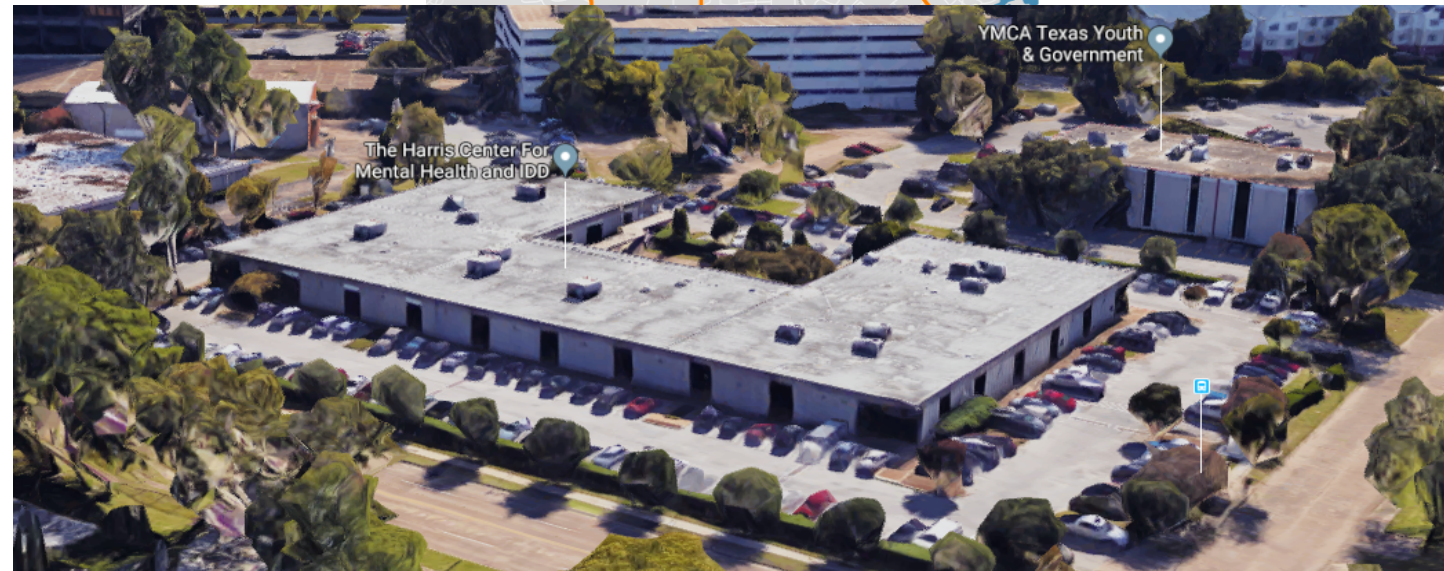
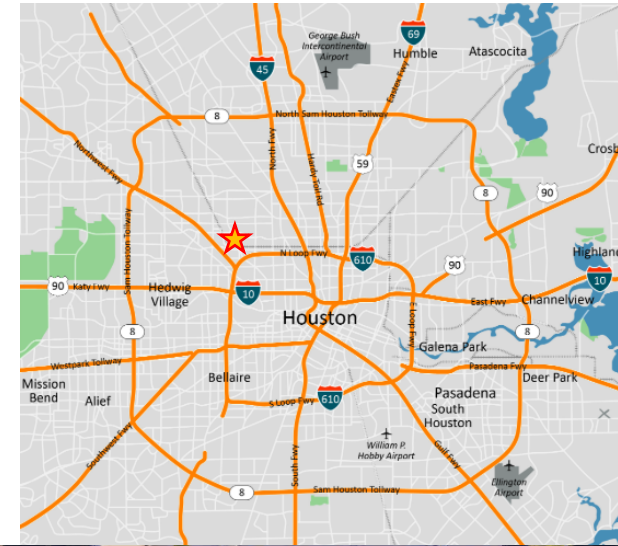
Service Description	Adult Mental Health
Address	3737 Dacoma St
Patients Served	5,896
Facility Size	40,000 sq ft
Clinic FTEs	153

