

Resource Committee Meeting
September 15, 2026
9:00 am

- I. **DECLARATION OF A QUORUM**
- II. **PUBLIC COMMENTS**
- III. **APPROVAL OF MINUTES**
 - A. Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, August 18, 2026
(EXHIBIT R-1)
- IV. **CONSIDER AND RECOMMEND ACTION**
 - A. FY'26 Year-to-Date Budget Report-August
(EXHIBIT R-2 Stanley Adams)
 - B. September 2026 Interlocal Agreements
(EXHIBIT R-3 Ernest Savoy)
 - C. FY27 Open PO to pay Employee Parking at Texas Medical Center
(EXHIBIT R-4 Stanley Adams)
- V. **EXECUTIVE SESSION-**
 - ***As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.***
 - ***In accordance with Texas Government Code § 551.074 to deliberate the resignation, transition plans and services and recruitment plans for the Chief Financial Officer. Keena Pace, Chief Executive Officer***
- VI. **RECONVENE INTO OPEN SESSION**
- VII. **CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION**
- VIII. **INFORMATION ONLY**
 - A. September 2026 New Contracts 100K-250K
(EXHIBIT R-5)
 - B. September 2026 Contracts Amendments 100K-250K
(EXHIBIT R-6)
 - C. September 2026 New Contract Under 100K
(EXHIBIT R-7)
 - D. September 2026 Contract Renewals Under 100K
(EXHIBIT R-8)
 - E. September 2026 Contract Amendments Under 100K

(EXHIBIT R-9)

F. September 2026 Affiliation Agreement, Grants, MOU's and
Revenues Information Only

(EXHIBIT R-10)

G. Revenue Management Metrics

(EXHIBIT R-11)

IX. ADJOURN

Veronica Franco

Veronica Franco, Board Liaison

Gerald Womack, Chairman

Resource Committee

THE HARRIS CENTER for Mental Health and IDD

Board of Trustees

EXHIBIT R-1

**BOARD OF TRUSTEES
THE HARRIS CENTER *for*
MENTAL HEALTH AND IDD
RESOURCE COMMITTEE MEETING
TUESDAY, AUGUST 18, 2026
MINUTES**

Mr. Gerald Womack, Chairman, called the meeting to order at 9:11 a.m. in the Room 109, 9401 Southwest Freeway, noting a quorum of the Committee was present.

RECORD OF ATTENDANCE

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

Committee Member Absent:

Other Board Member Present: Dr. J. Lankford, BG (Ret) E. Grantham, Dr. K. Bacon

1. CALL TO ORDER

Mr. G. Womack called the Resource Committee meeting to order at 9:13 am.

2. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

Mr. G. Womack designated Dr. J. Lankford, BG (Ret) E. Grantham and Dr. K. Bacon as voting members of the committee.

3. DECLARATION OF QUORUM

Mr. G. Womack declared a quorum was present.

4. PUBLIC COMMENTS

There were no public comments.

5. MINUTES

Approve Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday July 21, 2026.

MOTION: GEARING SECOND: LYKES

With unanimous affirmative votes,

BE IT RESOLVED that the Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, July 21, 2026, as presented under Exhibit R-1, are approved and recommended to the Full Board.

6. CONSIDER AND RECOMMEND ACTION

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

MOTION: GRANTHAM SECOND: LYKES

With unanimous affirmative votes,

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

B. August 2026 Contract Amendments Over 250K

MOTION: GEARING SECOND: GRANTHAM

With unanimous affirmative votes,

BE IT RESOLVED August 2026 Contract Amendments Over 250K, as presented under R-3, are approved and recommended to the Full Board.

C. August 2026 Contract Renewals Over 250K

MOTION: GEARING SECOND: LANKFORD

With unanimous affirmative votes,

BE IT RESOLVED August 2026 Contract Renewals Over 250K, as presented under R-4, are approved and recommended to the Full Board.

D. August 2026 Interlocal Agreements

MOTION: GEARING SECOND: GRANTHAM

With unanimous affirmative votes,

BE IT RESOLVED August 2026 Interlocal Agreements, as presented under R-5, are approved and recommended to the Full Board.

E. Agency Wide Moving and Storage Services RFP

MOTION: GRANTHAM SECOND: LYKES

With unanimous affirmative votes,

BE IT RESOLVED Agency Wide Moving and Storage Services RFP, as presented under R-6, are approved and recommended to the Full Board.

F. Agency Wide Clinical Laboratory Services RFP

MOTION: GRANTHAM SECOND: GEARING

With unanimous affirmative votes,

BE IT RESOLVED Agency Wide Clinical Laboratory Services RFP, as presented under R-7, are approved and recommended to the Full Board.

7. EXECUTIVE SESSION

8. RECOVENE INTO OPEN SESSION

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

10. ADJOURN

MOTION: GEARING

SECOND: LANKFORD

With unanimous affirmative voted and there being no further business, the meeting was adjourned at 10:00 am.

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

DRAFT

EXHIBIT R-2

The Harris Center for Mental Health and IDD

**Results of Financial Operations and Comparison to Original Budget
August 31, 2026**

Fiscal Year 2026

The Harris Center for Mental Health and IDD

Resource Committee

Board of Trustees

The Harris Center for Mental Health and IDD (The Center)

The Report on Results of Financial Operations and Comparison to Original Budget (the Report) submitted herewith was prepared by The Center's Accounting Department.

Responsibility for the accuracy, completeness, and fairness of presentation of the presented data rests with The Center, the Chief Financial Officer and the Accounting department.

We believe the Report, as presented, is materially accurate and is presented in a manner designed to fairly set forth the financial position and results of operations of The Center.

The Center's accounting records for its general fund are maintained on a modified accrual basis of accounting. Under this method, revenues are recognized in the period when they become both measurable and available, and expenditures are recognized when the related fund liability is incurred, if measurable.

The Report submitted herewith was prepared on a budgetary basis which is not in accordance with generally accepted accounting principles nor with financial reporting principles set forth by the Governmental Accounting Standards Board (GASB). The Report has not been audited by an independent auditor.

Stanley Adams

Stanley Adams

Chief Financial Officer

The Harris Center for Mental Health and IDD
Combined - Results of Financial Operations and Comparison to Original Budget
August 31, 2026
Non-GAAP / Budgetary-Basis Reporting
Unaudited - Subject to Change

	For the Month Ended				Fiscal Year to Date			
	Original Budget	Actual	Variance \$	%	Original Budget	Actual	Variance \$	%
Revenues								
State General Revenue	\$ 11,145,628	\$ 10,740,679	\$ (404,949)	-4%	\$ 133,747,536	\$ 133,854,638	\$ 107,102	0%
Harris County and Local	4,683,587	4,468,676	(214,911)	-5%	56,203,044	55,545,770	(657,274)	-1%
Federal Contracts and Grants	4,466,048	3,337,457	(1,128,591)	-25%	53,592,576	49,267,062	(4,325,514)	-8%
State Contract and Grants	1,993,454	1,941,927	(51,527)	-3%	23,921,448	22,136,764	(1,784,684)	-7%
Third Party Billing	3,465,049	3,570,457	105,408	3%	41,580,588	39,755,251	(1,825,337)	-4%
Charity Care Pool	3,590,350	4,045,836	455,486	13%	43,084,200	48,548,882	5,464,682	13%
Directed Payment Programs	450,000	361,988	(88,012)	-20%	5,400,000	4,915,955	(484,045)	-9%
Patient Assistance Program (PAP)	1,098,200	1,249,740	151,540	14%	13,178,400	16,157,186	2,978,786	23%
Interest Income	277,083	710,456	433,373	156%	3,324,996	3,034,492	(290,504)	-9%
Revenues, total	\$ 31,169,399	\$ 30,427,216	\$ (742,183)	-2%	\$ 374,032,788	\$ 373,216,000	\$ (816,788)	0%
Expenditures								
Salaries and Fringe Benefits	\$ 20,480,600	\$ 20,689,860	\$ (209,260)	-1%	\$ 245,767,200	\$ 250,047,856	\$ (4,280,656)	-2%
Contracts and Consultants	1,260,282	1,052,763	207,519	16%	15,123,384	11,079,767	4,043,617	27%
Contracts and Consultants-HCPC	3,960,586	4,097,800	(137,214)	-3%	47,527,032	48,510,197	(983,165)	-2%
Supplies	354,213	394,368	(40,155)	-11%	4,250,556	4,658,095	(407,539)	-10%
Drugs	2,310,715	2,613,848	(303,133)	-13%	27,728,580	31,935,866	(4,207,286)	-15%
Purchases, Repairs and Maintenance of:								
Equipment	156,054	213,295	(57,241)	-37%	1,872,648	2,174,763	(302,115)	-16%
Building	281,354	307,867	(26,513)	-9%	3,376,248	3,369,449	6,799	0%
Vehicle	90,602	131,167	(40,565)	-45%	1,087,224	1,002,866	84,358	8%
Software	346,270	214,352	131,918	38%	4,155,240	3,241,993	913,247	22%
Telephone and Utilities	318,602	310,073	8,529	3%	3,823,224	3,781,676	41,548	1%
Insurance, Legal and Audit	209,827	362,282	(152,455)	-73%	2,517,924	2,762,395	(244,471)	-10%
Travel & Training	252,185	296,899	(44,714)	-18%	3,026,220	2,857,391	168,829	6%
Dues & Subscriptions	630,342	751,437	(121,095)	-19%	7,564,104	6,484,192	1,079,912	14%
Other Expenditures	371,551	778,738	(407,187)	-110%	4,458,612	6,671,090	(2,212,478)	-50%
Expenditures, total	\$ 31,023,183	\$ 32,214,749	\$ (1,191,566)	-4%	\$ 372,278,196	\$ 378,577,596	\$ (6,299,400)	-2%
Excess (Deficiency) of Operating Revenues over Expenditures	\$ 146,216	\$ (1,787,533)	\$ (1,933,749)		\$ 1,754,592	\$ (5,361,596)	\$ (7,116,188)	
Capital Outlay & Debt Service Activities								
Debt Service	146,216	30,088	116,128		1,754,592	1,784,675	(30,083)	
Capital outlay	-	684,438	(684,438)		-	13,597,926	(13,597,926)	
Other Financing Sources (Uses)								
Revenue Bonds Issued	-	-	-		-	-	-	
Insurance proceeds	-	13,312	13,312		-	187,217	187,217	
Sale of Capital Assets	-	901,749	901,749		-	1,181,564	1,181,564	
Transfers In/Out	-	-	-		-	-	-	
Capital Contributions	-	-	-		-	10,832,482	10,832,482	
Other Financing Sources	-	(470,461)	(470,461)		-	250,165	250,165	
Other Sources (Uses) of Funds, total	\$ (146,216)	\$ (269,926)	\$ (123,710)		\$ (1,754,592)	\$ (2,931,173)	\$ (1,176,581)	
Change in Fund Balance/Net Position	\$ -	\$ (2,057,459)	\$ (2,057,459)		\$ -	\$ (8,292,769)	\$ (8,292,769)	

A

B

C

D

E

F

G

B

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

Results of Financial Operations and Comparison to Original Budget

A Federal Contract and Grants

We continue to monitor the programs with operating deficiencies and have adjusted the FY27 budget accordingly. The impact of these programs in August was \$286K (\$70K CDBG CCHP COVID - 19, \$141K ARPA County YDC, \$20K ARPA County Independent Living, and \$54K THL Waiver). Additionally, the ECI Respite budget exhausted in June resulting in an over \$800K unfavorable impact in August.

