

Full Board Meeting
July 28, 2026
8:30 am

I. DECLARATION OF QUORUM

II. PUBLIC COMMENTS

III. APPROVAL OF MINUTES

- A. Minutes of the Board of Trustees Meeting Held on Tuesday, June 16, 2026
(EXHIBIT F-1)

IV. CHIEF EXECUTIVE OFFICER'S REPORT

V. COMMITTEE REPORTS AND ACTIONS

- A. Audit Committee Report and/or Action
(J. Lykes, Chair)
- B. Resource Committee Report and/or Action
(G. Womack, Chair)
- C. Program Committee Report and/or Action
(M. Miller, Jr., Chair)
- D. Quality Committee Report and/or Action
(J. Lankford, Chair)

VI. CONSENT AGENDA

- A. FY'26 Year-to-Date Budget Report- June
(EXHIBIT F-2)
- B. July 2026 Contracts Amendments Over 250K
(EXHIBIT F-3)
- C. July 2026 Contract Renewals Over 250K
(EXHIBIT F-4)
- D. July 2026 Interlocal Agreements
(EXHIBIT F-5)
- E. Courier Services - Mail & Pharmacy
(EXHIBIT F-6)

VII. REVIEW AND RECOMMEND ACTION

- A. Compliance Department FY 2027 Work Plan
(EXHIBIT F-7 Demetria Luckett)
- B. FY 2027 Tentative Audit Schedule
(EXHIBIT F-8 Demetria Luckett)
- C. Consider and take possible action regarding the Chief Executive Officer's employment contract
(Dr. Robin Gearing)

VIII. BOARD CHAIR'S REPORT

IX. EXECUTIVE SESSION

- As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.

- In accordance with Texas Government Code § 551.074 to deliberate the duties, compensation, evaluation, employment contract, resignation, transition services, and other terms and conditions of employment of the Chief Executive Officer. Paul Lamp, Spalding Nichols Lamp Langlois.

- In accordance with § 551.074 of the Texas Government Code, to deliberate the compensation, evaluation and other terms and conditions of employment of personnel. Dr. Robin Gearing, Board Chair

- In accordance with §551.071 of the Texas Government Code, consultation with attorney regarding Case No.2024-168-6, Joseph Reveles, et al v. the Harris Center for Mental Health & IDD. Kendra Thomas, General Counsel

- In accordance with §551.071 of the Texas Government Code, consultation with attorney regarding Case No.: 2024-85210, Latresa Washington v. The Harris Center for Mental Health and IDD. Kendra Thomas, General Counsel

- In accordance with § 551.071 of the Texas Government Code, consultation with attorney regarding Case No. 4:26-cv-00685, Citterece McGregor, as personal representative and administrator of Kristopher McGregor v. Harris County, Texas, et. al. Kendra Thomas, General Counsel

X. RECONVENE INTO OPEN SESSION

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

XII. ADJOURN



Veronica Franco, Board Liaison

Robin Gearing, Ph.D., Chair, Board of Trustees

The Harris Center for Mental Health and IDD

EXHIBIT F-1

**THE HARRIS CENTER *for*
Mental Health and IDD**

MINUTES OF THE BOARD OF TRUSTEES MEETING

This is an official record of the Board of Trustees, The Harris Center for Mental Health and IDD, an Agency of the State, established by the Harris County Commissioners Court under provisions of Chapter 534 of the Health and Safety Code of the State of Texas.

PLACE OF MEETING: Conference Room 109
9401 Southwest Freeway
Houston, Texas 77074

TYPE OF MEETING: Regular

DATE: June 16, 2026

**TRUSTEES
IN ATTENDANCE:**

Dr. Robin Gearing, PhD-Chair
Jim Lykes, Vice Chairperson
Dr. Max Miller, Jr-Vice Chairperson - videoconference
Gerald Womack-Secretary
Dr. Jeremy Lankford
Dr. Quianta Moore
General Edwin “Buddy” Grantham
Resha Thomas

TRUSTEES ABSENT: Dr. Katherine Bacon
Sheriff Ed Gonzalez

I. Declaration of Quorum

Dr. Robin Gearing-Chairperson, called the meeting to order at 8:05 a.m. noting that a quorum of the Board was in attendance. Mr. Paul Lamp was in attendance.

II. Public Comments-

No public comments

III. A. Approval of Minutes -Tuesday, May 26, 2026

MOTION BY: GRANTHAM

SECOND: LYKES

With unanimous affirmative votes

BE IT RESOLVED the Minutes of the Regular Board of Trustees meeting held on Tuesday, May 26, 2026 as presented under Exhibit F-1, are approved.

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

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

V. CONSIDER AND RECOMMEND ACTION

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

MOTION: WOMACK SECOND: MOORE

With unanimous affirmative votes

BE IT RESOLVED Consider and Recommend Action Exhibit F-2 as presented is approved.

B. June 2026 New Contracts Over 250K

MOTION: WOMACK SECOND: LYKES

With unanimous affirmative votes

BE IT RESOLVED Consider and Recommend Action Exhibit F-3 as presented is approved.

C. June 2026 Contract Renewals Over 250K

MOTION: WOMACK SECOND: LYKES

With unanimous affirmative votes

BE IT RESOLVED Consider and Recommend Action Exhibit F-4 as presented is approved.

D. June 2026 Interlocal Agreements

Interlocal Agreements items #1-#8

MOTION: MOORE SECOND: LANKFORD

With unanimous affirmative votes

BE IT RESOLVED Consider and Recommend Action Exhibit F-5 items #1-#8 as presented are approved.

Interlocal Agreement items #9 and #10

Dr. Lankford recused himself from #9 The University of Texas Health Science at Houston.
Dr. Gearing recused himself from #10 University of Houston on behalf of its Tilman J. Fertitta Family College of Medicine.

MOTION: GRANTHAM SECOND: LANKFORD

With unanimous affirmative votes

BE IT RESOLVED Consider and Recommend Action Exhibit F-5 items #9 and #10 as presented are approved.

VI. Executive Session- The Board entered Executive Session at 8:35 am for the following reasons:

- As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.
- Executive Session pursuant to Texas Government Code § 551.074 (Personnel Matters) to deliberate the duties, compensation, evaluation, employment contract, resignation, transition services, and other terms and conditions of employment of the Chief Executive Officer. Dr. Robin Gearing, Chair of the Harris Center Board of Trustees.
- In accordance with §§551.071 and 551.074 of the Texas Government Code, consultation with attorney and deliberations about personnel matters related to the CEO search. Dr. Robin Gearing, Chair of the Harris Center Board of Trustees
- In accordance with §551.0761 of the Texas Government Code, deliberations concerning cybersecurity measures, policies or contracts solely intended to protect a critical infrastructure facility located within the Harris Center's facilities Ernest Savoy, Sr. Assistant General Counsel and Mustafa Cochinwala, Chief Information Officer.
- In accordance with Section 551.071 of the Texas Government Code, consultation with attorney on a matter in which the duty of the attorney to the governmental body under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with the Open Meetings Act. Bijul Enaohwo, Assistant General Counsel.

VII. Reconvene into Open Session-The Board reconvened into open session at 10:58 am.

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

- In accordance with §551.0761 of the Texas Government Code, deliberations concerning cybersecurity measures, policies or contracts solely intended to protect a critical infrastructure facility located within the Harris Center's facilities Ernest Savoy, Sr. Assistant General Counsel and Mustafa Cochinwala, Chief Information Officer.

MOTION: WOMACK to approve the cybersecurity contracts

SECOND: MOORE

With unanimous affirmative votes

- In accordance with §§551.071 and 551.074 of the Texas Government Code, consultation with attorney and deliberations about personnel matters related to the CEO search. Dr. Robin Gearing, Chair of the Harris Center Board of Trustees

MOTION: GEARING

On recommendation of the Ad Hoc CEO Search Committee, I move that the Board of Trustees approve the Search Committee's recommendation to hire Keena Pace as Chief Executive Officer of The Harris Center subject to the negotiation and execution of a written employment contract between Ms. Pace and The Harris Center setting forth the CEO's duties, responsibilities, and compensation terms.

SECOND: LYKES

With unanimous affirmative votes

IX. ADJOURN

MOTION: WOMACK SECOND: LANKFORD

Motion passed with unanimous affirmative votes.

The meeting was adjourned at 10:59 AM

Respectfully submitted,

Veronica Franco, Board Liaison

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

DRAFT

EXHIBIT F-2

The Harris Center for Mental Health and IDD

**Results of Financial Operations and Comparison to Original Budget
June 30, 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
June 30, 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	\$ 11,178,020	\$ 32,392	0%	\$ 111,456,280	\$ 112,290,012	\$ 833,732	1%
Harris County and Local	4,683,587	4,346,378	(337,209)	-7%	46,835,870	46,363,605	(472,265)	-1%
Federal Contracts and Grants	4,466,048	5,527,041	1,060,993	24%	44,660,480	41,703,960	(2,956,520)	-7%
State Contract and Grants	1,993,454	1,892,915	(100,539)	-5%	19,934,540	17,995,174	(1,939,366)	-10%
Third Party Billing	3,465,049	3,646,571	181,522	5%	34,650,490	32,897,753	(1,752,737)	-5%
Charity Care Pool	3,590,350	4,045,712	455,362	13%	35,903,500	40,457,210	4,553,710	13%
Directed Payment Programs	450,000	588,372	138,372	31%	4,500,000	4,191,980	(308,020)	-7%
Patient Assistance Program (PAP)	1,098,200	1,790,159	691,959	63%	10,982,000	13,253,632	2,271,632	21%
Interest Income	277,083	248,859	(28,224)	-10%	2,770,830	2,098,015	(672,815)	-24%
Revenues, total	\$ 31,169,399	\$ 33,264,027	\$ 2,094,628	7%	\$ 311,693,990	\$ 311,251,341	\$ (442,649)	0%
Expenditures								
Salaries and Fringe Benefits	\$ 20,480,600	\$ 21,392,557	\$ (911,957)	-4%	\$ 204,806,000	\$ 206,715,889	\$ (1,909,889)	-1%
Contracts and Consultants	1,260,282	1,252,908	7,374	1%	12,602,820	9,493,988	3,108,832	25%
Contracts and Consultants-HCPC	3,960,586	4,123,254	(162,668)	-4%	39,605,860	40,499,048	(893,188)	-2%
Supplies	354,213	453,631	(99,418)	-28%	3,542,130	3,965,972	(423,842)	-12%
Drugs	2,310,715	3,223,859	(913,144)	-40%	23,107,150	25,991,157	(2,884,007)	-12%
Purchases, Repairs and Maintenance of:								
Equipment	156,054	358,658	(202,604)	-130%	1,560,540	1,859,308	(298,768)	-19%
Building	281,354	742,802	(461,448)	-164%	2,813,540	2,598,001	215,539	8%
Vehicle	90,602	81,570	9,032	10%	906,020	780,516	125,504	14%
Software	346,270	404,637	(58,367)	-17%	3,462,700	2,965,487	497,213	14%
Telephone and Utilities	318,602	322,070	(3,468)	-1%	3,186,020	3,078,504	107,516	3%
Insurance, Legal and Audit	209,827	180,607	29,220	14%	2,098,270	2,152,983	(54,713)	-3%
Travel & Training	252,185	273,492	(21,307)	-8%	2,521,850	2,280,467	241,383	10%
Dues & Subscriptions	630,342	620,690	9,652	2%	6,303,420	5,582,569	720,851	11%
Other Expenditures	371,551	927,719	(556,168)	-150%	3,715,510	5,292,713	(1,577,203)	-42%
Expenditures, total	\$ 31,023,183	\$ 34,358,454	\$ (3,335,271)	-11%	\$ 310,231,830	\$ 313,256,602	\$ (3,024,772)	-1%
Excess (Deficiency) of Operating								
Revenues over Expenditures	\$ 146,216	\$ (1,094,427)	\$ (1,240,643)		\$ 1,462,160	\$ (2,005,261)	\$ (3,467,421)	
Capital Outlay & Debt Service Activities								
Debt Service	146,216	-	146,216		1,462,160	1,754,588	(292,428)	
Capital outlay	-	4,748,613	(4,748,613)		-	12,777,079	(12,777,079)	
Other Financing Sources (Uses)								
Insurance proceeds	-	170,305	170,305		-	173,905	173,905	
Sale of Capital Assets	-	89,914	89,914		-	279,815	279,815	
Capital Contributions	-	4,458,754	4,458,754		-	10,832,482	10,832,482	
Other Financing Sources	-	56,641	56,641		-	665,337	665,337	
Other Sources (Uses) of Funds, total	\$ (146,216)	\$ 27,001	\$ 173,217		\$ (1,462,160)	\$ (2,580,128)	\$ (1,117,968)	
Change in Fund Balance/Net Position	\$ -	\$ (1,067,426)	\$ (1,067,426)		\$ -	\$ (4,585,389)	\$ (4,585,389)	

The Harris Center for Mental Health and IDD
Notes to Statements Presented
Non-GAAP / Budgetary-Basis reporting
June 30, 2026

Results of Financial Operations and Comparison to Original Budget

A Federal Contract and Grants

We recognized \$1.26M in Federal Revenue passed through the City of Houston to operate the facility at 419 Emancipation.

B Patient Assistance Program (PAP)

The 63% favorable variance in PAP Pharmacy Revenue offsets the 40% unfavorable variance in Drugs.

C Salaries and Fringe Benefits

June included 22 working days, which is higher than average (21.75). Salaries and fringe benefits are budgeted on a straight-line basis throughout the year.

D Equipment (purchase, repair and maintenance)

In preparation to open the facility at 419 Emancipation, we purchased cameras and other network equipment. June includes over \$300K for these purchases which will be reimbursed by the City of Houston.

E Building (purchase, repair and maintenance)

Non routine building repair exceeded \$300K in June due to the opening of the new facility at 419 Emancipation.

F Other Expenditures

Security services for 419 Emancipation were paid in June and included invoices from April and May. The total payment was approximately \$285K of which \$44K has not been submitted for reimbursement due to contract timing differences. Additionally, the Respite program was budgeted under Contracts and Consultants (\$207K), however, administration of this program is now internal, therefore actual expense is within Other Expenditures (\$128K for June and \$1.1M FYTD).

G Capital Outlay

The Agency received funding from the Texas Parks and Wildlife Department for the construction of our Northeast Clinic. We recognized \$4.5M in **Capital Contributions** for June following construction related payments. We've expended and recognized the total amount awarded year to date.