FY2026 Clinical Performance

Annual Patient Visits	50,408
Average Monthly Patient V	8,401
Average No Show	19%
Average Patient Wait Time	5 Minutes
Average Third Next Available	1.50 Days
Average Patient Satisfaction	80%

FY2026 Q2 Financial Performance

Revenues	\$9,329,248
Expenses	\$12,493,435
Gross Margin	(\$3,164,187)

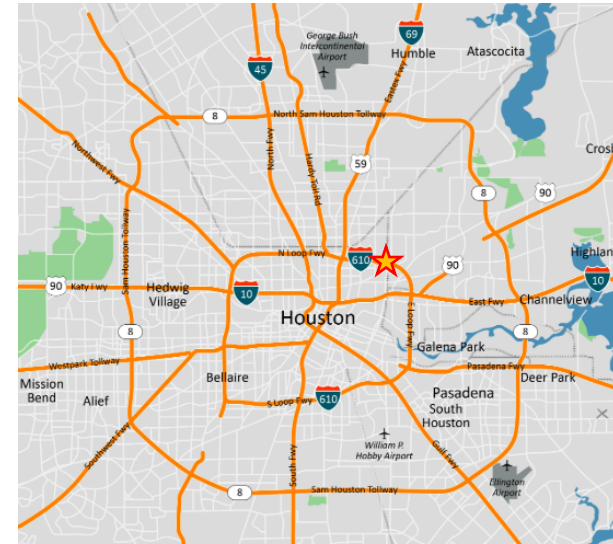


Northeast Community Service Center

Clinic Information	
Service Description	Adult Mental Health
Address	7200 N Loop East Fwy
Patients Served	4,149
Facility Size	18,000 sq ft
Clinic FTEs	78

FY2026 Clinical Performance	
Annual Patient Visits	20,214
Average Monthly Patient V	3,369
Average No Show	26%
Average Patient Wait Time	4 Minutes
Average Third Next Available	1.00 Day
Average Patient Satisfaction	96%

FY2026 Q2 Financial Performance	
Revenues	\$3,882,351
Expenses	\$7,325,129
Gross Margin	(\$3,442,778)



Southeast Community Service Center

Clinic Information

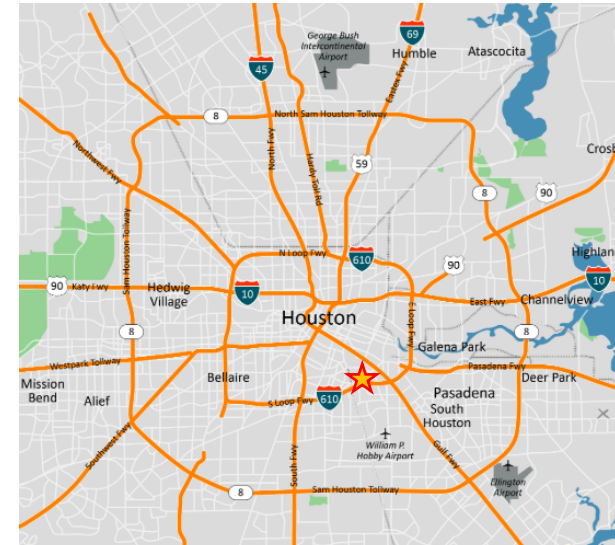
Service Description	AMH & CAS
Address	5901 Long Dr
Patients Served	6,333
Facility Size	45,000 sq ft
Clinic FTEs	160

FY2026 Clinical Performance

Annual Patient Visits	39,431
Average Monthly Patient V	6,572
Average No Show	24%
Average Patient Wait Time	2 Minutes
Average Third Next Available	2.75 Days
Average Patient Satisfaction	95%

FY2026 Q2 Financial Performance

Revenues	\$ 12,142,402
Expenses	\$ 16,275,771
Gross Margin	\$(4,133,368)