B Interest Income

We made an adjustment to reclass \$470K from Unrealized Gain/Loss within **Other Financing Sources** to Interest Income.

C Drugs

Drug expense consistently trended unfavorable to budget throughout the fiscal year, however, revenue from the Pharmacy Patient Assistance Program and the Pharmacy portion of Third Party Billing continues to trend favorably. The PAP variance (\$150K) and Pharmacy Third Party Billing (\$334K) offset August's unfavorable Drugs variance.

D Insurance, Legal and Audit

August included a \$152K payment to Frost for property insurance.

E Other Expenditures

Other Expenditures generally include expenses from our Supportive Housing and Respite Projects as well as security, lab, postage, and other miscellaneous items. The unfavorable variance in August is directly attributable to Respite which is budgeted in Contracts and Consultants (\$170K), Harris County Sheriff's Office for security at Emancipation (\$135K), and pending Pcard expenses that will be appropriately reclassified in a subsequent period (\$41K)

F Capital Outlay

August includes a \$630K invoice to FlintCo for construction at our Northeast Clinic. The Texas Parks and Wildlife award has been fully exhausted, therefore, this most recent invoice will be included in the next bond drawdown.

G Sale of Capital Assets

Amount represents proceeds from the sale of the property at Branard street.

The Harris Center for Mental Health and IDD

Balance Sheet

August 31, 2026

Non-GAAP / Budgetary-Basis Reporting

Unaudited - Subject to Change

	July - 2026	August - 2026	Monthly Change
Assets			
Current Assets			
Cash and Cash Equivalents			
Cash and Petty Cash	\$ 9,312,562	\$ 9,625,305	\$ 312,743
Cash Equivalents	60,757,479	47,625,819	(13,131,660) AA
Cash and Cash Equivalents, total	\$ 70,070,041	\$ 57,251,124	\$ (12,818,917)
Inventories, Deposits & Prepaids	8,498,953	4,792,174	(3,706,779)
Accounts Receivable:			
Patient A/R, Net of Allowance	1,589,850	1,811,737	221,887
A/R from Other Governments - Local	12,642,998	12,317,975	(325,023)
A/R from Other Governments - Federal	11,454,006	11,439,009	(14,997)
A/R from Other Governments - State	5,708,905	4,729,785	(979,120)
Other A/R	982,327	881,459	(100,868)
Current Assets, total	\$ 110,947,080	\$ 93,223,263	\$ (17,723,817)
Restricted Cash and Cash Equivalents	19,973,558	19,973,558	-
Capital Assets:			
Land	21,064,529	21,047,347	(17,182)
Building and Improvements	81,657,701	81,630,556	(27,145)
Right-to-use Assets (Leases & SBITA)	5,265,206	5,265,206	-
Furniture, Equipment and Vehicles	8,202,069	8,202,069	-
Construction in Progress	11,960,561	11,960,561	-
Accumulated Depreciation/Amortization	(41,546,075)	(41,518,930)	27,145
Capital Assets, net total	\$ 86,603,991	\$ 86,586,809	\$ (17,182)
Total Assets	\$ 217,524,629	\$ 199,783,630	\$ (17,740,999)
Liabilities & Fund Balance/Net Position			
Liabilities			
Accounts Payable	\$ 2,228,878	\$ 2,552,808	\$ 323,930
Accrued Liabilities	11,231,606	12,427,100	1,195,494
Unearned Revenues	25,900,391	8,587,101	(17,313,290) BB
Noncurrent Liabilities:			
Due within one year	14,640,369	13,711,603	(928,766)
Due in more than one year	28,961,526	30,370,112	1,408,586
Forgivable Long-Term Obligations	13,627,499	13,627,499	-
Liabilities, total	\$ 96,590,269	\$ 81,276,223	\$ (15,314,046)
Fund Balance/Net Position			
Net Investment in Capital Assets	66,378,211	66,361,029	(17,182)
Restricted for Capital Projects	19,973,558	19,973,558	-
Nonspendable	8,498,953	4,792,174	(3,706,779) CC
Assigned	23,799,443	24,279,262	479,819
Unassigned/Unrestricted	8,519,506	11,394,154	2,874,648
Change in Fund Balance/Net Position	(6,235,310)	(8,292,769)	(2,057,459)
Fund Balance/Net Position, Total	\$ 120,934,360	\$ 118,507,407	\$ (2,426,953)
Total Liabilities & Fund Balance/Net Position	\$ 217,524,629	\$ 199,783,630	\$ (17,740,999)

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

Balance Sheet

AA Cash and Cash Equivalents

Cashflow has been impacted by Emancipation and this year's capital projects.

BB Unearned Revenues

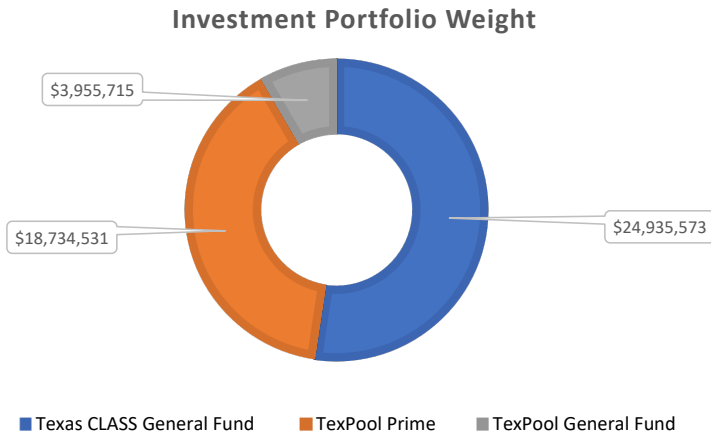
The decrease in Unearned Revenue is consistent with month over month revenue allocations.

CC Nonspendable

Fund balance reclass for nonspendable items including inventory and prepaids.

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

Local Government Investment Pools (LGIPs)	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Balance	Portfolio %	Monthly Yield
<i>Texas CLASS</i>							
Texas CLASS General Fund	24,854,504	\$ -	\$ -	\$ 81,069	\$ 24,935,573	52.36%	3.83%
<i>TexPool</i>							
TexPool Prime	31,959,576	600,000	(13,900,000)	74,955	18,734,531	39.34%	3.82%
TexPool General Fund	3,943,399	-	-	12,317	3,955,715	8.31%	3.68%
<i>TexPool Sub-Total</i>	35,902,974	600,000	(13,900,000)	87,272	22,690,246	47.65%	3.80%
Total Investments	\$ 60,757,479	\$ 600,000	\$ (13,900,000)	\$ 168,341	\$ 47,625,819	100.01%	3.82%
Additional Interest on Checking Accounts				12,596			
Additional Interest on Bond Funds				529,077			
Additional Interest on PROMPT PMT				442			
Total Interest Earned during the current month				<u>\$ 710,455</u>			



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 weeks)	3.62%
Interest Rate - JPMorgan Hybrid Checking	2.25%
Earnings credit rate (ECR) - JPMorgan Hybrid Checking	2.15%

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of August 31, 2026, is in compliance with the provisions of the Public Funds Investment Act (PFIA), Chapter 2256 of the Texas Government Code and the Investment Strategy approved by the Board of Trustees.

Approved:

Stanley Adams
Stanley Adams
CFO

Roxanne Carr
Roxanne Carr
Controller

The Harris Center for Mental Health and IDD
Monthly Report of Financial Transactions
August 31, 2026

Payment of Liabilities for Employee Benefits				
Vendor	Description	Monthly Not-To-Exceed ⁽¹⁾	Aug-26	Fiscal Year to Date Total
Lincoln Financial Group (LFG)	Retirement Funds (401a, 403b, 457)	\$3,650,000	\$2,115,685	\$26,964,163
BCBS/Cigna ⁽²⁾	Health and Dental Insurance	\$3,300,000	\$2,622,019	\$30,863,360
UNUM	Life Insurance	\$310,000	\$260,805	\$2,618,932

Local Government Investment Pool Transfers				
From	To	Date	Amount	Approval
TexPool Prime	JP Morgan Chase	8/6/2026	\$ 7,000,000	CFO
TexPool Prime	JP Morgan Chase	8/19/2026	\$ 6,900,000	CFO
JP Morgan Chase	TexPool Prime	8/26/2026	\$ 600,000	CFO

Notes:

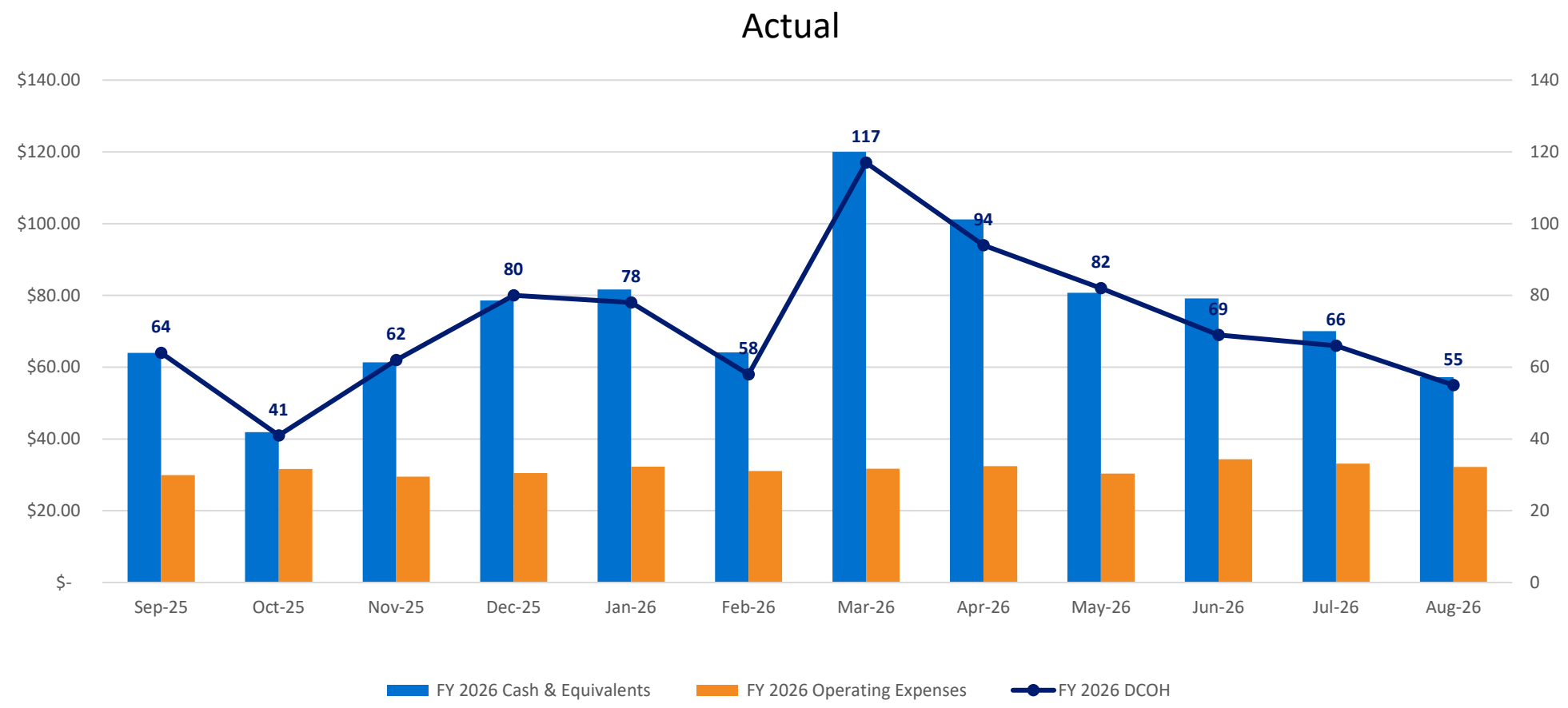
⁽¹⁾ As established by the Board Resolution approved October 28, 2025: Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items effective September 1, 2025.

⁽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 – AUGUST 2026

Days-Cash-On-Hand (DCOH)– as of 08/31/2026

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

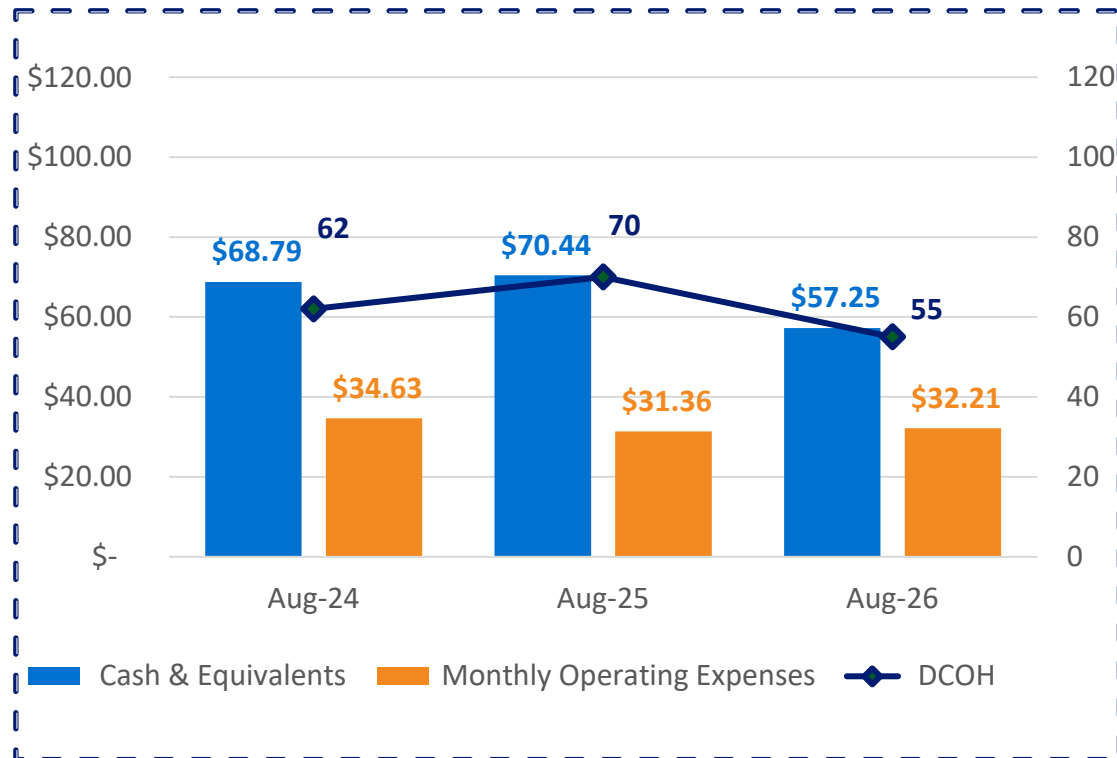


DCOH = Cash & Equivalents @ Month End divided by Daily Operating Expenses
Months in FY 2026 after current Month are based on projections

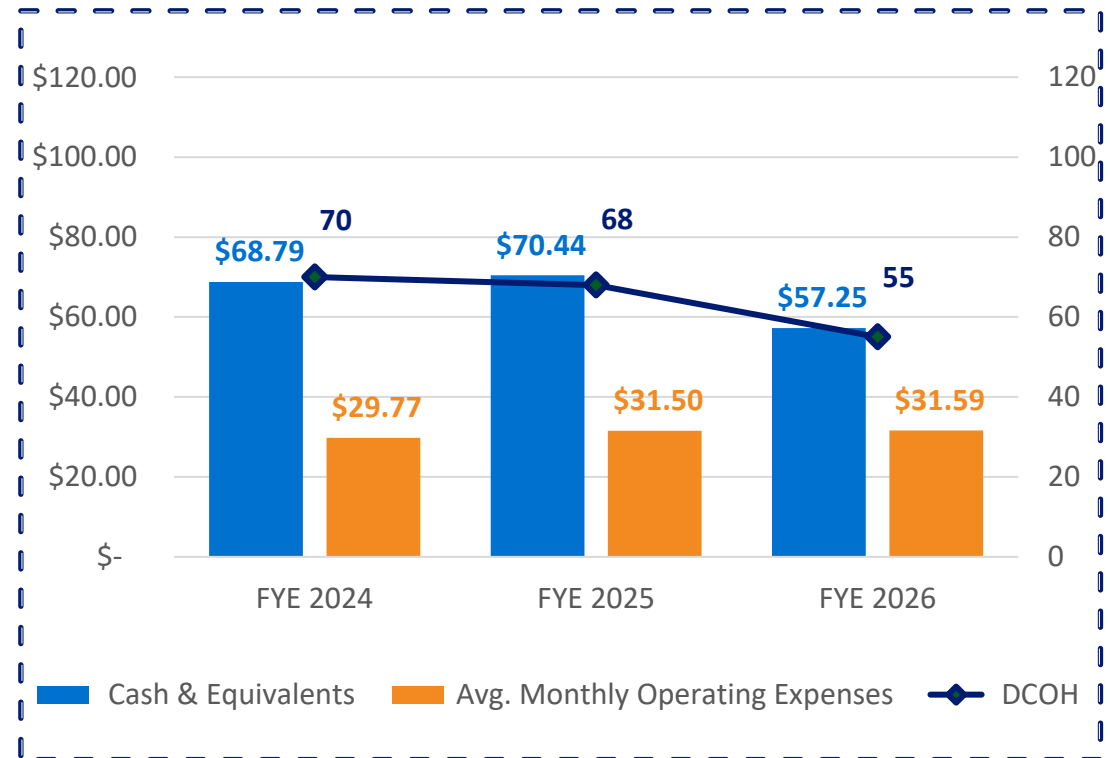
Days-Cash-On-Hand (DCOH)

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

For the Month Ending 8/31



For the Fiscal Year Ending 8/31



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

Months in FY 2026 after current Month are based on projections

2026 Average DCOH is 72

Capital Outlay – as of 08/31/2026

Project/Funding Source	Year-to-date Total
Equipment Purchase	13,314
Fund Balance	13,314
Facilities Capital Projects	\$ 460,111
Fund Balance	460,111
IT Capital Projects	\$ 48,925
Fund Balance	48,925
6168 Apartments	\$ 924,671
CHC Grant (9271)	674,506
COH Loan (9272)	250,165
Northeast Clinic Design and Construction	\$ 11,894,020
Bond Series 2024	1,093,752
TPWD Grant (4781)	5,300,268
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)	\$ 24,542
SB30 (150x)	24,542
SB30 Burnett Bayland Park (CWOP) (1503)	\$ 93,302
SB30 (150x)	93,302
SB30 NPC/Ben Taub (NPC) (1504)	\$ 15,560
SB30 (150x)	15,560
SB30 Dennis Street (1505)	\$ 21,264
SB30 (150x)	21,264
Grand Total	\$ 13,597,926

Funding Source/Project	Year-to-date Total
Bond Series 2024	\$ 1,195,969
Northeast Clinic Design and Construction	1,093,752
NPC Renovation	95,983
SW Foundation Repair	6,234
CHC Grant (9271)	\$ 674,506
6168 Apartments	674,506
COH Loan (9272)	\$ 250,165
6168 Apartments	250,165
Fund Balance	\$ 522,350
Equipment Purchase	\$ 13,314
Facilities Capital Projects	460,111
IT Capital Projects	48,925
SB30 (150x)	\$ 154,668
SB30 3809 Main Street 1 (1501)	24,542
SB30 Burnett Bayland Park (CWOP) (1503)	93,302
SB30 NPC/Ben Taub (NPC) (1504)	15,560
SB30 Dennis Street (1505)	21,264
TPWD Grant (4781)	\$ 5,300,268
Northeast Clinic Design and Construction	5,300,268
TPWD Grant (4782)	\$ 5,500,000
Northeast Clinic Design and Construction	5,500,000
Grand Total	\$ 13,597,926

EXHIBIT R-3

SEPTEMBER 2026 INTERLOCAL AGREEMENTS



Executive Contract Summary

Contract Section

Contractor*

Harris County District Attorney's Office - Office on Violence Against Women (OVW)

Contract ID #*

NA

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

9/15/2026

Parties* (?)

District Attorney's Office - Office on Violence Against Women (OVW) 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 (?)**Fiscal Year* (?)**

2027

Fiscal Year* (?)

2028

Fiscal Year* (?)

2029

Funding Source*

County

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

The Harris Center for Mental Health and IDD to provide trauma informed mental health services for victims, witnesses, and their families impacted by criminal acts. This collaboration is to strengthen victim support by improving access to appropriate behavioral health services, clinical resources, and community-based referrals.