The Harris Center for Mental Health and IDD

Balance Sheet

June 30, 2026

Non-GAAP / Budgetary-Basis Reporting

Unaudited - Subject to Change

	May - 2026	June - 2026	Monthly Change
Assets			
Current Assets			
Cash and Cash Equivalents			
Cash and Petty Cash	\$ 15,533,078	\$ 7,700,335	\$ (7,832,743) AA
Cash Equivalents	65,226,645	71,448,328	6,221,683 AA
Cash and Cash Equivalents, total	\$ 80,759,723	\$ 79,148,663	\$ (1,611,060)
Inventories, Deposits & Prepaids	5,825,204	11,556,245	5,731,041
Accounts Receivable:			
Patient A/R, Net of Allowance	1,502,877	1,694,630	191,753
A/R from Other Governments - Local	9,557,115	12,058,953	2,501,838 BB
A/R from Other Governments - Federal	11,583,975	14,579,242	2,995,267 CC
A/R from Other Governments - State	5,363,963	5,241,822	(122,141)
Other A/R	775,381	859,052	83,671
Current Assets, total	\$ 115,368,238	\$ 125,138,607	\$ 9,770,369
Restricted Cash and Cash Equivalents	19,973,558	19,973,558	-
Capital Assets:			
Land	21,064,529	21,064,529	-
Building and Improvements	81,855,633	81,657,701	(197,932)
Right-to-use Assets (Leases & SBITA)	5,265,206	5,265,206	-
Furniture, Equipment and Vehicles	8,376,669	8,202,069	(174,600)
Construction in Progress	11,960,561	11,960,561	-
Accumulated Depreciation/Amortization	(41,918,607)	(41,546,075)	372,532
Capital Assets, net total	\$ 86,603,991	\$ 86,603,991	\$ -
Total Assets	\$ 221,945,787	\$ 231,716,156	\$ 9,770,369
Liabilities & Fund Balance/Net Position			
Liabilities			
Accounts Payable	\$ 1,523,729	\$ 1,849,376	\$ 325,647
Accrued Liabilities	5,674,996	6,786,204	1,111,208
Unearned Revenues	33,999,920	43,378,158	9,378,238
Noncurrent Liabilities:			
Due within one year	27,247,347	14,541,652	(12,705,695) DD
Due in more than one year	16,220,589	28,948,986	12,728,397 DD
Forgivable Long-Term Obligations	13,627,499	13,627,499	-
Liabilities, total	\$ 98,294,080	\$ 109,131,875	\$ 10,837,795
Fund Balance/Net Position			
Net Investment in Capital Assets	66,378,211	66,378,211	-
Restricted for Capital Projects	19,973,558	19,973,558	-
Nonspendable	5,825,204	11,556,245	5,731,041
Assigned	23,619,360	23,688,186	68,826
Unassigned/Unrestricted	11,373,338	5,573,471	(5,799,867)
Change in Fund Balance/Net Position	(3,517,963)	(4,585,389)	(1,067,426)
Fund Balance/Net Position, Total	\$ 123,651,707	\$ 122,584,281	\$ (1,067,426)
Total Liabilities & Fund Balance/Net Position	\$ 221,945,787	\$ 231,716,156	\$ 9,770,369

The Harris Center for Mental Health and IDD
Notes to Statements Presented
Non-GAAP / Budgetary-Basis reporting
June 30, 2026

Balance Sheet

AA Cash and Cash Equivalents

Offsetting variances are consistent with efforts to minimize cash in low interest bearing accounts and maximize Investment Income.

BB A/R from Other Governments - Local

Increase attributable to receivables from the City of Houston for revenue recognized for operating the facility at 419 Emancipation.

CC A/R from Other Governments - Federal

Increase attributable to receivables from the Texas Parks and Wildlife Department for capital contributions.

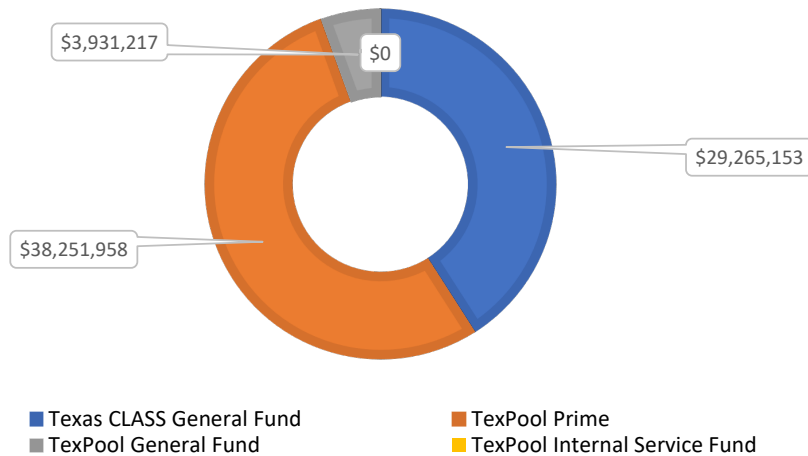
DD Noncurrent Liabilities

Represents reclass of compensated absences.

The Harris Center for Mental Health and IDD
Investment Portfolio
June 30, 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	42,739,699	\$ -	\$ (13,600,000)	\$ 125,454	\$ 29,265,153	40.96%	3.77%
<i>TexPool</i>							
TexPool Prime	18,567,477	19,600,000 *	-	84,481	38,251,958	53.54%	3.81%
TexPool General Fund	3,919,469	-	-	11,749	3,931,217	5.50%	3.66%
TexPool Internal Service Fund			-		-	0.00%	
<i>TexPool Sub-Total</i>	22,486,946	19,600,000	-	96,230	42,183,175	59.04%	3.80%
Total Investments	\$ 65,226,645	\$ 19,600,000	\$ (13,600,000)	221,684	\$ 71,448,328	100.00%	3.79%
				Additional Interest on Checking Accounts	27,174		
				Total Interest Earned during the current month	<u>248,858</u>		

Investment Portfolio Weight



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	3.77%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 week	3.62%
Interest Rate - JPMorgan Hybrid Checking	2.25%
Earnings credit rate (ECR) - JPMorgan Hybrid Checking	2.15%

* Transfer into LGIP from JPMorgan Chase approved by CFO in accordance with Section V of FM.A.17 Investment Policy.

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of June 30, 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

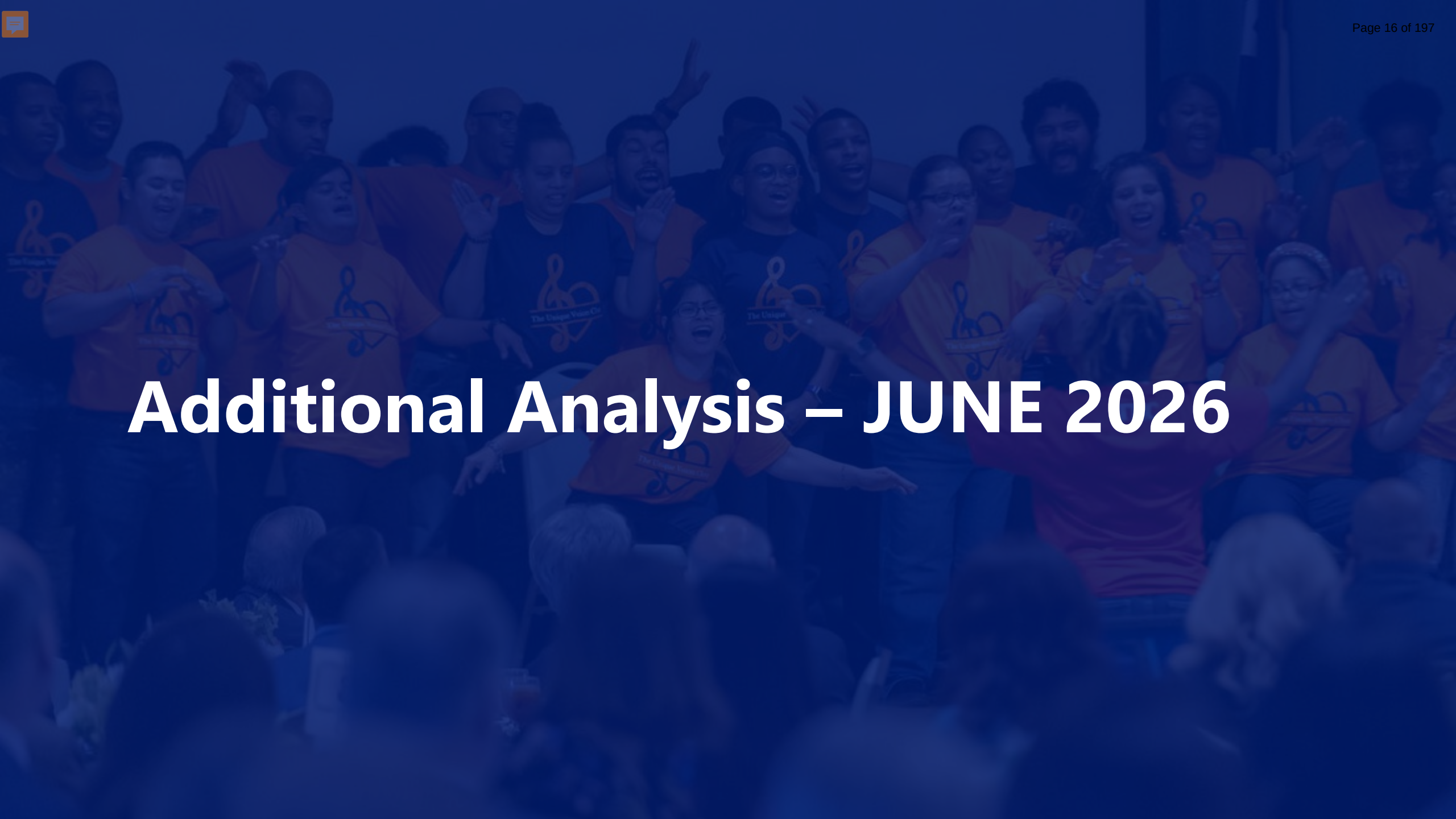
The Harris Center for Mental Health and IDD
Monthly Report of Financial Transactions Related to Payments of Liabilities for Employee Benefits
June 30, 2026

Vendor	Description	Monthly Not-To-Exceed ⁽¹⁾	Jun-26	Fiscal Year to Date Total
Lincoln Financial Group (LFG)	Retirement Funds (401a, 403b, 457)	\$3,650,000	\$3,131,390	\$22,700,438
BCBS/Cigna ⁽²⁾	Health and Dental Insurance	\$3,300,000	\$2,570,780	\$25,482,194
UNUM	Life Insurance	\$310,000	\$259,005	\$2,099,619

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.



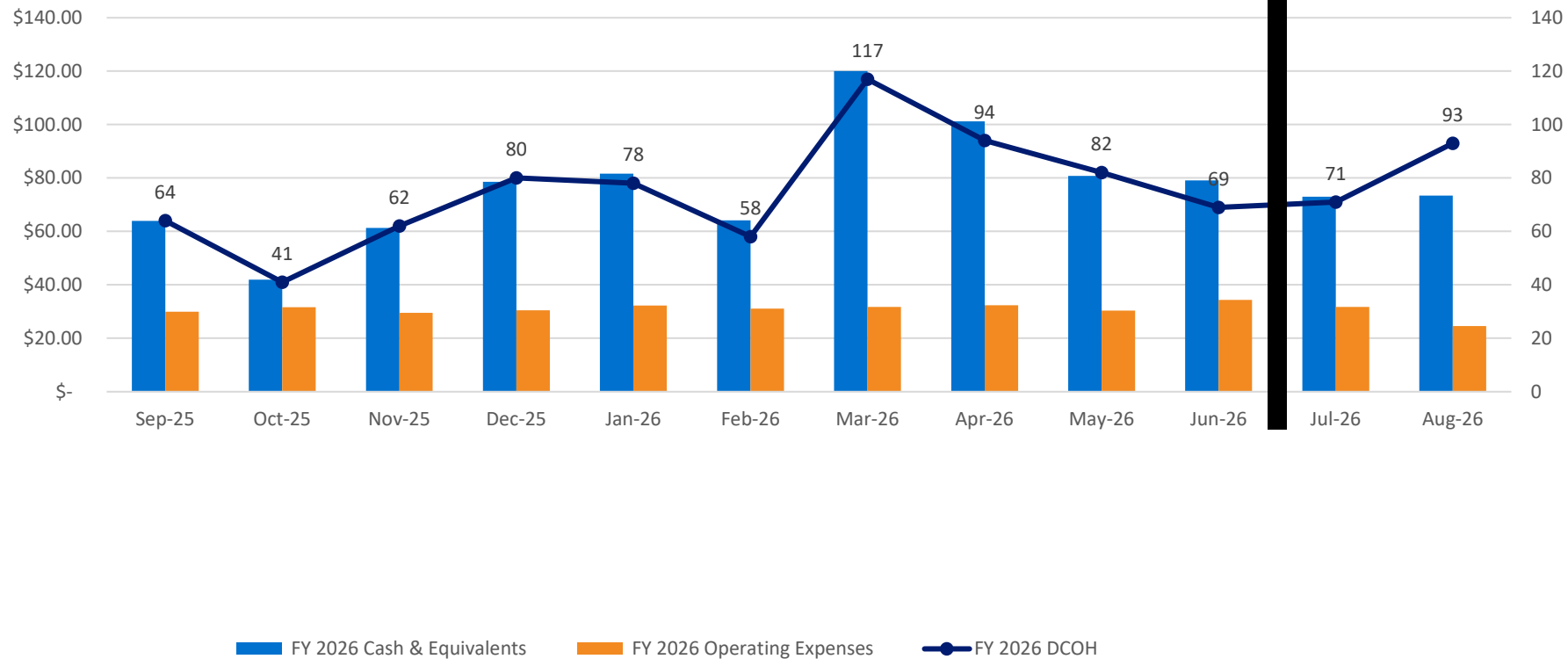
Additional Analysis – JUNE 2026

Days-Cash-On-Hand (DCOH)– as of 06/30/2026

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

Actual

Projected

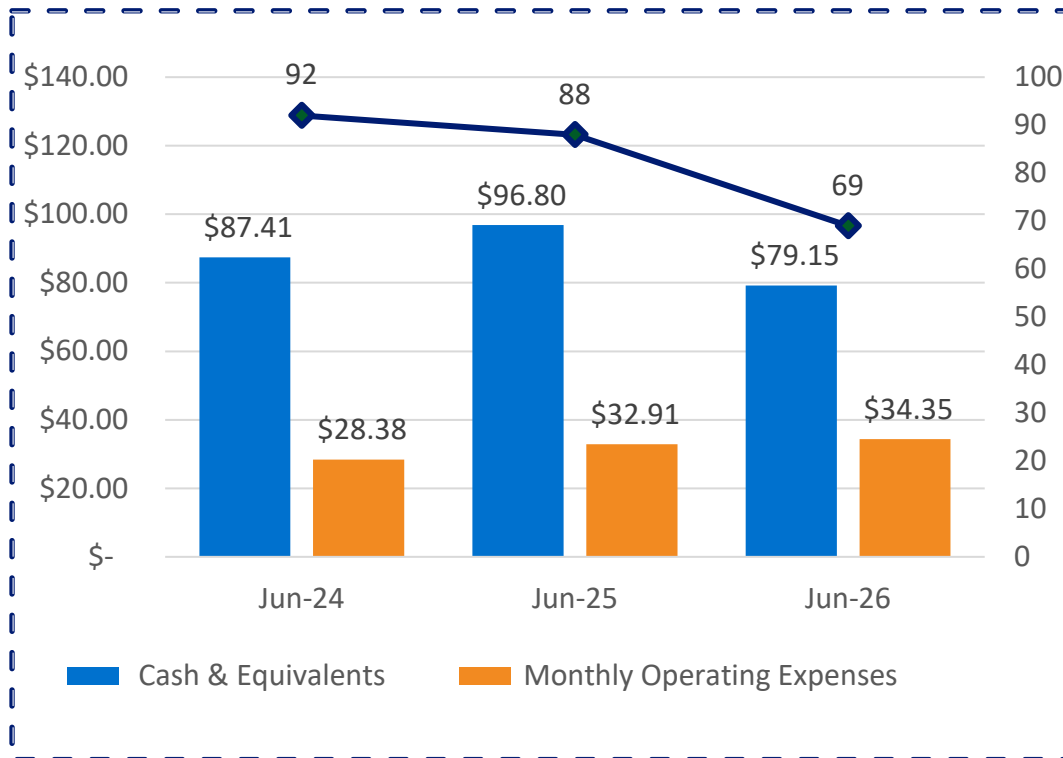


DCOH = Cash & Equivalents @ Month End divided by Daily Operating Expenses
 Months in FY 2026 after current Month are based on projections