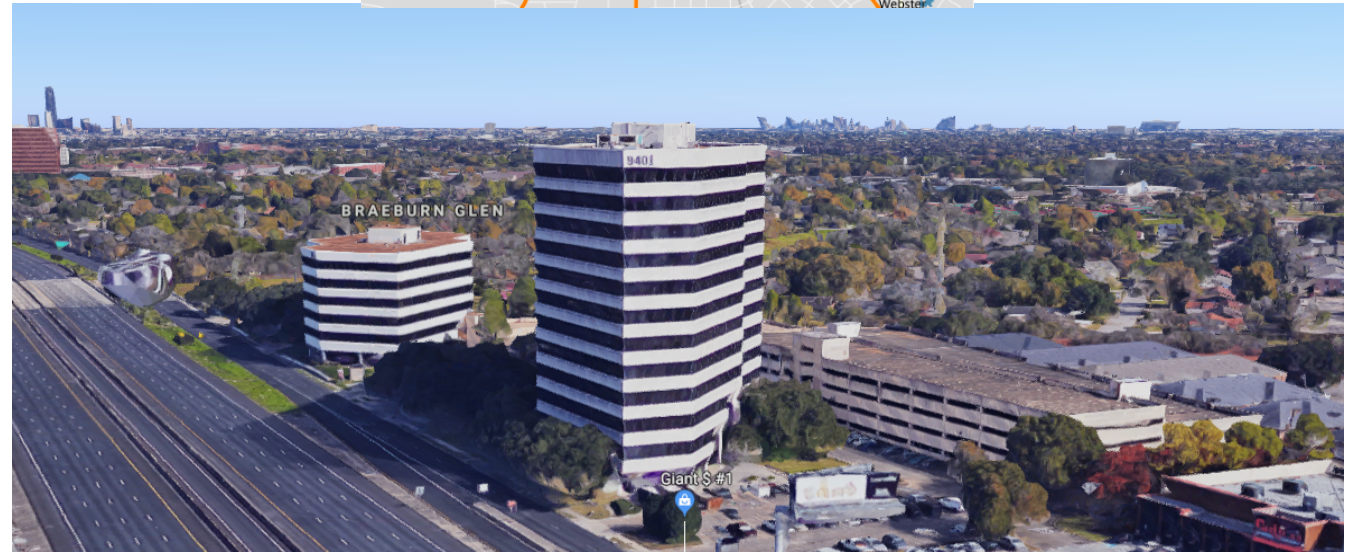
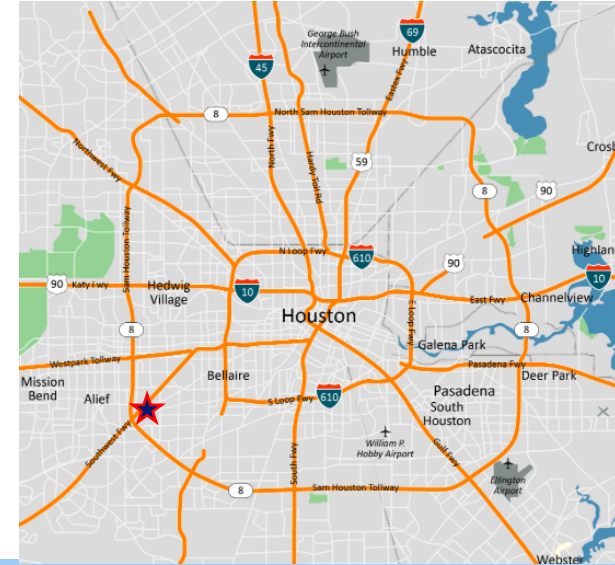


Southwest Community Service Center

Clinic Information	
Service Description	AMH & CAS
Address	9401 Southwest Fwy
Patients Served	6,046
Facility Size	37,770 sq ft (clinic space)
Clinic FTEs	188

FY2026 Clinical Performance	
Annual Patient Visits	33,578
Average Monthly Patient V	5,596
Average No Show	27%
Average Patient Wait Time	15 Minutes
Average Third Next Available	1.30 Day
Average Patient Satisfaction	61%

FY2026 Q2 Financial Performance	
Revenues	\$ 11,011,183
Expenses	\$ 15,885,999
Gross Margin	\$ (4,874,816)



Neuro Psychiatric Center

Clinic Information	
Service Description	Psychiatric Emergency
Address	1502 Taub Loop
Patients Served	3,117
Facility Size	37,308 Sq Ft
Clinic FTEs	150