Director: Sarah Strang

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 (?)**

Victim Survivor Mental Health treatment objectives and goals.docx	28.9KB
Victim Services and The Harris Center MCOT Team Collaboration One Pager in Written Format.docx	21.95KB
MOU ICJR.docx	186.57KB
Proposal Narrative GY27 ICJR.docx	25.22KB
Email HCDOA Grant Collaboration.pdf	687.91KB

Vendor/Contractor Contact Person

Name *

Kevin Le, Finance Assistant Director

Address *

Street Address

1201 Franklin Street

Address Line 2

City

Houston

Postal / Zip Code

77002

State / Province / Region

TX

Country

US

Phone Number *

832-209-6930

Email *

le_kevin@dao.hctx.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9208	\$ 73,000.00	540000
Budget Manager		Secondary Budget Manager
Oshman, Jodel		Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable * (?)

na

Project WBS (Work Breakdown Structure) * (?)

na

Requester Name

Singh, Patricia

Submission Date

8/6/2026

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

8/6/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

KIMBERLY KORNWAYER

Approval Date

8/6/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/14/2026



Executive Contract Summary

Contract Section

Contractor*

Harris County Hospital District d/b/a ("Harris Health")

Contract ID #*

N/A

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

9/15/2026

Parties* (?)

Harris Health, The Harris Center, City of Houston, Harris County, Community Health Choice

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 * (?)

8/31/2031

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

2027

Amount * (?)

\$ 66,200.00

Fiscal Year * (?)

2028

Amount * (?)

\$ 2,800.00

Fiscal Year * (?)

2029

Amount * (?)

\$ 2,800.00

Fiscal Year * (?)

2030

Amount * (?)

\$ 2,800.00

Fiscal Year * (?)

2031

Amount * (?)

\$ 2,800.00

Funding Source *

General Revenue (GR)

Contract Description / Type * (?)

Personal/Professional Services

Consumer Driven Contract

Memorandum of Understanding

Affiliation or Preceptor

BAA/DUA

Pooled Contract

Renewal of Existing Contract

Consultant

New Contract/Agreement

Amendment to Existing Contract

Service/Maintenance

IT/Software License Agreement

Lease

Other

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

The purpose of this Agreement is to establish a high-level framework governing the participation of Parties in the Harris Collaborative, including baseline principles relating to membership, governance, and operations, and to outline the roles and responsibilities each Party will have to facilitate the goals and carry out the activities of the Harris Collaborative. The Parties acknowledge that the Harris Collaborative is an evolving initiative, and that specific roles, responsibilities, workflow

Contract Owner *

Stanley Adams

Previous History of Contracting with Vendor/Contractor *

Yes No Unknown

Please add previous contract dates and what services were provided *

FY21 - Current

EPIC, Services at HC Jail

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

Yes No Unknown

Please provide an explanation *

N/A

Community Partnership * (?)

☒ Yes ☐ No ☐ Unknown

Specify Name *

Harris Health, City of Houston, Harris County, Community Health Choice

Supporting Documentation Upload (?)

Harris_Collaborative_14.pdf	137.08KB
image.png	113.89KB
Harris Collaborative Member Agreement - 7.8.26 ECS.docx	69.19KB

Vendor/Contractor Contact Person**Name ***

Lily Ngo

Address ***Street Address**

4800 Fournace Place

Address Line 2**City**

Bellaire

State / Province / Region

Texas

Postal / Zip Code

77401

Country

USA

Phone Number *

346-426-1361

Email *

lily.ngo@harrishealth.org

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1101	\$ 66,200.00	553002

Budget Manager

Campbell, Ricardo

Secondary Budget Manager

Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable * (?)

See attached

Project WBS (Work Breakdown Structure) * (?)

N/A

Requester Name

Hurst, Richard

Submission Date

8/24/2026

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

8/24/2026

Procurement Approval



File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

Stanley Adams

Approval Date

8/25/2026

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

8/25/2026

Executive Contract Summary

Contract Section

Contractor*

Health and Human Services Commission

Contract ID #*

HHS001718600004

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

9/15/2026

Parties* (?)

THC and HHSC

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* (?)

8/31/2031

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

Fiscal Year* (?)

2027

Funding Source*

State Grant

Contract Description / Type* (?)

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

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

Medical Education Program

Contract Owner*

Danyalle Evans

Previous History of Contracting with Vendor/Contractor*

☒ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided *

2021-2026 Medical Education Funding

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

☐ Yes ☒ No ☐ Unknown

Please provide an explanation *

NA

Community Partnership* (?)

☐ Yes ☐ No ☒ Unknown

Supporting Documentation Upload (?)

Attachment A - SOW PRSP HHS001718600004 Harris COv.5.docx	46.86KB
Attachment B - Annual Budget PRSP Harris Center.pdf	562.07KB
Attachment C - Uniform Terms and Conditions.pdf	999.56KB
Attachment D - Data Use Agreement.pdf	6.72MB
Attachment E - Acceptable Use Agreement signature page.pdf	249.65KB
Attachment E - Acceptable Use Agreement.pdf	805.02KB
Signature_Document_-_Interlocal_PSRP HHS001718600004.v5.docx	35.54KB
Signature_Document_-_Interlocal_PSRP HHS001718600004.v5.pdf	289.28KB

Vendor/Contractor Contact Person



Name *

Health and Human Services Commission

Address *

Street Address

701 West 51st Street

Address Line 2

City

Austin

State / Province / Region

TX

Postal / Zip Code

78751

Country

US

Phone Number *

3614198436

Email *

Ruperto.lujan@hhs.texas.gov

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2208	\$ 450,000.00	421019

Budget Manager

Smith, Janai

Secondary Budget Manager

Shelby, Debbie

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Evans, Danyalle

Submission Date

8/20/2026

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

8/31/2026

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

Sign

Approval Date**Contract Owner Approval**

Approved by

Danyalle Evans

Approval Date

8/31/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/31/2026

Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID#*

7605

Contractor Name*

North Texas Behavioral Health Authority

Service Provided* (?)

Crisis Intervention Helpline 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* (?)

\$ 186,000.00

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

7001

G/L Code(s)*

420015

Current Fiscal Year Purchase Order Number*

0

Contract Requestor*

Janice Cote

Contract Owner*

Jennifer Battle

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?***

It supports Crisis Line functions that help increase access to MH care.

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	\$ 185,000.00	420015
Budget Manager*	Secondary Budget Manager*	
Ilejay, Kevin	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

\$16 per call.

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)

2027

Amount* (?)

\$ 185,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

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

Jennifer Battle

Budget Manager Approval(s)

Approved by

Kevin DeJary

Contract Owner Approval

Approved by

Jennifer Battle

Contracts Approval

Approve*

☒ Yes

☐ No, reject entire submission

☐ Return for correction

Approved by*

Belinda Stude

Approval Date*

8/14/2026

EXHIBIT R-4



**Authorization to create FY27 Open PO to pay for
CPEP/HCPI/Admin Employee Surface Parking at the Texas Medical Center**

The Harris Center's Purchasing Department is requesting approval of an Open PO to cover staff parking fees for a NTE amount of **\$277,672.00**

Vendor	Service Description	FY 2027 NTE \$Amount	Funding	Comments
Texas Medical Center/LAZ	Employee Parking Fees NPC	\$190,788.00	FY 2027 Budget	Funds are required to cover Employee Parking Expense for the following units: 9206-\$136,000.00 9209-\$25,000.00 9211-\$10,500.00 9810-\$8,640.00 1108-\$5,348.00 1135-\$5,300.00
Texas Medical Center/LAZ	MH Admin Employee Parking Fees	\$85,084.00	FY 2027 Budget	1131-\$23,236.00 2180-\$61,848.00
Texas Medical Center/LAZ	IDD	\$1,800.00	FY 2027 Budget	3352-\$1,800.00

Surface and Garage Parking: Direct pay to Texas Medical Center (TMC/LAZ Parking) for staff parking at NPC. This pays for contract parking for staff that park at NPC. NPC staff park at the SMITH LANDS Lot and Garage 4.

Parking Reimbursement: Pays for individuals who work at NPC but choose to get reimbursed for their parking. They may choose to ride the bus or Uber but get reimbursed at the same rate as if the agency paid directly for their parking.

Projected cost includes 10% increase in costs for anticipated rate increase in January.

Submitted By:

DocuSigned by:
Sharon Brauner
258C3C5A0EF9#18...
Sharon Brauner, C.P.M., A.P.P.
Purchasing Manager

Recommended By:

DocuSigned by:
Stanley Adams
E750EDD6B6F6#D3...
Stanley Adams, MBA
Chief Financial Officer

EXHIBIT R-5

SEPTEMBER 2026
NEW CONTRACTS
100k – 250k



Due Diligence Project# FY26-0484
Request for Quotes
Renovation of 9401 Southwest Freeway Lobby

Purchasing received a request from Karen Hurst Assistant Director Facility Services for the renovation of 9401 SW Freeway lobby adding a new desk to house reception, security and lobby ambassador.

The Harris Center lobby renovation design was provided by THR3E Design. Facility Services met with potential construction vendors and received four (4) quotes.

Quotes for the four (4) vendors:

- **Drewery Construction Co., Inc:** \$260,000.00
- **Endurance Builders LLC:** \$186,645.00
- **Constructable Inc.:** \$402,184.51
- **Guaranteed Builders Inc.:** \$250,404.00

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

Endurance Builders LLC

The total NTE (Not to Exceed) for a one (1) year contract is \$186,645.00 + \$10,000.00 for contingency = NTE \$196,645.00.

FY26 - \$196,645.00 (Funding Source: Unit 8001, GL Code 900040)

Submitted By:

Rosalind Armstrong
 Rosalind Armstrong BSBA
 Buyer II

Recommended By:

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

DocuSigned by:

Stanley Adams
 Stanley Adams, MBA
 Chief Financial Officer



Executive Contract Summary

Contract Section

Select Header For This Contract*

Administration

Contractor*

Endurance Builders, LLC

Contract ID #*

n/a

Presented To*

☒ Resource Committee

☐ Full Board

Date Presented*

9/15/2026

Parties* (?)

Endurance Builders and The Harris Center

Agenda Item Submitted For: * (?)

☒ Information Only (Total NTE Amount is Less than \$250,000.00)

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

☐ Grant Proposal

☐ Revenue

☐ SOW-Change Order-Amendment#

☐ Other

Procurement Method(s)*

Check all that Apply

☐ Competitive Bid

☐ Request for Proposal

☐ Request for Application

☒ Request for Quote

☐ Interlocal

☐ Not Applicable (If there are no funds required)

☐ Competitive Proposal

☐ Sole Source

☐ Request for Qualification

☐ Tag-On

☐ Consumer Driven

☐ Other

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

☐ Yes ☒ No

Funding Information*

☒ New Contract ☐ Amendment

Contract Term Start Date* (?)