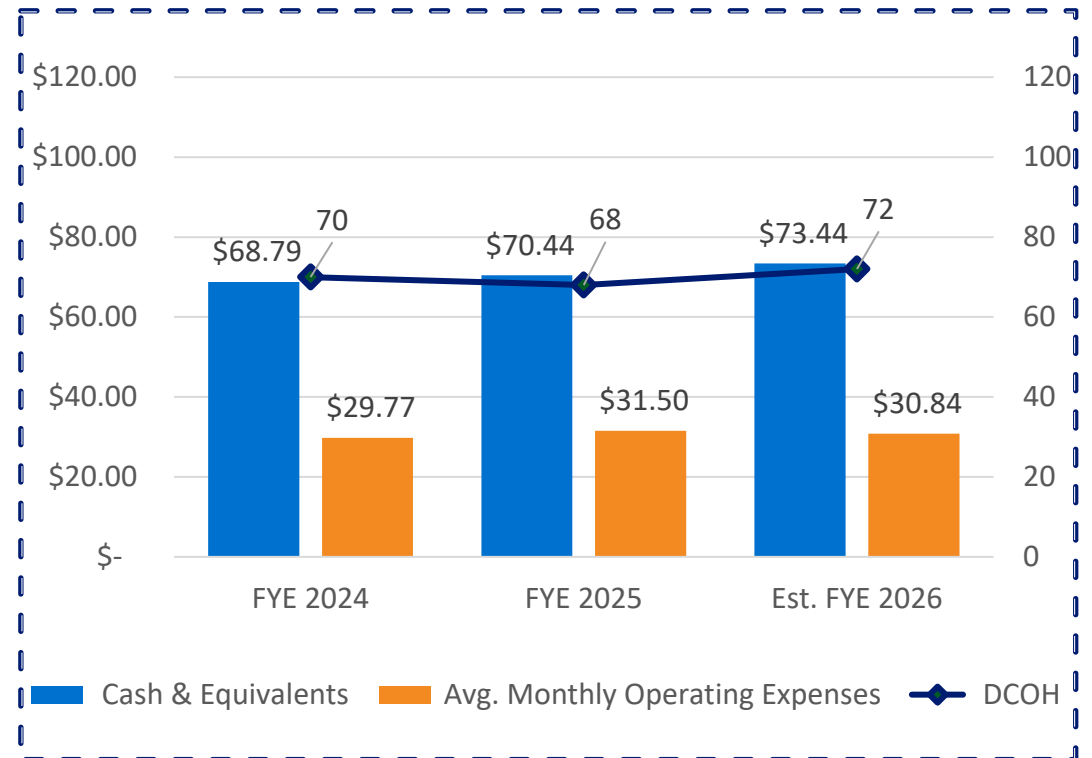
Days-Cash-On-Hand (DCOH)

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

For the Month Ending 6/30



For the Fiscal Year Ending 8/31



Capital Outlay – as of 06/30/2026

Project/Funding Source	Year-to-date Total
Facilities Capital Projects	\$ 460,111
Fund Balance	460,111
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	\$ 11,187,394
Bond Series 2024	1,039,126
TPWD Grant (4781)	4,648,268
TPWD Grant (4782)	5,500,000
NPC Renovation	\$ 95,983
Bond Series 2024	95,983
SW Foundation Repair	\$ 6,234
Bond Series 2024	6,234
SB30 3809 Main Street 1 (1501)	\$ 12,519
SB30 (150x)	12,519
SB30 Burnett Bayland Park (CWOP) (1503)	\$ 32,150
SB30 (150x)	32,150
SB30 NPC/Ben Taub (NPC) (1504)	\$ 750
SB30 (150x)	750
SB30 Dennis Street (1505)	\$ 11,430
SB30 (150x)	11,430
Grand Total	\$ 12,777,079

Funding Source/Project	Year-to-date Total
Fund Balance	\$ 509,036
Facilities Capital Projects	460,111
IT Capital Projects	48,925
Bond Series 2024	\$ 1,141,342
Northeast Clinic Design and Construction	1,039,126
NPC Renovation	95,983
SW Foundation Repair	6,234
CHC Grant (9271)	\$ 671,419
6168 Apartments	671,419
COH Loan (9272)	\$ 250,165
6168 Apartments	250,165
SB30 (150x)	\$ 56,849
SB30 3809 Main Street 1 (1501)	12,519
SB30 Burnett Bayland Park (CWOP) (1503)	32,150
SB30 NPC/Ben Taub (NPC) (1504)	750
SB30 Dennis Street (1505)	11,430
TPWD Grant (4781)	\$ 4,648,268
Northeast Clinic Design and Construction	4,648,268
TPWD Grant (4782)	\$ 5,500,000
Northeast Clinic Design and Construction	5,500,000
Grand Total	\$ 12,777,079

EXHIBIT F-3

JULY 2026

AMENDMENTS OVER 250k



Executive Contract Summary

Contract Section

Contractor*

Texas West Oaks Hospital LP d/b/a West Oaks Hospital

Contract ID #*

2024-0838

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

7/21/2026

Parties* (?)

West Oaks Hospital and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

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

- ☐ Yes ☒ No

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

- ☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

Funding Information*

- ☐ New Contract ☒ Amendment

Contract Term Start Date* (?)

9/1/2026

Contract Term End Date* (?)

8/31/2027

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

Current Contract Amount*

\$ 3,117,100.00

Increase Not to Exceed*

\$ 110,536.00

Revised Total Not to Exceed (NTE)*

\$ 3,227,636.00

Fiscal Year* (?)

2027

Amount* (?)

\$ 3,227,636.00

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* (?)

Community Inpatient Psychiatric Hospital Beds

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

☐ Yes ☐ No ☒ Unknown

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

☐ Yes ☐ No ☒ Unknown

Community Partnership* (?)

☐ Yes ☐ No ☒ Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Ashley Sacriste

Address *

Street Address

6500 Hornwood Drive

Address Line 2

City

Houston

Postal / Zip Code

77074

State / Province / Region

Texas

Country

United States

Phone Number *

7137785210

Email *

Ashley.Sacriste@uhsinc.com

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9223	\$ 110,536.00	534044
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

7/2/2026

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

7/2/2026

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

Sign

Approval Date**Contract Owner Approval**

Approved by

KIMBERLY KORNHAYEK

Approval Date

7/2/2026

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

7/2/2026

EXHIBIT F-4

JULY 2026

RENEWALS OVER 250k

[illegible]



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID#*

6115

Contractor Name*

Aptean, Inc.

Service Provided* (?)

Software License, Support & Maintenance for On-line requisition & Approval process
(Ross)

Renewal Term Start Date*

10/25/2026

Renewal Term End Date*

10/24/2027

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

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

Contract Description / Type

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

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

- ☐ Yes
- ☒ No
- ☐ Unknown

Contract NTE* (?)

\$ 414,179.15

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

CT145242

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

☐ Yes ☒ No

Were Services delivered as specified in the contract?*

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

Renewal Determination

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

☒ Yes ☐ No

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

N/A

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 465,000.00	553002
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)

2027

Amount* (?)

\$ 465,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

☐ Yes ☒ No

Will the scope of the Services change?*

☐ Yes ☒ No

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

☐ Yes ☒ No

Are there any changes in the Performance Targets?*

☐ Yes ☒ No

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

☐ Yes ☒ No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Mustafa Cochinwala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/8/2026



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID#*

7827

Contractor Name*

Enterprise FM Trust

Service Provided* (?)

Vehicle Lease and Maintenance Agreements for Agency-wide transportation services.
Vehicle Procurement Services (Lease and Ownership) through a single entity.

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

Contract Description / Type

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

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

- ☐ Yes
- ☒ No
- ☐ Unknown

Contract NTE* (?)

\$ 998,509.34

Rate(s)/Rate(s) Description

Unit(s) Served*

multiple

G/L Code(s)*

560500, 559000

Current Fiscal Year Purchase Order Number*

CT145195

Contract Requestor*

Jessica Soto

Contract Owner*

Karen Hurst

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

☐ Yes ☒ No

Were Services delivered as specified in the contract? *

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ 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? *

Vehicles will be needed to reach the cliental within the community.

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

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.*
1150	\$ 930,548.12	560500

Budget Manager*	Secondary Budget Manager*
Moynihan, Kelly	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1150	\$ 154,821.48	559000

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* (?)
2027	\$ 1,085,369.60

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

1,085,369.60

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 (?)

Enterprise Budget Renewal FY 27 6.2023.xlsx

12.05KB

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Ben Mendez

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Ben Mendez

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/25/2026



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID#*

2023-0793

Contractor Name*

P-Master Pool Foreign & Sign Language Translation Services

Service Provided* (?)

Master Pool Contract for Foreign & Sign Language Interpretation Services Agency Wide.

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

Contract Description / Type

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

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

- ☐ Yes
- ☐ No
- ☒ Unknown

Contract NTE* (?)

\$ 554,203.00

Rate(s)/Rate(s) Description

Unit(s) Served*

Multiple

G/L Code(s)*

543018

Current Fiscal Year Purchase Order Number*

CT145124

Contract Requestor*

Eggle MacKinney

Contract Owner*

Deauc Dentaen

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

☐ Yes ☒ No

Were Services delivered as specified in the contract? *

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

Renewal Determination

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

☒ Yes ☐ No

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

The contract enables The Harris Center to provide interpreters for non-English speaking consumers. It supports the organization's policy to effectively communicate and share information with individuals and their legally authorized representatives (LARs) in their preferred languages

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

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. *
1102	\$ 500.00	543018

Budget Manager *	Secondary Budget Manager *
Moynihan, Kelly	Campbell, Ricardo

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2200	\$ 1,500.00	543018

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2212	\$ 43,353.00	543018

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2213	\$ 10,000.00	543018

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2214	\$ 30,000.00	543018

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2215	\$ 115,000.00	543018

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2268	\$ 2,660.00	543018
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Smith, Janai	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2301	\$ 3,500.00	543018
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Smith, Janai	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2802	\$ 2,500.00	543018
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Shelby, Debbie	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3350	\$ 42,000.00	543018
Budget Manager*	Secondary Budget Manager*	
Degracia, Ericka	Collins, Evanthe	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3360	\$ 76,800.00	543018
Budget Manager*	Secondary Budget Manager*	
Degracia, Ericka	Johnson, Kenyonika	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4150	\$ 6,600.00	543018
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Shelby, Debbie	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4160	\$ 5,000.00	543018
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Shelby, Debbie	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4161	\$ 3,167.00	543018
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Shelby, Debbie	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4323	\$ 48,000.00	543018
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Smith, Janai	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4325	\$ 8,000.00	543018
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Smith, Janai	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4501	\$ 1,000.00	543018
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Shelby, Debbie	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4736	\$ 17,000.00	543018
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Smith, Janai	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4913	\$ 15,576.00	543018
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Smith, Janai	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6201	\$ 300.00	543018
Budget Manager*	Secondary Budget Manager*	
Williams-Wesley, Sheenia	Reyes, Elizabeth	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6204	\$ 300.00	543018
Budget Manager*	Secondary Budget Manager*	
Williams-Wesley, Sheenia	Reyes, Elizabeth	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6205	\$ 2,000.00	543018
Budget Manager*	Secondary Budget Manager*	
Williams-Wesley, Sheenia	Reyes, Elizabeth	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6302	\$ 1,000.00	543018
Budget Manager*	Secondary Budget Manager*	
Williams-Wesley, Sheenia	Reyes, Elizabeth	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6401	\$ 500.00	543018
Budget Manager*	Secondary Budget Manager*	
Williams-Wesley, Sheenia	Reyes, Elizabeth	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6500	\$ 300.00	543018
Budget Manager*	Secondary Budget Manager*	
Williams-Wesley, Sheenia	Reyes, Elizabeth	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 25,000.00	543018
Budget Manager*	Secondary Budget Manager*	
Ilejay, Kevin	Campbell, Ricardo	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7110	\$ 6,000.00	543018
Budget Manager*	Secondary Budget Manager*	
Ilejay, Kevin	Campbell, Ricardo	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2250	\$ 500.00	543018
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Ramirez, Priscilla	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 8,000.00	543018
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Ramirez, Priscilla	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 7,000.00	543018
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Ramirez, Priscilla	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 350.00	543018
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Ramirez, Priscilla	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 150.00	543018
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Ramirez, Priscilla	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9228	\$ 250.00	543018
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Ramirez, Priscilla	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9245	\$ 492.00	543018
Budget Manager*	Secondary Budget Manager*	
Ramirez, Priscilla	Oshman, Jodel	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9247	\$ 200.00	543018
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 500.00	543018
Budget Manager*	Secondary Budget Manager*	
Ramirez, Priscilla	Puente, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9263	\$ 2,500.00	543018
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9274	\$ 1,500.00	543018
Budget Manager*	Secondary Budget Manager*	
Ramirez, Priscilla	Puente, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9283	\$ 750.00	543018
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9285	\$ 10,000.00	543018
Budget Manager*	Secondary Budget Manager*	
Ramirez, Priscilla	Puente, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9402	\$ 5,000.00	543018
Budget Manager*	Secondary Budget Manager*	
Ramirez, Priscilla	Puente, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 2,300.00	543018
Budget Manager*	Secondary Budget Manager*	
Ramirez, Priscilla	Puente, Giovanni	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9405	\$ 2,997.00	543018

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9407	\$ 2,000.00	543018

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 500.00	543018

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 1,000.00	543018

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9901	\$ 19,479.00	543018

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

Provide Rate and Rate Descriptions if applicable* (?)

Please see attached form with rates and descriptions from all vendors

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2027	\$ 533,024.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

533024

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 (?)

FY27 Interpretation Allocations.xlsx

22.84KB

A - FY 27 BAFO Pricing Sheet Summary.xlsx

558.46KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Demetria Luckett

Budget Manager Approval(s)

Approved by

Kelly E. Moynihan

Approved by

Debbie Chambers Shetty

Approved by

Debbie Chambers Shetty

Approved by

Ericka Degracia

Approved by

Kenyonika Johnson

Approved by

Kevin Ileyay

Approved by

Jodel Oshman

Approved by

Priscilla M. Ramirez

Contract Owner Approval

Approved by

Demetria D. Luckett

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/25/2026



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID#*

2025-1121

Contractor Name*

Universal Protection Service, LP d/b/a Allied Universal Security Services

Service Provided* (?)

This contract will provide security services for The Harris Center at nine (9) locations to support the agency in safekeeping of consumers, staff and properties.

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

Contract Description / Type

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

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

- ☐ Yes
☐ No
☒ Unknown

Contract NTE* (?)

\$ 777,735.84

Rate(s)/Rate(s) Description

19.71/hr. + 6,996.00 golf cart use.

Unit(s) Served*

1190

G/L Code(s)*

583000

Current Fiscal Year Purchase Order Number*

CT145341

Contract Requestor*

Veronica Billings

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

☐ Yes ☒ No

Were Services delivered as specified in the contract? *

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

Renewal Determination

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

☒ Yes ☐ No

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

The contract supports the agency by providing security coverage at location where in-house security is not assigned

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

☒ Yes ☐ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

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.*
1190	\$ 752,503.35	583000
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* (?)
2027	\$ 752,503.35

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 (?)