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 Q2 Financial Performance	
Revenues	\$7,683,310
Expenses	\$11,516,671
Gross Margin	(\$3,833,361)



Q2FYTD 2026 Detailed Financials

	Northwest CSC	Northeast CSC	Southeast CSC	Southwest CSC	Neuro Psychiatric Center
Revenues					
Harris County and Local	91,896	24,936	236,019	732,659	2,968,690
PAP / Samples	2,463,917	1,581,500	1,823,514	1,634,609	287
State General Revenue	4,413,558	1,553,568	7,126,898	6,479,819	4,210,301
State Contract and Grants	1,380,192	-	-	-	-
Federal Grants	310,874	432,342	1,799,328	1,238,210	-
3rd Party Billings	83,863	33,764	32,917	89,431	67,712
Net Patient Revenue	584,949	256,241	1,123,726	836,454	436,321
Revenue Total	9,329,248	3,882,351	12,142,402	11,011,183	7,683,310
Expenses					
Salaries	6,389,398	3,333,877	9,157,244	8,666,791	8,200,054
Fringe	1,838,021	1,074,333	2,789,254	2,643,059	1,978,879
Travel & Training	59,972	17,018	202,256	55,288	80,817
Contracts and Consultant	19,866	7,163	58,252	470,698	435,656
Employee Recognition	-	-	90	-	-
Supplies	20,585	10,131	52,586	32,760	48,617
Food	2,475	1,411	3,617	7,460	269
Drugs	162,218	68,111	136,068	96,601	28,698
PAP Drugs	2,463,917	1,581,500	1,823,514	1,634,609	287
Pharmacy Use Fee	692,016	433,630	633,771	468,297	41,973
Pharmacy	703	649	2,137	33	32,708
Equipment (Purch, Rent, Maint)	367,546	549,081	733,125	792,818	348,687
Software (Purch, Rent, Maint)	-	-	-	1,000	-
Building (Purch, Rent, Maint)	378,748	170,280	449,211	317,272	140,286
Vehicle (Purch, Rent, Maint)	-	-	59,738	-	10,841
Telephone and Utilities	66,960	40,818	115,155	99,275	21,608
Insurance, Legal, Audit	14,939	9,620	35,030	17,309	12,799
Dues & Subscriptions	211	45	-	449	456
Other	15,861	27,461	24,721	582,278	134,036
Expense Total	12,493,435	7,325,129	16,275,771	15,885,999	11,516,671
Gross Margin	\$ (3,164,187)	\$ (3,442,778)	\$ (4,133,368)	\$ (4,874,816)	\$ (3,833,361)

Thank you.

EXHIBIT R-11

Revenue Management Metrics

Presented by: Stan Adams, Chief Financial Officer
March 5, 2026



Overview

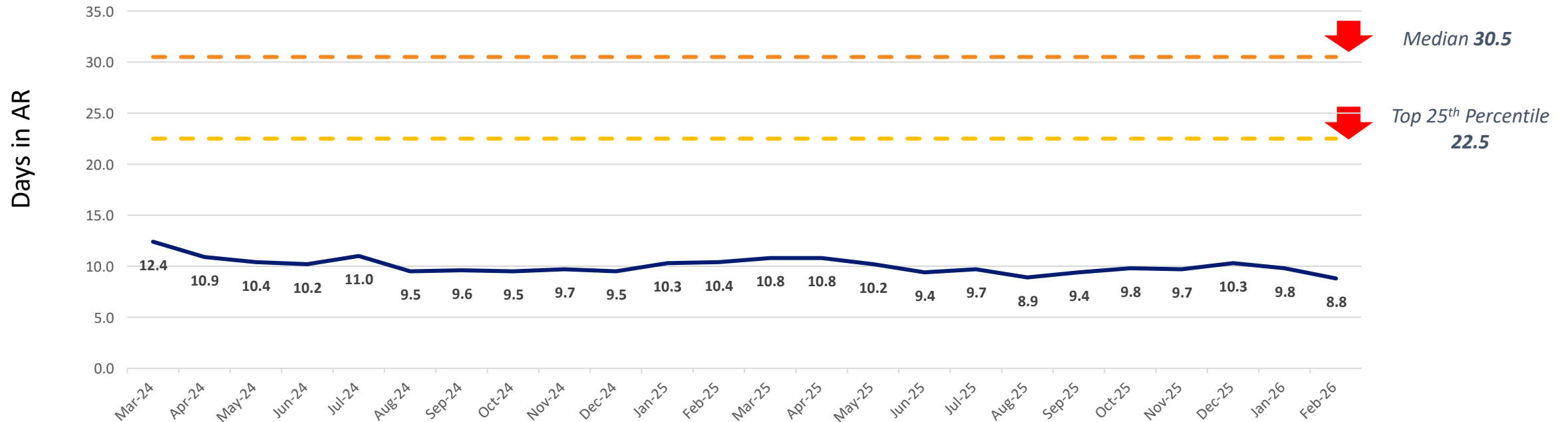
- Payor Mix
- Revenue Cycle Performance Metrics
 - Days in Accounts Receivable
 - Claims & Collections