8/17/2026

Contract Term End Date* (?)

8/31/2027

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

Fiscal Year* (?) **Amount*** (?)
 2027 \$ 196,645.00

Fiscal Year* (?) **Amount*** (?)
 2027 \$ 0.00

Funding Source*

State Grant

Contract Description / Type* (?)

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

Contract Owner*

Ben Mendez

Previous History of Contracting with Vendor/Contractor*

☐ Yes ☒ No ☐ Unknown

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

☐ Yes ☒ No ☐ Unknown

Please provide an explanation*

does not meet criteria

Community Partnership* (?)

☐ Yes ☒ No ☐ Unknown

Supporting Documentation Upload (?)

223-019 Harris Center Lobby Reno_Combined Set.pdf	14.16MB
debarred-vendor-list (12).pdf	203.86KB
Due_Diligence_Letter-9401_Southwest_Freeway_Lobby__(002)_(003).doc.pdf	225.57KB
Endurance Builders LLC exp 2_28_2027 (003).pdf	712.68KB
Endurance Builders LLC exp 2_28_2027.pdf	712.67KB
Endurance Builders W-9.pdf	2.04MB
Endurance Lobby Reno_Contractor Bid Tabulation Form.xlsx	24.02KB
Endurance lobby renovations 7.10.26 tax exempt.pdf	71.51KB
FRANCHISE TAX ACCOUNT STATUS.pdf	37.97KB
Project Request - 9401 Lobby Renovation.pdf	59KB
Sam.gov.docx	117.34KB

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

better accessibility and safety for staff and clients in lobby at 9401 SW Freeway

Vendor/Contractor Contact Person

Name*

Endurance Builders, LLC / Samuel Noel

Address *

Street Address

2900 North Loop West suite 100

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77092-8841

Country

US

Phone Number *

3468062430

Email *

sneal@endbs.com

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
8001	\$ 186,645.00	900040
Budget Manager		Secondary Budget Manager
Campbell, Ricardo		Campbell, Ricardo

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
8001	\$ 10,000.00	900040
Budget Manager		Secondary Budget Manager
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

see attached proposal - \$186,645.00 per proposal plus
\$10,000.00 contingency for NTE of \$196,645.00

Project WBS (Work Breakdown Structure)* (?)

BP24.8001.05 SW Lobby Improvement

Requester Name

Harper, Sarah

Submission Date

8/11/2026

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

8/11/2026

Procurement Approval

File Upload (?)

Approved by

Brauner, Sharon

Approval Date

8/11/2026

Contract Owner Approval



Approved by

Ben Mendez

Approval Date

8/12/2026

Contracts Approval



Approved by

Belinda Stude

Approval Date

8/13/2026



Executive Contract Summary

Contract Section

Contractor*

CC Assessment Services, Inc.

Contract ID #*

NA

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

9/15/2026

Parties* (?)

CC Assessment Services, Inc. and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| ☐ 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 Professional Service Consultant |

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* (?)

\$ 81,000.00

Fiscal Year* (?)

2026

Amount* (?)

\$ 49,000.00

Funding Source*

State

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

Contractor will provide psychological testing and evaluations for The Harris Center consumers to determine DID eligibility/intake. NTE increase will support HHSC's 90-day data entry requirement and reduce the risk of sanctions.

NTE is increasing FY26 allocations \$49,000.00 and \$81,000.00 for FY27 for a total of \$130,000.00.

Contract Owner*

Dr. Evanthe Collins

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

Contract has had an established contract with The Harris Center for several years. Contractor provides assistance with completing psychological testing/evaluations for IDD Eligibility/Intake department.

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

CC Assessment Services, Inc

Supporting Documentation Upload (?)

7871 CC Assessment - Board Report 9.2025.pdf	68.45KB
Annual Renewal Evaluation.pdf	375.23KB
COI and W9 2026-2027.pdf	2.35MB
Complete_with_Docusign_FY27_Approval_Request (2).pdf	451.57KB
Form 1295 Certificate Harris Center.pdf	35.36KB
FY 26.pdf	62.43KB

Vendor/Contractor Contact Person**Name ***

Catherine Lewis, Owner

Address *

Street Address

13030 Terrace Run Lane

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77044-5552

Country

USA

Phone Number *

850-322-8673

Email *

catherine.lewis@ccassessments.org

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3355	\$ 130,000.00	540503

Budget Manager

Degracia, Ericka

Secondary Budget Manager

Collins, Evanthe

Provide Rate and Rate Descriptions if applicable* (?)

See attachment for FY26 contractual agreement. Currently in process of becoming fully executed. The original agreement reached its 5-year renewal limit. Will require a new agreement.

NTE is increasing from \$49,000.00 to \$81,000.00 for FY27.

Project WBS (Work Breakdown Structure) * (?)

N/A

Requester Name

Degracia, Ericka

Submission Date

7/29/2026

Budget Manager Approval(s)

Approved by

Ericka Degracia

Approval Date

7/29/2026

Procurement Approval



File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

Evanthe Collins

Approval Date

8/15/2026

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

8/19/2026

EXHIBIT R-6

SEPTEMBER 2026

AMENDMENTS 100k - 250k



Executive Contract Summary

Contract Section

Contractor*

Absorb Software US-Absorb Software North America

Contract ID #*

2023-0741

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

9/15/2026

Parties* (?)

Absorb Software US-Absorb Software North America and The Harris Center for Mental Health & IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

- | | |
|--|--|
| ☐ Competitive Bid | ☐ 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* (?)

8/31/2026

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

Current Contract Amount*

\$ 123,637.50

Increase Not to Exceed*

\$ 2,000.00

Revised Total Not to Exceed (NTE)*

\$ 125,637.50

Fiscal Year* (?)

2026

Amount* (?)

\$ 125,637.50

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

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

We currently have an outstanding Absorb invoice totaling \$339.19 and anticipate receiving up to two additional overage invoices. The original CT REQ has been closed, and all associated funds have been fully paid out.

Contract Owner*

Danyette Hemanes

Previous History of Contracting with Vendor/Contractor*

☒ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided*

Current

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

☐ Yes ☐ No ☒ Unknown

Community Partnership* (?)

☐ Yes ☐ No ☒ Unknown

Supporting Documentation Upload (?)

Re_Contract 2023-0741 - Absorb .pdf

417.23KB

Vendor/Contractor Contact Person

Name *

Meghan Barnstead

Address ***Street Address**

19046 Bruce B Downs Boulevard, Ste B6 #720

Address Line 2**City**

Tampa

Postal / Zip Code

33647

State / Province / Region

FL

Country

US

Phone Number *

1 (877) 540-8772

Email *

meghan.barnstead@absorblms.com

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1975	\$ 125,637.50	553002

Budget Manager

Campbell, Ricardo

Secondary Budget Manager

Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable * (?)

varies

Project WBS (Work Breakdown Structure) * (?)

n/a

Requester Name

Hemanes, Danyette

Submission Date

8/19/2026

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

8/19/2026

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

Sign

Approval Date**Contract Owner Approval**

Approved by

Danyette Hernanes

Approval Date

8/19/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/19/2026



Executive Contract Summary

Contract Section



Contractor*

Baylor College of Medicine Department of Family and Community Medicine

Contract ID #*

2024-0902

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

9/15/2026

Parties* (?)

Baylor College of Medicine Department of Family and Community Medicine 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*

\$ 100,000.00

Increase Not to Exceed*

\$ 10,000.00

Revised Total Not to Exceed (NTE)*

\$ 110,000.00

Fiscal Year* (?)

2027

Amount* (?)

\$ 110,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

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

Increase of \$10,000.00/10% for Physical Medical Evaluations for Crisis Stabilization Unit (CSU) Patients.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

☒ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided*

Currently under contract

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

☐ Yes ☐ No ☒ Unknown

Community Partnership* (?)

☐ Yes ☐ No ☒ Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Linda Tran Dinh, FCM Department Administrator

Address *

Street Address

One Baylor Plaza

Address Line 2

City

Houston

Postal / Zip Code

77030

State / Province / Region

TX

Country

US

Phone Number *

(713) 798-7777

Email *

lt3@bcm.edu

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9209	\$ 10,000.00	543011
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	

Provide Rate and Rate Descriptions if applicable * (?)

Amendment for 10% increase

Project WBS (Work Breakdown Structure) * (?)

na

Requester Name

Singh, Patricia

Submission Date

8/6/2026

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

8/6/2026

Contract Owner Approval**Approved by***KIMBERLY KORNMEYER***Approval Date**

8/6/2026

Contracts Approval

Approve*

Yes

No, reject entire submission

Return for correction

Approved by*

Belinda Stude

Approval Date*

8/11/2026

EXHIBIT R-7

**SEPTEMBER 2026
NEW CONTRACTS
UNDER 100k**

[illegible]

Executive Contract Summary

Contract Section

Contractor*

David Weden

Contract ID #*

New

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

9/15/2026

Parties* (?)

David Weden

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 NA |

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* (?)

1/31/2027

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

Fiscal Year* (?)

2027

Amount* (?)

\$ 62,400.00

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* (?)

Harris Center will contract with David Weden for consultation and financial assistance while we search for a new CFO

As requested and directed by The Harris Center, Contractor shall provide up to sixteen (16) hours average per week of consultation and assistance regarding financial management, accounting and reporting, on such matters as determined by The Harris Center, and at such times as may be mutually agreed by the parties hereto.

Contract Owner*

Keena Pace

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 (?)

Fw_ Harris Center Executive Transition - Oquin, Shiela - Outlook.pdf

480.51KB

Vendor/Contractor Contact Person**Name***

David Weden

Address ***Street Address**

8140 North Mopac Expressway

Address Line 2

Westpark Building 3, Suite 225

City

Austin

State / Province / Region

TX

Postal / Zip Code

78759-8883

Country

US

Phone Number *

830-377-2909

Email *

dweden@txcouncil.com

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1122	\$ 62,400.00	542000
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable * (?)

Maximum contract amount being based on a term of September 1, 2026-January 31, 2027 (24 weeks) at \$150 per hour based on an average of 16 hours per week.

Project WBS (Work Breakdown Structure) * (?)

NA

Requester Name

Oquin, Shiela

Submission Date

8/27/2026

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

8/27/2026

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

8/27/2026

IT Approval Comments

Professional Services - AJones

Procurement Approval



File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

Keena Pace

Approval Date

8/28/2026

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

8/31/2026



Executive Contract Summary

Contract Section

Contractor*

PracticeLink

Contract ID #*

N/A

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

9/15/2026

Parties* (?)

PracticeLink and The Harris Center for Mental Health & IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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* (?)

\$ 29,974.00

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* (?)