Renewal Allied Universal Services.docx

173.71KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Ben Mendez

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Ben Mendez

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/8/2026

EXHIBIT F-5

JULY 2026

INTERLOCAL AGREEMENTS

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
INTERLOCALSJULY 2026
FISCAL YEAR 2026

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
1	Community Health Choice, Inc.	Telephonic Crisis Line Services to provide MH and IDD Resources and Support.	Renewal	8/9/2026 - 8/8/2027	State Grant	Annual renewal of agreement to provide Telephonic Crisis Line Services to provide MH and IDD resources and support.
2	Community Health Choice, Inc. (CHC)	Transitional Residential Housing Services for the Supportive Living Apartments located at 6168 South Loop East	Amendment	7/1/2026 - 8/31/2026	Private Pay Source	Amendment to increase the funding for 6 reserved units at the 6168 Supportive Living Apartments. [FY26 Revenue NTE: \$14,976.00; FY27 Revenue NTE: \$74,880.00].
3	Goose Creek Consolidated Independent School District	Mental Health Screenings, Assessments and follow-up Psychosocial Services	New Contract	7/2/2026 - 8/31/2027	General Revenue (GR)	New MOU (replacement) to perform mental health screenings, assessments and follow-up Psychosocial services on an as needed basis for students of Goose Creek ISD.
4	Harris County Community Supervision and Corrections Department	Dual Diagnosis Residential Treatment Program (138 Beds) at 2312 Atascocita Road, Humble, Texas for CSCD.	Renewal	9/1/2026 - 8/31/2027	County	Annual renewal of agreement to provide services for the Dual Diagnosis Residential Treatment Program (138 Beds) at 2312 Atascocita Road, Humble, Texas for CSCD. [FY27 Revenue NTE: \$6,112,840.00].
5	Harris County Hospital District d/b/a Harris Health System	Epic EMR System	Renewal	2/4/2026 - 2/3/2027	General Revenue (GR)	Annual renewal of agreement for the Epic EMR System. [FY27 NTE: \$2,777,496.00].
6	Harris County Hospital District d/b/a Harris Health System	Operating Expenses and Maintenance for the NPC lease shared with the Harris County Hospital District	Renewal	9/1/2026 - 8/31/2027	General Revenue (GR)	Annual renewal of Operating Expenses and Maintenance for the NPC's lease shared with the Harris County Hospital District. [FY27 NTE: \$618,420.75]
7	Harris County Juvenile Probation Department	Multi-Systemic Therapy Teams for Harris County Juvenile Probation Department	Renewal	10/1/2026 - 9/30/2027	County	Annual renewal of agreement to provide Multi-Systemic Therapy Teams for Harris County Juvenile Probation Department. [FY27 Revenue NTE: \$646,461.20].
8	Harris County Juvenile Probation Department	Multi-Systemic Therapy Services (MST) under Senate Bill 1, Rider 37	Renewal	9/1/2026 - 8/31/2027	General Revenue (GR)	Annual renewal of agreement to provide Multi-Systemic Therapy Services under Senate Bill 1, Rider 37. [FY27 Revenue NTE: \$367,000.00].
9	Harris County Juvenile Probation Department	Comprehensive Mental Health Services for the Youth Diversion Center (YDC)	Renewal	10/1/2026 - 9/30/2027	County	Annual renewal of agreement to provide Comprehensive Mental Health Services for the YDC. [FY27 Revenue NTE: \$900,000.00].
10	Harris County Resources for Children and Adults	Reimbursement to Harris County Resource for Children and Adults (HCRCA) for the cost of meals for the months of July 2026 - September 2026 for the Youth Diversion Center (YDC).	Amendment	7/1/2026 - 9/1/2026	General Revenue (GR)	A short-term agreement for the Harris Center to reimburse HCRCA for meals to the YDC from July - September 2026 at a cost of \$11,000 per month with a not to exceed (NTE) of \$33,000 for July - September 2026 as a result of no longer being funded by ARPA federal funds.
11	Harris County Sheriff's Office	Mental Health and Intellectual Developmental Disability Services to Inmates Housed in the Detention Facilities	Renewal	10/1/2026 - 9/30/2027	County	Annual renewal of agreement to provide Mental Health and Intellectual Developmental Disability Services to Inmates Housed in the Detention Facilities. [FY27 Revenue NTE: \$10,423,771.00].
12	Harris County Sheriff's Office	Security Support Services at the 419 Emancipation Center location.	Renewal	9/1/2026 - 8/31/2027	County	Annual renewal of Security Support Services at the 419 Emancipation Center location. [FY27 NTE: \$1,354,000.00].
13	Harris County Sheriff's Office	Security Support Services at the 6160 South Loop East location.	Renewal	9/1/2026 - 8/31/2027	County	Annual renewal of agreement to provide Security Support Services at the 6160 South Loop East location. [FY27 NTE: \$270,800.00].
14	Health and Human Services Commission	HHSC provided grant funding for a new MST team.	Renewal	9/1/2026 - 8/31/2027	State Grant	Interlocal agreement to provide grant funding for a new MST team.



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID#*

7535

Contractor Name*

Community Health Choice, Inc.

Service Provided* (?)

Telephonic Crisis Line Services to provide MH and IDD resources and support.

Renewal Term Start Date*

8/9/2026

Renewal Term End Date*

8/8/2027

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

Contract Description / Type

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

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

- ☐ Yes
- ☒ No
- ☐ Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description**Unit(s) Served***

7001

G/L Code(s)*

420015

Current Fiscal Year Purchase Order Number*

NA

Contract Requestor*

Millie Wong

Contract Owner*

Jennifer Battle

File Upload (?)

CHC Pricing Schedule.docx

156.98KB

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? *

Boost community engagement

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

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. *
7001	\$ 0.00	420015

Budget Manager *

Ilejay, Kevin

Secondary Budget Manager *

Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable * (?)

see attached

Project WBS (Work Breakdown Structure) * (?)

n/a

Fiscal Year * (?)

2027

Amount * (?)

\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

State Grant

Contract Content Changes

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

☐ Yes ☒ No

Will the scope of the Services change? *

☐ Yes ☒ No

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

☐ Yes ☒ No

Are there any changes in the Performance Targets? *

☐ Yes ☒ No

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

☐ Yes ☒ No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Jennifer Battle

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/8/2026



Executive Contract Summary

Contract Section

Contractor*

Community Health Choice, Inc. (CHC)

Contract ID #*

NA

Presented To*

- ☐ Resource Committee
☒ Full Board

Date Presented*

7/17/2026

Parties* (?)

The Harris Center for Mental Health & IDD, and CHC, and Harris County Hospital District dba Harris Health System

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|--|
| ☐ Competitive Bid | ☐ Competitive Proposal |
| ☐ Request for Proposal | ☐ Sole Source |
| ☐ Request for Application | ☐ Request for Qualification |
| ☐ Request for Quote | ☐ Tag-On |
| ☒ Interlocal | ☐ Consumer Driven |
| ☐ Not Applicable (If there are no funds required) | ☒ Other Addendum for add'l revenue |

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

☐ Yes ☒ No

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

Funding Information*

☐ New Contract ☒ Amendment

Contract Term Start Date* (?)

7/1/2026

Contract Term End Date* (?)

8/31/2026

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

7/1/2026 - 6/30/2027

Current Contract Amount*

\$ 0.00

Increase Not to Exceed*

\$ 89,856.00

Revised Total Not to Exceed (NTE)*

\$ 89,856.00

Fiscal Year* (?)

2026

Amount* (?)

\$ 14,976.00

Fiscal Year* (?)

2027

Amount* (?)

\$ 74,880.00

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* (?)

The provision of funding for 6 reserved units under the CHC agreement at the 6168 Supportive Living Apartments.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

☒ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided*

Current CHC contract for the construction funding for the 6168 apartments.

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

☐ Yes ☐ No ☐ Unknown

Community Partnership* (?)

☐ Yes ☐ No ☐ Unknown

Supporting Documentation Upload (?)

Final_Agreement_Partially_Fully_Executed (CHC) 9.27.2023.pdf

1.17MB

Addendum_The Harris Center SLA_v2.docx

29.29KB

Vendor/Contractor Contact Person**Name***

Jenny Mathai, Director

Address*

Street Address

4888 Loop Central Drive, Suite 600

Address Line 2

Ste 1500

City

Houston

State / Province / Region

TX

Postal / Zip Code

77081

Country

USA

Phone Number*

713-295-2275

Email*

Jenny.Mathai@CommunityHealthChoice.org

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9276	\$ 89,856.00	000000

Budget Manager

Ramirez, Priscilla

Secondary Budget Manager

Puente, Giovanni

Provide Rate and Rate Descriptions if applicable* (?)

\$1,248 per unit per month for 6 units for 12 months or
\$89,856 annually. Reimbursement for the number of
occupied units per month.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Ramirez, Priscilla

Submission Date

6/23/2026

Budget Manager Approval(s)**Approved by***Priscilla M. Ramirez***Approval Date**

6/23/2026

Contract Owner Approval

Approved by

Kapook, Vkray

Approval Date

6/24/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/25/2026



Executive Contract Summary

Contract Section

Contractor*

Goose Creek Consolidated Independent School District

Contract ID #*

NA

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

7/21/2026

Parties* (?)

Goose Creek Consolidated Independent School District and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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

*

- ☐ Yes ☒ No

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

- ☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

Funding Information*

- ☒ New Contract ☐ Amendment

Contract Term Start Date* (?)

7/2/2026

Contract Term End Date* (?)

8/31/2027

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

Fiscal Year* (?)

2027

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* (?)

To perform mental health screenings and assessments and, follow-up Psychosocial services on an as needed basis for students of GCCISD.

Contract Owner*

Tiffanie Williams-Brooks

Previous History of Contracting with Vendor/Contractor*

☒ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided*

2021-current

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

☐ Yes ☐ No ☒ Unknown

Community Partnership* (?)

☒ Yes ☐ No ☐ Unknown

Specify Name*

Goose Creek Consolidated Independent School District

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Thresa A. Caldwell

Address*

Street Address

4544 Interstate 10

Address Line 2

City

Baytown

Postal / Zip Code

77521

State / Province / Region

TX

Country

US

Phone Number*

346-216-3232

Email*

thresa.caldwell@gccisd.net

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

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

Provide Rate and Rate Descriptions if applicable* (?)

0.00

Project WBS (Work Breakdown Structure)* (?)

0.00

Requester Name

Bowser, Mohagony

Submission Date

7/2/2026

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

7/2/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

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

Approval Date

7/6/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/6/2026



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID#*

6139

Contractor Name*

Harris County Community Supervision and Corrections Department

Service Provided* (?)

Dual Diagnosis Residential Treatment Program (138 Beds) at 2312 Atascocita Road, Humble, Texas for CSCD.

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

Contract Description / Type

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

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

- ☐ Yes
☒ No
☐ Unknown

Contract NTE* (?)

\$ 6,112,840.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Sheenia Williams-Wesley

Contract Owner*

Monalisa Jiles

File Upload (?)

Renewal Determination



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

☒ Yes ☐ No

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

Providing residential treatment services to individuals housed in the detention center.

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

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.*
6401	\$ 6,112,840.00	540000
Budget Manager*		Secondary Budget Manager*
Williams-Wesley, Sheenia		Reyes, Elizabeth

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)

2027

Amount* (?)

\$ 6,112,840.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

County

Contract Content Changes

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

☐ Yes ☒ No

Will the scope of the Services change?*

☐ Yes ☒ No

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

☐ Yes ☒ No

Are there any changes in the Performance Targets?*

☐ Yes ☒ No

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

☐ Yes ☒ No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Sean McElroy

Budget Manager Approval(s)

Approved by

Shervina Williams Wesley

Contract Owner Approval

Approved by

Sean McElroy

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/30/2026



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Select Header For This Contract *

Interlocal

Current Fiscal Year

2026

Contract ID# *

7731

Contractor Name *

Harris County Hospital District d/b/a Harris Health System

Renewal Term Start Date

2/4/2026

Renewal Term End Date

2/3/2027

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

Contract Description / Type

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

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

- ☐ Yes
- ☒ No
- ☐ Unknown

Contract NTE* (?)

\$ 2,717,245.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

574000

Current Fiscal Year Purchase Order Number*

CT145108

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

☐ Yes ☒ No

Were Services delivered as specified in the contract? *

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

Renewal Determination

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

☒ Yes ☐ No

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

N/A

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 2,777,496.00	574000
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* (?)
2027	\$ 2,777,496.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

☐ Yes ☒ No

Will the scope of the Services change?*

☐ Yes ☒ No

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

☐ Yes ☒ No

Are there any changes in the Performance Targets?*

☐ Yes ☒ No

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

☐ Yes ☒ No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Mustafa Cochinwala

Contracts Approval

Approved by

Belinda Stude

Approval Date

6/8/2026



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID# *

5593

Contractor Name *

Harris County Hospital District d/b/a Harris Health System

Service Provided* (?)

Operating Expenses and Maintenance for the NPC lease shared with the Harris County Hospital District

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

Contract Description / Type

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

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

- ☐ Yes
- ☒ No
- ☐ Unknown

Contract NTE* (?)

\$ 561,324.71

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

9206, 9209, 9211

G/L Code(s)*

543040

Current Fiscal Year Purchase Order Number*

CT145191

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

☐ Yes ☒ No

Were Services delivered as specified in the contract? *

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ 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 funds the Operating Expenses and Maintenance for the NPC lease shared with the Harris County Hospital District.

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

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. *
9206	\$ 488,552.39	543040

Budget Manager *	Secondary Budget Manager *
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9209	\$ 80,394.70	543040

Budget Manager *	Secondary Budget Manager *
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9211	\$ 49,473.66	543040

Budget Manager *	Secondary Budget Manager *
Oshman, Jodel	Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Fiscal Year* (?)	Amount* (?)
2027	\$ 618,420.75

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

0

Contract Funding Source *

General Revenue (GR)

Contract Content Changes

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

☐ Yes ☒ No

Will the scope of the Services change? *

☐ Yes ☒ No

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

☐ Yes ☒ No

Are there any changes in the Performance Targets? *

☐ Yes ☒ No

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

☐ Yes ☒ No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Jedid Oshman

Contract Owner Approval

Approved by

Kray Kapoor

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/23/2026



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Select Header For This Contract *

Interlocal

Current Fiscal Year

2026

Contract ID# *

2025-1062

Contractor Name *

Harris County Juvenile Probation Department

Renewal Term Start Date

10/1/2026

Renewal Term End Date

9/30/2027

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* (?)

\$ 646,461.20

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Janai Smith

Contract Owner*

Tiffanie Williams-Brooks

File Upload (?)

Renewal Determination

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

☒ Yes ☐ No

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

Supports MST services being provided to youth clients and is funded by HC Juvenile Probation. Amount will change slightly but don't have final amount yet.

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6622	\$ 646,461.20	403010
Budget Manager*		Secondary Budget Manager*
Smith, Janai		Shelby, Debbie

Provide Rate and Rate Descriptions if applicable (?)

N/A

Project WBS (Work Breakdown Structure) (?)

N/A

Fiscal Year* (?)

2027

Amount* (?)

\$ 646,461.20

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

County

Contract Content Changes



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

☒ Yes ☐ No

Please Explain*

Will need to change some of the agreed upon expenses regarding salary/fringe, pay increase for licensure, and stipends

Will the scope of the Services change?*

☐ Yes ☒ No

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

☐ Yes ☒ No

Are there any changes in the Performance Targets?*

☐ Yes ☒ No

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

☐ Yes ☒ No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Tiffanie Williams-Brooks

Budget Manager Approval(s)



Approved by

Janae Lynnette Smith

Contract Owner Approval



Approved by

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

Contracts Approval



Approved by

Belinda Stude

Approval Date

6/4/2026



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID# *

2026-1187

Contractor Name *

Harris County Juvenile Probation Department

Service Provided* (?)

Multi-Systemic Therapy Services under Senate Bill 1, Rider 37

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

Contract Description / Type

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

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

- ☐ Yes
- ☒ No
- ☐ Unknown

Contract NTE* (?)

\$ 367,000.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Mohagany Bowser

Contract Owner*

Tiffanie Williams-Brooks

File Upload (?)