Revenue Cycle Performance Metrics

Days in Accounts Receivable

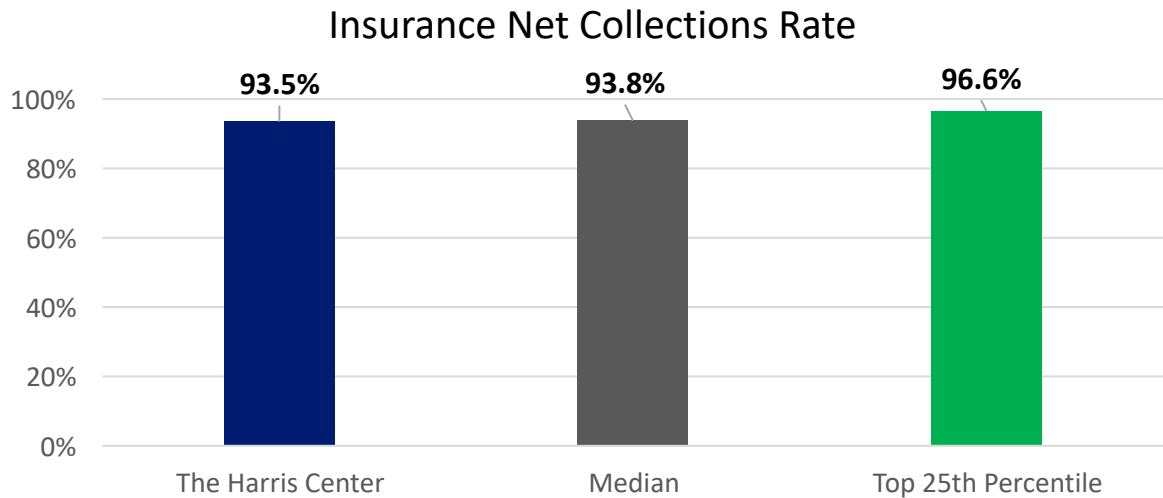
- Days in AR is an industry standard for measuring the effectiveness of an organization’s collection efforts.
- The metric is calculated by dividing the total AR by the average daily revenue.
- The data source for Days in AR for this chart is the *Epic Patient Billing Dashboard* and *Epic Financial Pulse*.



Benchmarking in Epic EHR for the Center is in comparison with large, multi-specialty, safety net organizations (126 service areas)

Claims and Collections

Average Monthly Count of Claims				
FY 2026 Q1 & Q2	FY 2025	FY2024	FY 2023	FY 2022
30,764	32,211	29,151	32,490	32,020