In an effort to address The Harris Center's recruitment efforts and challenges. PracticeLink provides support to the organization's recruitment strategy and align their solutions with our organization's goals. PracticeLink can be the ideal recruitment solution to support your recruitment success. The PracticeLink Enterprise level provides a comprehensive, highly customizable recruitment solution designed to support complex and high-volume hiring needs.

Contract Owner*

Danyette Hemanes

Previous History of Contracting with Vendor/Contractor*

☐ Yes ☐ No ☒ Unknown

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

☐ Yes ☐ No ☒ Unknown

Community Partnership* (?)

☐ Yes ☐ No ☒ Unknown

Supporting Documentation Upload (?)

The Harris Center for Mental Health and IDD- 15 Enterprise RMS - Pro
Marketing Services.pdf

195.58KB

Vendor/Contractor Contact Person**Name***

Alisa French

Address *

Street Address

1034 S. Brentwood Blvd, Suite 2200

Address Line 2

City

St. Louis

State / Province / Region

MO

Postal / Zip Code

63117

Country

United States

Phone Number *

304-250-4891

Email *

Alisa.French@PracticeLink.com

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1108	\$ 30,000.00	592000
Budget Manager	Secondary Budget Manager	
Moynihan, Kelly	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

Varies

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

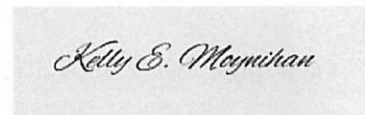
Hemanes, Danyette

Submission Date

7/6/2026

Budget Manager Approval(s)

Approved by



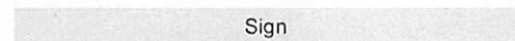
Approval Date

7/6/2026

Procurement Approval

File Upload (?)

Approved by



Approval Date

Contract Owner Approval

Approved by

Danyette Hemanes

Approval Date

7/7/2026

Contracts Approval

Approve*

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

Approved by*

Ernest Savoy

Approval Date*

7/10/2026



Executive Contract Summary

Contract Section

Contractor*

West Publishing Corp d/b/a Thomson Reuters Business

Contract ID #*

2025-1150

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

9/15/2026

Parties* (?)

The Harris Center for Mental Health and IDD and West Publishing Corp dba Thomson Reuters Business

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

- | | |
|--|--|
| ☐ 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 Subscription |

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* (?)

\$ 29,340.00

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 Subscription

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

Upgrading Thomson Reuters subscription to West Proflex for Legal Services and Contracts Department

Contract Owner*

Kendra Thomas

Previous History of Contracting with Vendor/Contractor*

☒ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided*

May 1, 2014 to Present

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

☐ Yes ☐ No ☒ Unknown

Community Partnership* (?)

☐ Yes ☒ No ☐ Unknown

Supporting Documentation Upload (?)

ThomsonReutersOrderForm.pdf

347.63KB

Vendor/Contractor Contact Person



Name*

Ryan Lysdale

Address*

Street Address

Thomson Reuters - West Payment Center

Address Line 2

P.O. Box 6292

City

Carol Stream

Postal / Zip Code

60197

State / Province / Region

IL

Country

USA

Phone Number*

646-540-3000

Email*

randy.lysdale@thomsonreuters.com

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1110	\$ 29,340.00	574000
Budget Manager	Secondary Budget Manager	
Moynihan, Kelly	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Gerardo, Christina

Submission Date

8/25/2026

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

8/26/2026

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

Sign

Approval Date**Contract Owner Approval**

Approved by

Kendra Thomas

Approval Date

8/26/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/26/2026

Executive Contract Summary

Contract Section

Contractor*

Esther Speaks Speech Therapy, PLLC

Contract ID #*

N/A

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

9/15/2026

Parties* (?)

Esther Speaks Speech Therapy, PLLC and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

- | | |
|--|---|
| ☐ Competitive Bid | ☐ 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* (?)

\$ 2,500.00

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* (?)

Esther Speaks Speech Therapy will provide services to individuals (ages 0-3) that require a need for speech-language pathology services. After one year, we will evaluate whether to review

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

☐ Yes ☒ No ☐ Unknown

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

☐ Yes ☐ No ☒ Unknown

Community Partnership* (?)

☒ Yes ☐ No ☐ Unknown

Specify Name*

Esther Speaks Speech Therapy, PLLC

Supporting Documentation Upload (?)

Harris Center_ESST Contract.pdf

157.31KB

updated hpso.pdf

527.38KB

w9 blank_signed.pdf

1.35MB

Vendor/Contractor Contact Person



Name*

Alexis Artis

Address*

Street Address

7777 Katy Fwy

Address Line 2

City

Houston

Postal / Zip Code

77024

State / Province / Region

Tx

Country

USA

Phone Number*

713-396-3153

Email*

alexis@estherspeaks.com

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

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

Provide Rate and Rate Descriptions if applicable* (?)

Please see attachment for information

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Degracia, Ericka

Submission Date

8/25/2026

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

8/25/2026

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

Sign

Approval Date**Contract Owner Approval**

Approved by

Evanthe Collins

Approval Date

8/26/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/31/2026



Executive Contract Summary

Contract Section

Contractor*

Mental Health America of Greater Houston

Contract ID #*

7743

Presented To*

- ☐ Resource Committee
☒ Full Board

Date Presented*

9/15/2026

Parties* (?)

Mental Health America of Greater Houston
 The Harris Center

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

Does this contract contain an element of Information 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* (?)

\$ 99,200.00

Funding Source*

State

Contract Description / Type* (?)

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

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

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

Existing contract has reached renewal limit; new agreement required

Service description: Oversight of Veterans peer support processes in Harris County

Contract Owner*

Lance Britt

Previous History of Contracting with Vendor/Contractor*

☒ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided*

Contract ID 6237 9/1/20219-8/31/2020

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

☐ Yes ☐ No ☒ Unknown

Community Partnership* (?)

☐ Yes ☐ No ☒ Unknown

Supporting Documentation Upload (?)

MHA letter for MHA Veterans Peer Network contract renewal.pdf

201.46KB

Vendor/Contractor Contact Person



Name*

Rena V Tomczak

Address *

Street Address

2211 Norfolk Street suite 810

Address Line 2

City

Houston

Postal / Zip Code

77098

State / Province / Region

TX

Country

US

Phone Number *

713-523-8963

Email *

info@mhahouston.org

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2200	\$ 99,200.00	543053
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Smith, Janai	

Provide Rate and Rate Descriptions if applicable * (?)

NA

Project WBS (Work Breakdown Structure) * (?)

NA

Requester Name

Boswell, Jennifer

Submission Date

8/10/2026

Budget Manager Approval(s)**Approved by***Debbie Chambers Shelby***Approval Date**

8/21/2026

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

8/24/2026

Contract Owner Approval

Approved by

Lance Britt

Approval Date

8/31/2026

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

8/31/2026

EXHIBIT R-8

SEPTEMBER 2026 RENEWALS UNDER 100k



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID#*

2024-0865

Contractor Name*

Kelsey-Seybold Clinic

Service Provided* (?)

To offer onsite health and wellness services to employees and other through Kelsey-Seybold Clinic.

Renewal Term Start Date*

8/14/2026

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 Vendor is a partner of our medical provider Cigna |

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 * (?)

\$ 5,000.00

Rate(s)/Rate(s) Description

Charges are paid thru Cigna

Unit(s) Served *

1111

G/L Code(s) *

541099

Current Fiscal Year Purchase Order Number *

NA

Contract Requestor *

Suja Abraham

Contract Owner *

Suja Abraham

File Upload (?)

The Harris Center Wellness Workshops LOA 2026.pdf	444.6KB
The Harris Center Biometrics LOA 2026.pdf	417.87KB
The Harris Center Chair Massage LOA 2026.pdf	396.59KB

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 supports THC strategic priorities by promoting employee well-being through convenient access to preventative care services, supporting early detection and fostering a healthier, more engaged workforce.

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. *
1111	\$ 5,000.00	541099
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	\$ 5,000.00

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

Suja Abraham

Budget Manager Approval(s)

Approved by

Kelly E. Moynihan

Contract Owner Approval

Approved by

Suja Abraham

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

8/14/2026



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID#*

7765

Contractor Name*

VP Imaging, Inc. dba DocuNav Solutions

Service Provided* (?)

Laserfiche licenses, maintenance & support (Dir-CPO-4449)

Renewal Term Start Date*

9/21/2026

Renewal Term End Date*

9/20/2027

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* (?)

\$ 75,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

CT145085

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	\$ 57,311.45	553002
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

See Attached

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2027	\$ 57,311.45

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 (?)

FY27 Docunav Renewal.pdf

243.55KB

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***

8/31/2026



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID#*

2025-1097

Contractor Name*

Millie Johnson

Service Provided* (?)

To Provide Respite Services to TxHmL Waiver Consumer

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 * (?)

\$ 38,912.00

Rate(s)/Rate(s) Description

\$11.50 Per Hour

Unit(s) Served *

3585

G/L Code(s) *

543005

Current Fiscal Year Purchase Order Number *

PO_CT145338

Contract Requestor *

Ericka Degracia

Contract Owner *

Dr. Evanthe Collins

File Upload (?)

Evaluation of Current Fiscal Year Performance



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

☐ Yes ☒ No

Were Services delivered as specified in the contract? *

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

Renewal Determination



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

☒ Yes ☐ No

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

4.1- Add service strategies that either extend program availability or enhance service array for IDD.

5.2 Expand The Harris Center's partnerships with local law enforcement and mental/behavioral health providers to include training on the identification, engagement, and referral resources for persons with intellectual and developmental disabilities (IDD) and/or autism spectrum disorders (ASD).

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. *
3585	\$ 38,912.00	543005
Budget Manager *	Secondary Budget Manager *	
Degracia, Ericka	Collins, Evanthe	

Provide Rate and Rate Descriptions if applicable * (?)

\$11.50 Per Hour

Project WBS (Work Breakdown Structure) * (?)

N/A

Fiscal Year * (?)	Amount * (?)
2027	\$ 38,912.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

State

Contract Content Changes

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

☐ Yes ☒ No

Will the scope of the Services change? *

☐ Yes ☒ No

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

☐ Yes ☒ No

Are there any changes in the Performance Targets? *

☐ Yes ☒ No

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

☐ Yes ☒ No

File Upload (?)

The Center for Pursuit-2023-0674_ISS.pdf

118.46KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Erica Degracia

Contract Owner Approval

Approved by

Evanthe Collins

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

8/21/2026



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID#*

7556

Contractor Name*

The ARC of Greater Houston

Service Provided* (?)

In-kind space in exchange for special education advocacy support services to individuals in the community in exchange for leased space (1300 sq ft.) on the 12th floor located at 9401 SW Freeway.

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* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1119

G/L Code(s)*

408000

Current Fiscal Year Purchase Order Number*

0

Contract Requestor*

Christina Gerardo

Contract Owner*

Ernest Savoy

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? *

Community - Boost community outreach and engagement.