Renewal Determination



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

☒ Yes ☐ No

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

By providing intensive in-home family therapy to prevent youth from further penetrating the juvenile justice system.

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6622	\$ 367,000.00	403010
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Shelby, Debbie	

Provide Rate and Rate Descriptions if applicable* (?)

0.00

Project WBS (Work Breakdown Structure)* (?)

0.00

Fiscal Year* (?)

2027

Amount* (?)

\$ 367,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

☐ Yes ☒ No

Will the scope of the Services change?*

☐ Yes ☒ No

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

☐ Yes ☒ No

Are there any changes in the Performance Targets?*

☐ Yes ☒ No

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

☐ Yes ☒ No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Tiffanie Williams-Brooks

Budget Manager Approval(s)

Approved by

Tanai Lynnette Smith

Contract Owner Approval

Approved by

Tiffanie Williams-Brooks, L.P.C.

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/16/2026



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID#*

2026-1177

Contractor Name*

Harris County Juvenile Probation Department

Service Provided* (?)

Comprehensive Mental Health Services for the Youth Diversion Center) (YDC)

Renewal Term Start Date*

10/1/2026

Renewal Term End Date*

9/30/2027

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

Contract Description / Type

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

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

- ☐ Yes
- ☒ No
- ☐ Unknown

Contract NTE* (?)

\$ 900,000.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Sheenia Williams-Wesley

Contract Owner*

Sean McElroy

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?*

Providing services for at-risk youth and their families with support services.

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

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.*
6500	\$ 900,000.00	540000
Budget Manager*	Secondary Budget Manager*	
Williams-Wesley, Sheenia	Reyes, Elizabeth	

Provide Rate and Rate Descriptions if applicable* (?)

350 per bed day

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)

2027

Amount* (?)

\$ 900,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

County

Contract Content Changes

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

☐ Yes ☒ No

Will the scope of the Services change?*

☐ Yes ☒ No

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

☐ Yes ☒ No

Are there any changes in the Performance Targets?*

☐ Yes ☒ No

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

☐ Yes ☒ No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Samuel Means

Budget Manager Approval(s)

Approved by

Shonnia Williams-Wesley

Contract Owner Approval

Approved by

Samuel Means

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/30/2026



Executive Contract Summary

Contract Section

Contractor*

Harris County Resources for Children and Adults

Contract ID #*

2023-0614

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

7/21/2026

Parties* (?)

Harris County Resources for Children and Adults with The Harris Center for MH and IDD.

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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

*

- ☐ Yes ☒ No

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

- ☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

Funding Information*

- ☐ New Contract ☒ Amendment

Contract Term Start Date* (?)

7/1/2026

Contract Term End Date* (?)

9/1/2026

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

This PFR/Memo will only cover 3 months of meals for YDC
(6/1/2026 - 08/31/2026)

Current Contract Amount*

\$ 0.00

Increase Not to Exceed*

\$ 33,000.00

Revised Total Not to Exceed (NTE)*

\$ 33,000.00

Fiscal Year* (?)

2026

Amount* (?)

\$ 33,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This is a memorandum of understanding between both parties, Harris County Resources for Children and Adults (HCRCA) with The Harris Center for MH and IDD. This understanding is that HCRCA will continue to provide the Youth Diversion Center 3 meals a day, 7 days a week (and snacks) for the months of July 2026 - September 2026. Funding will be provided by the Harris Center at a cost of \$11,000 per month and an amount not to exceed (NTE) of \$33,000 for July - September 2026.

Contract Owner*

Sean McElroy

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

09/01/2025 - 08/31/2026. The Harris Center has an interlocal agreement with this entity to provide services to both the Youth Diversion Center and TRIAD Prevention Program (contract ID# 2022-0515).

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

Specify Name *

Harris County Resources for Children and Adults (formally known as CPS)

Supporting Documentation Upload (?)

MEMO-YDC_MEALS_Reimbursement_(\$33K).docx.pdf

399.17KB

Vendor/Contractor Contact Person**Name ***

Harris County Resources for Children and Adults

Address *

Street Address

2525 Murworth Drive

Address Line 2

City

Houston

Postal / Zip Code

77054-1623

State / Province / Region

TX

Country

US

Phone Number *

713-394-4073

Email *

brian.baxendale@harriscountytexas.gov

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
6500	\$ 33,000.00	548000
Budget Manager	Secondary Budget Manager	
Williams-Wesley, Sheenia	Reyes, Elizabeth	

Provide Rate and Rate Descriptions if applicable* (?)

The Harris Center will pay HCRCA a cost of \$11,000 per month and an amount not to exceed (NTE) \$33,000 for July - September 2026.

Project WBS (Work Breakdown Structure) * (?)

N/A

Requester Name

Reyes, Elizabeth

Submission Date

6/23/2026

Budget Manager Approval(s)

Approved by

Sheenia Williams Wesley

Approval Date

6/23/2026

Contract Owner Approval



Approved by

Sean McElroy

Approval Date

6/23/2026

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/23/2026



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID#*

2023-0661

Contractor Name*

Harris County Sheriff's Office

Service Provided* (?)

Mental Health and Intellectual Developmental Disability Services to Inmates Housed in the Detention Facilities

Renewal Term Start Date*

10/1/2026

Renewal Term End Date*

9/30/2027

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

Contract Description / Type

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

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

- ☐ Yes
- ☒ No
- ☐ Unknown

Contract NTE* (?)

\$ 10,000.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Sheenia Williams-Wesley

Contract Owner*

Krystin Holmes

File Upload (?)

Renewal Determination

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

☒ Yes ☐ No

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

Providing psychological, psychiatric and other mental health care and IDD services to along with outpatient, specialty behavior and continuity of care services to inmates housed in the detention facilities operated by the HC Sheriff Office.

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

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.*
6201	\$ 2,664,707.00	540000
Budget Manager*		Secondary Budget Manager*
Williams-Wesley, Sheenia		Reyes, Elizabeth

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6202	\$ 2,520,015.00	540000
Budget Manager*		Secondary Budget Manager*
Williams-Wesley, Sheenia		Jiles, Monalisa

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6203	\$ 1,987,801.00	540000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6204	\$ 3,729,976.00	540000

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

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2027	\$ 9,993,957.00

Fiscal Year* (?)	Amount* (?)
2028	\$ 908,542.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

County

Contract Content Changes

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

☐ Yes ☒ No

Will the scope of the Services change?*

☐ Yes ☒ No

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

☐ Yes ☒ No

Are there any changes in the Performance Targets?*

☐ Yes ☒ No

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

☐ Yes ☒ No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Krystin Holmes

Budget Manager Approval(s)

Approved by

Shenita Williams Westley

Approved by

Sign

Contract Owner Approval

Approved by

Kyristin Holmes

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/5/2026



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID#*

2026-1225

Contractor Name*

Harris County Sheriff's Office

Service Provided* (?)

Security Support Services at the 419 Emancipation Center location.

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

Contract Description / Type

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

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

- ☐ Yes
- ☒ No
- ☐ Unknown

Contract NTE* (?)

\$ 511,511.00

Rate(s)/Rate(s) Description

112,833.00 per month

Unit(s) Served*

9901

G/L Code(s)*

583000

Current Fiscal Year Purchase Order Number*

CT145668

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

☐ Yes ☒ No

Were Services delivered as specified in the contract? *

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ 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? *

Support from HCSO will provide a safe access point for the unhoused to access services at the Emancipation Center.

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

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.*
9901	\$ 1,354,000.00	583000
Budget Manager*	Secondary Budget Manager*	
Ramirez, Priscilla	Puente, Giovanni	

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Fiscal Year* (?)	Amount* (?)
2027	\$ 1,354,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

0

Contract Funding Source*

County

Contract Content Changes

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

☐ Yes ☒ No

Will the scope of the Services change? *

☐ Yes ☒ No

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

☐ Yes ☒ No

Are there any changes in the Performance Targets? *

☐ Yes ☒ No

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

☐ Yes ☒ No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Contract Owner Approval

Approved by

Kim Kornmayer

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/7/2026



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID# *

2024-1097

Contractor Name *

Harris County Sherrif's Office

Service Provided* (?)

Security Support Services at the 6160 South Loop East location.

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

Contract Description / Type

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

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

- ☐ Yes
- ☒ No
- ☐ Unknown

Contract NTE* (?)

\$ 248,200.00

Rate(s)/Rate(s) Description

22,567.00 per month for two officers

Unit(s) Served*

9505

G/L Code(s)*

583000

Current Fiscal Year Purchase Order Number*

CT145678

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance



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

☐ Yes ☒ No

Were Services delivered as specified in the contract?*

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ 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? *

Support from HCSO will provide a safe access point at the Diversion Center for individuals to access services.

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

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.*
9403	\$ 270,800.00	583000
Budget Manager*	Secondary Budget Manager*	
Ramirez, Priscilla	Puente, Giovanni	

Provide Rate and Rate Descriptions if applicable* (?)

5/2/26-9/30/26 2 deputies at \$135,400/yr/deputy or approx.
\$22,566 total per month.

Project WBS (Work Breakdown Structure)* (?)

na

Fiscal Year* (?)	Amount* (?)
2027	\$ 270,800.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

0

Contract Funding Source*

County

Contract Content Changes

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

☐ Yes ☒ No

Will the scope of the Services change? *

☐ Yes ☒ No

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

☐ Yes ☒ No

Are there any changes in the Performance Targets? *

☐ Yes ☒ No

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

☐ Yes ☒ No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Contract Owner Approval

Approved by

KIM KORNMAYER

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/7/2026



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID#*

2023-0818

Contractor Name*

Health and Human Services Commission

Service Provided* (?)

HHSC provided grant funding for a new MST team, separate ECS submitted for contract with MST company. This is the funding source contract

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

Contract Description / Type

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

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

- ☐ Yes
☐ No
☒ Unknown

Contract NTE* (?)

\$ 692,045.00

Rate(s)/Rate(s) Description

Unit(s) Served*

4160

G/L Code(s)*

00000

Current Fiscal Year Purchase Order Number*

-

Contract Requestor*

Mohagany Bowser

Contract Owner*

Tiffanie Williams-Brooks

File Upload (?)

Renewal Determination



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

☒ Yes ☐ No

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

Provides MST services to clients.

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

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.*
4160	\$ 692,045.00	425010
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Shelby, Debbie	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)

2027

Amount* (?)

\$ 692,045.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State Grant

Contract Content Changes

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

☐ Yes ☒ No

Will the scope of the Services change?*

☐ Yes ☒ No

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

☐ Yes ☒ No

Are there any changes in the Performance Targets?*

☐ Yes ☒ No

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

☐ Yes ☒ No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Tiffanie Williams-Brooks

Budget Manager Approval(s)

Approved by

Janae Lynette Smith

Contract Owner Approval

Approved by

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

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/5/2026



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID# *

2023-0738

Contractor Name *

Houston Community (City) College System

Service Provided* (?)

Lease of Space Located at 3200 Main Street

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

Contract Description / Type

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

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

- ☐ Yes
- ☒ No
- ☐ Unknown

Contract NTE* (?)

\$ 322,889.00

Rate(s)/Rate(s) Description

Rate: bldg rent at \$23/sf for 11,683 sf, plus \$45 per reserved parking per month at 37 reserved spots, plus, \$35 per unreserved parking per month at 50 unreserved spots, plus, \$13,200 in overtime A/C for 24/7 A/C.

Unit(s) Served*

9248

G/L Code(s)*

555000

Current Fiscal Year Purchase Order Number*

CT145105

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

☐ Yes ☒ No

Were Services delivered as specified in the contract? *

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ 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?*

Space is needed for housing management in the same location as the programs they oversee that includes enough parking for staff and agency vehicles that is centrally located making it convenient for staff to respond quickly to calls throughout Harris County.

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

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.*
9208	\$ 153,548.00	555000
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9285	\$ 60,084.00	555000
Budget Manager*	Secondary Budget Manager*	
Ramirez, Priscilla	Puentes, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9245	\$ 66,760.00	555000
Budget Manager*	Secondary Budget Manager*	
Ramirez, Priscilla	Oshman, Jodel	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 22,442.00	555100
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9285	\$ 8,781.00	555100
Budget Manager*	Secondary Budget Manager*	
Ramirez, Priscilla	Puentes, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9245	\$ 9,757.00	555100
Budget Manager*	Secondary Budget Manager*	
Ramirez, Priscilla	Oshman, Jodel	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 6,600.00	576000

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9285	\$ 6,600.00	576000

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

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Fiscal Year* (?)	Amount* (?)
2027	\$ 334,572.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

0

Contract Funding Source*

County

Contract Content Changes

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

☐ Yes ☒ No

Will the scope of the Services change?*

☐ Yes ☒ No

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

☐ Yes ☒ No

Are there any changes in the Performance Targets?*

☐ Yes ☒ No

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

☐ Yes ☒ No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Jedid Oshman

Approved by

Priscilla M. Ramirez

Approved by

Sign

Contract Owner Approval



Approved by

KIM KORNMEYER

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/7/2026



Executive Contract Summary

Contract Section

Contractor*

Lone Star College Police Department

Contract ID #*

NA

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

6/23/2026

Parties* (?)

Lone Star College Police Department

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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

☐ Yes ☒ No

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

Funding Information*

☒ New Contract ☐ Amendment

Contract Term Start Date* (?)

9/1/2026

Contract Term End Date* (?)

8/31/2027

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

Fiscal Year* (?)

2027

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

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

Lone Star Police Department wishes to not renew the existing MOU with MCOT on 08/31/26 and create a new contract for FY27. The agreement should include the same information currently in the MCOT agreement with the addition of the following: The Harris Center will partner with Lone Star Police Department in the development of a 4-hour De-escalation Training titled Advanced Mental Health Response for Officers. This training will be facilitated by The Harris Center once monthly.

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 - MCOT and Rapid Response

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

☐ Yes
 ☐ No
 ☒ Unknown

Community Partnership* (?)

☒ Yes
 ☐ No
 ☐ Unknown

Specify Name*

Lone Star Police Department

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Karlye Louritt

Address*

Street Address

2700 W W Thorne Dr

Address Line 2

City

Humble

Postal / Zip Code

77338

State / Province / Region

TX

Country

US

Phone Number*

281-290-5024 or 346-325-9531

Email*

karlye.louritte@lonestar.edu

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9229	\$ 0.00	0
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Honsinger, Amber

Submission Date

6/8/2026

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

6/8/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

KIMBERLY KORNMEYER

Approval Date

6/9/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/9/2026



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID# *

2025-1067

Contractor Name *

Midtown Redevelopment Authority

Service Provided* (?)

Mental Health Support and Outreach to the Homeless Community in Midtown area.

Renewal Term Start Date *

7/1/2026

Renewal Term End Date *

6/30/2027

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

Contract Description / Type

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

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

- ☐ Yes
- ☒ No
- ☐ Unknown

Contract NTE* (?)

\$ 213,037.60

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor?* (?)**☒ Yes ☐ No**How does this contract support Agency/Unit Strategic priorities?***

Expand program availability and services.

Does the following apply to the contract?**Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.**☐ Yes ☒ No** Note: This will only apply to IT contracts related to cybersecurity, all others can select NO***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.*
9283	\$ 210,630.66	540000
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Ramirez, Priscilla	

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Fiscal Year* (?)

2027

Amount* (?)

\$ 210,630.66

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

0

Contract Funding Source *

Private Pay Source

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

Jodel Ostman

Contract Owner Approval

Approved by

Kray Kapook

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/23/2026



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID#*

2025-1108

Contractor Name*

Texas Department of Family Protective Services

Service Provided* (?)