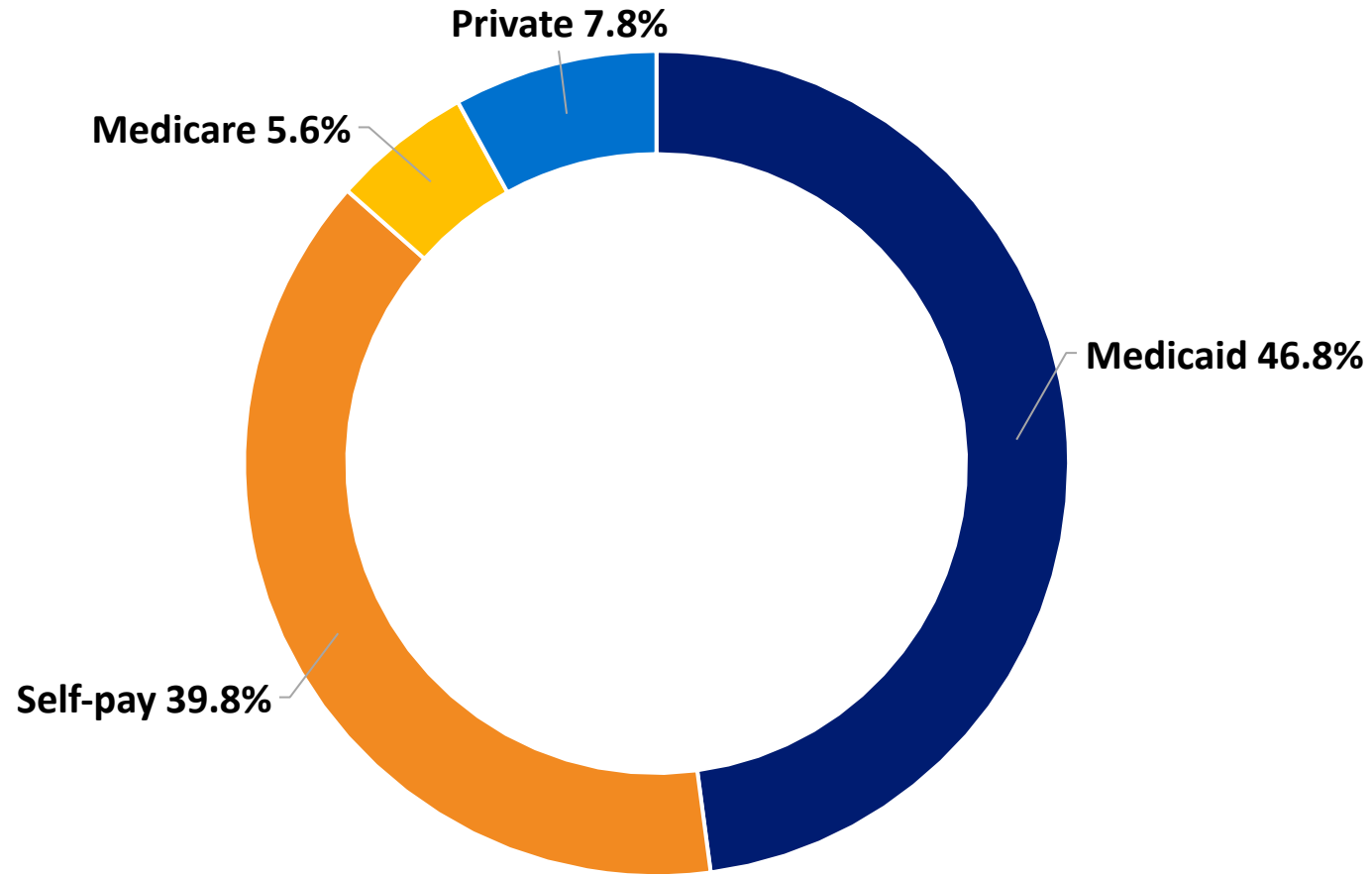


FINANCIAL CLASS	COLLECTION %
Traditional Medicaid	93%
Managed Medicaid	96%
Traditional Medicare	91%
Managed Medicare	81%
MMP	74%
CHIP	91%
Commercial	78%

* Q1 FY2026

- *Insurance Net Collections Rate is the ratio of matched insurance payments to net insurance resolution activity (payments and adjustments, not including allowances) for charges that went to zero active AR within the prior quarter (91 days).*
- *The data source for Insurance Net Collections Rate is the Epic Financial Pulse reports.*
- *Benchmarking in Epic EHR for the Center is in comparison with large, multi-specialty, safety net organizations.*

Payor Mix



Note: Payor Mix based on patient visit coverage in Q2 FY2026

Thank you.