Access - Service more people with IDD/ASD

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. *
1119	\$ 0.00	408000
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	\$ 0.00

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

Ernest Savoy

Budget Manager Approval(s)

Approved by

Kelly E. Moynihan

Contract Owner Approval

Approved by

Ernest Savoy

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

8/24/2026

EXHIBIT R-9

SEPTEMBER 2026 AMENDMENTS UNDER 100k



Executive Contract Summary

Contract Section

Contractor*

The ARC of Harris County

Contract ID #*

2023-0732

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

9/15/2026

Parties* (?)

The ARC of Harris County 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 * (?)

9/1/2025

Contract Term End Date * (?)

8/31/2026

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

\$ 86,700.00

Increase Not to Exceed *

\$ 8,226.00

Revised Total Not to Exceed (NTE) *

\$ 94,926.00

Fiscal Year * (?)

2026

Amount * (?)

\$ 94,926.00

Funding Source *

County

Contract Description / Type * (?)

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

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

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

To fall under FY26 budget, CT 145266. August 2025 invoices totaling \$8,226 were paid against FY26 PO. Increase to PO is being requested to prevent this issue from recurring in FY27.

FY26 NTE will be \$94,930.00.

Contract Owner *

Dr. Evanthe Collins

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

The ARC of Harris County has various service contracts for community education. Contract dates 09/01/2024 to present.

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

The ARC of Harris County

Supporting Documentation Upload (?)

Contract_Renewal_2023-0732_The_Arc_of_Harris_Co.pdf	260.91KB
2023-0732_The_Arc_of_Harris_County_-_Amendment_General_Decrease f.e..pdf	248.23KB
Board_Rep-2023-0732 The Arc of Harris Co.pdf	79.71KB

Vendor/Contractor Contact Person**Name ***

Janniece Sleigh

Address *

Street Address

9401 Southwest Freeway

Address Line 2

City

Houston

Postal / Zip Code

77074

State / Province / Region

Tx

Country

USA

Phone Number *

713-957-1600 x111

Email *

jannieces@aogh.org

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3528	\$ 46,584.00	543000
Budget Manager Degracia, Ericka		Secondary Budget Manager Collins, Evanthe
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3382	\$ 25,680.00	543000
Budget Manager Degracia, Ericka		Secondary Budget Manager Collins, Evanthe
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3529	\$ 22,662.00	543000
Budget Manager Degracia, Ericka		Secondary Budget Manager Collins, Evanthe

Provide Rate and Rate Descriptions if applicable* (?)

See attachment for rate and rate description

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Degracia, Ericka

Submission Date

8/25/2026

Budget Manager Approval(s)

Approved by

Ericka Degracia

Approval Date

8/25/2026

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

8/26/2026

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

8/26/2026

EXHIBIT R-10

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

Executive Contract Summary

Contract Section

Contractor*

Adult Rehabilitation Services Inc

Contract ID #*

NA

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

9/15/2026

Parties* (?)

Adult Rehabilitation Services Inc
The Harris Center

Agenda Item Submitted For: * (?)

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

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*

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* (?)

Requirement of our Substance Abuse TRA funding that community organizations need to have an MOU with us and our requirement to have MOUs with other TRA organizations in the community. Referral source for individuals who are unable to participate in our opioid treatment with our TAY (Transitional Age Youth) clinic.

Contract Owner*

Lance Britt

Previous History of Contracting with Vendor/Contractor*

☐ Yes ☒ No ☐ Unknown

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

☐ Yes ☐ No ☒ Unknown

Community Partnership* (?)

☐ Yes ☐ No ☒ Unknown

Supporting Documentation Upload (?)

ARS_Harris_Center_MOU_Draft.docx

63.01KB

Vendor/Contractor Contact Person



Name*

Cassandra Davis

Address*

Street Address

6612 Hornwood Drive

Address Line 2

Suite C

City

Houston

Postal / Zip Code

77074-5010

State / Province / Region

TX

Country

US

Phone Number*

(713) 541-4422

Email*

cassandra.davis@adultrehab.net

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2802	\$ 0.00	NA
Budget Manager	Secondary Budget Manager	
Smith, Janai	Shelby, Debbie	

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Boswell, Jennifer

Submission Date

8/19/2026

Budget Manager Approval(s)**Approved by***Debbie Chambers Shelby***Approval Date**

8/20/2026

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

Sign

Approval Date**Contract Owner Approval**

Approved by

Lance Britt

Approval Date

8/20/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/24/2026

Executive Contract Summary

Contract Section

Contractor*

Healthcare for the Homeless

Contract ID #*

2026-1185

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

9/15/2026

Parties* (?)

Healthcare for the Homeless 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* (?)

11/1/2025

Contract Term End Date* (?)

10/31/2026

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

Current Contract Amount*

\$ 333,794.50

Increase Not to Exceed*

\$ 0.00

Revised Total Not to Exceed (NTE)*

\$ 333,794.50

Fiscal Year* (?)

2026

Amount* (?)

\$ 0.00

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* (?)

Amendment to reduce monthly psychiatric service hours from 64 to 48, allowing the inclusion of a 15% Indirect Cost (IDC) rate within the amended contract.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

☒ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided*

Currently under contract.

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

☐ Yes ☐ No ☒ Unknown

Community Partnership* (?)

☒ Yes ☐ No ☐ Unknown

Specify Name*

Healthcare for the Homeless

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Kathryn Rogers

Address*

Street Address

1934 Caroline Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77002-8210

Country

United States

Phone Number*

8323417433

Email*

kathryn.rogers@hhh-tx.org

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9287	\$ 0.00	135187

Budget Manager

Oshman, Jodel

Secondary Budget Manager

Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

\$200 per hour for relief psychiatrist

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Singh, Patricia

Submission Date

8/11/2026

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

8/11/2026

Contract Owner Approval**Approved by***KIMBERLY KORNMEYER***Approval Date**

8/11/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/12/2026



Executive Contract Summary

Contract Section

Contractor*

Memorial Hermann Community Benefit Corporation

Contract ID #*

na

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

9/15/2026

Parties* (?)

Memorial Hermann Community Benefit Corporation 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 (?)

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* (?)

Updated MOU for services being provided at 3 hospital locations

Contract Owner*

Lance Britt

Previous History of Contracting with Vendor/Contractor*

☒ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided*

2021-2026. On-site intake and referral services.

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

☐ Yes ☐ No ☒ Unknown

Community Partnership* (?)

☐ Yes ☐ No ☒ Unknown

Supporting Documentation Upload (?)

MHCBC and Harris Center CPN MOU 073126.docx

44.07KB

Memorial Hermann ID 2021-0094 Amendment-1 (FE).pdf

823.74KB

2021-0094 Memorial Hermann Benefit Corp MOU (FE).pdf

1.7MB

Vendor/Contractor Contact Person



Name*

Memorial Hermann Community Benefit Corporation Attn: VP

Community Health Network

Address *

Street Address

929 Gessner Road

Address Line 2

Suite 1900

City

Houston

State / Province / Region

TX

Postal / Zip Code

77024-2515

Country

US

Phone Number *

713-314-8102

Email *

sheila.venkatesh@memorialhermann.org

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2200	\$ 0.00	na
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Smith, Janai	

Provide Rate and Rate Descriptions if applicable * (?)

na

Project WBS (Work Breakdown Structure) * (?)

na

Requester Name

Britt, Lance

Submission Date

8/20/2026

Budget Manager Approval(s)**Approved by***Debbie Chambers Shelby***Approval Date**

8/20/2026

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

Sign

Approval Date**Contract Owner Approval**

Approved by

Lance Britt

Approval Date

8/20/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/24/2026



Executive Contract Summary

Contract Section

Contractor *

Prosumers International

Contract ID # *

NA

Presented To *

- ☒ Resource Committee
☐ Full Board

Date Presented *

9/15/2026

Parties* (?)

Prosumers International
The Harris Center

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

Does this contract contain an element of Information 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* (?)

8/4/2026

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* (?)

See attachment

The purpose of this MOU is to establish a collaborative relationship between Prosumers and The Harris Center to identify and mentor individuals with lived experience, with a focus on building a strong Behavioral Health Advisory Committee (BHAC) that includes well equipped people who receive services from The Harris Center.

Contract Owner*

Lance Britt

Previous History of Contracting with Vendor/Contractor*

☒ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided*

FY 2024 contract, FY 2027 contract

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

☐ Yes ☐ No ☒ Unknown

Community Partnership* (?)

☐ Yes ☐ No ☒ Unknown

Supporting Documentation Upload (?)

Generic MOU (Updated June 30 2026).pdf

211.95KB

Vendor/Contractor Contact Person**Name***

Anna Gray

Address *

Street Address

Prosumers International

Address Line 2

8610 N. New Braunfels Ave Suite 250

City

San Antonio

State / Province / Region

TX

Postal / Zip Code

78217

Country

USA

Phone Number *

(210)627-8458

Email *

ahgray59@gmail.com

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2200	\$ 0.00	NA
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Smith, Janai	

Provide Rate and Rate Descriptions if applicable * (?)

NA

Project WBS (Work Breakdown Structure) * (?)

NA

Requester Name

Boswell, Jennifer

Submission Date

8/4/2026

Budget Manager Approval(s)**Approved by***Debbie Chambers Shelby***Approval Date**

8/5/2026

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

Sign

Approval Date**Contract Owner Approval**

Approved by

Lance Britt

Approval Date

8/5/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/11/2026



Executive Contract Summary

Contract Section

Contractor*

Baker Hughes Oil and Gas

Contract ID #*

n/a

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

9/15/2026

Parties* (?)

Baker Hughes has requested a Mental Health First Aid class for 10 participants. The date is to be determined.

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 fee for service |

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* (?)

8/24/2026

Contract Term End Date* (?)

8/31/2027

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

Baker Hughes wants the class during the new FY

Fiscal Year* (?)

2027

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* (?)**

Providing Mental Health First Aid courses for community stakeholders is part of our strategic plan. For corporations like Baker Hughes, it's a fee-for-service class and will cost Baker Hughes \$100 per participant for a total of \$1,000 for ten participants.

Contract Owner*

Jennifer Battle

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***

Katarzyna Curry, MPH, CEAP

Address*

Street Address

575 North Dairy Ashford Road

Address Line 2

City

Houston

Postal / Zip Code

77079

State / Province / Region

Texa

Country

USA

Phone Number*

518 300 1270

Email*

katarzyna.curry@BakerHughes.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7003	\$ 1,000.00	420000

Budget Manager

Ilejay, Kevin

Secondary Budget Manager

Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Prasad, Carroll

Submission Date

8/11/2026

Budget Manager Approval(s)

Approved by

Kevin Ilejay

Approval Date

8/11/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Jennifer Battle

Approval Date

8/13/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/14/2026

Executive Contract Summary

Contract Section

Contractor*

Evernorth Behavioral Health, Inc.