Harris County (Region 6A) families receive evidence-based services through the Harris Center including High Fidelity Wraparound or Multisystemic Therapy (MST) treatment.

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

Contract Description / Type

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

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

- ☐ Yes
- ☒ No
- ☐ Unknown

Contract NTE* (?)

\$ 1,689,959.10

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Mohagany Bowser

Contract Owner*

Tiffanie Williams-Brooks

File Upload (?)

Renewal Determination

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

☒ Yes ☐ No

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

Supports partnership with DFPS and The Harris Center to provide mental health services to client and their families.

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

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.*
4161	\$ 938,877.00	437003
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Shelby, Debbie	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)

2027

Amount* (?)

\$ 938,877.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

2027

Contract Funding Source*

State Grant

Contract Content Changes



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

☒ Yes ☐ No

Please Explain *

Change in employee count and expense covered by funding.

Will the scope of the Services change? *

☒ Yes ☐ No

Please Explain *

Will no longer offer MST portion of services.

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

☐ Yes ☒ No

Are there any changes in the Performance Targets? *

☐ Yes ☒ No

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

☐ Yes ☒ No

File Upload (?)

Contract Owner



Contract Owner* (?)

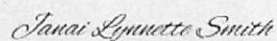
Please Select Contract Owner

Tiffanie Williams-Brooks

Budget Manager Approval(s)



Approved by



Contract Owner Approval



Approved by

*Elizabeth Williams Brooks, M.A., LPC-S***Contracts Approval**

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/5/2026



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID# *

2025-1087

Contractor Name *

Texas Department of Information Resources (DIR)

Service Provided* (?)

DIR provides telecom services that they have procured through competitive bids and RFPs. The Harris Center utilizes those contracts procured by DIR to provide network, internet, and long-distance services.

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

Contract Description / Type

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

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

- ☐ Yes
☒ No
☐ Unknown

Contract NTE* (?)

\$ 50,000.00

Rate(s)/Rate(s) Description**Unit(s) Served***

1130

G/L Code(s)*

564004

Current Fiscal Year Purchase Order Number*

CT145620

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)**Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year?***

- ☐ Yes ☒ No

Were Services delivered as specified in the contract?*

- ☒ Yes ☐ No

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

- ☒ Yes ☐ No

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

- ☒ Yes ☐ No

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

- ☒ Yes ☐ No

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

- ☒ Yes ☐ No

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

- ☒ Yes ☐ No

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

- ☒ Yes ☐ No

Renewal Determination

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

☒ Yes ☐ No

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

N/A

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1130	\$ 55,000.00	564004
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 * (?)
2027	\$ 55,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

General Revenue (GR)

Contract Content Changes

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

☐ Yes ☒ No

Will the scope of the Services change? *

☐ Yes ☒ No

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

☐ Yes ☒ No

Are there any changes in the Performance Targets? *

☐ Yes ☒ No

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

☐ Yes ☒ No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Mustafa Cochinwala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/30/2026



Executive Contract Summary

Contract Section

Contractor*

Texas Parks and Wildlife Department

Contract ID #*

2022-0468

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

7/21/2026

Parties* (?)

The Harris Center for Mental Health and IDD
 Texas Parks & Wildlife Department

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

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

- ☐ Yes ☒ No

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

- ☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

Funding Information*

- ☐ New Contract ☒ Amendment

Contract Term Start Date* (?)

9/1/2025

Contract Term End Date* (?)

6/30/2026

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

\$ 9,973,268.00

Increase Not to Exceed*

\$ 902,000.00

Revised Total Not to Exceed (NTE)*

\$ 10,875,268.00

Fiscal Year* (?)

2026

Amount* (?)

\$ 10,875,268.00

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* (?)

2-part Amendment to add funding to construction contract amount by reducing services funding amount (sent in separate ECS) so that remaining funding can be expended before contract end date of 6/30/2026

Contract Owner*

Ben Mendez

Previous History of Contracting with Vendor/Contractor*

☒ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided*

2022-present

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

☐ Yes ☐ No ☐ Unknown

Community Partnership* (?)

☐ Yes ☒ No ☐ Unknown

Supporting Documentation Upload (?)

AR-00004_AmendedBudget.pdf	48.5KB
Guidance for TPWD Grant Subrecipients_v3.pdf	448.64KB
Rec Grants Manual Final 09.01.2025.pdf	271.41KB
Recipient Monitoring Plan_ARPA Harris Center.docx	41.19KB
TXGMS 2.1.pdf	2.57MB
Harris Center AR004 Grant Agreement_Amendment 4 - Construction.docx	53.33KB
TXGMS 2.1.pdf	2.57MB

Vendor/Contractor Contact Person**Name***

Dana Lagarde

Address*

Street Address

4200 Smith School Rd

Address Line 2

City

Austin

Postal / Zip Code

78744

State / Province / Region

TX

Country

USA

Phone Number*

512-389-8175

Email*

Dana.Lagarde@tpwd.texas.gov

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4781	\$ 902,000.00	435049

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

Smith, Janai

Submission Date

6/24/2026

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

6/24/2026

Contract Owner Approval



Approved by

Ben Mendez

Approval Date

6/24/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/24/2026



Executive Contract Summary

Contract Section

Contractor*

Texas Parks and Wildlife Department

Contract ID #*

2022-0468

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

7/21/2026

Parties* (?)

The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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

*

- ☐ Yes ☒ No

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

- ☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

Funding Information*

- ☐ New Contract ☒ Amendment

Contract Term Start Date* (?)

9/1/2025

Contract Term End Date* (?)

6/30/2026

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

\$ 6,026,732.00

Increase Not to Exceed*

\$ -902,000.00

Revised Total Not to Exceed (NTE)*

\$ 5,124,732.00

Fiscal Year* (?)

2026

Amount* (?)

\$ 5,124,732.00

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* (?)

Amending contract to reduce services portion of contract amount so that funding can be added to construction portion of contract amount and expended before contract end date of 6/30/2026

Contract Owner*

Lance Britt

Previous History of Contracting with Vendor/Contractor*

☐ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided*

2022-2026

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

☐ Yes ☐ No ☐ Unknown

Community Partnership* (?)

☐ Yes ☐ No ☐ Unknown

Supporting Documentation Upload (?)

Guidance for TPWD Grant Subrecipients_v3.pdf	448.64KB
Rec Grants Manual Final 09.01.2025.pdf	271.41KB
Recipient Monitoring Plan_ARPA Harris Center.docx	41.19KB
Texas Assurances for Federal Subawards.pdf	199.2KB
TXGMS 2.1.pdf	2.57MB

Vendor/Contractor Contact Person**Name***

Dana Lagarde

Address*

Street Address

4200 Smith School Rd

Address Line 2

City

Austin

State / Province / Region

TX

Postal / Zip Code

78744

Country

USA

Phone Number*

512-389-8175

Email*

Dana.Lagarde@tpwd.texas.gov

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4780	\$ 0.00	000000
Budget Manager		Secondary Budget Manager
Smith, Janai		Shelby, Debbie

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Smith, Janai

Submission Date

6/24/2026

Budget Manager Approval(s)**Approved by***Janai Lynette Smith***Approval Date**

6/24/2026

Contract Owner Approval



Approved by

Lance Britt

Approval Date

6/24/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/24/2026



Executive Contract Summary

Contract Section

Contractor*

The University of Texas Health Science Center at Houston

Contract ID #*

NA

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

7/21/2026

Parties* (?)

The Harris Center and UT

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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

- ☒ Yes ☐ No

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

- ☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

Funding Information*

- ☒ New Contract ☐ Amendment

Contract Term Start Date* (?)

7/1/2026

Contract Term End Date* (?)

6/30/2027

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

Fiscal Year* (?)

2027

Amount* (?)

\$ 0.00

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* (?)

The contract submitted is an example of one used before. This contract is for Outpatient
Addiction psychiatry with supervision of Addiction Fellows

Contract Owner*

Danyalle Evans

Previous History of Contracting with Vendor/Contractor*

☒ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided*

Numerous

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

☐ Yes ☒ No ☐ Unknown

Please provide an explanation*

NA

Community Partnership* (?)

☐ Yes ☐ No ☒ Unknown

Supporting Documentation Upload (?)

FY22-23_UTHSC_ID_7246_Contract_Renewal_(Outpatient_Clinic)(Fully
Executed).pdf

544.31KB

PLA. Harris Center for Addiction.docx

23.35KB

Vendor/Contractor Contact Person

Name*

Mary Lopez

Address*

Street Address

Unknown

Address Line 2

City

Houston

Postal / Zip Code

Unknown

State / Province / Region

Texas

Country

United States

Phone Number*

713-486-2552

Email*

mary.lopez@uth.tmc.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	Secondary Budget Manager	
Smith, Janai	Shelby, Debbie	

Provide Rate and Rate Descriptions if applicable* (?)

No fellow matched = no funds required.

Project WBS (Work Breakdown Structure)* (?)

No fellow matched = no funds required.

Requester Name

Evans, Danyalle

Submission Date

5/11/2026

Budget Manager Approval(s)**Approved by***Janai Lynnette Smith***Approval Date**

6/5/2026

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

6/12/2026

IT Approval Comments

For Epic this will be new fellows through UT that will be submitted by Danyalle and team for access to Epic when they are rotating.

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

Danyelle Evans

Approval Date

6/23/2026

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/23/2026



Executive Contract Summary

Contract Section

Contractor*

University of Texas Health Science Center on behalf of its Cizik School of Nursing

Contract ID #*

NA

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

7/21/2026

Parties* (?)

UT Cizik School of Nursing 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

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

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

☐ Yes ☒ No

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

Funding Information*

☒ New Contract ☐ Amendment

Contract Term Start Date* (?)

9/1/2026

Contract Term End Date* (?)

8/31/2027

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

Fiscal Year* (?)

2027

Amount* (?)

\$ 1,900.00

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* (?)

CNE for Nursing Education

Contract Owner*

Danyalle Evans

Previous History of Contracting with Vendor/Contractor*

☒ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided*

Numerous UT Contracts

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

☐ Yes ☒ No ☐ Unknown

Please provide an explanation*

Numerous UT Contracts

Community Partnership* (?)

☐ Yes ☐ No ☒ Unknown

Supporting Documentation Upload (?)

CSON Providership Agreement.pdf

268.75KB

Vendor/Contractor Contact Person



Name*

Karla Abela

Address*

Street Address

6901 Bertner Avenue

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77030-3901

Country

US

Phone Number*

713-500-2213

Email*

Karla.M.Abela@uth.tmc.edu

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 1,900.00	549005
Budget Manager		Secondary Budget Manager
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

6 CNE sessions at 1.5 hours/piece for \$1900

Project WBS (Work Breakdown Structure)* (?)

6 CNE sessions at 1.5 hours/piece for \$1900

Requester Name

Evans, Danyalle

Submission Date

6/17/2026

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

6/17/2026

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

Sign

Approval Date**Contract Owner Approval**

Approved by

Danyelle Evans

Approval Date

6/23/2026

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/23/2026



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID# *

5736

Contractor Name *

The University of Texas Health Science Center at Houston on behalf the Harris County Psychiatric Center

Service Provided* (?)

Mental Health In-Patient Psychiatric Beds

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

Contract Description / Type

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

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

- ☐ Yes
- ☒ No
- ☐ Unknown

Contract NTE* (?)

\$ 49,610,274.00

Rate(s)/Rate(s) Description

23 ICR beds rate \$782.00 per bed day; 17 PPB beds rate \$720.00 per bed day; 5 DFPS beds rate \$720.00 per bed day; Civil I 110 beds rate \$770.00 per bed day; Civil II 6 extended beds \$782.00 per bed day; Post-discharge medication reimbursement: \$283,088; 16 County beds: \$700 per bed day

Unit(s) Served*

2221, 2186, 2252, 0000

G/L Code(s)*

543069, 543002, 543076, 126006

Current Fiscal Year Purchase Order Number*

DFPS: CT145554, Competency: CT145578, Post Med Reimbursement: CT145579

Contract Requestor*

Debbie Shelby

Contract Owner*

Lance Britt

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

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

☐ Yes ☒ No

Were Services delivered as specified in the contract?*

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

Renewal Determination

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

☒ Yes ☐ No

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

Required by Performance Contract - Year 2 of contract

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

☐ Yes ☐ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2221	\$ 654,890.00	543069

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

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

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

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

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

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

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

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

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

Provide Rate and Rate Descriptions if applicable * (?)

NA

Project WBS (Work Breakdown Structure) * (?)

NA

Fiscal Year* (?)

2027

Amount* (?)

\$ 49,610,274.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State Grant

Contract Content Changes

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

☐ Yes ☒ No

Will the scope of the Services change? *

☐ Yes ☒ No

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

☐ Yes ☒ No

Are there any changes in the Performance Targets? *

☐ Yes ☒ No

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

☐ Yes ☒ No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)

Approved by

Janae Lynnette Smith

Approved by

Janae Lynnette Smith

Contract Owner Approval

Approved by

Lance Britt

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/8/2026



Executive Contract Summary

Contract Section

Contractor*

University of Texas Health Science Center Houston for Behavioral Emergency and Addiction Research (CBEAR).

Contract ID #*

NA

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

6/22/2026

Parties* (?)

The Harris Center and the Texas Integrated Community Opioid Network (Texas ICON), a program of the UTHHealth Houston Center for Behavioral Emergency and Addiction Research (CBEAR).

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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

- ☐ Yes ☒ No

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

- ☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

Funding Information*

- ☒ New Contract ☐ Amendment

Contract Term Start Date* (?)

6/22/2026

Contract Term End Date* (?)

6/22/2027

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 UT Health Houston Center for Behavioral Emergency and Addiction Research (CBEAR) to partner with the SUDOP to provide outreach/engagement and treatment services to those who use and abuse substances in Harris County that will assist in maintaining their retention in recovery.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

☒ Yes
 ☐ No
 ☐ Unknown

Please add previous contract dates and what services were provided*

7/1/25 - 6/30/26

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

☐ Yes
 ☐ No
 ☒ Unknown

Community Partnership* (?)

☒ Yes
 ☐ No
 ☐ Unknown

Specify Name*

UTHealth Houston's Sponsored Projects Administration

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

UTHealth Houston's Sponsored Projects Administration
office

Address*

Street Address

7000 Fannin

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77008

Country

US

Phone Number*

713-500-3624; 713-416--7708

Email*

Meredith.m.oneal@uth.tmc.edu

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

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

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Sesay, Omar

Submission Date

6/22/2026

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

6/22/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kapoor, Vinay

Approval Date

6/23/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/23/2026

EXHIBIT F-6

Courier Services – Mail and Pharmaceuticals RFP Project# FY26-0372

Presented by: Stanley Adams, MBA
Chief Financial Officer



Request For Proposal – Evaluation Criteria

Evaluation Category	Relative Weight
Overall Program Concept	25%
Past Performance	25%
Financial Condition	10%
Personnel/Qualifications	10%
References	10%
Price and Overall Cost	20%
TOTAL	100%

Request for Proposal – Proposal Evaluation Scores

Evaluation Team	Vendor #1	Vendor #2	Vendor #3	Vendor #4	Vendor #5	Vendor #6	Vendor #7	Vendor #8
Evaluator 1	86	88	67	67	61	52	50	48
Evaluator 2	81	71	84	89	60	67	73	80
Evaluator 3	86	91	80	60	73	67	60	60
Evaluator 4	82	82	61	52	39	45	87	45
Evaluator 5	89	78	84	89	69	65	75	74
Average Evaluation Score	84.8	82	75.2	71.4	60.4	59.2	69	61.4

The total possible score is 100 points.

Request for Proposal – Proposal Evaluation Scores

Evaluation Team	Vendor #9	Vendor #10	Vendor #11	Vendor #12	Vendor #13	Vendor #14	Vendor #15	Vendor #16
Evaluator 1	42	38	38	36	34	32	28	16
Evaluator 2	60	65	72	71	44	78	77	45
Evaluator 3	60	40	64	40	40	40	40	40
Evaluator 4	43	43	38	50	48	67	44	22
Evaluator 5	60	67	55	65	51	71	70	40
Average Evaluation Score	53	50.6	53.4	52.4	43.4	57.6	51.8	32.6

The total possible score is 100 points.

Pricing for Top Three Vendors over a 5 Year Period

	Vendor #1	Vendor #2	Vendor #3
NTE for 5 Years	\$460,833.01	\$354,660.96*	\$803,808.40

*Price does not include a fuel surcharge.

Vendor #1 RFP – Pricing

Courier Services Breakdown		Initial Period 9/01/2026 to 8/31/2027	Optional Year #1 9/1/2027 to 8/31/2028	Optional Year #2 9/1/2028 to 8/31/2029	Optional Year #3 9/1/2029 to 8/31/2030	Optional Year #4 9/1/2030 to 8/31/2031
Annual Cost for Mail Only		\$82,250.00	\$84,717.50	\$87,259.03	\$89,876.80	\$92,573.10
Annual Cost for Pharmaceuticals Only		\$4,550.00	\$4,686.50	\$4,827.10	\$4,971.91	\$5,121.07
Total Annual Cost for Mail and Pharmaceutical Services		\$86,800.00	\$89,404.00	\$92,086.13	\$94,848.71	\$97,694.17

Vendor #2 RFP – Pricing

Courier Services Breakdown		Initial Period 9/01/2026 to 8/31/2027	Optional Year #1 9/1/2027 to 8/31/2028	Optional Year #2 9/1/2028 to 8/31/2029	Optional Year #3 9/1/2029 to 8/31/2030	Optional Year #4 9/1/2030 to 8/31/2031
Annual Cost for Mail Only		\$54,756.00	\$54,756.00	\$56,946.24	\$59,224.09	\$61,593.05
Annual Cost for Pharmaceuticals Only		\$12,844.00	\$12,844.00	\$13,357.76	\$13,892.07	\$14,447.75
Total Annual Cost for Mail and Pharmaceutical Services		\$67,600.00	\$67,600.00	\$70,304.00	\$73,116.16	\$76,040.80

Vendor #3 RFP – Pricing

Courier Services Breakdown		Initial Period 9/01/2026 to 8/31/2027	Optional Year #1 9/1/2027 to 8/31/2028	Optional Year #2 9/1/2028 to 8/31/2029	Optional Year #3 9/1/2029 to 8/31/2030	Optional Year #4 9/1/2030 to 8/31/2031
Annual Cost for Mail Only		\$82,279.60	\$82,279.60	\$82,279.60	\$79,115.00	\$75,950.40
Annual Cost for Pharmaceuticals Only		\$82,279.60	\$82,279.60	\$82,279.60	\$79,115.00	\$75,950.40
Total Annual Cost for Mail and Pharmaceutical Services		\$164,559.20	\$164,559.20	\$164,559.20	\$158,230.00	\$151,900.80

Vendor #4 RFP – Pricing

Courier Services Breakdown		Initial Period 9/01/2026 to 8/31/2027	Optional Year #1 9/1/2027 to 8/31/2028	Optional Year #2 9/1/2028 to 8/31/2029	Optional Year #3 9/1/2029 to 8/31/2030	Optional Year #4 9/1/2030 to 8/31/2031
Annual Cost for Mail Only		\$114,840.00	\$121,800.00	\$128,760.00	\$135,720.00	\$139,200.00
Annual Cost for Pharmaceuticals Only		\$47,520.00	\$50,400.00	\$53,280.00	\$56,160.00	\$57,600.00
Total Annual Cost for Mail and Pharmaceutical Services		\$162,360.00	\$172,200.00	\$182,040.00	\$191,880.00	\$196,800.00

Vendor #5 RFP – Pricing

Courier Services Breakdown		Initial Period 9/01/2026 to 8/31/2027	Optional Year #1 9/1/2027 to 8/31/2028	Optional Year #2 9/1/2028 to 8/31/2029	Optional Year #3 9/1/2029 to 8/31/2030	Optional Year #4 9/1/2030 to 8/31/2031
Annual Cost for Mail Only		\$159,126.00	TBD	TBD	TBD	TBD
Annual Cost for Pharmaceuticals Only		\$33,566.00	TBD	TBD	TBD	TBD
Total Annual Cost for Mail and Pharmaceutical Services		\$192,692.00	\$0.00	\$0.00	\$0.00	\$0.00

DISCLAIMER: The pricing referenced herein reflects good-faith estimates derived from information provided by The Harris Center, which may be inaccurate or incomplete. Final pricing is subject to change upon mutual negotiation and verification of applicable assumptions, scope, and requirements.

Vendor #6 RFP – Pricing

Courier Services Breakdown		Initial Period 9/01/2026 to 8/31/2027	Optional Year #1 9/1/2027 to 8/31/2028	Optional Year #2 9/1/2028 to 8/31/2029	Optional Year #3 9/1/2029 to 8/31/2030	Optional Year #4 9/1/2030 to 8/31/2031
Annual Cost for Mail Only		\$63,000.00	\$64,890.00	\$66,837.00	\$69,900.00	\$73,800.00
Annual Cost for Pharmaceuticals Only		\$147,000.00	\$151,410.00	\$155,952.00	\$165,631.00	\$177,241.00
Total Annual Cost for Mail and Pharmaceutical Services		\$210,000.00	\$216,300.00	\$222,789.00	\$235,531.00	\$251,041.00

Vendor #7 RFP – Pricing

Courier Services Breakdown		Initial Period 9/01/2026 to 8/31/2027	Optional Year #1 9/1/2027 to 8/31/2028	Optional Year #2 9/1/2028 to 8/31/2029	Optional Year #3 9/1/2029 to 8/31/2030	Optional Year #4 9/1/2030 to 8/31/2031
Annual Cost for Mail Only		\$78,000.00	\$78,000.00	\$78,000.00	\$78,000.00	\$78,000.00
Annual Cost for Pharmaceuticals Only		\$78,000.00	\$78,000.00	\$78,000.00	\$78,000.00	\$78,000.00
Total Annual Cost for Mail and Pharmaceutical Services		\$156,000.00	\$156,000.00	\$156,000.00	\$156,000.00	\$156,000.00

Vendor #8 RFP – Pricing

Courier Services Breakdown		Initial Period 9/01/2026 to 8/31/2027	Optional Year #1 9/1/2027 to 8/31/2028	Optional Year #2 9/1/2028 to 8/31/2029	Optional Year #3 9/1/2029 to 8/31/2030	Optional Year #4 9/1/2030 to 8/31/2031
Annual Cost for Mail Only		\$175,000.00	\$175,000.00	\$180,000.00	\$180,000.00	\$185,000.00
Annual Cost for Pharmaceuticals Only		\$175,000.00	\$175,000.00	\$180,000.00	\$180,000.00	\$185,000.00
Total Annual Cost for Mail and Pharmaceutical Services		\$350,000.00	\$350,000.00	\$360,000.00	\$360,000.00	\$370,000.00

Vendor #9 RFP – Pricing

Courier Services Breakdown		Initial Period 9/01/2026 to 8/31/2027	Optional Year #1 9/1/2027 to 8/31/2028	Optional Year #2 9/1/2028 to 8/31/2029	Optional Year #3 9/1/2029 to 8/31/2030	Optional Year #4 9/1/2030 to 8/31/2031
Annual Cost for Mail Only		\$162,525.00	\$167,400.75	\$172,422.77	\$177,595.45	\$182,923.32
Annual Cost for Pharmaceuticals Only		\$162,525.00	\$167,400.75	\$172,422.77	\$177,595.45	\$182,923.32
Total Annual Cost for Mail and Pharmaceutical Services		\$325,050.00	\$334,801.50	\$344,845.54	\$355,190.90	\$365,846.64

Vendor #10 RFP – Pricing

Courier Services Breakdown		Initial Period 9/01/2026 to 8/31/2027	Optional Year #1 9/1/2027 to 8/31/2028	Optional Year #2 9/1/2028 to 8/31/2029	Optional Year #3 9/1/2029 to 8/31/2030	Optional Year #4 9/1/2030 to 8/31/2031
Annual Cost for Mail Only		\$130,000.00	\$133,900.00	\$137,917.00	\$142,055.00	\$146,317.00
Annual Cost for Pharmaceuticals Only		\$137,280.00	\$141,398.00	\$145,640.00	\$150,009.00	\$154,509.00
Total Annual Cost for Mail and Pharmaceutical Services		\$267,280.00	\$275,298.00	\$283,557.00	\$292,064.00	\$300,826.00

Vendor #11 RFP – Pricing

Courier Services Breakdown		Initial Period 9/01/2026 to 8/31/2027	Optional Year #1 9/1/2027 to 8/31/2028	Optional Year #2 9/1/2028 to 8/31/2029	Optional Year #3 9/1/2029 to 8/31/2030	Optional Year #4 9/1/2030 to 8/31/2031
Annual Cost for Mail Only		\$247,000.00	\$254,410.00	\$262,042.30	\$269,903.57	\$278,000.68
Annual Cost for Pharmaceuticals Only		\$106,080.00	\$109,262.40	\$112,540.27	\$115,916.48	\$119,393.97
Total Annual Cost for Mail and Pharmaceutical Services		\$353,080.00	\$363,672.40	\$374,582.57	\$385,820.05	\$397,394.65

Vendor #12 RFP – Pricing

Courier Services Breakdown		Initial Period 9/01/2026 to 8/31/2027	Optional Year #1 9/1/2027 to 8/31/2028	Optional Year #2 9/1/2028 to 8/31/2029	Optional Year #3 9/1/2029 to 8/31/2030	Optional Year #4 9/1/2030 to 8/31/2031
Annual Cost for Mail Only		\$116,000.00	\$119,480.00	\$123,065.00	\$126,756.50	\$130,559.50
Annual Cost for Pharmaceuticals Only		\$166,000.00	\$170,980.00	\$176,109.00	\$181,392.50	\$186,834.50
Total Annual Cost for Mail and Pharmaceutical Services		\$282,000.00	\$290,460.00	\$299,174.00	\$308,149.00	\$317,394.00

Vendor #13 RFP – Pricing

Courier Services Breakdown		Initial Period 9/01/2026 to 8/31/2027	Optional Year #1 9/1/2027 to 8/31/2028	Optional Year #2 9/1/2028 to 8/31/2029	Optional Year #3 9/1/2029 to 8/31/2030	Optional Year #4 9/1/2030 to 8/31/2031
Annual Cost for Mail Only		\$96,720.00	\$96,720.00	\$101,556.00	\$101,556.00	\$106,633.80
Annual Cost for Pharmaceuticals Only		\$57,200.00	\$57,200.00	\$60,060.00	\$60,060.00	\$63,063.00
Total Annual Cost for Mail and Pharmaceutical Services		\$153,920.00	\$153,920.00	\$161,616.00	\$161,616.00	\$169,696.80

Vendor #14 RFP – Pricing

Courier Services Breakdown		Initial Period 9/01/2026 to 8/31/2027	Optional Year #1 9/1/2027 to 8/31/2028	Optional Year #2 9/1/2028 to 8/31/2029	Optional Year #3 9/1/2029 to 8/31/2030	Optional Year #4 9/1/2030 to 8/31/2031
Annual Cost for Mail Only		\$151,200.00	\$166,320.00	\$182,952.00	\$201,247.00	\$221,372.00
Annual Cost for Pharmaceuticals Only		\$151,200.00	\$166,320.00	\$182,952.00	\$201,247.00	\$221,372.00
Total Annual Cost for Mail and Pharmaceutical Services		\$302,400.00	\$332,640.00	\$365,904.00	\$402,494.00	\$442,744.00

Vendor #15 RFP – Pricing

Courier Services Breakdown		Initial Period 9/01/2026 to 8/31/2027	Optional Year #1 9/1/2027 to 8/31/2028	Optional Year #2 9/1/2028 to 8/31/2029	Optional Year #3 9/1/2029 to 8/31/2030	Optional Year #4 9/1/2030 to 8/31/2031
Annual Cost for Mail Only		\$518,000.00	\$533,540.00	\$549,546.00	\$566,032.00	\$583,013.00
Annual Cost for Pharmaceuticals Only		\$450,000.00	\$463,500.00	\$477,405.00	\$491,727.00	\$506,479.00
Total Annual Cost for Mail and Pharmaceutical Services		\$968,000.00	\$997,040.00	\$1,026,951.00	\$1,057,759.00	\$1,089,492.00

Vendor #16 RFP – Pricing

Courier Services Breakdown		Initial Period 9/01/2026 to 8/31/2027	Optional Year #1 9/1/2027 to 8/31/2028	Optional Year #2 9/1/2028 to 8/31/2029	Optional Year #3 9/1/2029 to 8/31/2030	Optional Year #4 9/1/2030 to 8/31/2031
Annual Cost for Mail Only		\$2,500,000.00	\$2,650,000.00	\$2,800,000.00	\$3,000,000.00	\$3,200,000.00
Annual Cost for Pharmaceuticals Only		\$3,000,000.00	\$3,370,000.00	\$3,976,546.00	\$4,044,643.00	\$4,804,353.00
Total Annual Cost for Mail and Pharmaceutical Services		\$5,500,000.00	\$6,020,000.00	\$6,776,546.00	\$7,044,643.00	\$8,004,353.00

Award Recommendation



**Award Recommendation
Courier Services – Mail and Pharmaceuticals RFP
Project# FY26-0372**

The Request for Proposal opened for Courier Services – Mail and Pharmaceuticals on, May 6, 2026, at 11:00 A.M.

The Project Team consisted of the following members: James Blunt, Buyer II, Sharon Brauner, Purchasing Manager, Sean McFarland, Team Lead Administrative Services, Holly Cumbe, Sr. Director Pharmacy Programs, Teri Garland, Pharmacy Operations Coordinator, Benjamin Mendez, Director Facility Services, and Mustafa Cochinwala, Chief Information Officer.

Three hundred and forty-two (342) vendors were identified in this area of interest by our procurement software, Bonfire. Thirty-nine (39) vendors were identified from buyer research, and the previous vendor list was also contacted. The specifications were posted on four (4) local newspapers, The Harris Center’s website, the State of Texas Electronic State Business Daily website, Women’s Business Enterprise Alliance (WBEA), Houston Minority Supplier Development Council (HMSDC), and Houston Business Journal.

Sixteen (16) responses received and zero (0) did not participate. Sixteen (16) responses were deemed responsive and evaluated by the project team.

Recommended Vendor:

Lab Logistics, a BioTouch Company

The team members rated each response using a qualitative approach. After weighing all categories, it was determined that Lab Logistics has a good understanding of what is needed by the Agency. Their tracking and ordering systems is a good value and pricing was favorable. The vendor has a strong presence across multiple jurisdictions which indicates that they have a high long-term viability.

The initial contract period is anticipated to begin upon the award of contract for one (1) base year with four (4) optional annual renewals at the sole discretion of The HARRIS CENTER based upon satisfactory performance and annual budget appropriations, which will be reviewed on an annual basis.

The total NTE (Not to Exceed) for five (5) years is \$460,832.98 to be funded annually subject to availability of the budget each year. Forecast for each year is:

- FY27: Services \$86,800.00
- FY28: Services \$89,404.00
- FY29: Services \$92,086.12
- FY30: Services \$94,848.70
- FY31: Services \$97,694.16

The Funding Source is Unit# 1107, GL# 577000.