Contract ID #*

NA

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

8/12/2026

Parties* (?)

Evernorth and The Harris Center for

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* (?)

8/1/2026

Contract Term End Date* (?)

9/1/2126

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

Fiscal Year* (?)

2026

Funding Source*

Private Pay Source

Contract Description / Type* (?)

- | | |
|---|--|
| ☐ Personal/Professional Services | ☐ Consultant |
| ☐ Consumer Driven Contract | ☒ New Contract/Agreement |
| ☐ Memorandum of Understanding | ☐ Amendment to Existing Contract |
| ☐ Affiliation or Preceptor | ☐ 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* (?)

New Evernorth contract, replacing the existing Cigna Healthsprings contract.

Contract Owner*

Eva Honeycutt

Previous History of Contracting with Vendor/Contractor*

☐ Yes ☐ No ☒ Unknown

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

☐ Yes ☐ No ☒ Unknown

Community Partnership* (?)

☐ Yes ☐ No ☒ Unknown

Supporting Documentation Upload (?)

EBH of TX Clinic Provider Agreement - 082023.docx 71.97KB

EBH of TX Clinic Provider Agreement-Medicare - 082023.docx 93.32KB

Vendor/Contractor Contact Person



Name*

Alex Garrison

Address*

Street Address

6625 West 78th Street, Suite 100

Address Line 2

City

Bloomington

Postal / Zip Code

55439

State / Province / Region

MN

Country

US

Phone Number*

470-650-3076

Email*

Alex.Garrison@evernorth.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

Budget Manager

Moynihan, Kelly

Secondary Budget Manager

Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

See attached contract

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Wright, Veronica

Submission Date

8/12/2026

Budget Manager Approval(s)

Approved by

Kelly E. Moynihan

Approval Date

8/13/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Eva Honeycutt

Approval Date

8/17/2026

Contracts Approval

Approve*

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

Approved by *

Belinda Stude

Approval Date *

8/24/2026

EXHIBIT R-11

Revenue Management Metrics

Presented by: Stan Adams, Chief Financial Officer
September 15, 2026



Overview

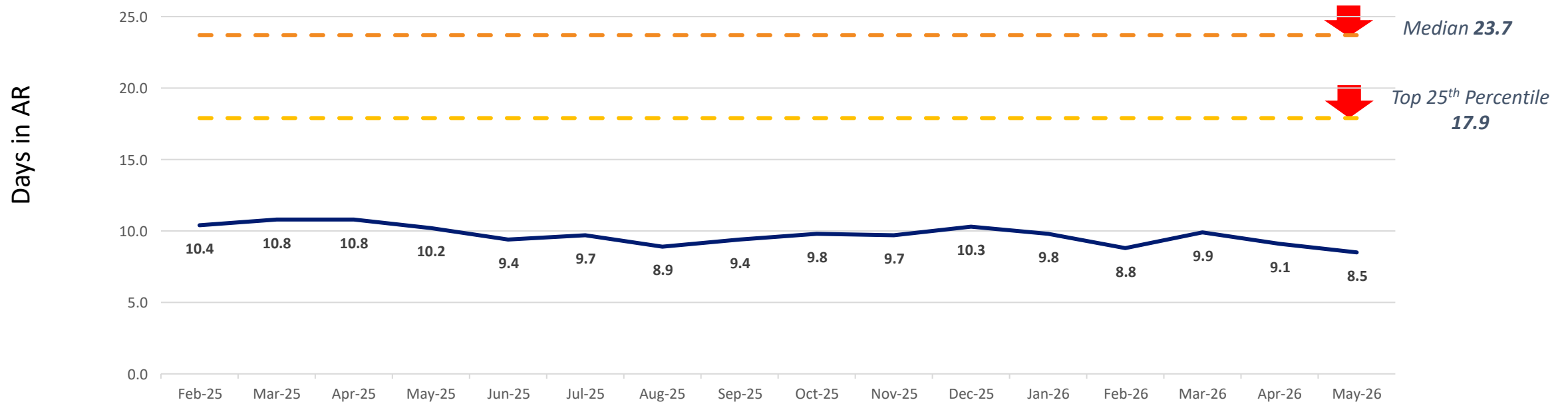
- Payor Mix
- Revenue Cycle Performance Metrics
 - Days in Accounts Receivable
 - Claims & Collections



Revenue Cycle Performance Metrics

Days in Accounts Receivable

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



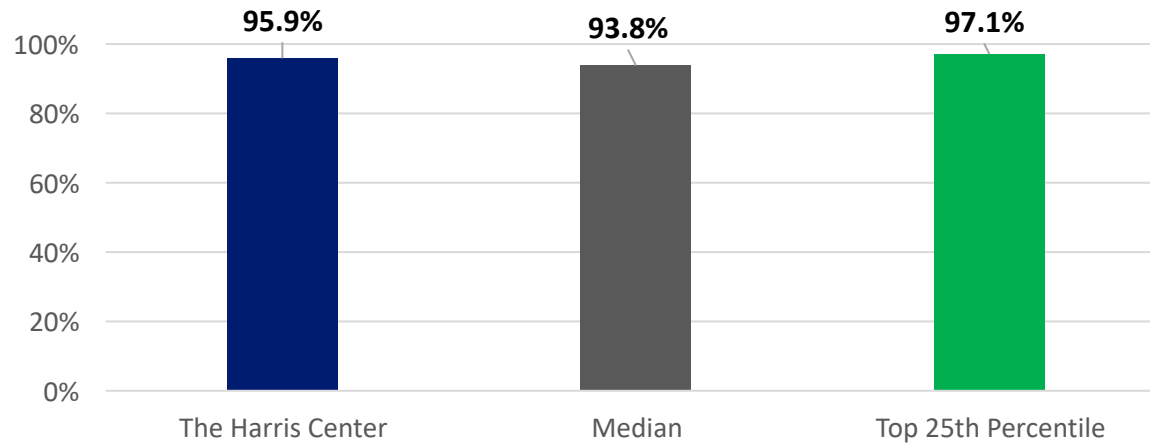
Benchmarking in Epic EHR for the Center is in comparison with large, multi-specialty, safety net organizations (122 service areas)

Claims and Collections

Average Monthly Count of Claims

FY 2026 Q1,Q2&Q3	FY 2025	FY2024	FY 2023	FY 2022
31,943	32,211	29,151	32,490	32,020

Insurance Net Collections Rate



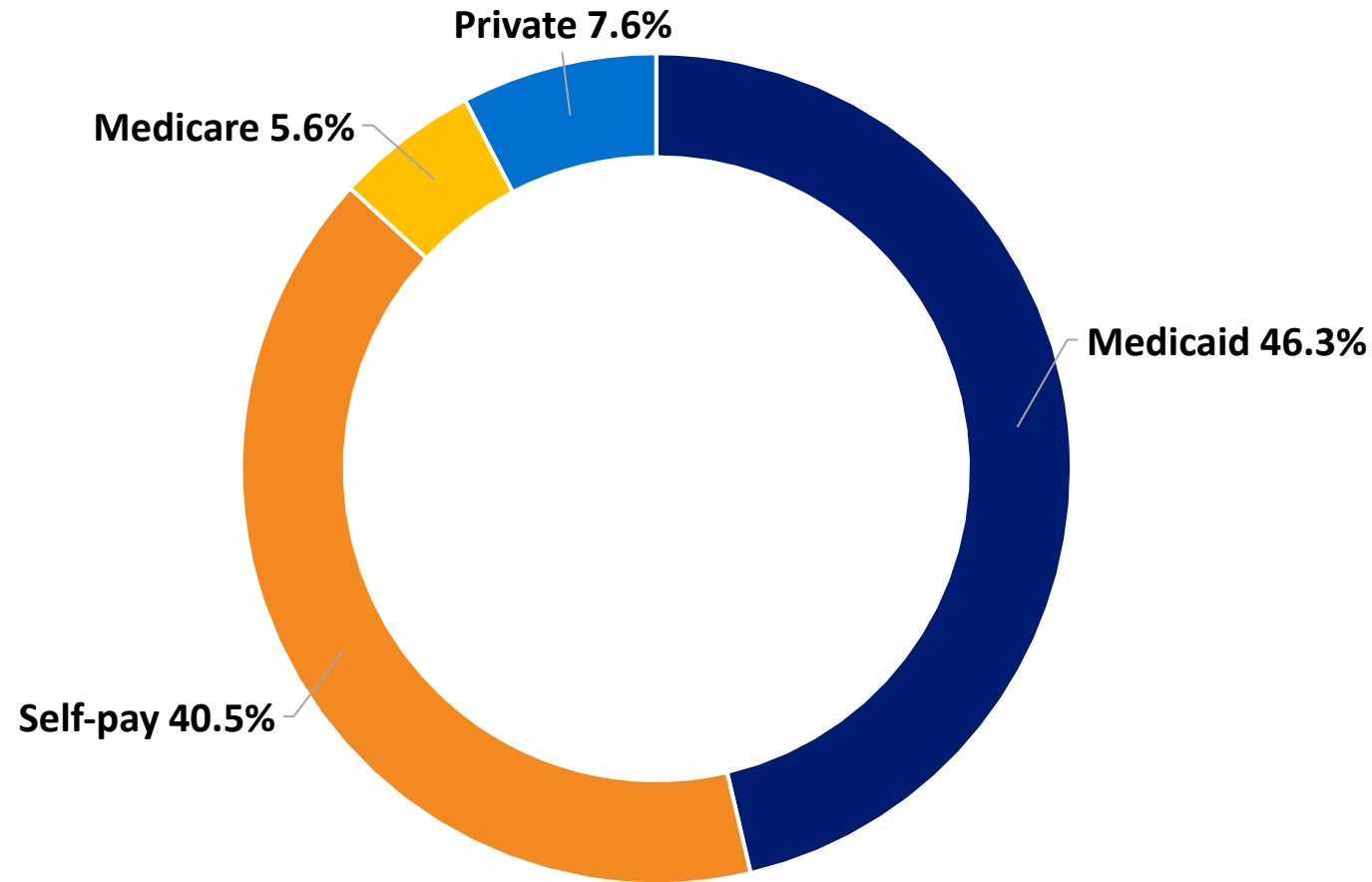
Insurance Net Collections Rate by Financial Class*

FINANCIAL CLASS	COLLECTION %
Traditional Medicaid	96%
Managed Medicaid	98%
Traditional Medicare	91%
Managed Medicare	87%
MMP	85%
CHIP	94%
Commercial	91%

* Q3 FY2026

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

Payor Mix



Note: Payor Mix based on patient visit coverage in Q3 FY2026

Thank you.