Submitted By:

Digitally signed by James Blunt 6/12/2026
James Blunt, C.P.M.
Buyer II

Recommended By:

Digitally signed by Sharon Brauner 6/12/2026
Sharon Brauner, C.P.M., A.P.P.
Purchasing Manager
Digitally signed by Stanley Adams 6/15/2026
Stanley Adams, MBA
Chief Financial Officer

EXHIBIT F-7

COMPLIANCE DEPARTMENT

FY 2027 Workplan

The FY 2027 Compliance Work Plan is designed to strengthen organizational readiness, reduce regulatory risk, and ensure alignment with HHSC Performance Contract requirements, Texas Administrative Code, and OIG audit priorities for both the LMHA and LIDDA. The schedule emphasizes documentation integrity, billing accuracy, compliance with service coordination requirements, and the timely implementation of corrective actions across all divisions. The schedule will be structured into four quarters, each containing a balanced mix of self-monitoring, comprehensive reviews, billing/coding audits, focus reviews, and follow-up assessments. This approach ensures continuous oversight and early identification of systemic risks.



COMPLIANCE DEPARTMENT

Strategic Priorities for FY 2027

1. Strengthening Documentation Integrity
2. Enhancing Billing and Coding Accuracy
3. Ensuring Service Coordination Compliance
4. Crisis Services Performance & Follow-up
5. Improving Organizational Accountability Through Self-Monitoring
6. Ensuring Compliance with Consents, Policy Acknowledgments, and Training Requirements



Thank you.

EXHIBIT F-8

COMPLIANCE DEPARTMENT

FY 2027 tentative Audit Schedule

NOTE ON SURVEY SCHEDULE:

This survey schedule is outlined by quarter. The Compliance department may adjust the timing of audits forward or backward based on the needs of the agency. Additional focus reviews or comprehensive reviews may also be added as needed. These additional reviews could be in response to external audit results, new or revised contracts, or upcoming preparation for external audits.

****Reviews identified with two asterisks will include a billing/coding component.**



COMPLIANCE DEPARTMENT

Qtr. 1 FY 2027 Audit Schedule



QUARTER 1

COMPLIANCE AUDIT TYPE	DIVISION	PROGRAM	AUDIT OBJECTIVE	QUARTER
Self Monitoring	All	CPEP, Forensics, Mental Health, IDD	To determine whether programs are conducting regular self monitoring reviews to identify deficiencies and are completing corrective action plans timely.	1
Comprehensive	CPEP	Crisis Intervention Response Team	To determine whether program documentation is in line with applicable rules and guidelines. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	1
Comprehensive	Mental Health	Optum Integrated Care	To determine whether program documentation is in line with applicable rules and guidelines. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	1
Comprehensive	MH	New Start	To determine whether program documentation is in line with applicable rules and guidelines. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	1
Comprehensive**	IDD	Community First Choice	To determine whether program documentation is in line with applicable rules and guidelines. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	1
Comprehensive and Follow Up	Forensics	Texas Correctional Office on Offenders with Medical or Mental Impairments	To determine whether program documentation is in line with applicable rules and guidelines, and to determine if the program is compliant with their corrective action plan and/or plan of improvement. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	1
Billing and Coding	MH AMH	Telehealth and Modifier Compliance Audit	To ensure all virtual services meet state specific Medicaid telehealth regulations, including the correct utilization of modifiers and place of service codes while maintaining documentation of client consent and platform modality	1
Billing and Coding	MH AM	Medical Necessity and Treatment Plan Alignment	To confirm that billed behavioral health services are supported by a valid, active treatment plan signed by and authorized LPHA, and that progress notes document clinical interventions directly tied to the client's established goals.	1

QUARTER 1

COMPLIANCE AUDIT TYPE	DIVISION	PROGRAM	AUDIT OBJECTIVE	QUARTER
Self Monitoring	All	CPEP, Forensics, Mental Health, IDD	To determine whether programs are conducting regular self monitoring reviews to identify deficiencies and are completing corrective action plans timely.	1
Follow-up	CPEP	Crisis Residential Units	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	1
Follow Up	MH	YES Waiver	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	1
Follow Up	Forensics	TRIAD	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	1
Follow Up	CPEP	PATH	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	1
Focus	IDD	Permanency Planning	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	1
Billing and Coding	All	Time Based Psychotherapy audit	To verify that all billed psychotherapy claims accurately reflect the actual face-to face time spent with the client and contain no overlapping or concurrent billing errors.	1
Billing and Coding	All	Medicaid Review	To determine whether Medicaid claims were billed in accordance with Medicaid regulations	1

QUARTER 1

COMPLIANCE AUDIT TYPE	DIVISION	PROGRAM	AUDIT OBJECTIVE	QUARTER
Self Monitoring	All	CPEP, Forensics, Mental Health, IDD	To determine whether programs are conducting regular self monitoring reviews to identify deficiencies and are completing corrective action plans timely.	1
Follow Up	CPEP	PEERS for Hope House	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	1
Comprehensive	CPEP	Jail Diversion Aftercare	To determine whether program documentation is in line with applicable rules and guidelines. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	1
Follow Up**	MH	Adult Mental Health (All locations)	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	1
Follow Up	Forensics	Peer Support and Re-Entry Services	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	1
Focus	IDD	Permanency Planning	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	1
Focus	All	Consents	To determine if client consents and authorizations are completed and signed in accordance with agency policy.	1
Billing and Coding	ALL	Group Therapy and Case Management Audit	To validate that group therapy and case management services feature strictly individualized documentation, adhere to regulatory group size ratios and exclude non-billable administrative activities.	1

COMPLIANCE DEPARTMENT

Qtr. 2 FY 2027 Audit Schedule



QUARTER 2

COMPLIANCE AUDIT TYPE	DIVISION	PROGRAM	AUDIT OBJECTIVE	QUARTER
Self Monitoring	All	CPEP, Forensics, Mental Health, IDD	To determine whether programs are conducting regular self monitoring reviews to identify deficiencies and are completing corrective action plans timely.	2
Comprehensive	CPEP	Clinician Officer Remote Evaluation	To determine whether program documentation is in line with applicable rules and guidelines. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	2
Comprehensive	Mental Health	SMART Innovation	To determine whether program documentation is in line with applicable rules and guidelines. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	2
Comprehensive**	IDD	Home and Community-based Services	To determine whether program documentation is in line with applicable rules and guidelines. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	2
Comprehensive	Forensics	Jail Clinical Services	To determine whether program documentation is in line with applicable rules and guidelines. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	2
Focus	IDD	Permanency Planning	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	2
Billing and Coding	All	Peer Support Services	To verify that peer support services are rendered by certified individuals and focus strictly on recovery-oriented coaching rather than standard case-management	2

QUARTER 2

COMPLIANCE AUDIT TYPE	DIVISION	PROGRAM	AUDIT OBJECTIVE	QUARTER
Self Monitoring	All	CPEP, Forensics, Mental Health, IDD	To determine whether programs are conducting regular self monitoring reviews to identify deficiencies and are completing corrective action plans timely.	2
Follow Up	CPEP	Jail Diversion	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	2
Follow Up**	MH	Assertive Community Treatment	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	2
Comprehensive**	IDD	Preadmission Screening and Resident Review	To determine whether program documentation is in line with applicable rules and guidelines. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	2
Follow Up	Forensics	Transition Services	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	2
Focus	IDD	Permanency Planning	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	2
Focus	All	Policy Acknowledgements	To determine if client consents and authorizations are completed and signed in accordance with agency policy.	2
Billing and Coding	ECI	Telehealth and Modifier Compliance Audit	To ensure all virtual services meet state specific Medicaid telehealth regulations, including the correct utilization of modifiers and place of service codes while maintaining documentation of client consent and platform modality	2

QUARTER 2

COMPLIANCE AUDIT TYPE	DIVISION	PROGRAM	AUDIT OBJECTIVE	QUARTER
Self Monitoring	All	CPEP, Forensics, Mental Health, IDD	To determine whether programs are conducting regular self monitoring reviews to identify deficiencies and are completing corrective action plans timely.	2
Follow Up	CPEP	Jail Re-Entry	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	2
Follow Up	MH	Early Onset Psychosis Program	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	2
Follow Up	Forensics	Forensic Single Portal Program	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	2
Focus	IDD	Permanency Planning	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	2
Focus	Agency	ANSA/CANS Certifications	To determine staff compliance with maintain ANSA/CANS certification.	2
Billing and Coding	MH	Co-Occurring Psychiatric and Substance Use Disorders (COPSD)	To validate the integrated mental Health and substance use claims are supported by dual diagnoses and features distinct clinical interventions.	2
Billing and Coding	All	Medicaid Review	To determine whether Medicaid claims were billed in accordance with Medicaid regulations	2

COMPLIANCE DEPARTMENT

Qtr. 3 FY 2027 Audit Schedule



QUARTER 3

COMPLIANCE AUDIT TYPE	DIVISION	PROGRAM	AUDIT OBJECTIVE	QUARTER
Self Monitoring	All	CPEP, Forensics, Mental Health, IDD	To determine whether programs are conducting regular self monitoring reviews to identify deficiencies and are completing corrective action plans timely.	3
Comprehensive	CPEP	Chronic Consumer Assistance Program	To determine whether program documentation is in line with applicable rules and guidelines. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	3
Comprehensive**	Mental Health	Integrated Care	To determine whether program documentation is in line with applicable rules and guidelines. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	3
Comprehensive	IDD	Texas Home Living	To determine whether program documentation is in line with applicable rules and guidelines. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	3
Comprehensive	Forensics	Community Assistance and Resource Program	To determine whether program documentation is in line with applicable rules and guidelines. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	3
Focus	IDD	Permanency Planning	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	3
Billing and Coding	To be determined	Medicaid Review	To determine whether Medicaid claims were billed in accordance with Medicaid regulations	3
Focus	Agency	Mental Health First Aid	To determine the efficacy of The Harris Center's oversight and delivery of Mental Health First Aid Training.	3
Comprehensive	Forensics	TCOOMMI Jr.	To determine whether program documentation is in line with applicable rules and guidelines. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	3

QUARTER 3

COMPLIANCE AUDIT TYPE	DIVISION	PROGRAM	AUDIT OBJECTIVE	QUARTER
Self Monitoring	All	CPEP, Forensics, Mental Health, IDD	To determine whether programs are conducting regular self monitoring reviews to identify deficiencies and are completing corrective action plans timely.	3
Follow Up	CPEP	Mobile Crisis Outreach Team	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	3
Follow Up	MH	Assisted Outpatient Treatment	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	3
Follow Up	Forensics	Jail-based Competency and Restoration	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	3
Billing and Coding	IDD	Minimum Time Requirements	To determine whether billed services meet minimum time requirements.	3
Focus	All	Incident Reporting	Review whether critical incidents (restraints, grievances, medical emergencies) were reported, documented, and followed up on according to policy.	3
Focus	IDD	Permanency Planning	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	3
Billing and Coding	MH CAS	Telehealth and Modifier Compliance Audit	To ensure all virtual services meet state specific Medicaid telehealth regulations, including the correct utilization of modifiers and place of service codes while maintaining documentation of client consent and platform modality	3
Billing and Coding	MH CAS	Medical Necessity and Treatment Plan Alignment	To confirm that billed behavioral health services are supported by a valid, active treatment plan signed by and authorized LPHA, and that progress notes document clinical interventions directly tied to the client's established goals.	3

QUARTER 3

COMPLIANCE AUDIT TYPE	DIVISION	PROGRAM	AUDIT OBJECTIVE	QUARTER
Self Monitoring	All	CPEP, Forensics, Mental Health, IDD	To determine whether programs are conducting regular self monitoring reviews to identify deficiencies and are completing corrective action plans timely.	3
Follow Up	CPEP	Hospital to Home	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	3
Comprehensive	MH	Continuity of Care	To determine whether program documentation is in line with applicable rules and guidelines. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	3
Follow Up	Forensics	Jail-based Competency and Sanity	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	3
Billing and Coding	MH	Telehealth Services	To evaluate telehealth service documentation as part of a follow-up to a previous audit.	3
Focus	IDD	Permanency Planning	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	3
Follow Up	All	Consent Documentation	To determine if client consents and authorizations are completed and signed in accordance with agency policy.	3
Billing and Coding	CPEP	Group Therapy and Case Management Audit	To validate that group therapy and case management services feature strictly individualized documentation, adhere to regulatory group size ratios and exclude non-billable administrative activities.	3

COMPLIANCE DEPARTMENT

Qtr. 4 FY 2027 Audit Schedule



QUARTER 4

COMPLIANCE AUDIT TYPE	DIVISION	PROGRAM	AUDIT OBJECTIVE	QUARTER
Self Monitoring	All	CPEP, Forensics, Mental Health, IDD	To determine whether programs are conducting regular self monitoring reviews to identify deficiencies and are completing corrective action plans timely.	4
Follow Up	Open	Open Follow Up based on previous audit	To determine if the program is compliant with their corrective action plan and/or plan of improvement	4
Follow Up	Open	Open Follow Up based on previous audit	To determine if the program is compliant with their corrective action plan and/or plan of improvement	4
Follow Up	Open	Open Follow Up based on previous audit	To determine if the program is compliant with their corrective action plan and/or plan of improvement	4
Follow Up	Open	Open Follow Up based on previous audit	To determine if the program is compliant with their corrective action plan and/or plan of improvement	4
Focus	IDD	Permanency Planning	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	4
Follow Up	Open	Open Follow Up based on previous audit	To determine if the program is compliant with their corrective action plan and/or plan of improvement	4

QUARTER 4

COMPLIANCE AUDIT TYPE	DIVISION	PROGRAM	AUDIT OBJECTIVE	QUARTER
Self Monitoring	All	CPEP, Forensics, Mental Health, IDD	To determine whether programs are conducting regular self monitoring reviews to identify deficiencies and are completing corrective action plans timely.	4
Follow Up	CPEP	Independent Living	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	4
Follow Up	MH	Open Follow Up based on previous audit	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	4
Follow Up	Forensics	Open Follow Up based on previous audit	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	4
Focus	IDD	Permanency Planning	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	4
Follow Up	Open	Open Follow Up based on previous audit	To determine if the program is compliant with their corrective action plan and/or plan of improvement	4
Follow Up	Open	Open Follow Up based on previous audit	To determine if the program is compliant with their corrective action plan and/or plan of improvement	4
Follow Up	Open	Open Follow Up based on previous audit	To determine if the program is compliant with their corrective action plan and/or plan of improvement	4

QUARTER 4

COMPLIANCE AUDIT TYPE	DIVISION	PROGRAM	AUDIT OBJECTIVE	QUARTER
Self Monitoring	All	CPEP, Forensics, Mental Health, IDD	To determine whether programs are conducting regular self monitoring reviews to identify deficiencies and are completing corrective action plans timely.	4
Follow Up	Open	Open Follow Up based on previous audit	To determine if the program is compliant with their corrective action plan and/or plan of improvement	4
Follow Up	Open	Open Follow Up based on previous audit	To determine if the program is compliant with their corrective action plan and/or plan of improvement	4
Follow Up	Open	Open Follow Up based on previous audit	To determine if the program is compliant with their corrective action plan and/or plan of improvement	4
Focus	IDD	Permanency Planning	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	4
Focus	All	Policy Acknowledgements	To determine if staff are compliant with acknowledging required policies and procedures in Policy Stat	4
Follow Up	Open	Open Follow Up based on previous audit	To determine if the program is compliant with their corrective action plan and/or plan of improvement	4
Follow Up	Open	Open Follow Up based on previous audit	To determine if the program is compliant with their corrective action plan and/or plan of improvement	4

Thank you.